

ANGLIA RUSKIN UNIVERSITY

**HOLISTIC PRAYER FOR HEALING:
PHYSICAL, PSYCHOLOGICAL, SPIRITUAL AND SOCIAL
PERSPECTIVES**

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ANGLIA RUSKIN UNIVERSITY

ABSTRACT

FACULTY OF ARTS, LAW AND SOCIAL SCIENCES
PROFESSIONAL DOCTORATE IN PRACTICAL THEOLOGY

HOLISTIC PRAYER FOR HEALING: PHYSICAL, PSYCHOLOGICAL, SPIRITUAL AND SOCIAL PERSPECTIVES

Kim Hung LUK (APRIL 2019)

This study investigates the ways of holistic prayer healing in physical, psychological, spiritual and social perspectives, with the purpose of enhancing how it is practiced and taught in ways that might benefit Chinese Christians.

The conceptual framework of holistic prayer healing was formulated based on a literature review and my practical experiences. Qualitative semi-structured interviews including pre-praying, praying, post-praying and follow-up interviews were conducted with seven Chinese Christian participants. Two main interventions, the Entry Point and the Empathetic Dialogue, were utilized in the praying interview to enhance healing. Interpretive Phenomenological Analysis (IPA) was used to collect data in which themes were identified for interpreting the healing experiences of the participants.

Research findings indicated that all participants experienced the four aspects of healing in different ways which were significantly interconnected. Spiritual healing of deliverance and social healing of interpersonal relationship are common in Chinese Christians. My role in the praying interview was crucial in contributing to the healing experienced. Five themes which signified ways of experiencing healing were identified. They were connectedness to God, expectation of healing, healing through impetratory praying, empathetic dialogues which enhance healing, and participants' actions which followed their experience of healing.

The analysis of the findings showed significant aspects of prayer healing in the context. A holistic approach considers the physio-psycho-spiritual-social aspects of healing in different but related degrees according to the needs of the participants. A dialogical approach utilizes a series of entry points, sequences of imagery and empathetic dialogues between the pray-er and the participants. A Chinese cultural perspective involves spiritual healing relating to religions and social healing relating to family. A consideration concerns participants' actions which followed their experience of healing and are a significant part of the holistic healing process. The healing experience is interpreted based on the understanding of the mediation of the Holy Spirit and the recognition of the God who heals. The healing experience manifested in the participants through the pray-er's (researcher's) intervention offers evidence for the dialogical personal relationship as the primary and most important framework in prayer healing. These are contributions to knowledge and practice in an evangelical charismatic Chinese context.

Key words: *prayer healing, holistic, Empathetic Dialogue, Entry Point, imagery*

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CHAPTER ONE: INTRODUCTION

I was baptized in 1976 in Hong Kong in a church belonging to Christian Nationals' Evangelism Commission (CNEC) which seldom talked about prayer healing or the work of the Holy Spirit. I first came across prayer healing, being prayed for and praying for others, at the time (1986-1989) when I was studying in the seminary China Graduate School of Theology (CGST). After graduation, I served as a minister in a district church which belonged to the Christian & Mission Alliance Church (CMAC). I was allowed to adopt a cell group model for developing the church and to start prayer healing ministry. At that time, in Hong Kong, there was tension and discussion concerning prayer healing and the manifestation of the work of the Holy Spirit between the evangelical and the charismatic churches. As a church minister, although I was struggling in the face of the above tension, I continued my prayer healing ministry.

This research is an exploration and investigation of holistic prayer healing with specific reference to Chinese Christians in Hong Kong. It relates to the interconnected manifestation of different aspects of healing, such as physical, psychological, spiritual and social healing during and after the prayer healing process. It leads to the discussions of the attitudes and behaviours of the participants or pray-ees (those who are prayed for) before, during and after the process of praying. It also leads to the discussion of my intervention as the pray-er (the one who prays) and the manifestation of the work of the Holy Spirit in the process of praying. The framework of this research came from the review of the concepts of prayer healing within the literature which has influenced the development and practice of my prayer healing ministry. This is empirical research focusing on the healing experiences of seven Chinese Christians in Hong Kong during and after their prayer healing processes. The investigation and interpretation of their healing experiences became the source of understanding the meanings of their experiences in the research. The aim of the research is to inform my

knowledge of holistic prayer healing and enhance my professional practice as a pastor and a trainer in prayer healing ministry.

This chapter introduces my own learning, experiences and reflection on holistic prayer healing. It will also delineate the development of my psychological and theological grounds concerning holistic prayer healing. At the end, an overview of the thesis structure is presented, and that indicates the interconnection between different chapters of the thesis.

1.1 Response to Holistic Prayer Healing

During the second year of Master of Divinity (M. Div.) study in CGST, I received a message in prayer through images in my mind. I saw myself, with a sack full of herbal medicine on my back, run along and follow Jesus who had the same kind of sack on his back and healed the wounded people. The meaning of the images was obvious to me, I would minister healing to the wounded in the way Jesus did.

To enhance the start of my healing ministry in Hong Kong, I attended a three-day prayer healing workshop conducting by John and Paula Sandford from North America. That was the first time I came across a systematic basis to the theory and practice of prayer healing. In 1990, I had a chance to assist a trainer of prayer healing to pray for a male church minister. He had overcome his drug abuse after turning to Christ, but the influence of drugs still manifested as an ache in his head. During the process of praying, the man displayed some strange body movements, such as waving hands, strange facial expressions and sound uttered. After praying for him especially for the forgiveness of self and others, he calmed down and appeared to be normal again after some inner struggles. He himself felt that his emotional hurts from his childhood were soothed and his headache had improved. In a debriefing session, the trainer explained

that the bodily manifestations of the man were signs of deliverance from the bondage of evil spirits through the Holy Spirit. I started to envisage that physical, psychological and spiritual healing could be manifested in an interconnected way in prayer healing.

After practising prayer healing for about two years, in 1992, I started to realize that I was influenced by the third-wave charismatic renewal movement. I participated in workshops of prayer healing conducting by Father Richard Wang from Taiwan. The healing was concerned with prayer for healing through the life stages of a person. I also attended physical healing workshops and evangelistic meetings of John Wimber. I was astonished by his using of spiritual gifts, such as ‘the words of knowledge’, to heal the sick in prayer healing. I recognized that prayer healing including physical healing, even with this involves the complicity of deliverance, was ‘good things’ in pastoral ministry. Because I had basic training in psychological counselling, I had been integrating prayer healing with counselling skills in my prayer healing ministry. Moreover, I read books and attended workshops on prayer healing, all of which were related to the American charismatic tradition.

I went to Canada from 1994 to 1998 to further educate myself in psychology, counselling and theology. I obtained a BA degree in Psychology to equip myself to understand people from both psychological and relational perspectives. I then entered an MA degree programme in Pastoral Counselling majoring in Marital/Couple Counselling, from which I deeply recognized the reality of psychological and relational pains of people who needed to be healed. It drew me into the thinking of integrating counselling and prayer healing in order to heal people effectively. I spent one more year in an MA degree programme in Theology concentrating on Spirituality which aligned my thinking with a contemplative perspective on healing ministry. From then on I was, and am, enthusiastic about understanding how to heal people effectively and holistically.

I resumed my pastoral work in Hong Kong in 1998 and started prayer healing ministry in a church which is open to the work of the Holy Spirit. In my past theological perspective, I saw human sufferings as a result of the separation of human beings from God due to their sins. It was my ministry to save them from their sins and sufferings by letting them understand and experience the grace of Christ. However, my training in psychology, counselling, theology and spirituality equipped me to minister to wounded people from a more humanistic perspective. In ministering to the searchers of life, Nouwen (1972) states that

pastoral conversation is not merely a skilful use of conversational techniques to manipulate people into the Kingdom of God, but a deep human encounter in which a man is willing to put his own light and darkness at the disposal of others who want to find a way through their confusion and touch the solid core of life. (p.39)

Nouwen (1972) widens and confirms my understanding of human beings that, besides the theological aspect, there are psychological and spiritual aspects that also contribute to the sufferings of people who should be seen as holistic and multi-dimensional beings. Therefore, healing ministry is not only waiting for the final goal to come, turning a person to Christ, but it also includes the healing of people in psychological and spiritual aspects.

I am still practising healing ministry including teaching courses on prayer healing, leading prayer healing meetings, and visiting and praying for the wounded and the sick. Many wounded were healed psychologically through prayer with counselling, many captives in bondage to evil spirits were healed through prayers of deliverance. Some were healed physically, and many were healed socially by improving their interpersonal relationships. The most effective aspect of healing that I experienced was psychological healing, and the least successful was physical healing. No matter how effective or what the successful rate for different healing aspects was, I witnessed holistic healing through prayer.

1.2 My Own Healing Experience

I would like to utilize the notions of spirituality of Henry Nouwen to reflect on my own healing experiences which contribute to this research in my contextual and practical situations. I chose Nouwen not only because his concepts of healing ministry widened my psychological perspective on people, he also enhanced my own healing process. Nouwen (1972) proclaims, ‘The minister is called to recognize the sufferings of his time in his own heart...[otherwise] his service will not be perceived as authentic unless it comes from a heart wounded by the suffering about which he speaks’(p.xvi). In other words, my own wounds can become the starting point of my healing ministry, and those experiences can become my authentic motive for liberating others.

Psychological Woundedness

As a pastor or pray-er in prayer healing, I need to understand my own wounds and serve others without ignoring or fearing my wounds. Being a neglected child in my family, I was particularly drawn in compassion to those whom I perceived as being neglected. Nouwen (1972) states, ‘A deep understanding of his own pain makes it possible...to offer his own experience as a source of healing to those who are often lost in the darkness...once the pain is accepted and understood...ministry can become a healing service’ (p.87). This empowers me not to be afraid to explore my own wounds, as it will bring healing to those to whom I minister.

When I came back to Hong Kong from Canada, I served in a church which was new to me both in relationships and working environment. I fell into a void of depression but no one in that church seemed to recognize my difficulties and loneliness. It was painful to recognize that my past active Christian and ministerial life could not help me internalize spiritual value and to realize that I needed external affirmation to

build up my sense of worth. I was honoured in my past experiences in the church because I was active and proved to be a zealous minister. I got all the affirmation and sense of worth that I could not obtain in my family as a neglected child. After realizing that my inner needs were only covered up by my religious acts, it was painful to see myself as a neglected child with low self-image at home but acting in the church with an over-expanded self-image. Before the above desolation, I intellectually identified God as great, kind, omnipotent and loving. After recovering from the desolation, I also identified God as a personal God who walked with me in my darkness and solitude, and I internalized God with whom I felt intimate and secure. I went from an intellectual knowing of God to a spiritual meeting with a personal God, and that empowered my healing ministry to the wounded.

Spiritual Deliverance

Before turning to Christ, worshipping traditional Chinese gods (such as the Seven Sisters, Wong Tai Sin, Guan Yin, Che Kung and Guan Yu) and practising spirit-related activities (such as drinking talisman water with ashes, taking face reading and horoscopes) had been my common practices in a Chinese family context. These practices open a door for evil spirits to influence those who practise in different degrees of seriousness (Richards, 1974, p.91). They all need spiritual healing in order to be set free from bondage to evil spirits (Yeung, 1995, pp.282-83).

When I was in primary school, I had to worship the gods of Guan Yin and Guan Yu by offering incense to them at home. On top of the altar was a small red light bulb shining upon their faces, and I felt uneasy when offering incense to them especially when seeing their red faces under the red light. That worshipping lasted until my high school years. When I was in adulthood, I found that I was afraid of the dark for no

reason. A concrete example was when I woke up at mid-night and needed to go to the toilet, I dared not go for fear of the dark. After becoming a Christian, I had a chance to share that fear in a small group, and the group members prayed for me. In the process of praying, I felt the fear and the scene of offering incense to the gods reappeared in my mind. They led me to confess the sin of worshipping gods, and through prayers, they broke my bondage to the fear of the dark that came from evil spirits and they pleaded for the peace of God to be bestowed upon me. I felt light and peace inside after the process of praying. After that, I was no longer afraid of the dark. Instead I could enjoy meditation alone quietly in the dark of night. This is my example, in the Chinese context, of spiritual healing through deliverance from bondage to evil spirits.

Wounded Prayer Healer

From the above experiences of psychological and spiritual healing, I have learned to walk with people sharing the same humanity in the face of our brokenness and wounds instead of teaching them how to live more fully. Nouwen (1972) stresses, '[w]hen we become aware that we do not have to escape our pains, but that we can mobilize them into a common search for life...it creates a unity based on the shared confession of our basic brokenness and on a shared hope' (p.93). If pains could be shared and become healing sources according to Nouwen (1972), wounded ministers could become wounded healers who can look after their own wounds but at the same time be prepared to heal the wounds of others (pp.82-89). In my own process of healing, I have come to understand that the tragedies and pains of humanity can be transformed into an abundance in life when I take courage to work on my brokenness and overcome the fear of the 'pain-avoiders' who are afraid, and hesitant, to enter into the pains of others (Nouwen et al, 1982, pp.4-5). When I can enter into the pains of

others, I become a compassionate pastor who can bring healing to them. Compassion means ‘to suffer with...to enter places of pain, to share in brokenness...to mourn with those who are lonely, to weep with those in tears’ (p.4). In other words, serving among the wounded people creates in me a heart that can face my own pains and willingly ‘to suffer with’ the pains of others without fear. It helps me to come out from my negative emotion of being neglected and the fear of the dark, and to reach out to others with similar experiences with compassion in order to become a wounded prayer healer.

1.3 Reflection on Holistic Prayer Healing

My own healing experiences consolidated my understanding of prayer healing from a psychological perspective. I am now going to reflect on holistic prayer healing from theological perspective. According to Browning (1991), all theological practices are ‘theory-laden’ (p.6), this means, they all have theories behind and within them. When my prayer healing ministry meets unanswered practical and theological questions, I need to ask questions about the theory underneath my practice. Through the process of reflection, the questions will be better understood, and I will re-examine the source of the norms that guide the practice. Then, I reconstruct the theological meanings of the practice in order to revise the ministry to address the issues in my contextual situation and to practise it in a more authentic way. This is what Browning (1991) calls the ‘practice-theory-practice structure of all theology’ (p.9) which is also the basic theological appropriation of Professional Doctorate for this research moving from practice to theory to practice.

Theological Ground

Browning (1991) in his strategic practical theology contends that ‘the first movement of the theological task, the movement of descriptive theology, should not omit the intimate descriptions of our personal psychosocial and religio-cultural histories’ (pp.61-62). That means that, the task of description in practical theology takes place within the dialogue between the people who practise their theological tasks and their contextual situations. My practical theology is shaped by my personal religio-cultural factors as Browning (1991) has stated. My first theological concept of Christianity came from the orthodox model. I was taught that it was of the utmost importance to ensure I was born again as an evangelical Christian, and I had to be a member of a particular church tradition and I had to defend that tradition. During the period that I was in the seminary (1986-1989), I was convinced that the personal experiences of Christians could not be segregated from the socio-cultural impact of society. Eventually, I settled more on the neo-orthodox model (McGrath, 2013, pp.199-201; Mikoski, 2014, pp.170-74) for two reasons, first, its dialectical character of faith recognizes the contemporary inner struggles of human experiences, such as tragedy, pain and death, At the same time, it affirms the salvific power of God, and that empowers people with hope to struggle courageously with the difficulties in life. Second, it reaffirms the standpoint of the Christocentric character of Biblical faith that justification comes only through Jesus Christ as the Saviour, and that encourages people to live authentically with their faith in an inadequate environment. Later, in about 1990, I was influenced by the third-wave charismatic movement in Hong Kong. I adopted the practice of prayer healing, of the American charismatic tradition, in my own healing ministry. I called myself an evangelical pastor who practised prayer healing around some evangelical churches. After practising prayer healing for about thirty years and knowing some theology of the charismatic tradition concerning prayer

healing, I am now called myself an evangelical-charismatic pastor without belonging to any denomination.

Contextual and Practical Reflections

Swinton and Mowat (2006) state that ‘The discipline of Practical Theology emerges as a response to and recognition of the redemptive actions of God-in-the-world and the human experience which emerges in response to those actions’ (p.11). That means, I need to reflect theologically on the work of God in my prayer healing ministry and my experience on it. I would like to utilize the theology of the ‘secular Christianity’ of Bonhoeffer to reflect on my holistic prayer healing in order to arrive at a ‘new theory-laden’ practice in my contextual and practical situations. I chose Bonhoeffer because he asked his theological question evolving from his practical experience in his time, and he answered his question by sacrificing his life through his action.

The ‘secular Christianity’ of Bonhoeffer (1966b) is based on the dialectic aspects of the world and people who are both divine and depraved (pp.88-89). My theological standpoint acknowledges this dialectical aspect of the contemporary struggles of people and the salvific power of God. People are struggling to live with their inescapable existential difficulties but there is always hope for them to live authentically. It is the reconciliation between God and people through the existential participation of Christ with people that brings hope, meaning and value to them (p.64). Thus, when people are reconciled with God through Christ and participate in the world, they can manifest the presence of God by living with hope (p.49). For me, it confirms the existential value of wounded people and affirms that prayer healing is valuable for them in manifesting the presence of God in them.

Another concept relating to secular Christianity is the 'penultimate' (the life in the world before the Judgment Day) and the 'ultimate' (when the last Judgment Day of God comes). Bonhoeffer (1955) uses these ideas of the ultimate and the penultimate to discuss the connections between the world and the holiness (pp.82-83). This connection affirms that Christians should not disprize or withdraw their lives from the 'penultimate' in which Christ will give them strength to live authentically so as to manifest their hope, values and meanings they find in life. In other words, people can find the supernatural in the natural and the holy in the profane. This encourages me, in prayer healing, to suffer with the life of the wounded and enhances my ability to see the supernatural or holy things in them. Bonhoeffer (1966a) focuses on the powerlessness of Christ in the suffering of people, and the fact that it is the humiliated Christ who reveals the transcendence of God (pp.116-17). However, this notion of the transcendence of God is not sufficient to explain what I have experienced in my prayer healing ministry. Naturally, I see many ill people who are suffering, however, supernaturally, I have seen many ill people healed in different aspects of healing through prayer, and that will continue to happen in the 'penultimate'.

The concept of 'the world come of age' (Bonhoeffer, 1963, p.195) demonstrates that the world has come to a time where God and the religious hypothesis of people have gradually and increasingly been pushed out of the spheres of the knowledge and the life of people (p.188). In my pastoral context, many wounded people are realistic and secular, and are also religionless. In his pastoral context, Bonhoeffer (1963) asked, 'How do we speak of God...without religion?...How do we speak in a secular way about God?' (p.153). In my pastoral context, I ask, 'How do I pray for healing for wounded people in a secular society like Hong Kong?' Bonhoeffer (1963) suggests using non-religious languages to proclaim Christianity to the religionless people (pp.181-82), such as using the language of psychotherapy of brokenness, guilty feeling,

pain, need and conflict in order to reveal and describe the transcendent God in a secular way (p.188). This is the paradoxical nature of Bonhoeffer's (1963) secular Christianity in which the religionless people experience God. I am also a psychotherapist, and I always integrate psychotherapy with prayer healing to engage with non-religious people in order to manifest the healing power of the transcendent God. The notion of a religionless world empowers me to participate in the sufferings of wounded people through prayer healing, and that reveals the suffering of Christ and manifests the glory of God.

The above theological reflection with the theology of 'secular Christianity' of Bonhoeffer empowers me to continue my journey of practising and researching holistic prayer healing.

Compassionate Action

In light of the psychology of Nouwen and the theology of Bonhoeffer, the sacrificial life and action of Bonhoeffer (1963) to God and to his people fulfilled what Nouwen (1971) said to be the true meaning of Christian ministry. It is the

acts of service that go beyond the level of professional expertise...in these acts the minister is asked to lay down his own life for his friends...and make their weakness a source of creativity...to face his own weakness without fear and make it available to others. (p.113)

Bonhoeffer lived up to his faith and his sacrifice so that they speak aloud. Nouwen lived up to his compassion to exemplify how our vulnerabilities can be a gift for others. Both of them are the guideposts to strengthen my 'acts of service' in prayer healing ministry. My response to participation in holistic prayer healing is a call that shifts my ordinary life into the extraordinary life of God. The notion of 'voluntary displacement' can expound the meaning of my shift fully. Displacement is a call from

God 'to move away from the ordinary and proper places... Voluntary displacement leads us to the existential recognition of our inner brokenness and thus brings us to a deeper solidarity with the brokenness of our fellow human beings' (Nouwen et al., 1982, pp.63-64). I understand that my calling from God moved me from a comfortable living zone to a voluntary healing room 'to suffer with' the broken hearts. I desire to experience the care and the power of God when I submit in humility and boldly face my work with God in prayer healing to minister to wounded people. In the compassionate acts of my prayer healing, I understand more about the meaning and the actuality of the suffering of Christ in the sufferings of wounded people. At the same time, I experience the power of God who cares and heals. My prayer healing is neither a religious act alone nor an act that comes from the psychological remedy for my past neglected upbringing and unfulfilled craving for human love. It is the compassionate actions that spring from my transformed heart in response to the calling of God. In the context of Hong Kong, most working class people are either Chinese god worshippers or religionless people. Moreover, many young people are also interested in knowing and even participating in some superstitious practices (Yeung, 1995, pp.178-85). I want to witness healing of those wounded physically, psychologically, spiritually and socially through the work of the Holy Spirit. I want to lead them to experience Christ through prayer healing as the Healer who will heal them eternally.

The above reflection on compassionate action influenced and transformed me. In this research, my compassionate action has been shown to the wounded participants in the process of interviewing and praying for them, and in the process of interpreting the research findings.

1.4 Gap in Knowledge of Holistic Prayer Healing

As a Christian pray-er, I witnessed many people healed through different aspects of healing. I am fascinated to explore and understand how people are healed through my interventions in the process of praying. My intention of conducting this research on prayer healing is to ask: How people experience prayer healing? How can I improve my own practice of holistic prayer healing? And, how can I understand how better to be able to teach others how to pray well for people? I am going to explore the theoretical and practical aspects of holistic prayer healing which involves physical, psychological, spiritual and social healing, each within their own defined scope. Although economical wellness concerning a stable economy and enough financial knowledge (Swain, 2015, p.10), and occupational wellness concerning self-satisfaction in work and substantial satisfaction in life (Hettler, 1976, National Wellness Institute) are also aspects of healing, it is excluded in this research for it is not the intention of my study.

In conducting research concerning holistic prayer healing as discussed above, there are research gaps that are worth exploring. How do the four aspects of healing manifest interconnectedly in the process of praying? How can my interventions as a pray-er in the process of praying contribute to the healing experiences of the pray-ees? How is the work of the Holy Spirit mediated through my interventions? Moreover, in my practising of prayer healing, one of the culturally sensitive prayers I needed to handle was the prayer concerning spiritual healing in deliverance from worshipping Chinese traditional gods and practising spirit-related religion in Chinese Christians. Most Chinese Christians are raised in the above context of worship and practice from which delivery is needed in my Christian tradition. Another culturally sensitive aspect was prayer concerning social healing in ameliorating relationships with family members. Chinese people are more attached to, and embedded within family networks

than many western people. Therefore, spiritual healing in deliverance and social healing in improving relationships are also research gaps, especially for Chinese Christians.

Based on the literature review and my experiences on prayer healing, I formulated my research question as, ‘**How can an investigation of my practice contribute to holistic prayer healing through attention to physical, psychological, spiritual and social healing during and after the prayer healing process?**’. The objectives of the research are to gain more understanding on how healing happens in prayer, and make contributions to knowledge and practice in holistic prayer healing. The understanding gained from the research is going to help me and other practitioners to improve the effectiveness in performing holistic prayer healing. Training programmes will also be conducted to equip leaders and pastors to be effective and authentic wounded prayer healers. This research can shed light on the development of holistic prayer healing for Chinese Christians in a Chinese context.

1.5 Progress and Thesis Structure

The research plan was handed in in September 2015. After getting ethical approval in June 2016, all the seven participants were recruited by the end of the same month. Two pilot studies were finished by July 2016. The research proposal was handed in at the end of July 2016. Formal data collection was completed with transcription by November 2016. Preliminary data analysis was conducted and preliminary findings were reported in October 2017. Further data analysis was done in January 2018. The interpretation of the data and its reflection was accomplished in August and November 2018 respectively.

The thesis is presented in nine chapters in order to answer the research question.

Chapter One, 'Introduction' explains my interest and intention in choosing the topic, presents my contextual reflection on the topic, the purpose of study, the research question, the gaps in knowledge and the contribution to professional practice of the research. It ends with the progress of the study and the thesis structure.

Chapter Two, 'Conceptual Framework' delineates the concepts of holistic prayer healing by reviewing literature in the American charismatic tradition and the church of England sacramental tradition on the subject of prayer healing, and by formulating the scope of holistic prayer healing in four aspects, namely, physical, psychological, spiritual and social healing. It also introduces two crucial concepts in conducting holistic prayer healing, namely, the Empathetic Dialogue and the Entry Point. It ends by describing the praying steps of holistic prayer healing.

Chapter Three, 'Methodology' describes and justifies the research design and its method. It explains the recruitment of the participants, data collection and its analysis. It ends with the discussions of the limitations and the potential risks of the research.

Chapter Four, 'Research Findings and Identified Themes' presents the research findings in different aspects of healing experienced by the participants and the formulation of the five identified themes through coding for investigation and interpretation.

Chapters Five, Chapter Six and Chapter Seven concern the 'Interpretation of Themes' present in the interpretation of the healing experienced by the participants before, during and after the prayer healing process respectively. In total there are five identified themes formulated from the research findings. Chapter Five investigates the interpretations of Theme 1 and Theme 2 formulated before the prayer healing process. Chapter Six investigates the interpretations of Theme 3 and Theme 4 formulated during the prayer healing process. Chapter Seven investigates the interpretation of

Theme 5 formulated after the prayer healing process.

Chapter Eight, 'Thematic Discussion and Theological Reflection' presents the theological reflection on the interpretation of the five identified themes and the contribution of the research to the identified gaps in knowledge. Some specific and common praying interventions in the process of praying are discussed.

The last chapter 'Conclusion' shows the answer to the research question. It also presents the contributions to knowledge and professional practice, and discusses the limitations of, and further suggestions for, the research.

CHAPTER TWO: CONCEPTUAL FRAMEWORK

Since 1946, the World Health Organization (WHO) has defined health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO, no.2, 1948, p.100). This is a broad and inclusive definition of health. In one conference, WHO Copenhagen (1984), the definition of health was elaborated on as

the extent to which an individual or group is able...to realize aspirations and satisfy needs; and...to change or cope with the environment. Health is...a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities. (p.4)

The above elaboration of the definition of health brings in the concept of ‘resources’ and ‘capacities’ of people for satisfying their needs and coping with their environment, and does not define health as a ‘state’. Moreover, in a conference (1997), the executive board of WHO proposed a new definition of health, which included the spiritual dimension, as ‘a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity’ (WHO, 1997, p.2). Although the proposal was not passed in the conference due to the unsettled discussions of the distinction between the meanings of spiritual and mental in health, the spiritual dimension of health was recognized by WHO (Lau, 2018, p.72). Thus, a more holistic aspect of health, including physical, mental, spiritual and social aspects, becomes the sources for people to have the ability to survive within an environment, to attain skills and to establish relationships in order to enhance flexible and autonomous living.

2.1 The Concept of Holism in Indigenous Chinese Culture

The above discussion of the concept of ‘holistic’ adopted is basically inspired by the WHO definition of health and the Western literature. The four dimensions of healing, physical, mental, spiritual and social, are to be understood as interconnected

and interactive among each other, while still existing individually. This concept of 'holistic' runs the risk of alienating the concept of holistic health or healing in Chinese culture in which spirituality is not separated from other dimensions of human existence (physical, psychological and social dimensions), and is understood in bodily terms and with body as spiritual (Kwan, 2018, pp.23-24). The research is about healing in the context of Chinese culture. Not ignoring the Chinese cultural concept of holistic health/healing, an inter-cultural dialogue between the Chinese concept of healing with the Western four-dimensional healing model is presented. The work of Kwan (2018), *'Negotiating the Meaning of Spirituality in Holistic Health Care from a Chinese Perspective'* is adopted to delineate the discussion.

Acknowledging the Indigenous Chinese Cultural Concepts of Holism

After investigating the meaning of spirituality from the perspectives of the WHO definition of 'holistic health' and in some Western literature on the term 'holistic care', Kwan (2018) argues that, although the WHO leads 'an internationally shared understanding of the term "holistic health", with the interactive parts identified as the physical, mental, social and spiritual...[s]pirituality on the WHO platform presupposes a dualism of the spiritual and the material' (pp.21-22). In other words, spirituality is understood 'as opposed to materiality and the body' (p.22), and yet it does not match up with the Chinese cultural notion of holism for 'Chinese anthropology contains no dualism of spirituality/bodiliness, nor of spirit/material' (p.23). This non-dualistic understanding of human existence is 'deeply embedded in the unconscious foundations of daily practice of Chinese people' (p.25). Therefore, according to Kwan (2018), if the Western notion of spirituality/holism of health care is applied to the Chinese people without acknowledging and tackling the tension between the Western dualistic model of holism and the indigenous Chinese cultural non-dualistic anthropology, it will

provoke in Chinese people an ‘everyday resistance in the form of non-oppositional cultural alterity’ (p.25). This resistance hinders, or even blocks, Chinese people from benefitting from the health care service or healing process. This concept of resistance is argued by Kwan (2018) as ‘one of the core features of Asian theological discourse’ (Kwan, 2014, p.71). However, Kwan suggests the concept of ‘practice of hospitality’ to negotiate the alterity. He postulates that hospitality

acknowledges a permanent tension between sameness (singularity) and different (plurality), and how these two are theoretically and practically intertwined. While it encourages dialogue, acceptance, empathetic understanding, forgiveness, and so on, it admits the impossibility of unconditional hospitality...I propose that such an inter-religious hospitality [or dialogue] be brought into the discourse and practice of interfaith spiritual care’. (pp.25-26)

This ‘practice of hospitality’ accepts and embraces the everyday resistance and unfamiliarity due to the tension of the Western WHO model and the indigenous Chinese cultural health model, and it engages them in friendly dialogue. In an empathetic dialogical relationship, each can be changed due to the other’s practice of hospitality (p.26).

In the research, on the one hand, the Western four-dimensional holistic model is adopted as the method of qualitative interview and interpretation of the research findings. On the other hand, the non-dualistic Chinese cultural holistic health model is acknowledged and adopted for an inter-cultural dialogue or hospitality in the practice of the prayer healing process. All the participants in the research are Chinese Christians from Hong Kong, a place where influence from Western culture has been prominent since the British colonial rule (1847-1997). From the perspective of westernization, most people of Hong Kong are different from the mainland Chinese in being westernized in thinking and living style, but they still have indigenous Chinese culture in their blood. Moreover, Chinese Christians in Hong Kong are also westernized in Christian faith and theology, but they are still impacted by indigenous Chinese cultural religion in their heart. That is to say, the Hong Kong Chinese Christians are both

westernized by Western culture and faith, yet Chinese culture still embedded in them. In other words, the concept of the western dualistic model of holism is not unfamiliar to them, despite the root of the non-dualistic Chinese anthropology is still embedded in them.

Kwan's (2018) negotiation of the meaning of spirituality in holistic health care from a Chinese perspective is therefore extremely important in pointing out an 'everyday resistance', which reveals 'a deep conflict between a Chinese/Asian conception of spirituality/soul and its Western counterpart' (p.21), especially in practising health care for Chinese people.

In the research, I fully acknowledge that the existence of the above mentioned resistance did exist in the prayer healing process, with all the participants being Hong Kong Chinese Christians. Nevertheless, the resistance has been minimized. Take for an example, although the three semi-structured interviews (pre-praying, post-praying and follow-up interviews) were conducted using questions based on the four-dimensional model of designed questions (see Appendices 9, 10 and 11 respectively), the first questions of the three interviews are all general open-ended questions without any sense of dualism of spiritual and material. They are respectively 'Would you tell me about your current situation?'; 'Would you tell me about your current situation or change in your situation since we prayed last time?' and 'Would you tell me about your current situation or change since we prayed after around half year?' After the participants finished answering the first question in each interview, the remaining questions which are related to the Western four-dimensional model concerning the physical, psychological, spiritual and social aspects of healing were then asked. They were not asked to accept the four elements of the model. Therefore, the first questions in the three interviews would have minimized the participants' resistances or conflicts to enable them to respond authentically.

In the process of the research, no participants showed any resistance in answering all the other questions in the three interviews; rather, they showed their eagerness and authenticity to participate in the praying process. This may be accounted for by the following two reasons. First, they are all Hong Kong Chinese [aged 30-50] Christians [10-42 years of faith commitment] who have been westernized in both culture and faith, therefore, the above tension with dualism was not so significant to them. Second, their desire and eagerness to expect healing and their impetrating praying attitudes were so strong, as shown in the research findings in Chapter Four ‘Research Findings and Identified Themes’, that it has overridden the resistance.

Another feature of my research is also relevant to this issue. A process of dialogues called the Empathetic Dialogue (this concept will be discussed in section 3.4 in Chapter Three ‘Methodology’) in the process of praying was going on between the participants and me (the researcher). This Empathetic Dialogue allowed us to pray and respond to each other alternately. A friendly empathetic dialogical relationship built on trust was formed between us in the atmosphere of mutual ‘practice of hospitality’ (Kwan, 2018, p.26) in the praying process. It not only attuned me to the participants’ inner and authentic experiences, but also enhanced my capacity to discern and to adjust my decision in choosing the appropriate focus and method to pray in the praying process. Examples can be found in section 6.1 of Chapter Six under the heading of ‘The Entry Point and the Work of the Holy Spirit’ concerning the praying with the participants through the sequential entry points in the Empathetic Dialogue.

Acknowledging the Non-western Concept in Deliverance

Besides acknowledging the indigenous Chinese cultural concept of holism in the research, there are also conceptual and practical concerns relating to the spiritual

healing which was limited to the deliverance from the bondage to evil spirits (it will be discussed in section 2.3 of Chapter Two under the heading of ‘The Concept of Holistic Prayer Healing’), and that relates to demonology in Christianity.

Hong Kong people grow up in a Chinese culture where worshipping Chinese traditional gods and exercising spirit-related practices are common religious practices in their family upbringing environment. It is common to find Hong Kong Chinese Christians moderately or severely involved in or influenced by their cultural religious practices. Here, the underlying theological issues related to the demonologies of Western Christianity, non-western Christianity and Chinese religions are not discussed, for it is out of the scope of the research. However, as is discussed in Cartledge (2011) *‘Demonology and Deliverance: A Practical-Theological Case Study’*, in the practice of prayer healing, real cultural differences between Western and non-western (including Chinese) expressions of demonology in Christianity can be discerned in the context of Hong Kong. After surveying some western literature concerning demonology and deliverance, Cartledge (2011) recognizes that ‘Charismatic Christianity [is] aligned with non-western worldviews. This must be a serious consideration for those engaged in pastoral practice in cross-cultural contexts’ (p.263). Finally, he suggests two forms of renewed theological praxis in the practice of deliverance. The first one relates to the use of psychology. A multi-disciplinary approach is required and teams ‘should include...specialists in mental health care, who are also Christians and are able to use the spiritual gift of discernment as well as medical expertise’ (p.262). The second relates to cross-cultural contexts. Pastoral ‘teams should contain cultural diversity wherever it is likely that there will be individuals seeking this ministry for themselves and others from predominately non-western contexts’ (p.263). In responding to the first suggestion, as I am a pastor and also a psychological counsellor, the use of psychology is positively integrated in the process of deliverance in the research. The second

suggestion is, in fact, a general practice in the research which is conducted in a Chinese context. In the research, there were two participants who have participated in Chinese cultural spirit-related practices (worshipping a dead brother and drinking talisman water for healing) before they became committed Christians, and needed to be delivered from the bondage to evil spirits. In the praying process of deliverance, on the one hand, psychology as counselling theories and techniques was integrated in praying for the participants. On the other hand, although I (researcher) am influenced by the Western and Charismatic Christianity, I am culturally sensitive enough to be the pray-er to perform deliverance with the participants, as I am a Chinese pastor with over thirty-years of prayer healing ministry to Hong Kong Chinese Christians.

2.2 The Concept of Healing in Prayer Healing

Healing is related to health. According to Gilbert and Gilbert (2011), healing is ‘a term that captures the concepts of recovery or repair from dysfunction and/or injury...and refers to processes occurring in physical bodies, minds and relationships’ (p.112). When relating the meaning of healing to acquiring resourceful autonomous healthy living, healing is a concept and is related to the restoration and recovery of the physical, mental, spiritual and social health of people. This concept informs the design of my research which refers to the recovery in physical, psychological, spiritual and social conditions of people who are prayed for. These four aspects of healing will be delineated in detail in this chapter.

Healing in Prayer is a Christian belief and practice

It seems that it is easy to understand healing, however, it is not. As Pattison (2007)

states, 'there are only healings in the plural' (p.126) and the 'discussions of healing should be conducted within very broad horizons' (p.130). Christians should, therefore, understand healing as 'healings' without failing to deal adequately with the realities of human tragedy and the complexities of the Christian healing traditions. Kinsley (1996) speaks of healing in a cross-cultural perspective that 'health, sickness, and healing are inextricably related to religious or moral concerns, themes, and practices in almost all cultures...[and] many of the characteristics of traditional (healing) cultures apply to Christian materials' (p.1). Christians also should not ignore or undermine other traditions of healing in other cultures. With this backdrop in mind, I deal with a special kind of healing that relates to Christian belief. This is characterized by using 'prayer' in Jesus name to bring forth healing to people. As Maddocks (1995) claims that a

Christian can never discuss healing without having Jesus in mind. His very name...speaks of growth and enlargement, a process whereby a power is unleashed that brings the life of man (or society) back into a new spaciousness in which all the cells (or members) are released and delivered to perform their full and purposeful function. (p.9)

That means, the power unleashed from Jesus brings healing comprising a spaciousness of health in which are present, as Maddocks (1995) recognises, the notions of peace, forgiveness, reconciliation, wholeness and holiness (pp.10-16).

Guidelines for a Theology of Healing

A theological background in conceptualizing the meaning of healing in prayer healing is necessary. In the following discussion of the theology of Christian healing, the edited volume of Watts (2011) '*Spiritual Healing: Scientific and Religious Perspectives*' has been used thoroughly. It is because, besides the fact that Fraser Watts is a respected scholar in the academic field of spiritual healing, his updated edited work embraces a range of writers with different perspectives on spiritual healing.

Moreover, one of the writings, Clayton (2011) '*The Theology of Spiritual Healing*' will be employed as my basic theological background in conceptualizing the meaning of healing in prayer healing.

Clayton (2011) postulates four guidelines for a theology of healing. The first guideline concerns the source of healing. Clayton (2011) declares that 'there is nothing surprising about a more-than-natural flow of energy through the human person' (p.59). This echoes Watts (2011) pronouncing that both Christian and secular healers are channels 'of a healing power that transcends them, and they are not themselves the source of this healing power' (p.6). However, the healing source of Christian prayer is God and the healing is through the work of the Holy Spirit, not as that conceptualized in the secular healing as a 'healing energy' (p.6). Therefore, God as the source of healing is the theological ground for my belief in prayer healing in this research.

The second guideline relates to the gift of healing. Clayton (2011) claims that 'God is engaged in a long-term policy to enable persons to become agents who...freely emulate the divine nature and freely attempt to live according to the divine purposes' (p.60). This involves the acquisition of the healing gift of the healers. Bourne and Watts (2011) agree with the assumption that, including both Christians and non-Christians, 'the gift of healing is to some extent present in everyone' (p.78) and 'can be learned' (p.79). However, the acquisition of the gift of healing in Christians depends on placing of their whole lives 'at the disposal of God', not as the secular healers say that 'people can be trained to be healers' (p.79). Therefore, that is to say, the ability of the pray-ers in prayer healing depends on their relationship with and continual reaching for God. This affirms my role as a pray-er before God praying for the participants.

The third guideline involves the effect of healing. Clayton (2011) stresses that

‘God *wants* always to heal, to reduce suffering, and to bring about wholeness, as well as that God is always *able* to heal’. However, one should acknowledge the fact that ‘for every apparent healing, thousands of other requests for healing go unanswered’ (p.60). In discussing the interpretations of success and failure in prayer healing, Bourne and Watts (2011) outline three reasons why the results of healing might be only temporary. They are: ‘the basic cause of the problem was not addressed’, the patient ‘was unwilling to make the necessary fundamental changes in his or her life’ and ‘does not understand what true healing involves’ (p.88). This guideline indicates that people may be healed, partially healed, temporarily healed or not healed. I have to be humble and to acknowledge the fact that there must be blockages in prayer healing which I have difficulties to comprehend.

The fourth guideline is the sign of healing. Clayton (2011) contends that healing is a memory of the ‘Healer, but also a sign of that final state of wholeness...those who are healed are healed sacramentally...[It is] a sign of hope and promise in a world’ (pp.60-61). I am also convinced that healing is never an end in itself and it serves as a pointer to a state of wholeness in the coming of the New World (Rev 21:3-4).

Besides adopting the theological guidelines of Clayton (2011) for prayer healing, I will utilize the approach of prayer healing of MacNutt (1999) to develop the operational framework for formulating the different aspects of healing in the research. Francis MacNutt was intensely involved in the Catholic charismatic renewal movement, however, Fraser Watts, Philip Clayton and Charles Bourne are theologians coming from the sacramental tradition, also actively engaging in dialogues with science and the religious traditions of the world (Bourne and Watts, 2011, pp.77-89; Clayton, 2011, pp.44-45). The charismatic and the sacramental traditions of prayer healing are taken by some scholars as two different paradigms (Larson-Miller, 2006, pp.361, 371). Therefore, it is necessary to provide an explanation for choosing the

approach of healing of MacNutt (1999) in response to the theology of healing of Watts (2011), Clayton (2011), and Bourne and Watts (2011) as developing the conceptual framework of prayer healing.

Francis MacNutt was greatly influenced by Agnes Sanford who ‘sets her[self] firmly in mainline Protestantism’ (Hejzlar, 2010, p.34), however, he could integrate prayer healing with the Catholic tradition, and became a significant leader and renowned scholar in the area of prayer healing in the charismatic tradition (p.37). Although the theology of healing of MacNutt (1999) involves the charismatic tradition, there are many concepts of prayer healing in line with the sacramental tradition as discussed above. In term of the source of healing, MacNutt (1999) recognizes that the healing source is God (pp.123, 252). In terms of the gift of healing, MacNutt (1999) disagrees with the notion of an ‘absolutist theory’ (p.93) of faith among the faith healing evangelists. He contends that faith in healing is not the faith of the pray-er, but a gift from God who promises to answer their prayers in His faithfulness, wisdom, power and goodness (p.94). This leaves room for discussion of the spectrum of faith in the healing process in what Bourne and Watts (2011) call the ‘passive role’ of healers who attribute the main responsibility for healing to an ultimate source of healing (pp.83-84). MacNutt (1999) discusses at length the effects on healing of the seven sacraments (pp.219-236). It is recognized that he ‘believes that most sacraments bear on healing in one way or another’ (Hejzlar, 2010, p.215) and ‘is largely in agreement with the official Roman Catholic teaching regarding the anointing of the sick’ (p.222). It is understood that MacNutt (1999) integrates charismatic traditions of healing into his Catholic sacramental tradition and then he expands prayer healing through the sacraments. However, he emphasizes that the administration of the anointing should not be confined to bishops and priests only (p.222), as he stresses that the ‘gifts, such as healing, precisely as divine gifts...they dwell within each Christian’ (p.90). It is a

characteristic of the charismatic tradition of healing that every Christian can and should try prayer healing, but that is not favoured in the sacramental tradition. MacNutt (1999) will not view faith and medicine as an 'either-or' relationship as the faith healing evangelists did (Hejzlar, 2010, p.267). This view is in line with the understanding that theological and scientific approaches to healing are complementary, for they answer the questions 'why' and 'how' respectively (Watts, 2011, p.11). At last, MacNutt (1999) is aware of the deep emotional pains at the root of many kinds of sickness and he values the utilization of psychology in his healing ministry (Hejzlar, 2010, p.267). It resonates with Watts' (2011) notion that 'psychotherapy can contribute to psychological healing' in spiritual healing (p.3), and that integrates theology and psychology in prayer healing with a psychological account of how healing works.

From the above discussion, the theology of healing of MacNutt (1999) and those of Watts (2011), Clayton (2011), and Bourne and Watts (2011) can be integrated to formulate the conceptual framework of prayer healing to guide the research. In sum, God is the source and originator of healing, and He bestows gift of healing on His children as pray-ers to pray for the needy. Pray-ers need to have faith from God in healing, and to depend on God for the effect of healing. The sign of healing points to an eschatological dimension of total healing that will come for the pray-ees. The above theology of healing offers the theological ingredients to conceptualize prayer healing and serves the background to delineate the meaning of prayer in prayer healing below.

2.3 The Concept of Prayer in Prayer Healing

It is acknowledged that Christian healing 'starts with prayer' (Bourne and Watts, 2011, p.79) and is 'rooted in prayer' (The Archbishops' Council 2000, p.14). Christians or non-Christians, whomever shows authentic concern and compassion towards those

who are sick, reveal somewhat the love of God. However, it is ‘Christian prayer’ (p.14) that marks Christian healing as different from non-Christians healing. I use ‘prayer’ healing instead of ‘faith’ healing or ‘divine’ healing to stress that ‘prayer’ is the main subject in practising prayer healing. Christian prayer healing ‘involves a deliberate seeking of divine action, and special divine action seems more likely to occur when God is acknowledged, sought and invoked’ (Watts, 2011, p.13). This resonates with my research investigating the ways that different aspects of healing will happen during and after the prayer healing process.

As ‘prayer’ marks the importance of Christian healing, it is recognized that prayer is a means to acquire the wholeness of people, and prayer provides a space for people to experience the power of the healing of God. Therefore, some theological meanings of prayer are essential in understanding the conceptualization of prayer healing.

The Coherence of the Concept of Prayer Requires Belief in God

Christians believe that they pray because there is a God who listens and answers. There is a view concerning therapeutic meditation that the pray-ers can experience and express psychological growth and feelings of wellbeing, without believing in the existence of God. In response to the above view, Brümmer (2008), a retired professor of Philosophy and Religion at the University of Utrecht, contends that there are certain factual beliefs about God that are constitutive of the practice of prayer. For example, if the pray-ers pray in words and experience feelings of exultation, confidence and inner peace, these are responses to feelings of dependence and attitudes of love towards God to whom the words refer. This gives a coherent account for the pray-ers and what they have experienced in prayers. However, if the pray-ers do not believe that God is there and listens, the feelings they experience are only the functional effect of their words in

prayers. What they have experienced can be psychologically coherent in their praying words, but this denial of belief in God or that God exists is theologically incoherent in accounting for what they have experienced in prayer. If they claim this is an effective outcome of therapeutic meditation in prayer, as Brümmer (2008) indicates, it can only refer to a kind of ‘self-therapy’ (p.26) or ‘self-deception’ (p.30). Brümmer (2008) concludes that ‘prayer is an appropriate way for *believers* to express and inculcate certain attitudes in themselves, but it cannot be appropriate without belief’, and, whoever tries to pray ‘while rejecting the beliefs would be intellectually dishonest’ (p.30). Therefore, although therapeutic meditation is an important function of prayer, this can only be achieved honestly and theologically if the pray-ers accept the belief about the existence and the nature of God. Moreover, Christian prayers are intended as petitions for addressing God and not only as a way of expressing certain attitudes or experiencing therapeutic meditation.

The Omniscience of God Does Not Predetermine the Outcome of Prayer

The concept of prayer is coherent with the belief that God exists, listens and answers. Then, prayer for healing to the omniscient God is meaningful. I accepted the Reformed tradition of healing when I had just become a Christian. According to Wong (2011), a Reformed theologian and the vice-professor in theology of the Alliance Bible Seminary in Hong Kong, healing is shown in the creation and the providence of God. God cares for the creatures; God will limit diseases, heal diseases, and bless the operation of the human medical mechanism according to His will in general predestination (p.38). However, special providence like special healing will happen on special people solely according to the will of God. Prayer for the sick cannot violate the will of God, though the Holy Spirit will lead the pray-ers to fulfil the will of God

(pp.46-47). When I was a pastor in the Alliance church, I followed the theology of healing of A.B. Simpson. According to Leung (2011), the honorary president of the Alliance Bible Seminary in Hong Kong, Simpson states that healing is a part of the Gospel, but it is different from salvation in that it is not for anyone, and some will be healed but some will not (pp.58-60). Prayer healing is the sole work of God and has nothing to do with human beings. It is the sovereignty of God that determines whether to heal or not in any situation (pp.68-69). However, the above theology of the providence and sovereignty of God creates puzzles in healing ministry. When praying for ill patients, we do not know if God will heal them or not. We may pray: 'Lord, if it be thy will, please...' If the healing is solely according to the own will of God, this makes prayer for the sick ambivalent. If God has decreed healing, there is no difference with or without prayer. If God has decreed sickness, no prayer can alter His will. This deterministic view of the sovereignty of God not only limits the future possibility of His providence, but also disagrees with a lot of biblical teachings concerning the response of God to prayers even though He had foretold His decision. For example, God responded to the prayer of King Hezekiah for a longer life even though God had foretold his deadly illness (Is 38:1-6); the intercession of Moses for Israel also shows the character of future possibility in the sovereignty of God (Ex 32:9-14); Jesus taught that persistent pleading can change the decision of the friend who previously decided not to lend loaves (Luke 11:5-8). Therefore, the omniscience of God in His sovereignty does not necessarily mean that God predestines and controls all events in history without any other possibilities.

According to Tiessen (2000), a Professor Emeritus of systematic theology and ethics at Providence Theological Seminary (Canada), God has created a world with open future possibilities in which human beings, as personal and free agents, can participate while maintaining His sovereign independence. The present and the future

are established by the eternal will of God, but that future comes about through the participation of His created human beings (p.343). In prayer, we are not going to seek to change the mind of God, we only seek to change ourselves and the situations in the world so that God will actualize what is necessary for His perfect will. It is God not our prayers that changes things, even though it is God who answers our prayers (p.342). I agree with the view that if human beings maintain a personal relationship with God, our prayer will be an effective contributor to the response of God and the future possibilities without influencing the sovereignty and the omniscience of God. The foreknowledge of God should not predetermine the outcome of our prayers. Otherwise, prayer is meaningless and futile. In turn, we should pray earnestly and persistently for the healing of the sick before an omniscient but personal God.

Healing in Prayer Continues to Happen

My Christian belief in prayer healing is increasingly different from what I had accepted in the Reformed tradition. I had accepted the belief that miraculous healing is only the sign of the manifestation of the kingdom of God and the evidence of the status of the apostles (Wong, 2011, p.43-44). I cannot now accept the view that the function of the healing gifts in the witness of the Gospel is finished, that there is no place for the sign of miracle, and that the most important thing in the kingdom of God is the healing of sinful souls (pp.53-54). The explanation of miraculous healing of the Reformed tradition will surely prevent people from pursuing prayer healing. What is left in prayer healing is the compassion of God through praying for the sick. It limits the happening of miraculous healing, and cannot explain the healing experiences of those who are healed in prayer in the Christian community. I accept that Biblical events of healing actually occurred in history and will continue to occur.

As Tiessen (2000) believes, ‘God is in control of his creation and that he is able to act differently than he usually does (i.e. ‘supernaturally’)’ (p.352), Christians can ask God to do the miraculous, such as physical healing, when they believe that the petition conforms to His purpose and will bring glory to Him. ‘It is not a large thing to God...whether he does something “supernatural” such as the dramatic removal of a tumor’ (p.353). God is able to accomplish His purpose while at the same time being responsive to the impetratory petition of the prayers. This affirms that healing, even miraculously, can continually happen in this contemporary world. I am convinced that healing is a part of the mission of the church and accompanies the preaching of the Gospel as a sign of the redemption of Christ in the body. Though there is neither prayer nor medicines that can guarantee 100 per cent healing, Christians need to continue to pray for the sick to show the power of God and the Gospel.

Pray for Healing Instead of Enduring Sickness

As healing in prayer continues to happen, sick people may pray for healing instead of enduring sickness. Many Christians recognize sickness as a ‘cross’ sent by God to them in order to sanctify their lives through suffering. According to Blue (1987), after exploring the meaning of suffering and sickness through the healing stories in the New Testament, he concludes that ‘suffering always refers to the pain of persecution inflicted by persons or demons...The New Testament teaches us sometimes to endure suffering but always to pray to heal sickness...Sickness is not a blessing...the One who came to defeat it is a blessing’ (pp.28-30). If we see sickness as a spiritual goodness to our spiritual life, we may pray less frequently or even stop praying for healing. In the example of ‘a thorn in the flesh’ in the apostle Paul, whether it referred to physical sickness or persecution, according to different interpretations of the verses, he pleaded

to God earnestly to remove it three times until God told him to accept it (2 Cor 12:8). Tiessen (2000) contends that if ‘we have been given no indication by God that he does not intend ever to answer this particular request, and so we persist until we either get the answer we seek or believe that God has told us no’ (p.340). Therefore, we can pray to God earnestly to heal our or others’ sickness until we ‘hear’ from God that we should stop praying for healing.

There is no denying that some Christians may be sanctified through sickness, for God will work for the good of those who love him in all things (Rom 8:29). There are people who do not get healed in sickness, their relations with God or interpersonal relationships with others may improve by the grace of God. However, Christians can actively seek prayer healing and fight their sickness by praying without ceasing. I am not suggesting that in all circumstances we must pray for total healing or the taking away of all sickness, for all people will finally die. The point is we ought to pray and not to lose heart in prayer healing, ‘will He find faith on the earth?’ (Luke 18:8).

In summary, prayer healing is coherent with the belief of the existence of God and affirms a personalized faith in which Christians acknowledge the healing of God in their sickness. God participates in human lives through His providence and perfect goodness which show His good will and grace towards humankind. Understanding the theological meaning of ‘healing’ and ‘prayer’ in prayer healing prepares the way to conceptualize the meaning of ‘holistic’ in prayer healing.

2.4 The Concept of Holistic Prayer Healing

Holistic healing is declared in literature (Poloma and Hoelter, 1998, p.260; Benner, 2003, p.15; Watts, 2011, p.5; Gilbert and Gilbert, 2011, p.112). For example, according to Benner (2003), a Protestant psychologist, Christian soul care is historically

understood as involving the whole person. Healing ministry ‘involves efforts to help someone overcome impairment and move towards wholeness...can involve physical healing as well as spiritual healing, but the focus is always the total person’ (pp.14-15). Also, Watts (2011) stresses that healing of people has to do with the body, mind and spirit in which they are interrelated and form a holistic entity (p.5). These views on healing confirm my understanding of the theory and practice of holistic healing, and prayer is a means to bring wholeness to people.

In exploring the meaning of ‘holistic’ in prayer healing, I will begin to review the literature in prayer healing within a brief period of time relating to my experiences in healing ministry. Then, the scope of the four aspects of healing will be formulated as the core elements of holistic prayer healing. Finally, the research question will be formulated to guide the direction and accomplish the aim of the research.

Review of Some Charismatic Healing Literature

According to Alexander (2006), the prayer healing movement in America in the nineteenth century can be traced back to roughly around 1870 to 1900. The development of the movement was mainly advocated by Christian leaders who zealously prayed for those who were ill with significant outcomes (p.9). Starting from 1900, according to Pattison (1989), there were two significant strands in Christian prayer healing. Sacramental healing, established among Anglo-Catholics within the Church of England, emphasized healing through the main sacraments such as baptism, confirmation, unction, repentance and the eucharist (p.51). The other stressed that God directly continues miraculous healing work through redeeming life and the work of Jesus. Healing miracles can occur today through the intervention of God by means of prayer (p.52).

My prayer healing ministry has been influenced by the contemporary American charismatic healing movement. Therefore, the following discussion of literature of prayer healing will be limited to the literatures of the contemporary American charismatic tradition. However, I am not ignoring the sacramental healing which is uniting with charismatic healing progressively in Christian healing. From an academic and theological perspective, I will discuss and integrate some literature of prayer healing of the contemporary sacramental tradition of the Church of England in order to widen and delineate more deeply the conceptual framework of holistic prayer healing.

Agnes Sanford is considered to be one of the principal founders of the American prayer healing movement during the 1960s through to the late 1970s. After Sanford was healed from her severe depression after healing prayer, she started to pray for physically and emotionally ill people and taught physical and inner healing in different parts of the country. Her *'The Healing Light'* (1983, first published in 1949) urges that ministers should obtain the 'healing light of God' through faith as 'life-giving power' which is 'an active energy' for physical healing (Sanford, 1983, p.19) and psychological healing in the soothing of hurtful emotions of sick people in prayer healing (p.146). In the 1970s, Francis MacNutt was influenced by Sanford to start his healing ministry. His writings *'Healing [Revised and Expanded]'* (1999, first published in 1974) and *'The Power of Healing'* (1977) argue that prayer healing is grounded theologically, in that healing is the practical application of the salvation of Jesus, and liberates us from personal sin, emotional and physical sickness (MacNutt, 1999, p.40). He identifies four basic forms of prayer healing, which are physical healing, inner healing, repentance and forgiveness, and deliverance from demonic oppression (p.130), showing its integrative character.

In the 1970s to 1980s, brothers Dennis and Matthew Linn, also influenced by Sanford, published *'Healing of Memories: Prayer and Confession Steps to Inner*

Healing' (1984, first published in 1974), which asserts that by the means of prayer healing, people with hurtful memories could be delivered by the peace and love of Christ and the Holy Spirit instead of letting their past hurts control them. Prayer healing stresses the enhancing of cognitive functioning in the ability to make decisions in those who are prayed for (Linn and Linn, 1984, pp.12-13). Their second book '*Healing Life's Hurts: Healing Memories through the Five Stages of Forgiveness*' (1978) integrates physical and emotional healing by exploring in detail how the sick people who are being prayed for experienced physical healing as they worked through the four emotions, anxiety, fear, anger and guilt, in inner healing. They conclude that physical healing is substantial, but not effective without emotional or psychological healing (Linn and Linn, 1978, pp.23-60).

In the 1980s, John Wimber and Kevin Springer stressed that prayer healing, especially physical healing, can be exercised by every Christian with a healing model and spiritual gifts. Their '*Power Healing*' (1986) postulates a five-step physical healing model with the utilization of spiritual gifts for Christians to learn, where the healing process can be trained and duplicated (Wimber and Springer, 1986, pp.198-225). Also, the '*Authority to Heal*' of Ken Blue (1987) establishes theological grounds for physical healing and stresses that healing the sick should continue until Christ returns (p.13).

In the 1980-1990s, Protestant ministers Leanne Payne and David Seamands integrated pastoral counselling into prayer healing. The '*The Broken Image: Restoring Personal Wholeness through Healing Prayer*' of Payne (1981) focuses on the restoration of self-identity and sexual-identity. He emphasizes that people who receive prayer for the restoration of their identities should posit their identities in Jesus, knowing themselves as the children of God, and should replace their negative words of self-hatred and destruction with the words from God (Payne, 1981, pp.22, 34). The '*Healing of Memories*' of Seamands (1985) demonstrates the ways of God in repairing

damages in emotionally crippled Christians and transforming them into healed helpers. The wounded will become healers who show improvement in self-confidence and self-efficacy after prayer healing (Seamands, 1981, p.7). Moreover, a psychiatrist, John White, who joined with John Wimber and Ken Blue in practising prayer healing, wrote '*Healing the Wounded*' (1985) and '*Changing on the Inside*' (1991) to join in the trend of prayer healing by integrating his profession in teaching. Anderson, a pastor and a professor of practical theology, published '*The Bondage Breaker*' (1990a) and '*Victory over the Darkness*' (1990b) to indicate that Christians should realize the power of their identity in Christ (Anderson, 1990b, pp.17-36), and in prayer, they can overcome negative thoughts, irrational feelings and habitual sins from which evil spirits had influenced them (Anderson, 1990a, pp.17-26). The above literature made a profound impact on a practical level within the theological arena of prayer healing which was rapidly growing in the western world and also in Asian areas such as Singapore, Taiwan and Hong Kong.

In Taiwan, Father Richard Wang established his healing model on treating the emotional damages of memory. His first book '*The Healing of the Soul*' (1980) delineates the meaning and operation of emotional prayer healing in memory in a Chinese context. It promotes the method of prayer of personal reminiscence with visualization in prayer healing (Wang, 1980, pp.128-58). His second book '*The New Creation of Life*' (1983) focuses on the psychological healing of emotional damages in different developmental stages of life. The wounded people are prayed for from their infancy stages to the recent stages so that the healing integrates with their whole process of life (Wang, 1983, pp.77-79). In Hong Kong, John Lau, a pastor of the Church of Christ in China, established the 'Elijah Mission' offering prayer healing services for Christians, and courses for leaders and ministers. His '*For I Am the Lord Who Heals You*' (2003) provides basic principles and practices on prayer healing for all

kinds of hurts and sicknesses (Lau, 2003, pp.20-21). Moreover, Alexander Mak, the former vice-president of China Mission Seminary, had been teaching New Testament theology and prayer healing for training church ministers. His '*A New Look at Spiritual Warfare*' (2014), by renewing the 7-steps of prayer healing of Anderson (1990a), stresses obtaining freedom in spiritual warfare by integrating the Bible, psychotherapy and prayer healing (Mak, 2014, pp.333-41).

From the above review of charismatic healing literature, I am not satisfied with the prayer healing described which emphasizes on one or two aspects of healing such as physical, psychological or deliverance. I earnestly want to see people heal holistically in their physio-psycho-spiritual-social aspects. Moreover, I want to investigate more on the spiritual healing in deliverance and social healing in ameliorating interpersonal relationships in a Chinese context, for they respectively relate to the worshipping of Chinese traditional gods and their familial concern. These will be further discussed later in this chapter.

Review of Some Sacramental Healing Literature

In Christian terms, sacrament is 'an outward sign of an inward grace that has been instituted by Jesus Christ (Lyden and Mazur, 2015, p.180). In other words, sacraments are visible signs of the reality of God, as well as means by which God enacts His grace. The Catholic Church and some Protestant Churches (examples are Anglican, Lutheran, Methodist and Reformed) hold to the above meaning of sacrament. There are seven Catholic sacraments: Baptism, Reconciliation, Eucharist, Confirmation, Matrimony, Holy Orders and Anointing of the Sick. However, in the Protestant churches named above, only Baptism and Eucharist are recognized as instituted by Christ. The origin and theology of sacraments are not discussed here, for they are out of the scope of this

research. As I come from the Christian tradition of the evangelical free church, I will not hold the meaning of sacrament as that of the Catholic and the above named Protestant churches. I hold that the above sacraments are worthy practices that do not impart actual grace but are some rituals (non-sacramental) for praying to God to bless the participants (Gros et al., 2008, p. 352). However, the inclusion of literature concerning sacramental healing in the Anglican tradition widens the knowledge and practice in my prayer healing.

In the Anglican tradition, sacramental healing emphasizes healing through the seven sacraments (not the same as the seven Catholic sacraments): Eucharist, Anointing, Laying on of Hands, Absolution, Exorcism, After-Care and On Dying Well (Maddocks, 1995, pp.113-35). The key principle of sacramental healing is ‘given accompanying a sacrament or sign, along with prayer and perhaps laying on of hands’ (Dow and Stammers, 1997, p.49). The revival of sacramental prayer healing in Anglican churches was initiated by priests such as F.W. Puller, Percy Dearmer and Charles Harris who prayed for the sick through anointing with laying on of hands, sometimes after the sick made a private confession of sin (The Archbishops’ Council 2000, p.3). Maddocks (1995) states that the ecumenical ‘Guild of Health’ was formed by Percy Dearmer and Conrad Noel in 1904 and ‘The Society of Emmanuel’ [renamed as ‘The Divine Healing Mission’ (DHM) in 1933] was established by James Moore Hickson in 1905 to encourage the conduction of anointing the sick, publishing prayer manuals and teaching materials to assist parishes to engage in prayer healing ministry (p.100). From 1917 to 1930, Hickson spread the message of ‘Healing Saviour’ by visiting many dioceses in different countries in North America, Europe, Asia and the Middle-East (pp.100-01).

In responding to the development of healing ministry, the Church of England provided further liturgical services for ministering to the sick. After the 1920 Lambeth

Conference, leaders of healing ministry acknowledged that ‘the power to exercise spiritual healing is taught by Christ to be the natural heritage of Christians...through his body the Church’ (p.104). After the 1930 Lambeth Conference, the ‘Churches’ Council for Health and Healing’ (CCHH) was founded by Archbishop William Temple in 1944 with the purpose ‘to enable members of different denominations to bring together their experiences of the healing ministry...to involve the medical profession in these exercises’ (The Archbishops’ Council 2000, p.7). In 1958, the Archbishops of Canterbury and York commissioned a report ‘The Church’s Ministry of Healing’ to suggest practising laying hands on individuals for healing. This influenced lay people to be involved in the healing ministry (Gunstone, 2005, p.4). In 1958, George Bennett, the chairman of the DHM began to conduct healing missions and clergy schools all over Britain, in Europe and the United States (Maddocks, 1995, p.103). From 1959, Reverend Geoffrey Harding, the director of the CCHH, visited every Anglican diocese in England where many formed a local council of health and healing. In 1978, the Lambeth Conference reaffirmed that healing of the sick is part of the proclamation of the Gospel, and it should be crucial in any revision of the liturgy (p.107). Besides the growth of sacramental healing in the Anglican Church at the beginning of the twentieth century, the Roman Catholic Church, the Methodist Church, the United Reformed Church, the Baptist Union and the Orthodox Church also had movements of healing ministry in England (p.108). Maddocks (1995) concludes that, before the twentieth century, there would be ‘a healthy network of...various bodies concerned with the ministry of healing in the churches of Great Britain and Ireland’ (p.111).

In facing the continuous development of healing ministry, the bishops of the Church of England commissioned another report in 2000, ‘*A Time to Heal*’ (The Archbishops’ Council, 2000), to discuss a wide range matters involving the developments in healing ministry in the Church of England (Gunstone, 2005, pp.6-7).

The notable contrast of the commission 2000 to the 1958 one was that ‘the role of the laity is fully recognized, especially the role they play in prayer healing teams’ (p.7). Brandon (2006) responds to ‘*A Time to Heal*’ that healing ministry is recognized within the central structures of the Church, and it is ‘part of the Church’s mission and ministry, effectively led, overseen and supported through diocesan structures...with a range [of]...professional expertise... such as chaplain, doctor, mental healthcare expert and experienced member for the deliverance ministry’ (p.5). This makes parishes see healing ministry as a holistic opportunity for pastoral care and evangelism in cooperating with the medical profession and chaplains and other agencies (p.8).

The Church of England accepted the phrase ‘ministry of healing’ instead of ‘faith healing’, ‘spiritual healing’ or ‘divine healing’ in order to stress that healing of the sick ‘is an integral part of the Church’s total work...In it...sacraments...and...gifts of special kinds... and...the discipline of medical and nursing training are by no means the least’ (The Archbishops’ Council, 2000, pp.7-8). The above approach in healing affirms a unity between the healing of natural and spiritual. It also confirms a theological ground that ‘[n]ature cannot be separated from God’ (Dow and Stammers, 1997, p.31) and ‘grace...received through prayer is also God’s gift’ (p.32). Therefore, Christians can make full use of the natural (medical) means, as well as the spiritual means (prayer or sacrament), in prayer healing ministry.

Integration of Charismatic and Sacramental Traditions

The above literature review on charismatic and sacramental traditions on prayer healing widens my knowledge and has an impact on this research in prayer healing. First, in operation context, although both traditions see healing as part of the mission of the church and ministry, sacramental healing stresses leadership and overseeing of the

ministry which should be implemented by following the appropriate church structures, while charismatic healing can run without a hierarchical structure such as in a local church or even by an individual. Sacramental healing shows that healing becomes more accountable when operating in a mature structure of a church. Second, in integrating with medical science, although they both recognize the importance of utilizing natural resources, sacramental healing intends to merge into the medical system, while charismatic healing stresses faith healing as a means to miraculous changes. Sacramental healing reveals that healing seems to be more balanced in both using natural and spiritual sources. Third, in a practical context, they both use methods such as laying on of hands or anointing with oil, however, sacramental healing employs them in a liturgical sense according to James 5:13-16, while charismatic healing exercises them according to an inner calling of pray-ers from the Holy Spirit. Sacramental healing appears to be more systemic and manageable in its inheritance.

In spite of the discrepancy of the above two healing movements in the early twentieth century, Gunstone (2005) states that in the 1960s and 1970s the sacramental prayer healing in England was greatly influenced by the charismatic renewal which awakened many clergy to pray and exercise spiritual gifts (pp.4-5). According to Collins (2009), the above two trends of healing ministry converged in the 'Third Wave' of Charismatic renewal movement in the 1980s. The growth of a positive relationship between the sacramentalists and the Charismatics (p.187), the acceptance of sacramental practices by the Charismatics, such as the use of 'holy water' and 'blessed oil' (p.189), and simultaneously the valuing of charismatic 'deliverance prayers' (p.190) by the sacramentalists, all contributed to bring about convergence. This convergence points out a message that both charismatic and sacramental healing come from the same root - healing by the power of God through the Holy Spirit. These two traditions of prayer healing will also be converged in this research at a conceptual and practical

level such as utilizing laying on of hands, anointing oil and spiritual gifts in the process of praying.

Core Element of Holistic Prayer Healing

In establishing the framework for analyzing the different aspects of healing in holistic prayer healing, I find that the content of different aspects of healing in ‘*Healing: Revised and Expanded*’ of MacNutt (1999) is more systematic and inclusive. MacNutt (1999) identifies four basic forms of prayer healing which reflect three kinds of sickness and one kind of oppression. The sickness of the body that is caused by diseases or accidents and needs physical healing; the psychological sickness that is caused by emotional trauma which needs inner healing; and the spiritual sickness that is caused by personal sin and needs repentance and forgiveness including being forgiven by God, forgiving of the self and others. The above three kinds of sickness may be generated by demonic oppression and that needs deliverance (p.130). With insights from MacNutt (1999), I adopt physical, psychological and spiritual (including deliverance) healing as the fundamental core elements of prayer healing. However, MacNutt (1999) did not talk much about social healing which involves the interpersonal relationship transformation after prayer healing. Nevertheless, I will include social healing in my research.

Physical healing usually appears explicitly and seems to be much clearer to understand. It is generally a way of praying for people that emphasizes the healing of the body’s illness and pain. **Psychological** healing seems to be more internal and is more complicated to comprehend as it involves a range of different types of healing. However, it emphasizes the healing of emotional damage and the reparation of cognitive functions of people. **Spiritual** healing is also internal and is sometimes

confused with psychological healing, but it connotes a wider group of meanings. In this research, it will be limited to a way of praying that involves the deliverance of people from the bondage to, but not possession by evil spirits (Collins, 2009, p.4).

The above three aspects of healing are interconnected together and combined are call **personal** healing. I expect that once people are healed in any one aspect of personal healing, it will have positive and transformative impact on their interpersonal relationships. That is to say, **social** healing in ameliorating their interpersonal relationships will be the outcome of personal healing. Although social healing may also involve the healing of groups and even nations (Thompson and O'Dea, 2001, p.3), it is recognized in this research as an implicit change in the minds of the pray-ees and then manifests explicitly in their behaviours. The four aspects of healing above form the core elements of the holistic character of prayer healing in this research. Figure 2.1 below shows their interrelated relationships.

Holistic Prayer Healing

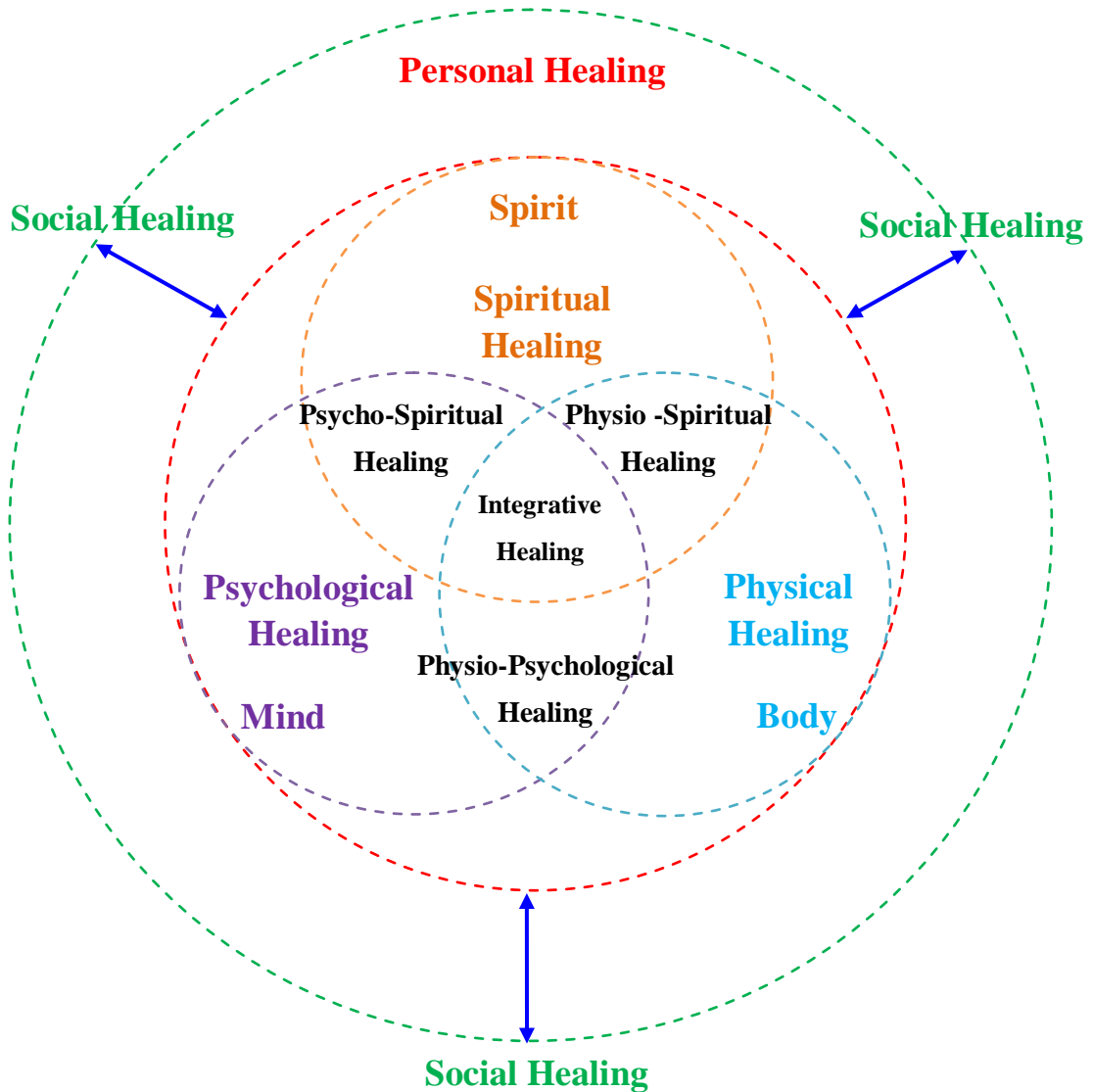


Figure 2.1: Interrelated relationships of the four aspects of healing in holistic prayer healing

In Figure 2.1, all the dotted spheres show their interrelated character with each other. The **red** dotted sphere represents the holistic entity of people composing of **body**, **mind** and **spirit**. The three interconnected dotted spheres of **physical**, **psychological** and **spiritual** healing within the red sphere show their interrelated relationships that are comprised of the **personal** healing of people. The intersections between either two spheres indicate their interrelated character, namely **physio-psychological**, **psycho-spiritual** and **physio-spiritual** healing. The intersection of the three spheres

represents the **integrative** healing of the three aspects of healing (Appendix 1 shows the simplified contents of the different intersectional aspects of healing). Although the intersectional aspects of healing are of interest to be investigated, the aim of the research is to investigate each of the four aspects of healing individually and their manifestations in an interconnected ways. Therefore, the intersectional aspects of healing will not be investigated in this research. The **green** dotted sphere represents the **social** healing as the outcome of the personal healing. The **blue** double-headed arrows indicate the interdependency of the states of health in **personal** healing and **social** healing. As a whole, the personal healing comprising physical, psychological and spiritual healing integrates with social healing to form the **holistic** healing of a person.

Physical Healing ***– Healing of Body Illness and Pain***

From the reviewed literature of the charismatic tradition in dealing with physical healing, it is understood that there is no single technique or formula that always guarantees results. People need to have faith to depend on God (Sanford, 1983, p.45; MacNutt, 1999, p.157; Wimber & Springer, 1986, p.196). Sanford (1983) does not propose steps or a model for physical healing. She urges that physical healing is the intention of God for people and it is the responsibility of the servants of God to allow the healing action of God on them (p.32). MacNutt (1999) postulates six steps for physical healing with the stress on faith and thanksgiving (pp.157-66). The 5-steps model of Wimber & Springer (1986) allows pray-ers to learn and duplicate (pp.198-225). Appendix 3 will show the praying steps of different aspects of healing in different charismatic literature.

It is indicated in the literature that forgiveness of sins, forgiving the self and others frequently connect with bodily healing. Physical healing is difficult if there are

emotional blockages (Sandford and Sandford, 1982, p.4; MacNutt, 1999, pp.135-36; Wimber and Springer, 1986, pp.226-27; Linn and Linn, 1984, p.46; Lau, 2003, pp.65-68). Linn and Linn (1978) try to integrate physical and emotional healing by exploring, in detail, how pray-ees experience physical healing as they work through emotional damage, and they have made a convincing case that physical healing is not effective without emotional healing (pp.23-60). In their biopsychosocial approach in studying healing, Gilbert and Gilbert (2011) state that increasing evidence shows that ‘social relationships, states of mind and psychological processes influence the body’s ability for repair, recovery and healing’ (pp.112-14). It resonates with the above charismatic literature that when people have physical illness, they also need to pay attention to their emotions. Psychological or spiritual illness will influence the healthiness of their body. In other words, physical healing is substantial and is related to psychological and spiritual healing in prayer healing.

Psychological Healing ***– Healing of Emotional Damage and Cognitive Function***

The notion of psychological healing is that Jesus, who is the same yesterday, today and forever,

can...heal us from the inner wounds that still remain in our memories...and affect our present lives; fill with his love all these places in us...He can heal our past and drain it of our poisoned years of pain and resentment. (MacNutt, 1999, p.146)

According to MacNutt (1999), psychological healing is for those who are aware that they are held down emotionally by past trauma embedded in their memory, and the emotional hurts can also affect their cognitive functions. Moreover, emotional damage is not only caused by past trauma, other factors such as long term illness, pressure in life and worsening interpersonal relationships can contribute to them. The healing of emotional damages can be manifested in many psychological aspects according to

various emphases. First, there is the general aspect of soothing of hurtful emotions, such as self-condemnation, anxiety, unreasonable fear, resentment, unlovable feelings, grief and loss, compulsive drives, etc, in different degrees, from minimal to severe (Sanford, 1983, p.146; MacNutt, 1999, pp.146-47; Anderson, 1990a, pp.193-200). Second, it involves the attitudes of self. There is the restoration of self-identity and sexual-identity (Payne, 1981, pp.22, 34). The attitude of self also relates to the restoration of identity in Christ, and that fills the pray-ees with hope for growth and assurance of the status of the children of God (Anderson, 1990b, pp.17-29). Third, there is the enhancing of cognitive functioning such as the ability to make decisions (Linn and Linn, 1984, pp.12-13). Moreover, for those who have been controlled by irrational thoughts and feelings, they should let the words of God to be the weapon with which to resist them (Anderson, 1990a, pp.178-81). Fourth, it relates to the sense of worth and value of self. There is improvement of self-confidence and competence (Seamands, 1981, pp.7, 65, 154). Fifth, there is healing in different life stages focusing on leading the pray-ees back to their memories on trauma to heal at the root level in order to receive a more permanent effect psychologically and spiritually (Sandford and Sandford, 1982, p.146-48; Wang, 1983, pp.77-79). Finally, there is the healing of all kinds of hurts including verbal, relational, emotional, and cognitive functions (Lau, 2003, pp.20-21). As with physical healing, forgiveness is the key to psychological healing in prayer healing (Sanford, 1983, p.146; Sandford and Sandford, 1982, pp.151-52; MacNutt, 1999, pp.137-41; Payne, 1981, p.12; Linn and Linn, 1984, pp.34-36; Seamands, 1981, pp.150-51; Wang, 1980. pp.33-41; Anderson, 1990b, pp.194-97; and Lau, 2003, pp.61-68; Mak, 2014, pp.213-17).

From the above discussion, I summarize psychological healing into two main areas including the healing of emotional damage and improvement in cognitive functions. It involves soothing painful emotions, restoring self-identity, advancing

cognitive functioning, improving self-confidence, acknowledging meaning in each developmental life stage and enhancing positive thinking and thoughts. All of the above literature, except Sanford (1983) and Sandford and Sandford (1982), provide steps in psychological healing. MacNutt (1999) uses three steps (pp.146-50), Payne (1981) utilizes four steps (pp.19-20), Linn and Linn (1984) formulates six steps (pp.16-46), Seamands (1985) proposes three steps (pp.24-27, 181-83), Wang (1983) postulates six steps (pp.1-26, 77-125), and Lau (2003) practices six steps (pp.81-83, 178-89).

Spiritual Healing

– Healing of Deliverance from Bondage to Evil Spirits

Deliverance from evil spirits is a controversial subject in healing ministry. Infestation by evil spirits has traditionally been termed ‘possession’ in which demons completely take over the persons who are demonized. However, a revised translation of the term ‘demonized’ means to be oppressed, influenced, or even controlled by the demons in some way without implying demonic ownership (Collins, 2009, p.4). Richards (1974) delineates three demonic activities, from mild, serious to the acute states, namely demonic influence, demonic oppression and demonic attack (p.91). He describes demonic ‘possession’ only ‘when considering the apparent take-over of a person by an alien personality or intelligence’ (p.92). According to Collins (2009), deliverance ‘relies less upon received forms and...is usually a less formal (though sometimes lengthy) procedure aiming to alleviate some form of “demonization” in the afflicted person’, while exorcism is ‘the sacramental rite by which an evil influence...which has in some sense taken possession of a human subject, is removed’ (p.4). He describes ‘deliverance...as a form of minor exorcism’ (p.189). With this definition of terms, deliverance is for ‘mild’ and at most ‘serious’ states, but exorcism

is for ‘acute’ states. In this research, the term ‘deliverance’ in spiritual healing is used instead of exorcism, for exorcism focuses on the removal of the demon in possession of the human subject and it usually requires a healing team to do so. Deliverance focuses on breaking the bondage to evil spirits on the pray-ees. This research will not deal with exorcism.

The above discussion of deliverance, in anthropological perspective, is an emic perspective discussing from within my specific charismatic and evangelical Christian belief and culture. The spirits are termed ‘evil’ for they have the characters of, for example, jealousy (Num 5:14), dishonesty (Judg 9:23; 2Chron 18:21), wickedness (1Sam 18:10, 19:9), deception (1Kings 22:22), distortion (Isa 19:14), promiscuity (Hos 4:2), seduction (1Tim 4:1) and fault (1Jn 4:6). There are different perspectives in understanding the work of spirits in different cultures. From the Christian point of view, people being ‘demonized’ are recognized as unfortunate and tragic. However, there are exceptions; for example, people of the Republic of Haiti identify being ‘demonized’ as an enviable spiritual experience bestowed from the heaven (Yeung, 1995, pp.294-95). They see ‘demonized’ as a spiritual blessing, but Christians recognize that they need deliverance as a spiritual healing. Therefore, this research considers the necessity of deliverance through the maintenance of Christian belief and the recognition of the perspectives of other cultures (Orsi, 2005, p.204).

This research will be conducted on Chinese Christians in the Chinese context in Hong Kong. It is believed that many participants have grown up in Chinese culture worshipping Chinese gods (for example: people become gods after death, such as Wong Tai Sin, Guan Yin, Che Kung etc.) and exercising spirit-related practices (such as drinking talisman water with ashes, playing spirit of pen to telepathize with deceased people, taking face reading, etc.) as common practices in their family environment of their upbringing. The purposes of participating in them are to acquire

wealth, peace, protection, victory and even curses to others. These forms of worship are related to animism which is a demonic worship of either living things or non-living things in the view of many Chinese Christians. This is viewed as partaking in the realm of evil spirits, and that is unacceptable in Christian belief (Yeung, 1995, pp.282-83). It opens a door for the evil spirits to influence those who practise in different degrees of seriousness as discussed in Collins (2009) and Richards (1974). In Christian belief, they all need spiritual healing in order to be delivered from bondage to evil spirits.

Deliverance is a healing and is 'a process, mainly through prayer, of freeing a person who is oppressed or infested by evil spirits but not possessed' (MacNutt, 1999, p.167). In discerning the necessity of deliverance in healing, a possible sign is the compulsive behaviours of the pray-ees, such as drug addiction, alcoholism, obsessive sexual and self-destructive thought (pp.173-74). Infestation by evil spirits means people can be demonized in some degree through their capitulation to sin or being the victim of sin, in their generational lines and under curses or trauma (Wimber & Springer, 1986, pp.120-21), and in rebellion, sins and un-forgiveness (Lau, 2003, pp.184-85). Anderson (1990a) stresses that evil spirits can influence the personality of people by controlling their minds and thoughts (pp.95-109). Mak (2016) contends that the infestation of evil spirits in people is not mainly of the body, but living in their hearts and working in their minds, and that makes people occupied by different evil thoughts (p.44-50). Other ways of infestation are the practices which Christians do contradictory to the will of God, such as worshipping gods, asking gods for acknowledging future fate, communicating with deceased people and inviting spirits to heal or change lives (Wang, 1983, pp.46-49). Many Chinese and other Christians throughout the world believe that behind every such practice is the force of evil spirits and that blocks healing. Therefore, spiritual healing of deliverance is needed for those who have such practises in order to set them free from bondage. In performing

deliverance, MacNutt (1999) uses six steps (pp.176-84), Wang (1983) suggests three steps (pp.54-55), Anderson (1990b) provides seven steps (p.187-204), Mak (2014) provides seven steps (pp.177-324), and Lau (2003) formulates five steps (pp.184-85).

Spiritual healing as deliverance is not always a priority in the reviewed charismatic literature. It usually focuses on psychological healing, such as Sandford and Sandford (1982), Payne (1981 and 1984), Linn and Linn (1978 and 1984) and Seamands (1985). However, I agree with the conclusion of MacNutt (1999) that ‘we find people who need body healing, emotional healing...and deliverance – all of them...more will be healed if someone...can pray with them on every level where they may need God’s healing power’ (p.191). I will include deliverance in spiritual healing as a core element in holistic prayer healing in the hope that more ministers will be trained to heal people in a holistic way, especially in a Chinese context.

Social Healing

– Healing of Interpersonal Relationships as the Outcome of Personal Healing

From the literature, such as MacNutt (1999), social healing in improving interpersonal relationships is seldom performed in prayer healing. It is usually understood as a natural outcome of prayer healing. For example, after the prayer healing, the pray-ee (a wife) could feel more relax when facing an intimate relationship with her husband; another pray-ee (a father) was willing to spend time with his children (Sandford and Sandford, 1982, p.118). The pray-ees began to love and accept themselves, and would know how to relate to others (Payne, 1981, p.22). Some pray-ees would free themselves to love God, their neighbours and themselves in a more complete way (Linn and Linn, 1984, p.50); some would even become an instrument of blessing the lives of others (Seamands, 1981, p.7). The healed pray-ees would have the ability to be reconciled to themselves and others, and then to reach out

and love others (Lau, 2003, p.42); some pray-ees could let go of the hatred towards their parents and significant figures in their lives (Mak, 2014, pp.254-55). This is social healing relating to others and springing from the outcome of prayer healing. However, social healing as an element of the process of prayer healing itself is not discussed, and how social healing manifests in the pray-ees after the process of praying has not been studied explicitly.

Only Wang (1980) explicitly discusses social healing. After praying for the psychological healing of the pray-ees, the pray-er prayed for the healing of their relationships towards others through four steps (Wang, 1980, pp.93-94). The key to experiencing social healing was to prepare the pray-ees to forgive those who had hurt them (p.100). I perceive social healing as a continuity of the other aspects of healing, and that resembles the discourse of the Scripture as good trees bear good fruits (Matt 7:17, 20). Gilbert and Gilbert (2011) state that people ‘are “driven to” seek connectedness because it conveys safeness, stimulates positive affect and affiliation’ (p.116). Social healing involves the enhancement of the connectedness of people in social affiliation, and promotes physiological health and the psychological soothing of people’s feelings (p.117). Although social healing is not a common theme in prayer healing, I will put it as a core element in holistic prayer healing.

Definition of Holistic Prayer Healing

After formulating the four core elements of holistic prayer healing, a definition of holistic prayer healing which integrates the concepts and practises of the four elements in this research can be established.

It is a form of prayer for healing for Christians who believe that God heals through the power of the Holy Spirit. It integrated with the interventions of the pray-er

who helps the pray-ees to be delivered from the suffering of their body's illness, the emotional damage from their memory and experience in life, and the bondage to evil spirits, in order to acquire physical, psychological and spiritual healing which are interconnected and are called personal healing. It is related primarily to the specific individual person, and it leads to implicit and explicit social healing in transforming interpersonal relationships. This allows the pray-ees to experience healing through prayers in order to strengthen their relationships with themselves, others and God, and to lead an authentic life.

Moreover, for a clear presentation of the four core elements in prayer healing from the above literature review, Appendix 2 shows a simplified description of the four core elements with their specific features in different charismatic literature. A point worthy of attention is that the column of '**Special Concern**' with '**Forgiveness**' in Appendix 2 shows all '**yes**' to the agreement that being forgiven by God, and forgiving others and the self are common but crucial for experiencing all aspects of healing. This thesis will not have a discussion in forgiveness, for it has been well discussed in the literature and it is not a gap in knowledge. I will discuss my research within the bound of the four aspects of healing.

2.5 Formulation of the Research Question

In the research, it is important to investigate how pray-ees will be healed effectively and holistically during and after the prayer healing process. However, there are undeniable circumstances in which prayer healing might not be so effective, or only a small portion of healing might happen. I am fully aware that these circumstances may come in the process of praying. As the pray-er, I understand that pray-ees will be healed to different degrees in prayer healing. It is challenging to

answer the question, ‘In what ways are the pray-ees healed in holistic prayer healing?’ through empirical research. In investigating the healing of pray-ees, the roles and reported experiences of pray-ees must play an important part. Moreover, the role or intervention of the pray-er will also be investigated, for it relates to the healing experiences of the pray-ees. Christian healing is from God and through the Holy Spirit, therefore, the investigation also involves the work of the Holy Spirit through the interventions of the pray-er. The research question is formulated as stated in Chapter One (see p.15). This investigation will be limited to my experience in the charismatic tradition of prayer healing in Hong Kong, but is integrated with the concepts and some rituals of the sacramental tradition which is discussed above. This reflects my training background and my current practice rather than a neglect of sacramental tradition of prayer healing. This is consistent with the aims of a Professional Doctorate in which I begin with, and return to, my own practice and context, but employ an open and critical perspective to interrogate it (Bennett et al., 2018, pp.116-17).

The Aim of the Research

To answer the research question, I will conduct prayers and make interventions for the participants in order to investigate their healing experiences and the work of the Holy Spirit through my interventions. This research has no intention of locating the causes of how each aspect of healing happens individually or interconnectedly, or to build up theory on how to perform and explain holistic prayer healing in the content of this research. This research also has no intention of proving the existence of the work of the Holy Spirit in prayer healing. However, the research will contribute to the gaps in knowledge concerning the interconnected manifestation of different aspects of

healing holistically, the implicit and explicit social healing, the spiritual healing in deliverance, and some specific interventions in the process of praying. Last but not least, the research will contribute to literature of prayer healing in a Chinese context and my professional practice in Hong Kong, such as teaching and training in holistic prayer healing ministry.

2.6 Conclusion

The conceptual framework of holistic prayer healing has been formulated. The concept of healing in prayer healing has been set up within Christian belief and practice. The understanding of prayer in prayer healing has been delineated and is theologically grounded. The holistic character of prayer healing is formulated through the four core elements: physical, psychological, spiritual and social healing which is also interconnected in relationship. I have reviewed and integrated some contemporary literature of the American charismatic and Church of England sacramental traditions in prayer healing, and that formed the four core elements with their specific features and praying steps. I formulated the research question which is a guide to accomplish the aim of the research with its intended contributions. I will adopt the Interpretive Phenomenological Analysis (IPA) and conduct qualitative research with semi-structured interviews of the participants to collect the research data and investigate the research question, and they will be discussed in detail in Chapter Three ‘Methodology’.

CHAPTER THREE: METHODOLOGY

3.1 Phenomenological Approach

Phenomenology, in a broad sense, describes the philosophical movement beginning with Edmund Husserl (1859-1938) and then further developed by Martin Heidegger (1889-1976) and his followers. The movement developed from philosophical thinking to existential enquiry with a central focus on understanding the existence and experience of people. For the purposes of my research, I will concentrate on the implications of the phenomenological philosophy for understanding the experience of people. Phenomenology is acknowledged as a discipline and ‘is the study of human experience and the way in which things are perceived as they appear to consciousness...the focus is on people’s perceptions of the...“things in their appearing”’ (Langdrige, 2007, pp.10-11). According to the above understanding of ‘human experience’, the requirement is to understand them as the ‘things in their appearing’. In this research, understand the healing experience of people requires the researcher to engage in a methodology designed to engender rich description of these experiences.

Investigating Religious Phenomena Empirically

This research is associated with phenomena in which the participants will understand religious experiences in a real-life situation through a process of praying. A question needs to be asked, ‘Could religious phenomena be investigated with empirical research validly?’ Giorgi (2009), a pioneer of the phenomenological approach to investigating people’s psychological experience, affirms the strategies that William James used in his ‘*Varieties of Religious Experience: A Study in Human Nature*’ (James, 1902) to determine the meaning of religious experience of people based upon

descriptive and qualitative approaches. Giorgi (2009) indicates the qualitative perspective as an increasingly popular and appropriate approach to describe psychological phenomena (pp.31-35, 51). That means, he affirms the using of a phenomenological approach to investigating religious experiences, although he views it as psychological phenomena.

Moreover, Heimbrock (2005) states that the phenomenological approach intended ‘to perceive and accept...people in their life situations as participants of religion with their unique forms of expressing the meaning of life’ (p.291). He recognizes that the phenomenological approach could be utilized practically in theological research including finding concepts of God as experienced and expressed in real life (p.291). As the experiences in prayer healing are religious experiences in life situations of the participants, without doubt, a phenomenological approach can be used to conduct research on prayer healing.

Interpretive Phenomenological Analysis (IPA)

According to Langdridge (2007), the traditional approach to phenomenological psychology is the descriptive phenomenology that focuses on identifying the essence and the idiosyncratic meaning of the phenomenon (p.55). The core of the descriptive phenomenological approach is to search for and express the essence of phenomenon, or to simply describe ‘the things in their appearing’ (p.86) as they are observed by the people who observe them. This phenomenological attitude regarding observation from the ‘perspective of consciousness’, according to Giorgi (2009), is ‘to look at all objects from the perspective of how they are experienced regardless of whether or not they actually are the way they are being experienced’ (pp.87-88). This perspective of consciousness is also stated in the above discussion of Langdridge’s phenomenology

(see page 61). For example, phenomenologically, pray-ees may feel and believe that they are being healed in a process of praying. Then, the pray-er can investigate their perceptions of being healed even though there are controversial issues in the notion of prayer healing. Therefore, in searching for the essence of the phenomenon, the descriptive phenomenological approach is not going to provide an 'interpretation' and 'explanation' of the phenomena being observed but rather it will express or describe the phenomena (p.89). However, in this research, there is an assumption that healing will be happening during prayer healing according to Christian belief, and the participants will be encouraged to share their health conditions before, during and after the process of praying. This will not only involve a description of the experiences shared by the participants, but also an explanation and interpretation of the phenomena that the participants had experienced in the praying and sharing processes. That means, I (the researcher) will exercise an active role in the data analysis process. On the one hand, I will try to describe the actual experiences of the participants as 'the things in their appearing'. On the other hand, I will use my own perception to make sense of their personal experiences through a process of explanatory or interpretative action. Therefore, a purely descriptive phenomenological approach is not suitable for this research.

The phenomenological approach that suits the research should incorporate the explanation or interpretation of the phenomena. A method of interpretative phenomenology emerged in the 1990s with the work of Jonathan Smith following phenomenological philosophy stressing the hermeneutic phenomenological roots of the method (Langdrige, 2007, p.55). The focus of Interpretive Phenomenological Analysis (IPA) is 'on how people perceive an experience...and the meaning it has for the participants', and the aim of IPA is 'the detailed exploration of a participant's view of the topic under investigation' (p.107). Although the researchers of IPA do not enter

the research process with a predetermined interpretation of a hypothesis, they will have a more general line of inquiry they wish to explore. This research involves how the participants perceive the healing experiences and assign meanings to those experiences. In using IPA in data analysis, I can have the role of interpreting the understanding of the healing experiences of the participants in order to make sense of their personal experiences. The addition of this level of interpretation makes IPA suitable for my research project.

The Double Hermeneutic of Interpretive Phenomenological Analysis

In the above expression of IPA, on the one hand, it is understood that the approach is phenomenological for it involves a detailed examination of the lived experience of a phenomenon. On the other hand, it also involves the engagement of the researchers whose roles are interpreters during the examination. Thus, the researchers in IPA not only observe and describe the experiences of the participants, but they also play an active role in making interpretation. As Cronin and Lowes (2016) contend, the IPA research is ‘a dynamic and iterative process within which the researcher performs an active role’ and is committed to ‘a detailed but flexible exploration of the meaning participants are making of their own social and personal world’ (p.10). That means, in this kind of interpretative process, as Smith et al. (2009) describe, the researchers, on the one hand, attempt to understand in the sense of ‘trying to see what it is like for someone’ and, on the other hand, try to comprehend in ‘analyzing, illuminating, and making sense of something’ (Smith et al., 2009, p.36). Cronin and Lowes (2016) describe the above process of analysis as a ‘dualistic interpretative’ or ‘double-hermeneutic’ process in which ‘the participant is trying to make sense of their world, and the researcher is trying to make sense of the participant trying to make

sense of their world' (p.10). This interpretative process is concerned with the dynamic relationship between the researchers who interpret and the participants who experience, in which the participants' experiences influence the researchers' interpretation which in turn can influence the participants' experiences, and that can then itself influence the researchers' interpretation (Smith et al., 2009, p.36). This dynamic relationship, in a positive sense, is a co-creation process between the participants and the researchers. This flexible and active role of the researchers formulates and benefits the reflexive character of the interpretation in IPA.

The analysis in IPA, benefitting from the 'the double-hermeneutic' as described above, 'will move through different levels of interpretation, deepening the analysis as it progresses' (Charlick et al., 2016, p.211). However, the reflexivity of the researchers faces challenges that the hermeneutic process in IPA always involves interpretation in which researchers will bring along their preconceptions to encounter the participants' experiences in the light of their own prior experiences. Their preconceptions will have an impact on how they work and modify their interpretation in the process of 'making sense' of the participants' experiences. Moreover, there is mutual influence of interpretations between the researchers' interpretation of the participants' experiences and the participants' own interpretation of their experiences. This complex relationship between the researchers as interpreters and the participants as those who are interpreted suggests that one cannot separate the researchers from those being researched. There is inevitably infiltration of the preconceptions of the researchers into the process of interpretation. Therefore, Smith et al. (2009) recognize that, in IPA, the researchers see a phenomenon from their perspectives as they can never share entirely the others' experiences. In other words, they cannot completely 'bracket' themselves in the process of their interpretation of the participants' experiences.

In this research some measures are incorporated in the design to minimize the

impact of the preconceptions. I deliberately tried to bracket myself through intense questioning and introspection on my own prior experiences in order to manage my preconceptions and bias in the processes of collecting and analyzing data (Cronin and Lowes, 2016, p.9). There were two interviews after the praying process (one was around two weeks later and the other was around six months later) for the participants to give their own feedback on the praying process. After transcribing the data from all interviews of the participants, all the transcriptions were sent to the participants for checking and feedback. After re-reading the transcribed data, I started to write down some initial ideas from my own reflection in the margin of the printed copy of the transcript. Then, the process of coding (codes, subcategories, categories, integrated categories, themes and identified themes) was carried out gradually until the identified themes for analysis emerged. After the themes were identified, my interpretations of the participants' healing experiences according to the identified themes were then sent to them for checking and feedback. In the whole process of interpretation, a rigorous and detailed theological reflection on the interpretation of the participants' healing experiences was simultaneously made [see Chapter Eight 'Thematic Discussion and Theological Reflection']. Although my preconceptions and bias could not be completely 'bracketed', I was aware of my own preconceptions during data collection and analysis. The above procedure was intended to optimize the originality of the participants' healing experiences, which could be presented as fully as possible as they appeared, in spite of my preconceptions.

The Interpretation of the Discourse of Scripture

The above discussion of the hermeneutic of IPA accounts for my interpretation of the participants' healing experiences in the research. Moreover, this research not only involves my' interpretation of the participants' healing experiences, it also involves the

interpretation of the discourse of Scripture concerning people's healing experiences. This aspect of interpretation is important in the research for the discourse of Scripture is the fundamental theological source for examining healing experience and in investigating prayer healing within my theological tradition of practical theology. It is also the interpretative link through which the healing experience is attributed to the work of the Holy Spirit. Therefore, a practical- theological approach to the interpretation of Scripture is necessary in the research.

As the previous discussion has demonstrated, IPA is appropriate for the research of investigating religious (healing) experience. Cartledge (2015), a Pentecostal/ Charismatic theologian, in searching of his theological tradition for the meaning of the interpretation of religious experience from Scripture, says, 'What might a practical-theological analysis of religious experience look like' (p.52)? In the following and later discussion of the interpretation of the work of the Holy Spirit mediated through the participants' (the pray-ees') healing experiences and my role as the researcher (pray-er) during the prayer healing process, the work of Cartledge (2015) '*The Mediation of the Spirit: Interventions in Practical Theology*' has been used thoroughly. It is because, besides the fact that Mark Cartledge is a respected scholar in the academic field in both Pentecostal theology and practical theology, he addresses the relationship between the discourse of Scripture, religious experience and the Holy Spirit by means of the concept of mediation which explains and interprets how the divine is experienced in the world. His notion of the mediation of the Holy Spirit will be employed as my fundamental theological concept in conceptualizing the meaning of the interpretation of the work of the Holy Spirit through my interventions in the prayer healing process.

After analyzing the practical-theological literature around religious experience and the role of the Holy Spirit in the discourse of Scripture, Cartledge (2015) considers

that ‘pneumatology is implicit in the category of experience or vice versa’ (p.58). He then postulates and delineates the concept of pneumatological mediation, in which

the [Holy] Spirit as intermediary mediates the presence of the triune God such that God is recognized to be present within intermediate aspects of creaturely reality for the purpose of salvation... This conceptualization means that both divine and creaturely mediation are required’. (p.65)

Moreover, he stresses that people’s experiences of God are particular rather than general as common religious experiences in daily life. Therefore, the people’s experiences of God are ‘mediated via the particularities of faith commitments, belief systems, and religious practices’ (p.66). In the research, as I adopted the concept of pneumatological mediation of Cartledge (2015) as the conceptual framework of the interpretation of the participants’ healing experiences, the biblical examples concerning peoples’ healing experiences and the healing experiences of the participants were interpreted as the mediation of the work of the Holy Spirit. The biblical examples used are analogical to the healing experiences of the participants. My evangelical and charismatic belief is that there is continuity in the work of the Holy Spirit in biblical time and today, therefore, it is appropriate to use biblical examples as analogous to the healing experiences of the participants. More discussion on the mediation of the Holy Spirit will be seen in section 6.1 of Chapter Six under the heading of ‘The Work of the Holy Spirit Mediated through the Intervention of the Pray-er’.

3.2 Qualitative research

In defending and explaining the use of qualitative dimensions in the methodology of a phenomenological approach, Giorgi (2009) concludes that ‘we [phenomenologists] claim to remain faithful to phenomenological philosophy as we implement the logic of qualitative research’ (p.66). That means, he affirms and favours utilizing a qualitative approach in phenomenological research. Langdrige (2007) also recognizes that

qualitative methods are ‘concerned with the...interpretation of phenomena in terms of the meanings these have for the people experiencing them’ (p.2). In research design, he states that ‘phenomenological studies are usually...qualitative research projects designed to understand more about the experience of some phenomenon’ (p.56). This research into prayer healing involves the understanding of the healing experiences of the participants and the interpretation of the meaning of the experiences for the participants experiencing them. Therefore, a qualitative approach is suitable for this research. It helps to gain more understanding of how healing happens and to investigate ways indicative of holistic healing during and after the prayer healing process.

3.3 Research Sample

Concerning the research sample, Ritchie and Lewis (2003) state in conducting qualitative research that ‘the samples are chosen because they have particular features or characteristics which will enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study’ (p.78). That means, the sample from which I wish to investigate should have some particular characteristics of experiences that need to be explored and understood.

The Purposeful Sample

Langdridge (2007) recognizes in IPA that ‘the sampling is likely to be *purposive* and *homogeneous*. That is, participants are recruited to share the experience at the heart of the investigation and, if possible, do not vary significantly across demographic characteristics’ (p.58). In this research, I want to get concrete and detailed descriptions

of experiences by those who undergo the experiences in which I am interested. I would not garner a random sample for the aim of the research was to gather detailed information about the experiences of a specific group on a specific topic. I purposively recruited only those people who shared the need for healing and wanted prayer for healing.

The Criteria of the Sample

The research is designed for Chinese Christians in a Chinese context within the realm of prayer healing. First, all the participants are homogeneous Chinese Christians with similar background experiences of Chinese culture in their upbringings. This background contributes especially to the spiritual and social healing described in Chapter Two for Chinese Christians. Second, the participants are Christians with a basic faith in Jesus Christ and prayer for healing. It would be meaningless to pray for the participants, though they are Christians, if they hesitated and did not believe in prayer healing. Third, all participants shared the experiences of having some kind of pain and wound, and they showed their need and willingness to be prayed for, for physical, psychological, spiritual or social healing. Fourth, the participants are adults in the age range of 18 to 60 to ensure a maturity, in their understanding of self and their cognitive functioning, that is essential to being engaged in the process of praying. Fifth, the sample is limited to neurotypical people. I excluded people diagnosed with mental health disorders, such as psychosis or Autistic Spectrum Disorders (ASD). The exclusion of psychosis prevents the uncontrolled outburst of emotions manifested during the process of praying. Those with ASD were excluded as these people may not have sufficient capabilities in normal communication and reflection to aid the research. The sixth criterion concerns the size of the sample. In face-to-face inquiry research

methods, Knight (2002) indicates that ‘time taken on interviewing and the complexity of transcription and analysis tend to restrict sample size’ (p.61). As the aim of this qualitative research is not to ‘attempt to generalize beyond this particular sample...but instead to develop detailed descriptions of the experience of a small number of people who all share that experience’ (Langdrige, 2007, p.58), the sample size of this research could be small. Langdrige (2007) suggests that ‘projects employing any phenomenological method are...no more than six participants’ (p.58). Therefore, I recruited seven participants as an appropriate sample size with the aim of obtaining sufficient data of a high quality for investigation.

Seventh, as the crucial point of selecting the sample is the sharing of experience, the participants would not be limited by their denominations or theological convictions. Sex or social class would also not be considered as relevant categories. There may be some experiential differences in prayer healing due to a difference in sex or social class, however, the research is not aimed at finding these differences. To have diversity in gender and social class, the ratio of the sampling was at least two to five for sex, and the social classes of the participants included working class, educated and professional people. Finally, the participants were recruited in different churches and Christian organizations by invitation as volunteers. There is discussion between the exploitation and beneficial of dual or multiple relationships in pastoral counselling and prayer healing (Llewellyn, 2002, pp.305-08). Nevertheless, I did not recruit participants in my own church in order to decrease the risk of the dual roles of pastor and pray-er. Langdrige (2007) stresses that ‘most qualitative approaches to research...seek to recognize the way in which knowledge is always a co-construction, reflecting the choices and questions the researcher makes and brings as much as the experience of the participants being recounted’ (p.59). Therefore, I am conscious of and concerned to recognize the ways in which the method, sampling and my own position may affect the

investigation of the research. [Appendix 4](#) shows the general information of the seven participants.

3.4 The Method

Before the participants attended any interviews, they understood the content of the ‘Participant Information Sheet’ (see [Appendix 5](#)). They had signed the ‘Participant Consent Form’ (see [Appendix 6](#)) for attending the pre-praying, praying and post-praying interviews, and the ‘Participant Supplementary Consent Form’ (see [Appendix 7](#)) for attending the follow-up interview (This interview was added according to the suggestion of the examiners at the Confirmation of Registration in order to follow the healing experiences of the participants for a longer period of time). Interviews could only be started after receiving the ethical approval from the Faculty Research Ethic Panel (FREP) of Anglia Ruskin University (see [Appendix 8](#)).

The Four Interviews

I (the pray-er) would engage with each participant (the pray-ee) in the four interviews. First, participants attended the ‘**pre-praying interview**’ in which they responded to the questions in ‘The pre-praying interview schedule’ (see [Appendix 9](#)), and shared their needs for prayer. It served a similar function of the assessment in a counseling session, that is, to reach a sound diagnosis. It guided me to discern an appropriate ‘entry point’ (the notion of entry point will be discussed in relation to the next session) to start praying for the participants.

Second, the participants attended the ‘**praying interview**’ right after the pre-praying interview. In that interview, I prayed for their needs for healing according

to how I decided to intervene, based on the dialogue between the participants and me (the process of praying will be discussed in detail in relation to the next section). The praying interview would be finished when all the designed praying steps had been prayed through.

Third, about two weeks after the praying interview, the participants attended the **‘post-praying interview’** to share their experiences on healing. Before the interview, the participants were encouraged to write their reflections on the processes of the pre-praying and the praying interviews according to the guidelines of ‘The post-praying interview schedule’ (see [Appendix 10](#)). In the interview, they shared their written reflections and had dialogues with me, and during these they came up with more insights and reflections on their healing experiences. Some participants had not written down their reflections, they were invited to respond and share their experiences according to the questions in the interview schedule.

Fourth, around six months after the praying interview, the participants attended the **‘follow-up interview’** again to share and reflect on their experiences of healing. They responded to the guiding questions in ‘The follow-up interview schedule’ (see [Appendix 11](#)). The interview acted as a longer follow-up study (not a longitudinal study) of the research in order to increase the reliability of the findings.

The interviews, except the praying interview, were semi-structured interviews with questions in the interview schedule that were designed to enable the participants to articulate as many details about their experiences as possible. Interviewing skills such as probing, active listening and empathic response were utilized by me in the interviews to elicit more of their responses that enhanced the prayers in depth. In the praying interview, I utilized two crucial praying operations, the Entry Point and the Empathetic Dialogue, which need to be delineated in detail in order to understand the process of

praying in this research.

The Entry Point

The concept of holistic healing is based on the idea that the whole of a person is affected by sickness in any part of their body or mind. That means, the explicit illness of a person can be perceived as a manifestation of their implicit illness. Prayer healing can, therefore, start from any one of the four aspects of healing to bring about holistic healing. As discussed above, the outset of the praying interview was comparable to the diagnostic interview at the start of psychotherapy. The presenting problems of the clients are viewed as revealing some deeper problems or needs inside them. The therapists will assess the problems according to their diagnostic framework and then employ appropriate interventions, according to their framework of counselling, to tackle the problems of the clients therapeutically. The presenting problems of the pray-ees were understood as revealing some deeper needs or pains in their physical, psychological, spiritual or social areas of being. In the praying interview, I would decide an appropriate 'entry point' which was choosing from the physical, psychological, spiritual or social healing perspective, to start praying for the pray-ees. The entry point, similar to that in psychotherapy, acts as a key for opening the main entrance of the inner world of the pray-ees when performing prayer healing. While praying for the pray-ees in either one of the four aspects of healing, I would simultaneously pay attention to the other aspects, for the healing of one aspect was related to the healing of the others. For example, if physical healing was taking precedence in the praying interview, it may also be that soothing of emotion or deliverance was necessary at that moment. In this case, I would also perform psychological or spiritual healing instead of only performing physical healing prayer. Another example, if psychological or spiritual healing was conducted, but it happened

that forgiveness of others needed to be involved at that moment, I would conduct social healing prayer for forgiveness instead of solely performing psychological or spiritual healing prayer. That means, after using an entry point to pray for the pray-ees at the outset of the praying interview, another entry point would be decided on and would follow the one before in order to continue the process of praying for healing. Therefore, there were many entry points in the praying interview. In other words, a sequence of entry points would be formed in the process of praying until the praying interview finished. I termed the above process of praying with a sequence of entry points the 'Entry Point'. The Entry Point resembles the points of entry from which I, as the pray-er, lead the pray-ees to experience healing in the process of praying.

In operating the Entry Point during the praying interview, there were dialogues between the pray-ees and me, and from those dialogues I could discern and then decide which aspect of healing prayer should be operated. The practice of the dialogues will be discussed below as another specific operation in this research.

The Empathetic Dialogue

In the praying interview, the process of praying, from start to finish, was not carried out by me alone. It was a dynamic interaction between the participants and me, propelling through the dialogues initiated by me. I prayed for the participants and invited them to respond to what I had prayed for them. Having received their responses, I would respond to them again in dialogue or pray according to their responses. These processes of dialoguing, praying and responding went on alternately between the participants and me during the praying interview, and that connected me with them in an empathetic-dialogical atmosphere which I termed 'Empathetic Dialogue'. As Gilbert and Gilbert (2011) stress, connectedness in the process of healing conveys

feelings of safety and positive social affiliation in order to create conditions conducive to healing (pp.116-17). In the process of Empathetic Dialogue, I might invite the participants to pray for themselves directly to God in order to enhance the active dynamic interaction between the participants and God. It helped them to build a personal and trusting relationship with God in order to consolidate the healing effects they had experienced. For example, I asked the participants, ‘What will be your response to what I have just prayed for you?’, ‘What do you think or “see” in your mind?’, ‘How is your physical condition after praying?’, ‘Are you willing to forgive somebody?’, ‘Could you pray to God by yourself to ask for what you want?’. That operation of Empathetic Dialogue, which is composed of the Entry Point, in the process of praying has been my normal practice, evolved over many years, in my prayer healing ministry.

Although there were guided questions in the process of praying, I would not operate it too rigidly but instead would allow space for insights, felt sense or intuitions from the participants and from me. In other words, if the dialogues and prayers were in line with the inner and authentic experiences of the participants, then I had to pace and work with their experiences and not attempt to enforce the schedule rigidly. The purpose of the process of praying was to ascertain and enhance their healing experiences.

The process of praying was Christian prayer integrated with the utilization of the Entry Point and the Empathetic Dialogue, and that was premised on belief in the healing presence of God. It was not just human participation, such as the using of empathy and the laying on of hands, which had the power to heal. It was the presence of God, through prayers, that healed. Gilbert and Gilbert (2011) contend that touch with compassion, such as laying on of hands, involves the inducing of connectedness by the pray-ers to the pray-ees. It may stimulate conditions in the pray-ees that are

conducive to healing (p.118). There is mutual influence between the ways the pray-er and the pray-ees connect to God in the Empathetic Dialogue. In their experiences of Christian psychotherapy, Richards and Bergin (2005) describe a spirituality of empathy that ‘goes beyond the ability to synthesize ordinary clinical observations in the creative way’, and that is ‘based on a degree of faith that “something more” can happen, will result in the ability to discern inspired insights’ (p.173). They term it ‘meta-empathy’ as different from the empathy of ordinary clinical hypothesis or speculation.

During the praying interview, the participants and I would have something within our minds and senses, such as words or sentences, images (static or moving), metaphors, feelings and inner voices, that could lead to healing when they were spoken aloud. That Empathetic Dialogue with ‘meta-empathy’ experience can be found in Christian psychotherapy. For example, Griffith and Griffith (2003) describe how the images and metaphors of clients, which those clients believe are inspired by the activity of the Spirit of God, can lead to healing in therapy (pp.66-71). Richards and Bergin (2005) also record that therapists’ interventions using divine resources such as ‘inviting a client to engage in religious visualization...sharing an unusual insight or perception about a client’ (p.174) facilitate client’s therapeutic growth. In addition, in the study of meta-empathy, Kwan (2016) shared his experience in a counselling session of suddenly hearing an ‘inner voice’ which became an extraordinary healing power for the client when he responded to the client by repeating the ‘inner voice’ (pp.57-58). Meta-empathy is a complex concept, but it is clearly recorded in the literature on Christian psychotherapy. These phenomena of acquiring perceptions and insights of ‘meta-empathy’ could also happen in this research through the Empathetic Dialogue in which the participants experienced different aspects of healing.

The Praying Step

In the praying interview, there were praying steps as a guideline to accomplish the process of praying. From the review of the charismatic literature, there were different praying steps in prayer healing (see [Appendix 3](#)). The four praying steps in this research were formulated by integrating the steps from the charismatic literature with some sacraments from the sacramental literature. The praying steps were used with flexibility in order to maximise the benefits to the pray-ees, and they are discussed as follows.

First, ‘pray for healing’ involved deciding a suitable entry point for praying including physical, psychological, spiritual or social healing prayers according to the presenting problem of the participants in the pre-praying interview. It was integrated with appropriate sacraments such as the laying on of hands and anointing with oils. It revealed the operation of the Entry Point and the Empathetic Dialogue. It also exhibited how different aspects of healing come about.

Second, ‘pray for forgiveness’ involved the forgiven by God, forgiving others and self. It was formulated according to the literature review that forgiveness was common but crucial in experiencing all aspects of healing in the pray-ees (see [Appendix 2](#)). I would pray for forgiveness for the participants if there was any hint that I should do so.

Third, ‘pray for repentance’ involved the confession of sin. It also involved prayer for forgiveness in order to restore spiritual healthiness with God, healthiness in interpersonal relationships and the participants’ relationships with themselves. This was especially significant for Chinese participants, for their common practices of worshipping traditional Chinese gods were sins in a Christian view, and that might influence their spiritual-relational healthiness with God. It aimed at breaking the attachments and the bondage between the participants and their gods.

Last, ‘prayer for closure’ prayed for the consolidation of the healing experiences of the participants so as to empower them to engage in holistic healing continuously, and the filling of the participants with the love of God through the Holy Spirit so as to establish intimate and protective relationships with God.

3.5 Data Collection

The aim of the phenomenological method is to make the meanings of the experiences of the participants more precise and clearer. In qualitative research, the participants are often interviewed about their experiences to garner as many details of their experiences as possible. Giorgi (2009) states that what one ‘seeks from a research interview in phenomenological research is as complete a description as possible of the experience that a participant has lived through’ (p.122). In order to do this, interviewing skills and the interview schedule are necessary. Langdrige (2007) contends that the consistency and flexibility of the research are maintained ‘through the use of an interview schedule consisting of a series of questions and prompts designed to elicit the maximum possible information’ (p.65), and IPA ‘predominantly employs semi-structured interviews to collect data’ (p.110) in order to enable the participants to articulate as many details about their experiences as possible.

Semi-Structured Interviews

Since collection of data will largely rely on interviews in qualitative research, I used semi-structured interviews in the pre-praying, post-praying and follow-up interviews. In pointing out the appropriateness of semi-structured interviews, Knight (2002) states that it is ‘partly dependent on the quality of the questions, partly on the

creativity of the informant...[also] related to the quality of the prompts and questions and to the informants' commitment' (p.61). That means that interviewing skills are vital to interviewers in eliciting the responses of the participants. Bell (2006) indicates that 'a skilful interview can follow up ideas, probe responses, and investigate motives and feeling' and 'the way in which a response is made (the tone of voice, facial expression, hesitation and so on) can provide information that a written response would conceal' (p.157). The interviewers can improvise with probing questions in a face-to-face interview in order to prompt or accommodate new insights and comments made by the participants. In this respect, besides the main questions guiding the semi-structured interviews, probing is an important skill to articulate the deeper feelings and motives of the participants, and they are valuable qualitative data for the research. As Orne and Bell (2015) comment, probing skills facilitate the participants to elaborate their understanding of the questions from different angles in order to access additional information and generate useful research data (pp.76-78).

I have been trained and gained experienced as a counsellor for around 30 years. I had clear ideas and skilful interviewing techniques when preparing the interview questions and utilizing them in the interviews in order to acquire a good quality of data. Although counselling skill helped me in drawing out experiences or data from the participants in the four interviews, I restricted myself with regards to using too much counselling skill so as not to override my pray-er role by following the six to seven questions in each interview as posted in the interview schedules.

Interview Questions

A set of main questions guided the conversation in the interviews to help both the participants and me to remain on track, but with flexibility, on those questions that

were going to explore the experiences of the participants. I had not pre-set the probing questions as I had the main questions, but they would form according to the circumstance in the interviewing process.

The design of the three sets of interview questions in the above three interviews are similar in content, with the same number of questions, in order to compare the changes in the experiences of the participants before and after the praying interview. The interview questions were designed according to the four core elements of holistic healing.

There are seven main questions in the pre-praying, post-praying and follow-up interviews in the original design (the number of questions in the pre-praying and the post-praying interviews was changed from seven to six after the pilot study, as discussed below). They are composed of the four core elements of holistic prayer healing. The first question in the three interviews asks generally about the ‘current situation’ of the participants in order to create more space for them to describe their experiences in as much detail as possible without bringing too much of my subjective feelings or prejudgements into their conditions. The second question in the pre-praying interview deals with the ‘symptoms’ of the participants, while the second question in the post-praying and follow-up interviews concerns any changes during and after the praying interview. The third, fourth, fifth and sixth questions in the three interviews ask for the physical, psychological, spiritual and social conditions of the participants respectively. The last question in the pre-praying interview allows the participants to share what they feel are their prayer needs, while the last question in the post-praying and the follow-up interviews invites them to reflect on their experiences during and after the praying interview. The seven main questions in the three interviews with some examples of probing questions are listed in Appendix 9 to Appendix 11.

In order to try out the interview procedure with the praying interview and to test the appropriateness of the interview questions of the pre-praying and post-praying interviews, a pilot study was performed on two participants (in addition to the seven in the sample). They were interviewed with the original guided questions for testing the relevance of the questions, and for amending them if necessary (Langdridge, 2007, p.67). The pilot study found that the participants shared their needs for praying immediately in the first question in the pre-praying interview. The two sets of interview schedules in the pre-praying and the post-praying interviews were found to be appropriate guidelines for the participants to describe their experiences without going off track. That demonstrated that the lists of the seven questions in both interviews were well designed in general. However, the first two questions of the post-praying interview could be combined into one, for the answers for both questions were similar and repetitive. That means, the number of questions in the post-praying interview schedule was modified from seven to six (see [Appendix 10](#)). In order to have the same number of questions in both interviews for comparing the change of experiences of the participants, the seven questions of the pre-praying interview were also made into six questions by combining the first two questions into one but with parts a and b (see [Appendix 9](#)). The pilot study also revealed that the time for both the pre-praying and the post-praying interviews was around 40 minutes, and the praying interview lasted around 60 to 75 minutes.

The list of questions in the follow-up interview was also designed in agreement with the same content and number of questions as in the pre-praying and the post-praying interviews for comparing the change of experiences of the participants. However, there is one additional question in it especially for inviting the participants to respond regarding consequences and effects of the Empathetic Dialogue on them during the praying interview. Therefore, there are, in total, seven designed questions in

the follow-up interview (see [Appendix 11](#)).

Sound Recording, Transcription and Self-written Report

As Langdridge (2007) states, ‘interviews are normally tape-recorded and then transcribed verbatim’ (p.110), therefore, I made sound-recordings of, and then transcribed verbatim, all the four interviews. As the participants are Chinese, I conducted all the interviews in Chinese. The transcriptions were in Chinese and not in English, otherwise, they would not be transcription but translation. However, I translated all the quoted data for analysis in the thesis into English, and the translated quotations were proofread to ensure the translation was as accurate as possible.

According to Langdridge (2007), ‘self-written descriptive accounts...involve the researcher providing the participants with some instructions asking them to produce a written document describing in as much detail as possible an experience of interest to the researcher’ (p.75). Therefore, I invited the seven participants in the research to write and hand in self-written reports of their experiences during and after (around two weeks) the praying interview following the amended guiding questions in the post-praying interview questions. The reports provided them a chance to express their feedback in the post-praying interview. My responses to their feedback encouraged them to describe their own experience deeply and to produce active reflections on their experiences. That comprehensive post-praying data became a base for comparison with the pre-praying data. Then, I could identify and analyse the changes in the experiences of the participants during and after the praying interview. Since the follow-up interview was conducted around six months after the praying interview, it was difficult to request the participants to write a self-written report six months after their praying interviews. Therefore, they all shared orally according to the interview questions when

they attended the follow-up interview.

3.6 Ethical Issue

The Assistant

In all the interviews, I took measures to ensure a safe and protected boundary for the participants. I did not pray alone with a participant. This was especially important in the case of a female participant for I am a male. Therefore, with the consent of the participants, an experienced female pray-er would sit with the participants as my assistant in order to ensure safety and welfare for both the participants and me. My assistant attended all the pre-praying interviews and the praying interviews. She did not attend some of the post-praying interviews and follow-up interviews because of scheduling difficulties. The above two interviews involved only sharing without praying, and they were conducted in a room with a glass window on the door and within an office full of workers. That arrangement still protected the safety of the participants though without my assistant in the room. My assistant remained silent in the interviews she attended, but in the praying interview, she could write down her insight and awareness on paper and gave it to me during the interview. Then I decided whether I would use her insight or not in the process of praying. Moreover, she acted as a triangulating person (triangulation will be discussed in detail below in the section of Data Analysis) for ensuring objectivity during the interviews and the debriefing sessions after those interviews.

Confidentiality

Participation in the study was kept confidential. The audio recording of the four interviews was done with the approval of the participants. The four recorded interviews became the recorded raw data and were transcribed by me, and, with the consent of the participants, someone who does not know them. The written transcripts became the raw written data and were analysed for research purposes only, and the results of the study were written up in unidentified format. Besides recording, I did not photograph or videotape during the research process. The research was performed in a closed room with a glass window on the door of the room. The personal identities of the participants such as names, ages, organizations, etc. would not be revealed in the research output.

I had told the participants that I would comply with the Data Protection Act (1998) with regards to confidentiality and anonymity. I stored the data in a laptop computer and a USB with password protection in order to reduce the possibility of letting others access the data. Finally, if any gathered information and quotes from the transcripts are used for publication, the participants will remain unidentified and any identifying characteristics will be suitably disguised. Appendix 12 will show more detail in understanding the ethical issues of confidentiality and anonymity.

3.7 Data Analysis

Willig (2013) states that coding of the data involves ‘working through the text, ideally line-by-line, in order to identify meaning units, and labelling these with a code that captures the meaning identified...the coding frame itself emerges from the data’ (p.61). He stresses that the coding starts with the text. As I needed to code the data, Johnny Saldaña’s *‘The Coding Manual for Qualitative Researchers (2016)’* helped me understand the meanings of code and coding in qualitative data analysis.

Coding and Categorization

According to Saldaña (2016), a code is ‘most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data’ (p.4). Coding is a ‘cyclical act’ that ‘enables you to organize and group similarly coded data into categories...the beginning of a pattern’ (p.10). In this research, I adopted Saldaña’s (2016) suggestion that there are two cycles of coding in qualitative data analysis and this specific method of coding suits my research. The first cycle of coding establishes codes ‘from a single word to a full paragraph to an entire page of text to a stream of moving images’ (p.4). Therefore, I created an initial list of codes, from the first two of the seven participants, by utilizing this method of coding, then applied it to the others participants and revised the list in the coding process. The second cycle of coding concerns the generating of categories from the codes and then the generating of themes from the categories through different ways of reconfiguration of the codes and the categories respectively (pp.9-10).

In terms of coding methods, Saldaña (2016) contends that research concerning epistemological questions addresses

an understanding of the phenomenon of interest. Aligned research questions might begin with: “How does...?”, “What does it mean to be...?”, and “What factors influence...?” These types of questions suggest the exploration of participant actions/processes and perceptions found within the data. (p.70)

Saldaña (2016) suggests that the coding method in the first cycle of coding may be an eclectic coding which ‘employs a select and compatible combination of two or more...coding methods...purposeful to serve the needs of the study and its data analysis’ (p.213). This research suggests the exploration of participant actions and perceptions found within the data of the healing experiences. Therefore, eclectic coding suits the research in the first cycle of coding. The eclectic coding mainly

includes ‘in vivo coding’ (pp.105-06), ‘process coding’ (pp.110-11), ‘emotion coding’ (pp.124-25) and ‘values coding’ (pp.131-32).

The second cycle of coding involves ‘the process of organizing the initial full set of codes which is reorganized into a selected list of categories, and then condensed further into the study’s central themes or concepts’ (p.218). That means, initially, a full set of codes is formed into some categories that further re-categorize into another smaller set of categories from which, at last, is formed an even smaller set of themes. A theme ‘is an *outcome* of coding, categorization, or analytic reflection, not something that is, in itself, coded’ (pp.16, 198). The primary goal of the second cycle of coding is to formulate the identified themes from the set of codes, and then the themes are ready for investigation. In forming the categories from the codes, Saldaña (2016) suggests ‘pattern coding’ (pp.236-37), ‘focused coding’ (pp.239-40) and/or ‘axial coding’ (pp.244-45) for categorization of the coded data as an initial analytic strategy.

In applying the above process of coding and categorization, I read the entire transcription of a participant at first to get a sense of the whole picture before making comments. Then, I re-read the transcription vigilantly and made comments with the ‘bracketing’ attitude by avoiding my past-experiences and theories about prayer healing to interfere with the comments as far as I could (Giorgi, 2009, pp.91-92; Langdridge, 2007, p.22). I made the first list of codes (**‘the first coding’**) from the lengthy transcription, and then I formulated the second list of codes (**‘the second coding’**) by deleting the repetitive codes in the first list. Then, I found out the related codes in the second list of codes and grouped them into a list of **‘subcategories’**, and then I formulated the list of **‘categories’** by analysing the related subcategories. Finally, I made a list of **‘integrative categories’** by integrating the related categories. Then, I applied the above process to the other participants for other lists of integrative categories (p.128). After thus, I analysed the sets of integrative categories to find the

emerging ‘**themes**’ (see [Appendix 13 to Appendix 19](#) concerning the detail coding processes of each of the seven participants). At last, I grouped the seven sets of themes of the seven participants according to their related meanings and finally formulated the ‘**identified themes**’ of the research findings (see [Appendix 20](#) concerning the detail process of formulating the identified themes). The themes that were originally expressed from the words of the participants were transformed by me into some pertinent expressions relating to the topic investigated. These identified themes formed the basis for writing up the analysis of the meanings of the participants’ experiences.

Data Coming from the Researcher

In this research, I had many dialogic exchanges with the participants in the praying interview, and that contributed to their healing experiences. In terms of data analysis, do my dialogic exchanges with the participants need to be considered? According to Saldaña (2016), ‘the interviewer’s questions, prompts, and comments are not coded...But...if the [their] interactions are significant dialogic exchanges of issues and jointly constructed meanings – then the researcher’s contributions could be appropriately coded alongside the participant’s’ (p.17). This research involved the Empathetic Dialogue between the participants and me, and that is ‘significant dialogic exchanges of issues and jointly constructed meanings’. Therefore, my contributions to the data would need to be coded alongside the participants’ as additional or supportive materials for analysing the themes (see [Appendix 13 to Appendix 19](#)). Moreover, I had made use of the ‘analytic memo’ (p.44), which denoted my conversation with the data and was written after the coding process of each participant, to be the analytic syntheses of the research.

Thematic Analysis

Finding out the essence or concealed meaning of an experience is crucial to the analysis of data in a phenomenological approach. Swinton and Mowat (2006), in finding the concealed meaning of the written experience, state that ‘analysis is a process of breaking down the data and thematizing it in ways which draw out the meanings hidden within the text’ (p.57). The emerging themes from the written data become the descriptions of the phenomena and the categories for analysis.

There is always a tension between descriptive and interpretative analysis of data in a phenomenological approach. They both declare that the analysis of data attempts to understand the meaning of the phenomenon. Giorgi (2009) contends that ‘the meaning of the description [is] based solely upon what is presented in the data... Gaps in the results are filled by obtaining more data, not by theoretical speculation’ (p.127). He asserts that description of data should be done as accurately as possible. In doing so, researchers should ‘bracketing’ themselves, that means, they ‘should not let [their] past knowledge be engaged while [they] are determining the mode and content of the present experience’ (p.92). Also, the language that is used to articulate the meaning of experience should not include assumption, hypothesis or theory. The meaning of the experiences will finally be revealed through thorough description of the data. Even if researchers are not satisfied with what they have found in the meaning of the data, they must not impose interpretative meaning on the data (pp.89, 127). However, Langdridge (2007) states that the aim of finding the meaning of the experience of a participant is ‘the detailed exploration of a participant’s view of the topic under investigation... The analyst interprets a participant’s understanding’ (p.107). He asserts that researchers can interpret the data in order to explore and obtain the meaning of the experiences of the participants. The discussion above is mainly about whether interpretation of data to acquire meaning is acceptable or not. Nevertheless, Giorgi (2009) states that ‘there is

no a priori way of guaranteeing that one has bracketed successfully' (p.92). Even Giorgi (2009) himself admits that researchers cannot completely perform 'bracketing' through description of data. In this respect, interpretation in the analysis of data cannot be avoided. Langdridge (2007) also states that 'thematic analysis is the main form of analysis in interpretive approaches to phenomenology' (p.128). Therefore, in this research, an interpretative phenomenological approach with thematic analysis of data that focuses on understanding the meaning of experience by searching for themes will be adopted. It also enhances the interpretative engagement with the data in order to explore the topic under investigation.

Reflection on the Interpretation of Data

In interpreting the meaning of the experiences of the participants, Swinton and Mowat (2006) state that researchers become 'the primary tool that is being used to access the meanings of the situation being explored' (p.60). They further indicate that the analysis of the data will 'create deep and rich insights into the meanings that people place on particular forms of experience' (p.63). In this research, by interpreting and reflecting on the transcriptions of the participants, I found what I thought were the meanings of their expressions in their praying experiences. The participants placed their own meaning on their experiences in the process of praying, and I became the person who accessed the meaning of their experiences in that process through studying the themes.

I had my own written reflections on the processes of praying after the praying interviews, and they became resources that improved the subsequent praying interviews and shed light on the later interpretation of data within the same research. Moreover, my reflections on the interpretation of data helped to ameliorate any

misinterpretation of the original meaning given by the participants. To minimize the possibility of misinterpreting their original meaning, I did two things. First, I gave them the Chinese transcriptions of their audio recordings to check for accuracy. Second, I gave them my interpretations of their healing experiences (recorded in Chapter Six) in the praying interview in order for them to let me know if they felt I had misinterpreted their healing experiences.

Triangulation

Qualitative researchers generally use the method of triangulation to ensure rich and multiple understanding of the data (Patton, 2002, pp.247-49). That means, a single method or observation is inadequate to shed light on a phenomenon. Triangulation is the process of verifying the experiences of participants by discovering them through another method or source. Patton (2002) lists four basic types of triangulation: ‘investigator triangulation’ utilizing different researchers or evaluators; ‘data triangulation’ involving a variety of data sources; ‘methodological triangulation’ using multiple methods to study a single programme; and ‘theory triangulation’ employing multiple perspectives to interpret a single set of data (p.247).

In collecting data from the four interviews in this research, my assistant was the observer for ‘investigator triangulating’. After the interviews, I had discussed the interviewing processes with my assistant in order to provide a check on selective perception and to illuminate the blind spots in my experiences and interpretations of the processes. During the Empathetic Dialogue in the praying interview, I asked the participants to share their healing experiences which were essential data to be investigated. There would be more objectivity in obtaining those healing experiences if there was another source for that data. Providentially, in the post-praying and the

follow-up interviews, I would ask the participants again to share their personal reflections about their healing experiences. Their sharing became an objective source for the data concerning healing issues. My feedback to the participants also enhanced their insight and development of their own healing experiences. This process of inquiry and sharing become the 'data triangulation' or 'question triangulation' (Orne and Bell, 2015, p.60).

The 'methodological triangulation' is not applicable in this research, for there is no intention to combine quantitative measurements with the present qualitative research. The 'theory triangulation' is also not applicable, for I only employed the practices in charismatic and sacramental approaches in this research. Although there is the intention to examine the function and the appropriateness of the Entry Point and Empathetic Dialogue in the praying interview, there is no intention of applying or verifying any particular theory of them.

3.8 Limitation in Findings

In respect of research, Remler and Ryzin (2015) explain that the participants may figure out what the researchers expect of them and even convince themselves or pretend that it is happening. Similarly, the researchers themselves may allow their expectations to blur their observations. These risks in research will confound the conclusions of the researchers about the topic investigated (p.449). In other words, both the participants and the researchers can contribute to confounding the conclusions of the research.

Hawthorne Effect, Placebo Effects and Others

The praying interview in this research was a face-to-face interactive process. There was not only empathy, mutual sharing and eye contact in the dialogues, but also emotional expressions, laying on of hands and anointing with oils in some circumstances. That type of direct process of praying, which was similar to a treatment intervention performed on the participants, was difficult to control for certain potential confusions and misleading phenomena. For example, the Hawthorne effect, a popular discussion in the drawback of sociological studies, is a short-term improvement ‘resulting from the motivational effect of attention paid to subjects during a study regardless of the nature of the experimental intervention’ (Brown, 2012, p.96). That means, the participants will alter their behaviours in response to the attention paid to them by the researchers thus yielding results that skew the research. When the Hawthorne effect is applied to the face-to-face praying interview in this research, it suggests that the healing experiences of the participants might not come from the prayers, per se, but because of my attention to them.

Another famous drawback in medical and psychological studies, the Placebo effect, is an improvement ‘that occur[s] for psychosomatic reasons because subjects believe they are receiving a therapeutic intervention, regardless of whether that intervention has any intrinsic therapeutic value’ (p.96). That means, the participants often respond to any kind of intervention, even a completely phony one. When the Placebo effect is applied to the praying interview, the healing experiences of the participants might not come from the intrinsic power of the prayers, but because of their psychological belief that any prayer will do. While the Hawthorne effect refers to the general reactions of the participants to someone showing concern or being observed, the Placebo effect refers to their specific beliefs in the intervention. As I, also a pastor, offered prayer healing with love and status, and the participants might likely

respond favourably to my care and reputation, it might not be surprising that both Hawthorne and Placebo effects might occur in my research.

There are other drawbacks that might cloud the conclusion of my research (Brown, 2012, p.96). For example, the hold-back effect, participants pretending they have a worse condition in the pre-praying interview, but then making out improvement after the intervention in the praying interview; the demand effect, the participants demand themselves to have improvement, then they behave being improved in the praying interview. I am fully aware of the above drawbacks or limitations in my research findings, and they need to be borne in my mind in the process of data analysis.

The Value of a Direct Contact Praying Interview

Because of the Hawthorne or the Placebo effects, ‘researchers often prefer unobtrusive or nonreactive measures – measures that occur naturally or routinely, or otherwise do not disturb in an experiment’ (Remler and Ryzin, 2015, p.449). In this research of prayer for healing, the above potential limitations could be avoided in a distant prayer study instead of a direct or face-to-face contact one. The participants would not know whether they were receiving prayer and would not be asked for interviews before and after the praying interview. However, a study in distant intercessory prayer for rheumatoid arthritis patients showed no significant effect, but found statistically significant improvement in symptoms with direct contact prayer over the patients who received medical treatment alone (Matthews et al, 2000, pp.1177-86). Following the study of Matthews et al. (2000), Brown et al. (2010) conducted a study in direct contact prayer for rural Mozambique participants with auditory and visual impairments. The result showed improvement in auditory and/or visual acuity subsequent to direct contact prayer (pp.864-69). These two studies

indicated the value in researching direct contact with interactive praying in prayer healing. Moreover, from a pastoral and liturgical view, it stresses that

illness is often accompanied by deep frustration, feelings of helplessness and loneliness. Prayer which joins with patients can lift up and remind the afflicted that they are neither alone nor powerless in intercession, but are part of the whole communion of saints. (Larson-Miller, 2006, p.367)

Therefore, the praying interview of this research is worth conducting for its effectiveness and compassion in spite of the above drawback ‘effects’ that might occur due to my direct contact with the participants.

In acknowledging the above possible limitations in my research, I could still utilize empirical methods to study prayer for healing. Brown (2012) urges that ‘it is impossible to present definitive scientific proof of the healing power of prayer’ (p.11), however, researchers can use empirical methods to investigate prayer for healing. She offers a four-pronged model for a multidimensional investigation and study of prayer healing (p.10). First, collect and analyse the medical records of the participants from before and after the prayer for healing. Second, investigate how participants perceive their experiences of healing prayer. Third, demonstrate prospective clinical trials whether prayer practices result in measurable changes in certain conditions. Last, investigate any lasting effects of healing experiences in longitudinal follow-up observations and interviews for those who claim healing. The first and third prongs, concerning the analysing of the medical reports and clinical trials of the participants, are not part of the scope and intention of this research. The second prong, including the healing experiences of the participants during and after the praying interview, is the investigation and the aim of this research. The fourth prong, the longitudinal follow-up study, is time consuming and was impossible to complete for both the participants and me. However, in this research, the participants needed to attend the post-praying interview and the follow-up interview conducted after around two weeks and six months respectively. I am aware of the limitations without the medical reports and a

‘long enough’ longitudinal study of the participants in this research. However, this is still fruitful research that reveals different aspects of healing and ways of healing in prayer empirically.

Potential Risks to Handle

In order to safeguard the welfare of the participants, at the outset of the research, I prepared to minimize the potential risks that might cause them harm. First is the healing expectancy. There might be a risk of persuading participants that healing had occurred to justify the act and the power of the prayers. I had paid full attention to ‘bracketing’ my expectation in the interviews and analysis of data. The participants might have the same risk of healing expectancy. However, they needed to respond accordingly to the designed semi-structured interview questions that would help them not to urge their thoughts in a hurry. Moreover, in interviewing and asking them to respond to the outcome of the prayer, they might try to curry favour with me by answering with good outcomes which might, under further investigation, turn out not to be true. In minimizing this risk, I had discussed with them the importance of their authentic responses to the research before the pre-praying interview. This risk was further minimized by checking their responses during the post-praying and the following-up interviews.

Second, it would be disastrous for me to blame the participants’ lack of faith if healing does not occur, or for the participants to think it is their fault if unsuccessful. It would be harmful to put the responsibility of the outcome of healing on their shoulders, and makes them regret what they might see as their lacking in faith and this cause them to become ‘sicker’ than they were before. I acknowledged the above risk and told the participants that there are many reasons for success or failure in prayer healing, faith is

only one of them, and, the outcome of healing prayer is designated by the will of God.

Third is the process of healing. Healing is a process instead of an event; it should relate to improvement, change, potential and life. The participants may have the potential risk of seeing the outcome of this prayer healing research as final. They may think that if they are healed in the process of praying, then they are healed, otherwise, they will not be healed even if they are prayed for again. To eliminate this risk, I discussed with the participants, right after the praying interview, that healing was a process in life no matter they were totally, partially or not healed during and after the praying interview. I told the participants who had received any healing to check their conditions with their doctors and to continue to take any medication. I also told those who had not received healing that they could seek prayer healing again (not in this research) or see a doctor.

Fourth is the use of questioning. In conducting interviews and wanting to prompt some expected results, there is a risk of me leading the participants to respond in an expected way. Direct questioning induces participants to think of positive outcomes even if they do not feel better. It also means there is no space for them to express their better, worse or neutral experiences in the interviews. Therefore, in all the interviews, I forbade myself to use direct questioning to the participants, such as ‘Do you feel better now?’, ‘Is your headache gone now?’ or ‘You need to forgive so and so in order to be healed!’ I had used indirect questioning instead so, for example, ‘How do you feel now?’, ‘How about your headache?’ or ‘Do you think you would forgive so and so?’ Indirect questioning minimizes the likelihood of getting the expected answer and allows room for the participants to express their experiences freely and authentically.

Fifth is the excessive claim of demonic activity. I had noticed that some of the participants attributed their problems mainly to the influence of evil spirits. For

example, they might use ‘the spirit of anger’ or ‘the spirit of lust’ instead of taking their own responsibility to change. Therefore, I discouraged the participants from putting too much emphasis on the activity of evil spirits in their issues that needed to be prayed. Although I had addressed the risk of excessive claims of demonic activity, I would take notice of the influence from evil spirits on the participants.

Last is the risk of the dual or multiple roles of being the researcher and the pray-er. In pastoral counselling and prayer healing with unavoidable dual or multiple relationships, Llewellyn (2002) suggests that practitioners should handle multiple relationships in a manner that is most beneficial for the client (pp.310-12). I had tried to minimize this risk by handling several things with the most beneficial for the reliability of the interpretation of the research findings. First, I invited an assistant to join in all the praying interviews and most of the other interviews. Second, I asked the participants to give feedback about the Empathetic Dialogue in the follow-up interviews. Third, I sent them my interpretations of their healing experiences for checking and giving feedback. However, the potential influence of my own perception on their experiences must be present. I had made myself as transparent as possible in facing this inevitable limitation by making critical reflections on my interpretations in Chapter Eight.

3.9 Conclusion

This research adopts the Interpretive Phenomenological Analysis (IPA) to investigate the meanings of the healing experiences of the participants through prayers. The research employs face-to-face interaction with the participants in all the interviews to enhance their healing experiences and to generate data to explore the ways of healing through attention to physical, psychological, spiritual and social healing.

Semi-structured interviews with designed open-ended questions with probing follow-up questions were used to collect data from Chinese Christians as participants. Moreover, triangulation, along with some significant limitations and risks for the research has been examined. The following chapter is going to discuss the research findings and the identified themes of the research.

CHAPTER FOUR: RESEARCH FINDINGS AND IDENTIFIED THEMES

This chapter presents and analyses the research findings which show the different aspects of healing as reported by the participants during and after the prayer healing process. Then, the formulating process of the five identified themes concerning the ways of experiencing healing is presented. This prepares the interpretations of the ways indicating holistic healing in Chapter Five, Chapter Six and Chapter Seven.

4.1 Healing Reported During and After the Prayer Healing Process

A detailed coding of the four aspects of the healing experiences of the seven participants from the transcribed data is recorded in Appendix 21. A summary of the research findings of the four aspects of healing reported by the seven participants is shown in Appendix 22, it provides an overview of the different signs of healing for the four aspects of healing they experienced. The different signs of healing include: no sign (H0), some signs (H1), significant signs (H2) and outstanding signs (H3). I recognize that this is a subjective assignation of the participants' healing experiences. However, it is not intended to make a quantitative measurement of their healing experiences. I used this assignation in order to allow me to have a language to describe the differences in their healing experiences, and thus support my qualitative answering of the research question. The seven participants are assigned as F1, F2, F3, F4, M1, M2 and M3 where 'F' and 'M' stand for female and male respectively. The quotations from their transcribed data in the thesis will be referenced by using their assigned names as above. Their main issues needing prayer were: F1 (chicken phobia), F2 (depression caused by fear of upcoming surgery for epilepsy), F3 (jaw pain and grief for deceased mother), F4 (tone deafness and fear of the comments of others), M1 (addiction to pornography and masturbation), M2 (forgiveness for father) and M3 (lower back pain and shoulder pain).

The research findings of the four aspects of healing will be discussed throughout the chapter. Table 4.1, Table 4.2, Table 4.3 and Table 4.4 show the summaries of the research findings of the participants' healing experiences in physical, psychological, spiritual and social healing respectively.

Physical Healing

– Healing of Body Illnesses and Pains

Table 4.1 below shows a summary of the reported physical healing of the seven participants during and after the prayer healing process in the four interviews.

Summary of the Research Findings of <u>Physical</u> Healing Reported by the Seven Participants in the Four Interviews				
Participants	Pre-praying	Praying	Post-praying	Follow-up
F1	M -Stiffness, dizziness -Headache -Fast heartbeat	P (H3) -Hands numb -Headache -Fast heartbeat	H3 -No numbness -No headache -Normal heartbeat	H3 -No dizziness -Normal heartbeat
F2	M -Epilepsy -Minor seizure	P (H0)	H0	H1 -Less seizure
F3	M -Jaw pain with cracking sound -Hard to open mouth	P (H2) -Less jaw pain -Open mouth wider	H2 -Less jaw pain -Less cracking sound -Open mouth wider	H3 -No jaw pain -No cracking sound -Mouth open easily -Singing improved
F4	M -Tone deafness	P (H0)	H0	H2 -Hear and sing better
M1	NM	NP	H1 -Number of watching decreased	H1 -Number of watching decreased
M2	NM	NP	NM	NM
M3	M -Lower back pain -Shoulder pain	NP	H3 -No lower back pain -Less shoulder pain -Quality sleep	NA
M = Mentioned in the interview P = Prayed for in the interview H0 = No sign of healing; H1 = Some signs of healing; H2 = Significant signs of healing; H3 = Outstanding signs of healing NM = Not Mentioned; NP = Not Prayed for; NA = Interview not attended				

Table 4.1: Summary of the research findings of physical healing reported by the seven participants

All participants, except M1 and M2, mentioned their physical illnesses in the pre-praying interview. M1, M2 and M3 had not had prayer for physical healing, but, outstanding signs of healing in M3 with no lower back pain, less shoulder pain and good sleep quality were reported in the post-praying interview. There was no sign of physical healing reported regarding the epilepsy of F2 and the tone deafness of F4 in both the praying and the post-praying interviews. However, F2 reported some signs of healing and F4 reported significant signs of healing in the follow-up interview. The number of minor seizure that F2 encountered had decreased. In F4, her pitching ability had improved significantly with more practice, she could catch the singing voices and notes of her worship team members, and that had never happened before. In M1, the frequency of watching pornography and masturbation decreased from two times a week to one time per two weeks as described in the post-praying and the follow-up interviews.

The physical healing reported in F1 and F3 was obvious. When F1 thought of or saw chickens, even in photos, her physical symptoms included stiffness, fast heart rate, dizziness, flaccid in legs, fear and headache. In the praying interview, her hands became totally numb when praying, but sensation returned and she felt relieved after praying. At the end, her body relaxed and headache settled. In the post-praying interview, F1 indicated that the feeling of fear and the fast heart rate had disappeared when thinking of chickens and seeing chickens on a mobile phone. In the follow-up interview, F1 reported that she no longer felt flaccid or weak in the legs when she saw chickens. Neither did she feel dizziness or an increased heart rate when she thought of chickens. She could walk near a chicken without fear, and that had never happened before. F3 had jaw problems including constriction and pain accompanied by a cracking sound when opening the mouth. During the praying interview, F3 could open her mouth easily and feel less tension and pain in the jaw when opening the mouth,

though the cracking sound was still there. In the post-praying interview, F3 reported that her jaw could open wider and more easily with less pain and a reduced cracking sound. In the follow-up interview, F3 shared that the jaw pain had decreased by 75 per cent with no cracking sound when opening the mouth. She could clearly hear her own and the voices of others in a worship choir, and that had never been the case before.

Psychological Healing
– Healing of Emotional Damage and Cognitive Function

Table 4.2 below shows the summary of the reported psychological healing of the seven participants during and after the prayer healing process in the four interviews.

Summary of the Research Findings of <u>Psychological</u> Healing Reported by the Seven Participants in the Four Interviews				
Participants	Pre-praying	Praying	Post-praying	Follow-up
F1	M -Chicken phobia -Scary nightmares -Low self-image	P (H2) -Chicken phobia -Scary nightmares -Low self-image	H2 -Less fear of chicken -Touch chicken photos -Aware of self-protection	H3 -No fear when thinking about chickens -Can watch video of chickens
F2	M -Fear of surgery -Depressed mood	P (H2) -Less fear of surgery -Happier mood	H2 -More calm and relaxed	H3 -Peace and calm -Loneliness gone -Ready for surgery
F3	M -Hurt from mother -Grieving mother's death	P (H2) -Hurt alleviated -Let go of craving for mother's love	H3 -No sadness about mother's death -Happier in self	H3 -Feel at home -Confirm mother loved her -Attends courses
F4	M -Hurt from teacher -Controlling mother -Dead brother	P (H2) -Let go of craving for mother's love -Not responsible for brother's death	H3 -Not responsible for her brother's death	H3 -Sing freely -Let go of the expectation from mother
M1	M -Self-blame -Guilty feeling	P (H2) -Self-acceptance -Peace	H2 -Less guilty feeling -Self-confidence	H2 -Self-acceptance -Attracted to his wife
M2	M -Hurt from father -Expectation from father -Pressure on self	P (H2) -Heart pain -Forgiving father -Self-acceptance	H3 -Accept father -Let go of the expectation from father	H3 -Love father -Accept his sons' limitations
M3	M -Tangled and negative emotions -Self-blame	P (H2) -Hurt from upbringing -Feel relaxed	H3 -Understanding self -Confidence to communicate	NA
M = Mentioned in the interview P = Prayed for in the interview H0 = No sign of healing; H1 = Some signs of healing; H2 = Significant signs of healing; H3 = Outstanding signs of healing NM = Not Mentioned; NP = Not Prayed for; NA= Interview not Attended				

Table 4.2: Summary of the research findings of psychological healing reported by the seven participants

All the participants had mentioned and prayed for psychological healing. They all reported significant signs of healing during the praying interview while many of them reported some signs of healing in the post-praying interviews and outstanding signs of healing in the follow-up Interviews.

The chicken phobia of F1 was serious. In the praying interview, F1 'saw' imagery (a set or group of images) revealing a larger than normal chicken head which made her very frightened. After praying, she shared that the size of the chicken head changed to normal and she could even look at its eyes with peace and calmness. The fearful images of the nightmares which she had had for a long period of time gradually faded away. She smiled and felt relaxed, and she felt she was not afraid of chicken as before. In the post-praying interview, F1 reported that she could look at, and touch, images of chickens on a mobile phone screen without fear, and that was something she could not do before. When she thought of chickens again, her fear had greatly diminished. She felt happy to get rid of her fear of chickens, and she now had more confidence in preparing for a mission trip to a village with a lot of chickens. In the follow-up interview, F1 reported that she felt absolutely no fear when thinking of chickens, and she could watch a video about a cartoon chicken dance which she could not stand for a second before. Moreover, she could look at real chickens, and she could take pictures with real chickens and chickens in poster without any fear.

F2 had a fear of an upcoming surgery for epilepsy. In the praying interview, F2 experienced seven sets of imagery in total that had contributed to most of her psychological healing. The first image (a row of sharp teeth) revealed her fear of the coming surgery; the second image (God in the operating room) enabled her to feel comfort; the third image (F2 and God stood on two separate mountains) enabled her to let go of her self-belittlement and concentrate on the guidance of God; the fourth image (she poured wine onto the vessels of others) delighted her that she could pass on her

service to others; the fifth image (she drove a car upon the sea) excited her with hope of her fantastic future; the sixth image (she rose up from her wheelchair and walked up to a pulpit) comforted her that she could continue to serve God in her mission. The seventh image (she and her husband hugged each other) which came after forgiving her husband, made her feel that she had forgiven her husband wholeheartedly. She reported that she felt energized, and she could let go of her fear of the upcoming surgery and her anger towards God. In the post-praying interview, F2 reported that she felt more relaxed and calm on her own but would cry sometimes for no apparent reason. In the follow-up interview, F2 shared that she felt peace and calm in facing the surgery the following month. She understood that her anger towards God was in fact the anger she felt towards herself. The re-appearing of the above second and the fourth images in her prayer time was comforting and soothing. Her loneliness had gone and she could slow herself down to enjoy the daily living, and that was a joy she could not feel before.

F3 suffered from jaw pain and prolonged grieving for her deceased mother. In the praying interview, her first image (two dark holes disappearing) made her feelings of emptiness and sadness which were caused by the lacking of parental love vanish gradually. Her second image (hiking in beautiful scenery) delighted her, and that allowed her to forgive her mother willingly and discarded the craving she had for the love of her mother. In the post-praying interview, F3 reported that she had no more grudge against her mother, and instead, she had feelings of gratitude and peace. She felt happier within herself and would attend a course concerning personal growth. In the follow-up interview, F3 recognized that her emotions affected her jaw pain; she prayed for positive emotions more often. When thinking of her deceased mother, she felt peace. Her doubt regarding the love of her mother for her had completely gone. She could also deal with the entangled feelings towards her father who was still living with her. She recognized the progress and her confidence in her work. She had participated in two

courses, one for personal growth and the other for learning the theology of worship, which helped her to be more intimate with herself and God. She affirmed that prayer healing had been so important for her to experience the goodness of God and to have personal growth.

F4 reported painful feelings related to her tone deafness and the comments she received about her singing from others. In the praying interview, F4 experienced, in total, nine sets of imagery contributing to most of her psychological healing. The first image (a hiding boy) helped her to be free from her false guilt about the death of her elder brother; the second image (she wore pink cloth) made her feel calm and charming again; the third image (hands and holes were disappearing on a the dark wall) made her feel peace and enabled her to let go of the bondage she felt to worship her dead brother; the fourth image (a milling machine breaking down corns) confirmed her hard working character and made her put down her eagerness to protect men; the fifth image (she was outside a house surrounded by beautiful scenery) energized her to explore outside without worrying about the comments of others; the sixth image (a swimming pool with people swimming in it) encouraged her to relate to other people; the seventh image (a ferry moving fast) strengthened her with confidence in facing future; the eighth image (at her home when she was small) further delivered her from the bondage she felt to worship her dead brother; the last image (people rescuing her grandmother) illustrated her wish to know the circumstances of her grandmother's death. After that, she felt energized and could face her handicap (tone deafness) in singing. In the post-praying interview, F4 reported that she accepted that the comments from her teacher on her singing were for her benefit and not to criticize her. She could let go of the emotional stress caused by her controlling mother. She could adjust her expectations of her daughter after letting go of the burden of the expectations she had from her mother. In the follow-up interview, F4 described that she could sing freely despite the staring and

comments of others, instead she concentrated on the impact of the songs on her spiritual growth. She understood that her craving for the acceptance of others was in fact the manifestation of her craving for the acceptance of her mother from whom she would never be able to receive. She reported that all sets of imagery she saw were helpful for her healing and important for building up her intimate relationship with God.

M1 reported strong feelings of guilt regarding his reliance on pornography and masturbation, and that resulted in anger towards himself and low self-image as he felt a hypocrite. After the praying interview, M1 experienced joy and cleanliness, and felt brighter in his surroundings. In the post-praying interview, M1 reported that he felt less guilt and less self-condemnation and improved self-image and augmented self-confidence in facing the temptation of lust. He also understood the reason for his anger towards himself and negative mood in him. He reported that he felt more satisfaction and accomplishment in daily living. In the follow-up interview, M1 shared that he had more self-acceptance and self-confidence with improving self-image. The guilty feeling and the dread of seeing himself as a hypocrite had diminished. The strong desire of watching sexy women on the street had greatly decreased, and he was attracted more to his wife both physically and mentally. He had more awareness of the temptation from pornography when under pressure at work and when experiencing relational difficulties with his wife. He recognized his weakness and limitation in walking with Christ in his Christian faith, but he felt more self-acceptance and self-confidence to do so.

The healing experiences of M2 came from praying for forgiveness towards his father and himself. In the prayer for forgiving his father, M2 experienced physical pain in his chest, but gradually, he felt alleviation and could forgive his father. After forgiving himself in prayer, he did not feel guilty for the past and accepted his limitations, and felt relieved. He was aware that his attachment to his father seemed to

have disappeared. Then, he prayed for his father, his own wife and his two sons. In the post-praying interview, M2 reported that he had accepted his father and his pain regarding his past had gone. He felt relaxed, pain free, soothed, peaceful and positive when thinking of his father. He understood that there were things that his father could not do and he needed to accept these. He had let go of the craving for the impossible expectations he previously had of his father, and he had more strength to help his father practically. He admitted that his father had loved him. In the follow-up interview, M2 stressed that he had no negative feelings when thinking of his past and his father. He had completely let go of his craving for the love of his father. The Bible verse John 12:24 'wheat died in the soil' helped him to acknowledge that his painful experiences from his father had died.

M3 considered his tangled and negative emotions towards his colleagues and his family members. In the praying interview, M3 discovered that the situation in his work place was similar to his upbringing at home. In prayer, he felt comforted and was able to loosen up. In the post-praying interview, M3 reported that he acknowledged more of his own emotions and his limitations, and would not force himself to be perfect before his colleagues. He had more confidence in his daily communications and interactions with them. He recognized that it was no big deal to ask for help. He stated that, in the praying interview, his psychological healing would subsequently lead to his social and physical healing. (M3 did not attend the follow-up interview)

Spiritual Healing
– Healing of Deliverance from the Bondage to Evil Spirits

Table 4.3 below shows the summary of the reported spiritual healing of the seven participants during and after the prayer healing process in the four interviews.

Summary of the Research Findings of <u>Spiritual</u> Healing Reported by the Seven Participants in the Four Interviews				
Participants	Pre-praying	Praying	Post-praying	Follow-up
F1	M - Chicken Phobia	P (H2) -Attachment to mother -Scary nightmares -Being delivered	H3 -No fear in dreams -Peace inside	H3 -Bolder to face chickens
F2	NM	NP	NM	NM
F3	M -Burned hair -Dirtiness	P (H2) -Being cleansed -Being delivered	H1 -Intimacy with God	NM
F4	M -Worshipping her dead brother -Burned incense	P (H2) -Delivered from worshipping her dead brother	H3 -Not responsible for the death of brother -False guilt	H3 -No guilt feeling -No fear of dark
M1	M -Sin of lust -A bondage	P (H2) -Being cleansed -Being delivered	H2 -Prayer weapon -Desire for God	H2 -More yearning for God
M2	NM	NP	NM	NM
M3	NM	NP	NM	NA
M = Mentioned in the interview P = Prayed for in the interview H0 = No sign of healing; H1 = Some signs of healing; H2 = Significant signs of healing; H3 = Outstanding signs of healing NM = Not Mentioned; NP = Not Prayed for; NA = Interview not Attended				

Table 4.3: Summary of the research findings of spiritual healing reported by the seven participants

Among the seven participants, only F1, F3, F4 and M1 mentioned spiritual issues which were being prayed for. The chicken phobia of F1 started when she was two years of age. In the praying interview, F1 felt comfortable after she had renounced the negative emotional attachment to her mother. After she had been able to forgive those who had frightened her when she was a child at primary school with quails, she had less anger towards them. In repudiating the scary dreams of chickens, she felt very

relaxed. When repudiating the fearful parts of chickens (the cockscomb, mouth and head), she broke down in tears and cried so hard that her hands were totally numb and stiff. After the prayer of deliverance, she reported that the enlarged cockscomb of the chicken changed to normal size, and she saw the chicken become a natural and normal creature. She claimed that the root cause of her chicken phobia came from seeing the 'red beard' under the chicken head. In continuing praying, her heart rate was still fast but her body was totally relaxed. After the prayer of deliverance again, she experienced stillness with a white coloured background in her mind. Then, she 'saw' the image of herself as a child crying after being pecked by a chicken, and her mother came to hold and comfort her. Moreover, she 'saw' the images of the head and eyes of a chicken in a close up, and there was no fear but peace. The fear of chickens had diminished and the images of the scary dreams faded so they became blurry and she could not see them. In the post-praying interview, F1 reported that she had a dream of several chickens but without any fear. There was stillness and peace, no fast heart rate or any numbness or stiffness of the body. She believed that God had healed her and would protect her. In the follow-up interview, F1 shared a dream that a chicken came under her table near her feet while she was eating but she had no fear. When she woke up she said to herself, "Why am I not afraid?" (F1, p.70). She found herself bolder than before when facing chickens in real life after the dream. She felt that God loved her so much and she was more intimate with God. She reported that she had been delivered from the bondage to chicken phobia that had been imposed by evil spirits.

The spiritual healing of F3 concerned the breaking of the curse of drinking talisman water. A lock of her hair was cut off by her mother to make a burnt offering to a Chinese god, for her mother believed that the sickness of F3 came from some kinds of evil. F3 was forced to drink the talisman water mixed with her hair ash for recovery. She felt so angry and sad, and believed that she was dirty. In the praying interview, F3

pleaded to God to clean her by the blood of Jesus. Her forgiveness of her mother could come only after her anger and sadness towards her mother was soothed through prayer. In the post-praying interview, F3 reported that she felt happier and could respond to God with joy. In the follow-up interview, F3 did not mention her spiritual healing but she reported that prayer healing was a blessing and had helped her growth.

The spiritual healing of F4 concerned the bondage she felt to worship her dead elder brother. In the praying interview, F4 reported that she had burned paper and incense to him, had worn his hat and looked at his photos to remember him as if he was still alive. After the deliverance prayer, she discovered that she had dealt with her grief of losing her elder brother by acting out the role of a controlling mother who protected her younger brother and the males in the family. Then, she 'saw' her fourth image (a milling machine breaking down corns) which confirmed her as a hard working woman who did not need to protect men. In the post-praying interview, F4 affirmed that she had let go of the false guilt and the responsibility she felt for the death of her brother, and felt silly for believing that before. She was also not responsible for her parents, sister and younger brother though she loved them very much. In the follow-up interview, F4 reported that she had no more guilty feelings about her dead brother. She loved her parents more than before. She reported an experience of being immobilised by evil spirits while she was sleeping. However, she had no fear of it and assured herself of the love of God, and she was relieved within several seconds after whispering a short prayer. She was not afraid of dark as before, and her relationship with God became more intimate.

Because of his addiction to pornography and masturbation, M1 reported that he often felt accused by Satan in his heart, 'You are incapable' and 'You are not good' (M1, p.8). After confessing his sin of lust and of hurting his wife, women, himself and God in the praying interview, two thoughts came to his mind. The first thought was

that his heart was like a blocked drain needing to be drained for water to flow through. The second thought was that God fought for him on a chariot in a battle, and gave him peace with a sense of cleanliness and brightness in life. He realized that his spiritual rubbish had been removed. After being anointed with oil for the cleansing of sin and accepting by God, he felt relieved, burden free, and then two more thoughts came to his mind. The thought of Israelites returned back to God, comforted him with the acceptance of God. The fourth thought concerning vessel (2 Tim2:21) reaffirmed his servanthood and delighted him. In the post-praying interview, M1 reported that he had more awareness of avoiding a lustful environment by saying to himself, 'Stop watching' (p.32). He had applied what he had learnt by praying: 'In the name of Jesus Christ, I...', and that prayer became a weapon for him to face temptation. He had watched pornography once but with less satisfaction and had stopped quickly. Before the praying interview he dared not face God, but now he prayed and read the Bible more. In the follow-up interview, M1 reported that he was still struggling with the desire for pornography, but he knew that God still loved him. He yearned for God more with more praying and Bible reading.

Social Healing

– Healing with Transformed Interpersonal Relationship as the Outcome of the Personal Healing

Table 4.4 below shows the summary of the reported social healing of the seven participants during and after the prayer healing process in the four interviews.

Summary of the Research Findings of <u>Social</u> Healing Reported by the Seven Participants in the Four Interviews				
Participants	Pre-praying	Praying	Post-praying	Follow-up
F1	M -Afraid of relating to others	P -Attachment to mother -Let go of taking advantages of others in her phobia	H2 -Shared with others joyfully without fear -Improved relationship with her husband	H3 -Improved relationship with her husband and others
F2	M -Her husband	P -Hug husband -Pour wine in husband's hand	H3 -Improved sexual relationship with her husband	H3 -Improved mutual communication with her husband
F3	M -Father - Step-mother	P -Let go of mother -Let go of the expectations to father	H2 -Forgave her mother	H3 -Accept her father -Improved relationship with her colleagues
F4	M -Teacher -Controlling mother	P -Let go of mother	H3 -Let go of teacher's comments -Mother not a burden -Give space to her son	H3 -Improved relationship with her mother, husband and son
M1	M -Wife	P -Accept his wife physically -Rebuild relationship with his wife	H3 -Could control his hot temper -Love, care and cherish his wife more	H3 -Improved sexual relationship with his wife -Improved mutual communication
M2	M -Father -Wife	P -Father	H2 -Stop demanding too much of his sons -Cared for and help his father	H3 -Visit and dinner with his father -Visit and dinner with his wife's parents
M3	M -Relationship with boss and colleagues	P -Negative feelings towards family members and colleagues subsided	H3 -Improved relationship with boss and colleagues	NA
M = Mentioned in the interview P = Prayed for in the interview H0 = No sign of healing; H1= Some signs of healing; H2 = Significant signs of healing; H3 = Outstanding signs of healing NM = Not Mentioned; NP = Not Prayed for; NA = Interview not attended				

Table 4.4: Summary of the research findings of social healing reported by the seven participants

All the seven participants mentioned interpersonal relationship issues in the pre-praying interview, and they were prayed for. F1 feared interacting with others as she was afraid of being mocked or belittled because of her chicken phobia. In the praying interview, F1 was able to break away from repeating in herself the aggrieved character of her mother and rejected her own tendency to take advantage of the protection of others in her phobia. She was aware of the importance of self-protection, and she made herself dependent on God not on the favour of others. In the post-praying interview, F1 reported that she could share her healing experiences with others and asked for intercession about her phobia with a joyful heart but without fear, and that was something she could hardly do before. She could accept the advice of her husband concerning facing her chicken phobia, which she could never do before. In the follow-up interview, F1 stressed that she could share freely with others that her chicken phobia had gone. She could view the images of chickens on 'Whatsapp' messages sent by her friends. However, before the prayer healing, she would feel mocked and belittled by them. Accompanied by her husband, she intentionally went to a city in China so as to challenge herself to see more chickens. She had not demanded for protection from others, she could conquer the phobia on her own.

F2 complained that there was not enough mutual understanding with her husband in serving God together. In the praying interview, her fourth image (she poured wine onto the vessels of others) gave her hope that she could serve with her husband. After forgiving her husband, her seventh image (she and her husband hugged each other) confirmed that she had forgiven her husband wholeheartedly. In the post-praying interview, F2 reported that she was able to share more with her husband, and they had more communication in their living circumstances. She felt she needed less control to her husband for she felt more relaxed when facing him. Her husband showed more patience in listening to her and was willing to do the household chores without her

pushing him. There was an improvement in her sexual relationship with her husband, and she was aware of the satisfaction of being touched by him. They had some quality leisure time, and that made her feel that her husband really cared for her health. In the follow-up interview, F2 reported that she and her husband attended a marriage counselling course which enhanced their communication skills and helped them to manage their emotions. Her husband would go out with her to do exercise, and that seldom happened before. She did not feel lonely anymore, and she was willing to build relationships with others and share her feelings with some good friends in church, and that also seldom happened before the prayer healing.

F3 reported no communication with her father for a year and difficulty in relating to her step-mother. In the praying interview, after praying through the hurtful memory of her deceased mother, F3 could forgive her mother and let go of the expectations of her father. In the post-praying interview, she reported that she had shared her jaw pain with others and asked them for intercession, and that would not have happened before. Some colleagues told her that she appeared happier than before. In the follow-up interview, F3 reported that there was no improvement in her ability to relate to her father, however, she took more time to build her relationship with her sister and brother instead of concentrating on the struggle with her father. She accepted that her father had his right to re-marriage and should be responsible for the consequences in relation to his wife. She understood that she needed to be a daughter to her father, stop arguing with him and stop controlling his life. She recognized that her emotions towards her father would exacerbate her jaw pain. She was willing to share and pray with others when she was down. She felt happier and more comfortable with others, and she could feel more rewarded by the positive responses of her colleagues and those who served in her work.

The relationship issues of F4 concerned her negative feelings concerning

comments from others and as well as her controlling mother. In the praying interview, she pleaded for not to be frightened when singing in front of people. Her fifth image (she was outside a house surrounded by beautiful scenery) energized her to take the initiative to relate to others without trying to curry favour with them. Her sixth image (a swimming pool with people swimming in it) encouraged her to be with people, and her seventh image (a ferry moving fast) strengthened her with confidence to go and explore outside without a fear of people. She reported that she was energized and could handle her handicap (tone deafness) in singing in front of others. In the post-praying interview, F4 reported that the comments of her teacher on her singing were for her own good and not to dismiss her. She had more compassion when caring for her mother without feeling burdened. She reported some changes of attitudes and actions towards her family members, especially her son. First, she did not rebuke her son as she had done before when he did something wrong. Second, she could explain to her son the reason for his wrong doing, and that would never have happened before. Third, she admitted that the negative reactions of her son were her fault, and she needed to show more patience with him. Fourth, she wanted to show to her children that she had been a hard-working mother. Finally, she could participate fully in a picnic with her family members without feeling guilty for not helping another family in need. In the follow-up interview, F4 reported that she could see many good things in her mother that she could not see before. Not only could she stop fighting against the negative comments from her mother, she could pray for her mother. She was happy that her mother could accept her comments and liked to accompany her to go outside. Her mother could allow her to touch her face, and that was unthinkable before. F4 could control her emotions and talk rationally with her son who was really happy about her change. She had better communication with her husband, and she accepted his suggestion to visit her father living in another province. She discovered that she needed to take care of her husband more than before.

The relationship issues of M1 were his poor communication and dissatisfactory sexual relationship with his wife. In the praying interview, after M1 pleading for insight and understanding of his wife, he realized that he had been comparing his wife with other women physically. After the anointing of oil for acceptance, he responded that he was longing for the company of his wife and wanted to hold her. He prayed for the re-building of his intimate relationship with his wife. In the post-praying interview, M1 reported that he shared the healing experiences with his wife who then understood more of his struggle with lust. He also understood the feelings of his wife for him. He could control his bad temper towards his wife for he understood that the reason for episodes of bad temper was the frustration of not feeling that she empathized with him. He was more attracted physically to his wife; he hugged and cherished her more, and he desired to maintain truthful and loyal to his wife. He took the initiative to express his sexual need to his wife, and that he could not do before. He understood more of the temptation of lust and he wanted to support those men who had the same problems as him. In the follow-up interview, M1 reported that there were no episodes of bad temper towards his wife because of the increased self-awareness and mutual understanding between them. He shared with his wife more frequently and in depth, and they had more mutual communication. He had shared his struggle with lust with his wife who was willing to pray with him, and that empowered him to face his struggle. He felt she empathized with him and tried to satisfy his sexual need by enquiring about his need for sex, and the frequency of sexual intercourse was higher than before. Although he still found reluctant to have appropriate empathetic responses towards the sharing of his wife, he was willing to try to respond to her empathetically. He said that, if the highest level is 10, the relationship with his wife had improved from level 7 to level 8.5, and the attraction he felt towards his wife had increased from level 4 to level 7.

M2 reported his problems in relating to his father and his own wife. After

forgiving his father and himself in the praying interview, he prayed that he would not allow his craving for approval from his father became a burden on him. He prayed for the well-being of the remarried family of his father. After recognizing that he had been neglecting his wife as his father neglected his mother, he prayed for an amelioration of his relationship with his wife and his two sons. In the post-praying interview, M2 reported that he had adjusted his expectations on his sons by stopping projecting the expectations of his own father on to them. He would take care of his father's remarried family problems by offering his help. He said that taking care of his father was like taking care of an old man unconditionally without considering what he had done in the past or would do in the future. He wanted to prove that he had healed from the neglect of his father by his participation in the remarried family of his father. In the follow-up interview, M2 reported that he had prayed for his father more often once knowing that his father had to face a lot of difficulties. He had intentionally put effort into relating to him, for example, he would phone him and take his family out for a meal every now and then, and that would not have happened before. Moreover, to be fair to the parents of his wife, he would visit them and take them out for a meal more often than before. Concerning his sons, he was more cautious of not putting too much pressure on their studies and not spoiling them as his father did to him when he was small.

The main relationship issue of M3 was his team work with his colleagues and boss after his promotion. In the praying interview, after praying for his upbringing situations, M3 reported that his negative feelings towards his family members and his colleagues had subsided. In prayer, he recognized that there would be many ways to deal with the difficulties in his work and in the relationships with his colleagues, and that made him feel flexibility in relating to them. In the post-praying interview, M3 felt more relaxed with his boss and did not feel he was being pushed. He could talk more freely with his colleagues as before his promotion. He had more confidence and ability

in accepting the professional opinions of others, and he had more energy to help and encourage those colleagues with difficulties in their work. The understanding among his colleagues made him open up and talk directly to them as before. He could accept help from his teammates, and he was not feeling alone in the team. (M3 did not attend the follow-up interview)

After delineating the research findings relating to the healing reported by the participants, it is now time to turn to the investigation of the identification of themes for interpretation in order to answer the research question.

4.2 Thematic Analysis of the Ways of Experiencing Holistic Healing

The Identification of the Themes of the Research from the Data

The collected data was coded according to the way described in Chapter Three. In the follow-up interview, the participants were invited to give comments on the Empathetic Dialogue in the praying interview (see [Appendix 23](#) the summary of the comments of the participants on the Empathetic Dialogue). This data would not count as research findings, but it would be used to support the interpretation of Theme 3 and Theme 4 contributing to the ways in which healing is experienced. It will be discussed in section 6.3 of Chapter Six concerning the triangulation of the work of the Holy Spirit.

The healing experiences of each participant were coded in the sequence of first coding, second coding, subcategories, categories, integrative categories and themes (see [Appendix 13 to Appendix 19](#)). Then, the identified themes of the entire data were formulated from the themes of each participant (the identified themes will be discussed in the next section). The total numbers of the above different kinds of coding are listed

in Appendix 24. For easy understanding and readability, a simplified form of Appendix 24 showing the total number of each kind of code for each of the participants is shown in Table 4.5 below, and the number of identified themes is shown.

Total Numbers of First Coding, Second Coding, Subcategories, Categories, Integrative Categories, Themes and Identified Themes of the Seven Participants							
Different Kinds of Coding	F1	F2	F3	F4	M1	M2	M3
Total First Coding	500	421	366	417	469	291	256
Total Second Coding	260	206	231	267	220	183	146
Total Subcategories	112	114	122	128	134	96	85
Total Categories	36	33	33	33	33	28	22
Integrative Categories	12	13	12	12	12	10	10
Themes	5	6	6	7	6	5	4
	The Number of Identified Themes is 5						

Table 4.5: Total numbers of different kinds of coding for each of the seven participants

The total number of codes of the first coding for the seven participants was in the range of 256 to 500. After grouping the codes from the first coding to become the second coding, the total number of codes for each participant was in the range of 146 to 267. After analysing these second codes to form subcategories, then subcategories to form categories, and then categories to form integrative categories, the total numbers of each participant's subcategories, categories and integrative categories were in the ranges of 85 to 134, 22 to 36 and 10 to 13 respectively. After analysing the integrative categories to form themes, the total number of themes for each participant was in the range from 4 to 7. Finally, after integrating these themes, the total number of identified themes from the entire set of data was 5.

The Five Identified Themes in the Ways of Experiencing Holistic Healing

The process of formulating the five identified themes is shown in detail in Appendix 20. The five identified themes are elaborated in Table 4.6 below.

<p>Theme 1: Expectation of healing with willingness to disclose inner hurts and hidden iniquities. A strong desire to be healed in either one of the four aspects of healing constituted an expectation of healing in the participants. It was also indicated in their willingness to disclose their inner hurts and hidden iniquities, and that enhanced them to experience healing during and after the prayer healing process.</p>
<p>Theme 2: Connectedness to God in faith and hope with progressing gratitude. The faith and hope in God of the participants constituted a firm belief in the consolation and the healing of God. They wanted to be healed in order to establish a more intimate relationship with God and serve God whole-heartedly in progressing gratitude.</p>
<p>Theme 3: Experiencing healing through impetrating praying for healing in faith. The participants pleaded for healing with different prayers impetratorily in the belief that God heals, and they experienced different aspects of healing. They were willing to confess their sins before God and to forgive others and themselves in the understanding that un-confessed sin and lack of forgiveness will block healing from God.</p>
<p>Theme 4: Experiencing healing through the interventions of the pray-er. The Entry Point and the Empathetic Dialogue acted as the interventions of the pray-er in the praying interview, and that contributed to the different aspects of healing experiences of the participants.</p>
<p>Theme 5: Continuing and transforming healing which followed their experience of healing. After the prayer healing process, the actions of the participants following their experiences of healing would continue and transform their different aspects of healing experienced in their daily living.</p>

Table 4.6: The five identified themes of the ways of experiencing holistic healing

The five identified themes above become the integrative concepts for interpreting and providing meanings for the research findings. Thus, the research question will be answered and its implications will be evaluated. In figurative presentation, Figure 4.1

below shows the five identified themes of the ways of experiencing holistic healing of the participants.



Figure 4.1: Figurative presentation of the five identified themes of the ways of experiencing holistic healing of the participants

The connotation of the above figure illustrates that: The ‘**Expectation of Healing**’ (**Theme 1**: shown in the head of the participant) and the ‘**Connectedness to God**’ (**Theme 2**: shown in the cloud) of the participants prepared them to experience different aspects of healing. The participants ‘**Experienced Healing through their Impetrating Praying**’ (**Theme 3**: shown in the upward curved-arrow and the downward curved-arrow) and the ‘**Intervention of the Pray-er**’ (**Theme 4**: shown by the hands of the pray-er) in the process of praying (The notion concerning ‘mediated through the Holy Spirit’ will be discussed in Chapter Six). It was found that the healing of the participants could be ‘**Continuing and Transforming Healing**’ (**Theme 5**: shown in the legs of the participant) through their actions which followed their experiences of healing. Finally, the participants experienced **holistic healing** (shown at the central part of the person) as proposed in the research.

The five identified themes are transformed by me from data originally reported by the participants in the prayer healing process. The following Chapter Five, Chapter Six and Chapter Seven are going to interpret the five identified themes in order to answer the research question and make contributions to knowledge and professional practice in holistic prayer healing.

CHAPTER FIVE: INTERPRETATION OF THEMES

Expectation of Healing (Theme 1) and Connectedness to God (Theme 2)

This chapter discusses the interpretations of Theme 1 and Theme 2 in order to show the two preparatory stages for the participants to experience different aspects of healing. Appendix 25 indicates an overview of the relationships between the five identified themes in answering the research question and the sources of the data involved in the interpretation of the themes.

In recalling the significance of interpreting the data, Swinton and Mowat (2006) contend that the analysis of the data will ‘create deep and rich insights into the meanings that people place on particular forms of experience’ (p.63). I am the one who assesses the meaning of the experiences of the participants in the praying interview by studying the identified themes from the data. The following interpretations of Theme 1 and Theme 2 will provide meanings for the healing experiences of the participants. In elucidating the meaning of Theme 1, most of the data used came from the pre-praying interview and with some from the praying interview. The data for analysing Theme 2 would include all four interviews. Not all the participants will be involved in each section. The data which was used and those who were chosen for interpretation will provide adequate data for interpreting the identified themes in answering the research question.

5.1 Expectation of Healing (Theme 1) Prepares People to Experience Healing

Theme 1 concerns the strong desire of the participants to be healed by God, and they were willing to disclose their inner hurts and hidden iniquities in order to enhance their healing in the praying interview. Their strong desire to be healed is reflected in a

conscientious attitude towards recovery in cooperation with the desire of God to heal, and it is faith that sustains the expectation to be healed by God. This attitude is reported in the pray-ees, and that prepared them to experience healing during and after the prayer healing process.

Overcome the Fear of Repeating Failure

All the participants came with an expectation of healing in spite of struggling with their problems for a long period of time. For example: the chicken phobia of F1 ‘had been perplexing for over forty years’ (F1, p.1), the epilepsy of F2 ‘had been ongoing since four years of age’ (F2, p.1), the jaw pain of F3 ‘had started since 2003 from an accident’ (F3, p.2), the tone deafness of F4 was discovered when she ‘was small’ (F4, p.1), M1 had been bound by ‘the addiction for over twenty years’ (M1, p.2), M2 ‘could not let go of the hurt’ (M2, p.35) of being neglected by his father since kindergarten, and the lower back pain of M3 ‘had started from the end of last year’ (M3, p.2).

Notwithstanding long years of suffering, the data revealed clearly their capacities to overcome the fear of repeating failure when healing was expected. F1 described a re-traumatizing experience (Rothschild, 2000, pp.77-78) with a pray-er three years ago when she was asked to kiss an imagined chicken with her eyes closed. While kissing the chicken a second time, ‘[I] completely collapsed and became mad...the pray-er held me tight and apologized’ (F1, p.1). In spite of the re-traumatizing experience, she stressed, ‘[I] do not want to be like that...[I] could not help myself in the past’ (p.1). Her strong expectation of conquering the phobia helped her to overcome the fear of being re-traumatized again. F2 had revealed three failure experiences in prayer healing with no physical improvement and only slight psychological soothing. Although she did not expect ‘physical illness...to be prayed for’, but she eagerly expected psychological

healing ‘in finding true self’, social healing ‘in walking with my husband’ and spiritual healing ‘in seeing what needs to be taken away from me so as to be bestowed by God’ (F2, p.21). With these yearnings for healing, she could let go of the shadow of the previous experiences of failure and could overcome the fear of failure again in prayer healing. The jaw pain of F3 became worse with ‘the remarriage of [her] father’ (F3, p.6) and ‘the entangled emotions related to the decease of [her] mother’ (p.7). She had several sessions of counselling to deal with her emotions, but it was still not resolved. She also had sought dental treatment for her jaw pain but with no improvement. However, her expectations of physical healing for her jaw pain and psychological healing for her entangled emotions were strong, and that prepared her to participate in prayer healing without fear of disappointment again. In the case of M3, with his lower back pain and entangled collegial relationship, he expressed his disappointment, ‘From my past experiences, I know...after praying for help for some difficulties...more difficulties will come’ (M3, p.13). Although he was reluctant to pray and his expectation of healing was vague before praying, the data showed that he felt soothed right after sharing his difficulties openly, ‘I have no specific expectation...but I feel comfortable after expressing them’ (p.19). It revealed that sharing itself made him experience psychological healing in soothing his emotions, and that prepared him to expect healing in the coming praying interview. This explained that even without explicit expectation of healing, his willingness to disclose his hurts and difficulties revealed his implicit expectation, and that also paved the way for healing to be experienced.

The experiences of the above participants (F1, F2, F3 and M3) revealed that expectation of healing made them overcome the fear of repeating failure and paved the way for healing to be experienced in the prayer healing process.

Enhance Self-confidence

The expectation of healing also enhanced self-confidence of the participants to receive all aspects of healing instead of just the soothing feelings. In the praying interview, when F1 recognized her tendency 'to rely on protection from others' (F1, p.41), she had gained the insight of her 'yearning for being loved' (p.41). Then, she renounced this tendency through prayer and pleaded for 'the ability of self-protection' (p.42). She expected psychological healing in restoring her self-confidence and self-assurance so as to establish the social healing of independence in relationships. She also admitted, 'I have a fantasy...when I see chickens, may God help to change my visual perception as seeing cats and dogs' (p.47). After praying, she recognized that her fantasy 'is an evasion...and the praying interview is good and thorough' (p.47). Although she originally had an unrealistic expectation of healing, she got an unexpected outcome of 'good and thorough'. The process of praying enhanced her self-confidence in self-protection and self-acceptance so as to be an independent person instead of passively relying on the caring of others, and that prepared her to experience healing. In the case of F3, with regards to her physical illness and her self-abasement in relating to others including her family members, she expected physical healing for her 'stiffness of the jaw with cracking sound' (F3, p.14), and the desired psychological healing in finding 'the value of self...to establish self-image' (p.19), in thirsting for 'love and appreciation from family members' (p.20) and in longing for 'a feeling of home' (p.28). Her strong expectation of healing prepared her to reclaim her self-confidence and self-affirmation during the praying interview, and that paved the way for her experiencing healing.

In the case of F4, her tone deafness was 'a great barrier for her to open her mouth to finish singing a song' and she 'was afraid of being teased by others...[and not being] fully involved in...worshipping God' (F4, p.1). She wanted to get rid of her emotional

struggle by ‘admiring the singing of others’ and ‘blaming [herself] for not singing well’ (p.4). Nevertheless, she had a strong desire for physical healing for her tone deafness and psychological healing for her self-abasement in singing, shamefulness and comparing herself with others, and hesitation in worshipping God. Before praying, she stressed, ‘I really want God to heal my tone deafness...so that I can sing well and worship God...I want my singing voice to become more beautiful...[so it] can be appreciated by others’ (p.19). Her willingness to reveal her shame and self-abasement in singing made her open to the healing of God. In the case of M1, he suffered from his self-blame and self-deprecation due to his bondage to pornography and masturbation. He hated himself for being a ‘hypocrite...before people’ and admitted that ‘there is a great gap between...[his] ideal self and real self’ (M1, p.5). However, he showed a strong expectation of psychological healing to be a consistent person in order to be relieved from his self-guilt.

The experiences of the above four participants (F1, F3, F4 and M1) revealed that expectation of healing enhanced their self-confidence with self-affirmation, and that prepared them to experience healing.

Motivate in Building up Intimate Relationships

Expectation of healing led the participants to overcome their emotional struggles with their family members, and thus motivated them to re-establish their familial relationships. For example, F2 regretted that her husband could ‘not walk with her at the same pace...not understand her feelings’ (F2, p.10). She wanted to make a video of her singing performance for she was afraid that ‘she would lose her memory [after surgery]’ (p.12). In desiring to be accompanied by her husband, she expected psychological and social healing that her husband ‘will be more intimate and in the same pace [with her]’

(p.19). In another example, F3 said, ‘the remarrying of my father was a big blow for me; it had been a year that I had not talked to him’ (F3, p.18). However, she changed her attitude towards her father after he got cancer. She shared, ‘it is his choice [remarriage] and is fine as he is happy. The most important thing is that I can be with him during his tribulation and can fulfil my role as a daughter...It is a blessing for me’ (p.25). In desiring to support her father, she desired psychological healing of ‘feeling to be at home’ (p.28) and social healing in ameliorating the relationship with her father.

In the case of M1, he desired to overcome his emotional struggles in relating to his wife, and that included ‘angry and negative feelings towards her, unhappy and listless mood at home...and his own guilty feeling’ (M1, p.5). He admitted that ‘the dominating factor influencing the sexual relationship with [his] wife is his uncontrolled habit of watching pornography’ (p.7). Due to his strong expectation of re-establishing a communicative relationship with his wife, first, he admitted to ‘sin against God’ (p.14), and he was eager to ‘pursue intimate relationship with God’ (p.20) and ‘be used by God as a sacred utensil’ (p.26). Second, he admitted to ‘sin against [his] wife’ (p.16) and wanted to ‘re-establish their intimate relationship’ (p.17). Third, he admitted to ‘sin against women...as tools to satisfy his lust’ (p.15). His confession showed his expectation of social healing in re-establishing an intimate relationship with his wife, and that prepared him to have that healing. M2 revealed his ambivalent feelings of ‘love and hate’ (M2, p.7) towards his father. ‘I love him because of the relationship that cannot be cut...[I hate] him for there are a lot of problems caused by him, and I need to manage them with a lot of energy’ (p.7). He had never dealt with the hurtful emotion he felt from being a ‘neglected child’ due to the ‘divorce and remarriage of his father’ (p.9). He craved for his father to be ‘a model of love to...guide in life...teach [him] homework...read stories to [him]’ (p.22). He found that, how his father ‘behaved with his grandson were the things that I had been longing for...actually [my father] knows

how to do it [love me]’ (p.25). He wanted to let go of the burden of craving for the love of his father, but he could not. Before praying, he shared, in tears, ‘The parable of the “wheat died on the soil” (John 13:7) challenges me...Will my life stay on the same ground continuously without breakthrough?’ (p.35). In his sharing he connected his past hurts with his yearning for the love of his father, and that enabled him to let go of his yearning cognitively in order to prepare him to forgive his father. His expectation of reconstructing his relationship with his father enabled him to put down his stubbornness, to forgive his father and to ask God to give him strength, and that prepared him to experience psychological and social healing in reconnecting with his father.

The experiences of the above four participants (F2, F3, M1 and M2) revealed that the expectation of healing motivated them to reconstruct entangled relationships so as to build intimate relationships with their family members, and that helped them to experience healing.

Overcome the Threat of Evil Spirits

There were three participants who showed the need to be delivered from bondage to evil spirits. Their expectations of healing helped them to overcome the threats of, and to break the bondage to, these evil spirits courageously. F1 shared, ‘I feel the enemy [Satan] threatens me using chickens. I cannot be relieved from it...it has become a bondage to me, it robs my freedom’ (F1, p.13). However, she shared in faith, ‘There is no need to be scared of them (chickens), instead, I should notice the force behind’ (p.19). She showed steadfast expectation of spiritual healing to be delivered from her bondage to the evil spirits behind her phobia. In the praying interview, she prayed courageously in a loud voice to let go of the fear of her ‘scary incidence of being pecked by chickens’ (p.26) and to be delivered from the ‘fearful nightmares of the scary images of

chicken...coming from the dark power' (pp.27-29). F4 was bound by her bondage to evil spirits in worshipping dead people. She admitted, 'in remembering him [her deceased brother]...I would burn incense to him in temples, I would always gaze at his pictures and hope that he is alive' (F4, p.24). After understanding that worshipping dead people would expose her to the influence of evil spirits, she was eager to be delivered from participating in worshipping her dead brother. That expectation of healing prepared her to experience spiritual healing. M1 also described his experiences of the accusation from Satan, 'You [M1] really cannot make it', and his self-accusation, 'a gap that separates me from God...a dying ill person without energy...a tension between falling into lust and pursuing holiness' (M1, p.8). He said urgently, 'I really desire an inner balance with congruence in mind and spirit' (p.8). His best wish in prayer healing was 'to take up his own power of control...enable him to get rid of the bondage' (p.13). His expectation of spiritual healing prepared him to break the bondage to the evil spirits concerning his addiction to pornography.

The experiences of the above three participants (F1, F4 and M1) revealed that the expectation of healing encouraged them to fight the threats of, and to break the bondage to evil spirits, and that prepared them to experience spiritual healing.

Disclose Inner Hurts and Hidden Iniquities

Healing is difficult for those who have been hurt but are not willing to disclose their hurts for treatment (Luk, 2014, p.15). In other words, willingness to disclose inner hurts and hidden iniquities is a significant factor for those who expect to have healing through prayer. Expectation of healing helps the participants to be more open in confessing their iniquities and disclosing their hurts in order for them to experience healing.

F1 was willing to disclose the perplexities of her chicken phobia. They included: her being 'bullied' (F1, p.3) by classmates and 'teased' (p.22) by relatives; her 'fearful experiences' (p.9) and 'nightmares' (p.25) of chickens; her fear of being bound by 'the evil spirits behind the phobia' (p.13); her 'strong anger' and 'hate' (p.21) towards those who had threatened her with a quail; and the sorrow of her 'aggrieved character' (p.22) relating to 'emotional attachment' (p.23) with her mother. F2 also disclosed the complications of her epilepsy. She shared her sufferings from the 'side effects' (F2, p.1) after taking medications and the 'seizures of epilepsy' (pp.2, 4). She revealed her inner fear of 'facing the coming surgery' (p.5), her psychological anguish of 'inferiority' and 'self-accusation' (p.7), and 'incongruence' and 'suppression of emotions' (p.9). She admitted her doubt over 'the guidance of God' and her 'anger towards God for giving her the disease' (p.11), and her 'dissatisfying relationship' (p.14) with her husband. F3 disclosed openly the pains of her jaw injury (F3, p.11); her past hurts cause by her 'deceased mother' (pp.3, 13) and her regrets due to 'the remarriage' (p.6) of her father; her struggles of finding 'self-value' (p.19) and 'self-affirmation' (p.20) in desiring a 'secure home' (p.20); her anger towards God for 'not answering her prayers' (p.23); and her difficulties in 'getting along' with her father and his new family members (p.25). F4 disclosed her hurt at 'being reproached and criticized openly' (F4, p.4) by her singing teacher and her distress at being openly 'rebuked...teased and rejected' (p.5) by her mother who was her form teacher in primary school. She revealed that her mother made 'harsh demands' on her but 'without any appreciation' (p.6). Although she felt 'shame with no self-confidence' (p.6) and 'felt angry' (p.10), she 'craved affirmation from her parents or authority figures' (p.13) and 'conformed to the demands of others...with no ability to reject them' (p.16).

In the case of M1, he disclosed openly his shame at living inconsistently, and that included his 'hypocritical attitudes' which resulted in 'self-accusation' and 'low

self-image' (M1, p.5), and his spiritual fight with 'willing in mind but weak in flesh...and a sense of powerlessness' (p.9). He revealed in depth his emotional struggles with sexual intimacy in marriage, and that included his 'premature ejaculation' (p.4), 'low in frequency...no accomplishment...felt being defeated' (p.6) in sexual intercourse with his wife. He said that the above sharing was 'so private, rarely talk about' and [he] felt 'impotent to break through' (p.2). M2 also shared deeply his poor relationship with his 'divorced father' (M2, p.1) and his difficulties in accepting the 'step family' of his father (p.2). He revealed his 'loss' in 'being neglected' (p.4) and his 'pain of hopelessness in craving the love of his father' (p.9). He uncovered his bitterness and 'loneliness in always being alone' (p.16), and that made him 'withdraw' and 'always frightened' (p.17) and become 'indecisive' (p.18) in character. He showed his agony without the satisfaction of 'being loved' (p.23) and 'being guided' (p.24) by his father. M3 was willing to share his depression due to his 'lower back pain' with a 'feeling of fatigue with low energy' (M2, pp.1, 8). He gradually disclosed his entangled emotions including 'loneliness' (p.7), 'low mood' (p.9) and 'worries over low self-confidence' (p.10) with 'ineffectiveness in work' (p.11). He admitted that he would 'avoid God by not praying' (p.13). He disclosed his discomfort when facing his colleagues including reluctance to 'express ideas appropriately' (p.15) and 'cooperate with trust' (p.16) among colleagues. He not only revealed the 'tension with his boss' (p.16), but also the 'dissatisfied communication' (p.17) with his fiancée and also the feeling of 'grievance' within his family (p.30).

The above discussions show the inner hurts and pains, and even the hidden iniquities of the participants. Due to their expectations of healing, they were willing to do so with open disclosure and even confession. They emptied themselves by releasing their inner pressure in order to create personal spaces for forgiving others and themselves, and that prepared them to experience healing from God.

5.2 Connectedness to God (Theme 2) Prepares People to Experience Healing

Theme 2 reveals the trust and faith in God of the participants, constituting a firm belief in the consolation and healing of God. Most of them wanted to be healed in order to establish an intimate relationship with God and serve God whole-heartedly. Their firm belief is related to their responses at the subconscious levels to God. It may narrate as their connectedness to God in terms of letting go of themselves, obeying God and feeling the presence of God, and that was reported in them in preparing them to experience healing.

Strengthen Faith and Hope for Healing

The data strongly reveals that all the participants had showed connectedness to God in struggling through their ills and hurts and pains, and that strengthened them with faith and hope to prepare them to experience healing. For example, F1 had connected to God without doubt despite the chronic disturbance from her chicken phobia. Although she had suffered from the phobia for a long period of time, she stressed, ‘I will continue to hold on to God’ (F1, p.12). She described an experience of serving in a church in a village, ‘there were a lot of chickens outside, I always looked at the door of the church to check whether a chicken would come in’ (p.12). She did not blame God for the phobia and still served Him by tolerating her phobia. When asked how to pray for her, she hoped, ‘the phobia will leave me gradually’ (p.19). Her chicken phobia was really healed ‘gradually’ by God as she had hoped for in the prayer healing. Her prayer for healing showed her connectedness to God.

God, you see through me... You come by yourself to save and deliver me from the fear... You can, if only I believe in you... You will give me unexpected peace so that I will not fear the chickens. God, you have healed me and I believe that the healing has been bestowed upon me...the fear has left me and there is no bondage in me from now on. (F1, p.37)

The above prayer depicted her assurance that in believing in God, her hope for experiencing healing from God was strengthened. Another example, although F2 suffered from chronic epilepsy in her left brain, she shared ironically, ‘My left brain is weak, but God is fair, he gives me a flourished right brain’ (F2, p.8). She accepted her physical condition by faith with a positive attitude towards the fact that God has arranged for her right brain to have the ability to create music. She also yielded herself to God in hoping that any blockage in her life that would block the healing of God would be taken away. She proclaimed, ‘maybe, there is something inside me that needs to be taken away in order to obtain what God has bestowed’ (p.21). This attitude of yielding showed her connectedness to God in which she put her hope in God for healing. A further example, F3 described her relationship with God as changing from ‘broken-gravel’ (F3, p.15) to ‘a “precious-jewel” in the eyes of God when looking back at many circumstances’ (p.18). She connected to God as she recognized her ‘precious’ identity in God after many years of struggle with her jaw pain and her relationship with her deceased mother. The struggle became the strength for her to face her difficulties and to prepare her to experience healing. Another example, F4 shared, ‘[If] God allows me to sing, I sing, [if He does] not allow me to sing, I will not sing. I will try my best [to sing]. I will not be superstitious in miracles, but I believe in the healing of God’ (F4, pp.33-34). That genuine faith in God strengthened her hope for impetrating for healing without hesitation.

In the case of M1, although he really understood that his uncontrolled habit of watching pornography ‘is lust, a spiritual sin...[which] makes [him] so guilty and weak...perplexes and limits his spiritual growth’ (M1, p.1), he had been praying to God, ‘Lord! Help me’ (p.3)! Sometimes, he ‘feels the reminding of the Holy Spirit: Stop! Don’t proceed’ (p.3)! He showed strong connectedness to God in a sense that he was willing to depend on prayer to obtain some kind of healing in order to get rid of the

habit. In the case of M2, he described himself as having ‘completely no feeling of being loved [by his father]’ (M2, p.23). He was totally disconnected from his father on an affectionate level. After he converted to Christ, his experience of God enabled him to be connected to God. He described, ‘the love of God allows me to let go of the craving for the love of my father...the feeling of helplessness diminishes’ (p.32). He ‘never feels being neglected’ (p.33) by God, for he had experienced the help of God in his time of ‘schooling’ and ‘working’ (p.34). Those experiences of connectedness to God strengthened his faith and hope for preparing him to experience healing. In the case of M3, he showed a vague connectedness to God before praying, ‘I do not know how to talk to God...God should know my condition’ (p.13). He also showed his tiredness in reading the Bible, ‘I know Bible reading gives me strength, but at last, I feel tired...and choose the internet’ (p.14). Even though his connectedness to God was vague, he showed significant signs of healing in the praying interview. The explanation might be that, it was the limitation in collecting and analysing data that I could not recognize all of the contributions to his connectedness to God from the data collected. Moreover, there must be other factors that contribute to the healing experienced, such as the dialogues between the pray-er and the participants as shown in Theme 3 and Theme 4, and their actions which followed the experience of healing as shown in Theme 5. Those themes will be discussed and analysed in detail in Chapter Six and Chapter Seven.

Of the above seven participants, five (F1, F2, F4, M1 and M2) of them indicated their connectedness to God explicitly, and two (F3 and M3) of them showed their connectedness to God implicitly, however, their connectedness to God strengthened their faith and hope in God in preparing them to experience healing.

Enhance Loving Relationships with God for Healing

The data reveals strongly that the connectedness to God of the participants enhanced their loving relationships with God, and that prepared them to experience healing. F1 revealed her connectedness to God with a loving relationship in a prayer,

Oh, God, you grant me peace and security...for these are firm and stable in you...It seems that you are a big hen holding me tight just like you protect your sheep, and there is peace under the shelter of your wings. It's so comfortable. (F1, p.38)

The above prayer showed that her chicken phobia changed to 'chicken protection' when she connected herself to God. She also said, 'I know that I will triumph over [the phobia] when I depend on God' (p.46). She felt secure and protected, and was ready to experience healing within her loving relationship with God. F2 often cried and prayed with 'grateful tears' (F2, p.22), 'I feel tired, but I have a kind of joy. It is strange but joyful, you are in my life and I can see your miracle in me' (p.24). She connected to God by immersing herself in the joyful relationship and miraculous acts of God. She prayed for the love of God in facing her surgery, 'I desire to love you...I need your distinct and encouraging words, your appreciating words...I need you desperately' (p.26). To God whom she loved, she prayed for strength. This fervent attitude enhanced her loving relationship towards God and prepared her to experience healing. F4 wanted her tone deafness to be healed as she desired full expression of her love in worshipping God. 'I can beseech Him, I can pray, speak, express freely to Him, I can kneel down, stand up, raise hands, etc...But I cannot fully express my affections in singing' (F4, p.7). She admitted having blamed God before for her tone deafness. Yet, she understood, 'Even though my singing voice is poor, God accepts me...there is no influence on my relationship with God...I can worship God even if my singing is not good' (pp.17-18). Her connectedness to God was strong and enhanced a deeper loving relationship with God in a sense that she changed her perception when she prayed for her tone deafness. She accepted her limitation in singing and desired to serve Him

wholeheartedly despite the fact that she did not sing well, and that prepared her to open herself to experience healing from the God she loved.

There are examples that the participants would confess and face their iniquities, and that strengthened their attitudes towards their loving relationships with God so as to prepare them to experience healing. M1 was dismayed by his powerlessness to control his addiction. He desired at 'spirited and true' relationship with God, but he felt 'reluctant to face God...a deficit to God...a bondage [to life]' (M1, p.8). He recognized his addiction had become a barrier for him to loving and worshiping God, but that recognition became motivation for him wanting to change. He pleaded with God to enter his life, 'O God! Your child willingly opens for you to come, enter into my private room, a nasty, dark arena that nobody can touch... Your child willingly gives you back the throne of my life and let you be my king' (p.15). He prayed for cleansing and protection, 'You cleanse [me] with your own blood, you resemble the father of the prodigal son who had returned to you, you cover your child with the best cloth' (p.17). He prayed for 'desire and satisfaction in relating to God' (p.21) in order to be freed from his bondage to his lust. His prayers showed that he would not allow himself to lose touch with God, but he held God tightly to restore the loving relationship.

The experiences of the above four participants (F1, F2, F4 and M1) revealed that connectedness to God enhanced their openness to, and loving relationship with God, and that prepared them to experience healing.

Anticipate Healing for Serving Others

The connectedness to God of the participants not only enhanced their healing within the relationship with God, it also moved them to serve God and people, and that anticipation to serve prepared them to experience healing. For example, after

experiencing some immediate healing on her chicken phobia, F1 prayed,

thank you for coming to heal me... You have delivered me from the bondage that I had since I was small. Oh! God, I will find it easier to serve you for there is no bondage to block me to go to mission trips. (F1, p.44)

Her strong serving heart coming out from her connectedness to God made her anticipate healing. Another example, F2 desired to use the gift of her right brain for serving poor people. She shared, 'I love producing music...for the homeless people living in poor environment...I have more inspiration in writing songs especially in this period [waiting for surgery]' (F2, p.8). She affirmed that 'I will become a beautiful witness...God enables me to empathize with people through my weaknesses...to serve the disadvantaged social group using music' (p.11), and that made her 'rediscover her self-value and joyful peace' (p.12). Her readiness to witness and serve within her connectedness to God helped her to let go of her psychological struggle and emotional frustration in facing her coming surgery. She recognized, 'I am more depending on God at this moment...This will be a chance for me to share my pains with others... Although our illnesses are not the same, [we] all can overcome in God' (p.34). Even in that moment of pleading for healing, she thought of those whom she served. Her connectedness to God was the source of her serving towards people, and that prepared her to experience healing. In the case of F4, her connectedness to God encouraged her to serve as a vocal member of a worship team. She shared before praying, 'I really desire to be healed...for I can sing well and [lead] worship' (F4, p.19). Her desire to serve God prepared her to experience healing.

The experiences of the above three participants (F1, F2 and F4) revealed that connectedness to God enhanced their anticipation to serve, and that prepared them to experience healing.

Breed Deeper Connectedness to God with Continuing and Further Healing

The data in the post-praying and the follow-up interviews showed that the healing experiences of the participants bred deeper connectedness to God, and that continued their healing experience. In the follow-up interview, F1 felt, 'God so loves me and He takes away my phobia...takes away the bondage...God heals me continuously, and [my relationship with God] is much better' (F1, p.71). The healing experiences enhanced her intimacy with God. She experienced notable signs of healing for she was connected to God strongly and genuinely, as she concluded, '[I] am ready to get healed, it is not trial and error' (p.80). The faith of F2 continued to grow after the prayer healing, 'I am learning how to pray in quietness...a focusing prayer in heart' (F2, p.60). This connectedness to God in unceasing prayer led her to experience healing incessantly,

I talk to God with open heart about my fear [facing the surgery]. God gives me a lot of comfort... holding me...God drinks with me my bitter cup in prayer...[It] seems to be the struggle of Jesus... Jesus understands my feelings...[I] feel so good that Jesus is walking with me. (F2, pp.60-61)

She connected her suffering to the suffering of Jesus, and that made her feel the presence of the hope of God. 'I understand that praying is...very powerful...I pray for healing from God, yes, I believe that there is hope in me' (p.69). She really connected to God more deeply and hoped for healing unceasingly.

The deeper connectedness to God established after experiencing healing not only made healing continue, but also bred further healing. For example, F3 revealed further psychological and social healing in the follow-up interview. She shared, 'I am more attentive in worshipping [God]...so wonderful...and I am aware of the problem [jaw pain]...After having good experience in connecting to God, I recognize that all things are permitted by God' (F3, p.86). She connected to God more by submitting herself to the will of God in her living, and she prayed more often than before. She was also more

open with others in her life. She shared, ‘When I realize there may be a problem, [I] will at once find someone to pray [for me]’ (p.90). It was a social healing in changing her relationship with others when compared to her situation before the prayer healing. When asked again about her doubt over whether she felt hurt by the lack of love from her mother, she responded, ‘No, ha ha ha, no, having God to love me so much is alright’ (p.93). She had transformed her negative emotions due to her deceased mother to feelings of joy. It was a further psychological healing she experienced within the stronger connectedness to God who loves her, despite the fact that her connectedness to God was not obvious before praying. Her new connectedness to God further encouraged her to pursue more healing. At last, she commented, ‘Prayer is really important...you always forget to leave space for God...[you] need to have self-recognition in order to establish connection to God in prayer’ (p.96). That was a change in her cognition that she understood the importance of connectedness to God instead of only desiring to experience healing in prayer. In the post-praying interview, F4 also shared that the experienced of healing enabled her to become more connected to God by striving for more quiet time for praying. ‘I want to stay with God...I prayed to God for letting go of my anxiety, for God has transformed me’ (F4, p.48). It was a further psychological healing in transforming attitudes which released her from the burden of the past hurts. She stressed in the follow-up interview, ‘My relationship with God is more intimate, and my cognitive awareness of evil spirits is clearer’ (p.63). She could realize more of the interfering work of evil spirits on her. It was a further spiritual healing to have the ability to discern the work of evil spirits by which she had been deceived in worshipping her deceased brother.

In the case of M1, in the post-praying interview, he shared, ‘I feel closer to God and thirstier for Him...[I am] happier and satisfied...pray and read the Bible more’ (M1, p.33). He shared continuously, ‘I have learnt...“in the name of Jesus”...the prayer of

proclamation...I feel stronger in controlling my life and more distance to the bondage...Although I failed once within this two weeks...the ability to conquer is stronger' (p.34). It was a further spiritual healing by strengthening him with a prayer with ability so as to release from the bondage. He also got further social healing in amelioration of his relationship with his wife when his connectedness to God was deeper. He revealed in the follow-up interview, 'My connectedness to God is strengthened...[I] pray more for fighting my habit, and even pray with my wife, and that is a turning point...an obvious improvement in the relationship with my wife' (p.43). He also experienced further psychological healing through self-affirmation and re-affirmation of his faith in God when a deeper connectedness to God was established. He shared, 'When the degree of my self-acceptance is higher, though I still feel feeble...I firmly believe that God still loves me' (p.44). His faith and strength got him closer to God, as he concluded, 'God is on my side, and in turn, I am on God's side' (p.45). In the case of M3, he showed positive changes in intimacy with God though his expectation of healing and connectedness to God were not obvious before praying. In the post-praying interview he shared,

It really makes a difference [after the prayer healing]. I pray and read the Bible more often...think of God in different circumstances and situations...In leading worship in the church...I feel his love and trustworthiness...I feel more open in relating to God. (M3, p.47)

He experienced further psychological healing in stabilizing his emotion within his strengthened connectedness to God.

The experiences of the above six participants (F1, F2, F3, F4, M1 and M3) indicated that their healing experiences bred deeper connectedness to God, and that, in turn, continued their healing and even bred further different aspects of healing.

5.3 Conclusion

From the above discussions and interpretations of Theme 1 and Theme 2, it is ascertained that the expectation of healing and the connectedness to God of the participants in prayer healing are two preparatory stages for them to experience different aspects of healing during and after the prayer healing process. In elucidating the meaning of Theme 1, the participants prepared themselves to experience healing through overcoming the fear of repeating failure, enhancing self-confidence, motivating the building up of intimate relationships and overcoming the threat of evil spirits. On top of that, expectation of healing encouraged participants to disclose their inner hurts to be soothed and hidden iniquities to be forgiven, and those were crucial elements for them in preparing their personal spaces to experience healing through the presence of God. In elucidating the meaning of Theme 2, the participants prepared themselves to experience healing through strengthening faith and hope for healing, enhancing loving relationships through healing, anticipating healing for serving others and breeding deeper connectedness to God with continuous and further healing.

The following Chapter Six is going to interpret Theme 3 and Theme 4 which are the core answers to the research question, and that will suggest the work of the Holy Spirit in the prayer healing process.

CHAPTER SIX: INTERPRETATION OF THEMES

Experiencing Healing through Impetrating Praying (Theme 3) and Intervention of the Pray-er (Theme 4)

This chapter discusses the interpretations of Theme 3 and Theme 4. Theme 3 revealed that participants experienced different aspects of healing in the praying interview through impetratory prayers in believing that God heals. Theme 4 laid out how healing experienced by the participants involving my interventions as the pray-er was mediated through the work of the Holy Spirit. My interventions concentrated on the Entry Point (the process of praying through the sequential entry points) and the Empathetic Dialogue (the process of dialogical interaction between the pray-ees and me) during the praying interview. The pray-ees' healing experiences through their impetrating praying and my interventions are interrelated. To elucidate the meanings of Theme 3 and Theme 4, data from the praying interview will be analysed for it provides a crucial contribution in understanding the pray-ees' healing experiences. Moreover, the interpretation of the work of the Holy Spirit will be triangulated with the pray-ees' comments on the Empathetic Dialogue. Not all the participants are involved in the discussions of the sections below, but those who were chosen offered sufficient data for interpreting the two themes.

6.1 The Entry Point and the Work of the Holy Spirit

The Sequential Entry Points in the Praying Interview

The praying interview was conducted by me praying through the sequential entry points in the Empathetic Dialogue. The entry points, which represented different starting points in the process of praying, indicated my choices of interventions to pray. A flow of praying was formulated through the process of praying according to the

choosing of the entry points. At the same time, the work of the Holy Spirit is interpreted as I observed the healing experiences of the pray-ees throughout the flow of praying.

My intervention in each entry point was decided by different factors, such as, my perception, my knowledge from the literature review, my illumination after praying to the Holy Spirit and insight from the pray-ees. To understand the flow of praying through the sequential entry points in each participant, Table 6.1 to Table 6.7 below summarize the main content of the praying interview of each of the seven participants. Each table concisely demonstrates the operation of the intervention of the pray-er through the sequential entry points. The first column on the left of each table indicates the headings of the main contents, from top to the bottom, they include:

- **‘Prayed by the pray-er’** for different aspects of healing through the sequential entry points;
- **‘Initial reason for choosing the entry point’** by the pray-er;
- **‘Final decision for choosing the entry point’** by the pray-er;
- **‘Main issues being prayed for sequentially through each entry point’**;
- **‘Signs of healing’** experienced by the participant in each entry point;
- **‘Section 6.2 for further discussion’** indicates that the healing experiences of the participants and the interventions of the pray-er concerning theme 3 and theme 4 will be interpreted in detail thoroughly in section 6.2. (The no sign of physical healing of F2 and F4 will be discussed in section 8.3 in Chapter Eight.)

The second column and onwards from left to right to the last column of each table illustrates the flow of the sequential entry points which reveal how the main issues of the participants were prayed through substantially by the pray-er. The materials in the tables will be used throughout the discussions in this chapter.

Table 6.1 below summarizes the praying interview of F1 showing the flow of its sequence of four entry points.

The Flow of the Sequential Entry Points of the Praying Interview of F1				
Prayed by the pray-er	1st entry point: Forgiveness	2nd entry point: Spiritual	3rd entry point: Spiritual	4th entry point: Psychological
Initial reason for choosing the entry point	Knowledge from literature review: forgiveness	Prayed to the Holy Spirit	Pray-er perception	Insight: From attentive listening
Final decision for choosing the entry point	Forgiveness: Those who threatened pray-ee	Illumination: Bondage to evil spirits	Insight: She needed to pray for herself	Pray-ee issue: Taken advantage of others
Main issues being prayed for sequentially through each entry point	Prayer of forgiveness	Prayer of deliverance: In the name of Jesus	Held and protected by a big hen	Taken advantage of others
	Announced absolution	Felt extremely relaxed	Saw a little F1 (herself)	Confession
	Acknowledge unprotected herself	Prayed for the removal of the fear	Pecked by a chicken and cried	Pleaded for forgiveness
	Aggrieved character	Her hands went numb completely	Soothed by the mother of F1	Built up self-protection
	F1 was crying	The chicken head turned to normal size	Fear decreased a lot	Important prayer for pray-ee
	Unhealthy attachment to her mother	Discover the root cause of phobia	Scary dreams faded away	Completely depend on God
	Delivered with satisfaction	Prayer of deliverance Softness in whole body		The prayer is really good Prayer of closure
Signs of healing (Healing)	Significant: Social Psychological	Outstanding: Physical Spiritual	Outstanding: Spiritual	Significant: Social Psychological
Section 6.2 for further discussion	<i>Announcing Forgiveness Brings Forth Power to Heal</i>	<i>Performing Prayer of Deliverance Delivers Pray-ee from Bondage to Evil Spirits</i>		<i>Empathetic Listening Generates Power to Heal</i>

Table 6.1: Flow of the sequential entry points of the praying interview of F1

At the outset of the praying interview, with knowledge from the literature review that forgiveness is 'crucial for experiencing all aspects of healing (Chapter Two, p.57), I decided to perform a prayer of forgiveness (1st entry point) for F1 to forgive those she hated in order that she might experience healing. As I prayed to the Holy Spirit again, I received illumination that she might have bondage to evil spirits. Therefore, prayer for spiritual healing started (2nd entry point) and continued (3rd entry point) until she experienced healing. From my attentive listening in the pre-praying interview, I remembered that there was an issue concerning her taking advantage of others in her phobia. Therefore, I performed psychological healing (4th entry point) for her to let go of that dependent attitude. At last, I closed the praying interview by consolidating her healing and blessing her to be guided by the Holy Spirit.

Table 6.2 below summarizes the praying interview of F2 showing the flow of its sequence of five entry points.

The Flow of the Sequential Entry Points of the Praying Interview of F2					
Prayed by the pray-er	1 st entry point: Psychological	2 nd entry point: Psychological	3 rd entry point: Psychological	4 th entry point: Physical	5 th entry point: Forgiveness
Initial reason for choosing the entry point	Fear of surgery of pray-ee	Follow the prayer of pray-ee	Prayed to the Holy Spirit	Pray-er perception: Epilepsy	Prayed to the Holy Spirit
Final decision for choosing the entry point	Follow the image 1 of pray-ee	Follow the image 4 of pray-ee	Illumination: Tears in the eyes of pray-ee	Pray-er perception: Epilepsy	Illumination: ‘Anybody needs to forgive?’
Main issues being prayed for sequentially through each entry point	Image 1: A row of sharp teeth	Image 4: The vessel	Image 6: Rose up from a wheel chair	Prayer for physical healing	Confessed her anger towards husband
	Felt calm after prayer	Poured wine into other vessels	Prayed to the Holy Spirit		Forgave her husband
	Fear of loss of life in surgery	Image 5: A car driven upon the sea	Image 6 continued: Wheel chair has overturned		Forgiveness from God
	Image 2: Operation room	Very excited	Not limited by herself		Announced absolution
	God is there	Respond to her vision of service	Image 6 continued: Share on pulpit		Felt comfortable
	Image 3: Standing on two separate mountains	Respond to the prayer for a new spectacles	Felt joy and peace		Image 7: Hugging each other
	Look upon God				Truly forgave her husband
	New spectacles Felt comforted				Prayer of closure
Signs of healing (Healing)	Outstanding: Psychological	NA	Outstanding: Psychological	No: Physical	Outstanding: Psychological Social
Section 6.2 for further discussion	Responding to the Sequential Imagery Elicits Power to Heal			Discussed in Section 8.3 (pp.217-18)	Announcing Forgiveness Brings Forth Power to Heal

Table 6.2: Flow of the sequential entry points of the praying interview of F2

I started to pray with empathy for the fear of the coming surgery of F2 in the praying interview. After that, she started to share her image 1 (a row of sharp teeth). Then, I followed her image 1 and started psychological healing prayer (1st entry point) and continued (up to the 3rd entry point) until the end of her image 6 (she rose up from a wheel chair). After she experienced healing, from my own perception, I prayed for her physical illness of epilepsy (4th entry point), but with no sign of healing. Then, I prayed to the Holy Spirit and got an illumination that she needed to forgive somebody. After she responded that she needed to forgive her husband, then, I performed prayer for forgiveness (5th entry point) for her. Finally was the prayer of closure.

Table 6.3 below summarizes the praying interview of F3 showing the flow of its sequence of six entry points.

The Flow of the Sequential Entry Points of the Praying Interview of F3						
Prayed by the pray-er	1st entry point: Psychological	2nd entry point: Spiritual	3rd entry point: Psychological	4th entry point: Forgiveness	5th entry point: Psychological	6th entry point: Physical
Initial reason for choosing the entry point	From literature review: Forgiveness	Prayed to the Holy Spirit	Invited pray-ee to forgive her mother	Pray-er perception: Forgive mother	Pray-ee issue: The unanswered question	Pray-er perception: Jaw pain
Final decision for choosing the entry point	Illumination: The Holy Spirit	Pray-ee: Worshipped Chinese god for healing	Insight: Ignored the invitation to forgive	Pray-ee: Forgive her mother again	Pray-ee: Rethink her unanswered question	Pray-er perception
Main issues being prayed for sequentially through each entry point	Vision: Two dark holes	So angry towards her mother	Hurts from mother	'I can' forgive	'Do you really dislike your daughter?'	Prayer for physical healing
	Regret and great sadness	Feel dirty and sad inside	No feeling of home, totally abandoned	Prayer of forgiveness	Answered: How can I not love you ?	Mouth felt more relaxed
	Maltreatments of her mother project to her	Failure to take care of her sister	Mother died and father remarried	Forgive her mother thoroughly	A real home, feeling of home	Mouth opened easily, spoke louder
	Prayed for her sadness	Talisman water	Accepted the holes and felt so comfortable	Felt the love of her mother	Felt so warm	Neck muscles felt more relaxed
	Felt calm	Prayer of deliverance	Two holes gradually vanished		Remembered appreciation from mother	Prayed for second time
		Felt clean in God	Scenery of hiking		Felt relieved	Big warm current on the jaw
		Recognized no remedy for the loss of her mother	Turned from sadness to peace			Felt so comfortable Prayer of closure
Signs of healing (Healing)	Significant: Psychological	Significant: Spiritual	Outstanding: Psychological	Outstanding Social	Outstanding: Psychological	Outstanding Physical
Section 6.2 for further discussion	<i>Empathetic Listening Generate Power to Heal</i>					

Table 6.3: Flow of the sequential entry points of the praying interview of F3

I wanted to start the praying interview for F3 with prayer for forgiveness according to my knowledge gained from the literature review (Chapter Two, p.57). In praying to the Holy Spirit, I had a vision (two dark holes in her life) and then performed psychological healing (1st entry point). After that, I prayed to the Holy Spirit and she disclosed the incidence of drinking talisman water. I thought that she needed spiritual healing (2nd entry point) from the view of my Christian tradition. I invited her to forgive her mother but she ignored my suggestion. I continued to pray for her psychological healing (3rd entry point) in soothing her hurt from her mother until she could forgive her mother (4th entry point). After the forgiveness prayer, I led her to rethink her unanswered question (5th entry point) which was answered during the praying. After that, from my own perception, I performed physical healing (6th entry point) for her. At the end was the prayer of closure.

Table 6.4 below summarizes the praying interview of F4 showing the flow of its sequence of seven entry points.

The Flow of the Sequential Entry Points of the Praying Interview of F4							
Prayed by the pray-er	1 st entry point: Psychological	2 nd entry point: Psychological	3 rd entry point: Spiritual	4 th entry point: Psychological	5 th entry point: Psychological	6 th entry point: Psychological	7 th entry point: Physical
Initial reason for choosing the entry point	Prayed to the Holy Spirit	Pray-ee prayed	Insight from pray-ee	Pray-ee prayed	Pray-ee prayed	Prayed to the Holy Spirit	Pray-er perception: Tone deafness
Final decision for choosing the entry point	Insight from Image 1	Insight from Image 2	Insight from Image 3:	Insight from Image 4	Insight from Image 6	Insight from Image 9	Pray-er perception: Tone deafness
Main issues being prayed for sequentially through each entry point	Image1: The hiding little child	Image 2: See herself face to face	Image 3: A dark wall	Image 4: A milling utensil	Image 6: A swimming pool	Image 9: Grandmother being rescued	Throat and trachea
	The child looks like a boy, not a girl	Feel peaceful	Deliverance: Hands on wall disappeared	Detachment from her mother	Felt good and positive	Her wish fulfilled	Good healing experience
	'How old is the child?'	Recognize her present self	Admitted sin: worshipping dead brother	The utensil disappeared	Image 7: On a ferry	Decision to break the resentment	Sing freely
	Death of the eldest brother	Blurred image of boy or girl	Prayers of forgiveness/ deliverance	Tiring and labouring work	Image 8: At home when small	Encouraged by mother	Prayer of closure
	Felt lonely, afraid of dark	vanished	Announced absolution	Image 5: I am outside	A mouse ran away from the sofa	Detached from craving for mother's love	
	Responsible for the death of her eldest brother		Lost mother's love as the youngest brother born	Love to go outside	With confidence and freedom	Detached from dependence on her daughter	
	Take up a male figure in living		Protect all males at home	Desire more chances to witness	Things that blocked her growth had left	Live with her handicap	
	Delivered: burden of responsibility		Detached from mother and dead brother	outside	Felt pretty good		
Signs of healing (Healing)	Outstanding: Psychological	Outstanding: Psychological	Outstanding: Spiritual	Significant: Psychological	Significant: Psychological	Outstanding: Psychological	No: Physical
Section 6.2 for further discussion	<i>Cooperating in Prayer of the Pray-ee Enhances Power to Heal</i>		<i>Performing Prayer of Deliverance</i>	<i>Cooperating in the Prayer of the Pray-ee Enhances Power to Heal</i>			<i>Discussed in Section 8.3 (pp.217-18)</i>

Table 6.4: Flow of the sequential entry points of the praying interview of F4

After praying to the Holy Spirit to lead me, I was led by the sets of sequential imagery of F4 from image 1 (1st entry point) to image 9 (6th entry point). Besides performing spiritual healing prayer at the 3rd entry point, all were psychological healing prayers, according to my insight received from her sharing. From my perception, I performed physical healing prayer (7th entry point) for her tone deafness. At the end was the prayer of closure.

The above Table 6.5 summarizes the praying interview of M1 showing the flow of its sequence of five entry points.

The Flow of the Sequential Entry Points of the Praying Interview of M1					
Prayed by the pray-er	1st entry point: Forgiveness	2nd entry point: Spiritual	3rd entry point: Spiritual	4th entry point: Spiritual	5th entry point: Spiritual
Initial reason for choosing the entry point	Request of pray-ee	Pray-ee Prayed to the Holy Spirit	Pray-er waited on the Holy Spirit	Pray-er waited on the Holy Spirit	Pray-er perception: Anointing oil
Final decision for choosing the entry point	Followed the request of pray-ee	Illumination: Bondage to evil spirits	Insight: ‘Excitement in pornography’	Insight: ‘One thing not yet eliminated’	Anointing oil for cleansing and blessing
Main issues being prayed for sequentially through each entry point	Bondage to pornography	Deliverance prayer by pray-ee	Confession: sexual excitement in pornography	Pray-er prayed to the Holy Spirit	Thoroughly delivered with peace
	Confession: sin to God, women, his wife and himself	Great peace with whiter inside	Desire satisfaction in relationship with God	Admitted: Look at sexy women	Thought: Returned Israelites accepted by God
	Announced absolution and delivered	Spiritual rubbish completely evacuated	Desire sexual satisfaction with his wife	Renounce the pleasure in lust of sight	Pray-er asked: ‘What is your sentiment now?’
	Thought: drainage opened gradually		Prayer of deliverance	Compare his wife to sexy women	Desire to hold his wife
	Power to face his situation		Felt relaxed	New sight: Attracted to his wife	Invite him to share with his wife
	Thought: God is riding on a war-horse		Felt whiter and brighter inside	Felt delivered	Prayer for closure
Signs of Healing (Healing)	Significant: Psychological	Significant: Spiritual	Significant: Spiritual	Significant: Psychological Spiritual	Significant: Psychological Spiritual
Section 6.2 for further discussion	<i>Announcing Forgiveness Brings Forth Power to Heal</i>	<i>Performing Prayer of Deliverance Delivers Pray-ee from Bondage to Evil Spirits</i>			

Table 6.5: Flow of the sequential entry points of the praying interview of M1

At the start, I followed the request of M1 to perform prayer for forgiveness (1st entry point). After that, I prayed to the Holy Spirit and got an idea that his addiction might relate to bondage to evil spirits, and that needed spiritual healing. The process of spiritual healing went from the 2nd entry point to the 5th entry point, and I needed to wait in silence on the Holy Spirit several times in order to understand the flow of the praying. Finally was the prayer of closure.

Table 6.6 below summarizes the praying interview of M2 showing the flow of its sequence of three entry points.

The Flow of the Sequential Entry Points of the Praying Interview of M2			
Prayed by the pray-er	1st entry point: Forgiveness	2nd entry point: Forgiveness	3rd entry point: Forgiveness
Initial reason for choosing the entry point	Pray-er perception: Hurt from his father	Pray-er perception: Need deliverance	Pray-er perception: Forgive himself
Final decision for choosing the entry point	Request of pray-ee: Forgive his father	Deliverance prayer: The blood of Jesus	Willingness of the pray-ee: Forgive himself
Main issues being prayed for sequentially through each entry point	‘Wheat in the soil’	His chest still painful	Prayed for understanding and accepting himself
	Forgive his father	Prayer of deliverance	Let go of the expectations of his father
	Announced absolution	Less pain in the chest	Announced absolution
	Pain in chest	Choked blood gradually gone	New seeds spring out from the soil
	Deliverance: Like choked blood bleeding out	Blessing: A fresh heart	A lot more relaxed
			Prayed for family members
			Unexpected experience of forgiving himself
			Prayer of closure
Signs of healing (Healing)	Outstanding: Psychological Social	Outstanding: Psychological	Outstanding: Psychological Social
Section 6.2 for further discussion	<i>Cooperating in the Prayer of Pray-ee Enhances Power to Heal</i>		

Table 6.6: Flow of the sequential entry points of the praying interview of M2

Initially, I planned psychological healing due to my concern for the hurts of M2 resulting from his father. However, I followed his request for prayer for forgiveness of his father (1st entry point) until the end of the 2nd entry point. After that, from my own perception, he needed to forgive himself (3rd entry point) for letting go of his past hurts. At the end was the prayer of closure.

Table 6.7 below summarizes the praying interview of M3 showing the flow of its sequence of four entry points.

The Flow of the Sequential Entry Points of the Praying Interview of M3				
Prayed by the pray-er	1st entry point: Psychological	2nd entry point: Psychological	3rd entry point: Psychological	4th entry point: Psychological
Initial reason for choosing the entry point	Prayed to the Holy Spirit	Prayed to the Holy Spirit	Prayed to the Holy Spirit	Prayed to the Holy Spirit
Final decision for choosing the entry point	Insight: From pray-er's imagery	Insight: From pray-ee's imagery	Insight: The word 'grievance'	Illumination: From the Holy Spirit
Main issues being prayed for sequentially through each entry point	Pray-er's imagery: Wires tangled together	Image 1: A maze is tearing down	Entering a maze and circling around	Image 2: Many lines in a place
	Pressure, tiredness and fatigue	Consuming a lot of energy	Felt grievance inside	A lot of possibilities
	Wanted affirmation instead of concern	Do not know how to manage thing	Seldom express himself at home	Delivered from fixed thoughts
	Similar at home when small		Fixed by others or fixed himself	Prayer of closure
	Disappointed others at home		Weep for his grievance	
	Doing unwell and felt exhausted		Aware that he could have his own decision	
	Felt comfortable and loosened		Abundant possibilities	
Signs of healing (Healing)	Some: Psychological	Some: Psychological	Outstanding: Psychological	Significant: Psychological
Section 6.2 for further discussion	<i>Responding to the Sequential Imagery Elicits Power to Heal</i>			

Table 6.7: Flow of the sequential entry points of the praying interview of M3

In this praying interview, all the beginnings of the four entry points were illuminated by the Holy Spirit after I prayed to Him. The 1st and the 3rd entry points were started by my impressions of a vision (wires tangled together) and the word

‘grievance’ which came to my mind an insight for his situation respectively. The 2nd and the 4th entry points were started by his image 1 (a maze is tearing down) and image 2 (many lines in a place) respectively. Finally was the prayer of closure.

In summary, the above seven tables with their descriptions of the flow of the sequential entry points demonstrate my interventions through my prayers and the responses of the participants in the praying interview. The following discussions, with the use of the materials in Tables 6.1 to Tables 6.7, will be the interpretations of Theme 3 and Theme 4 concentrating on the work of the Holy Spirit through my interventions.

The Work of the Holy Spirit Mediated through the Intervention of the Pray-er

Concerning the methodological function of the Entry Point discussed in Chapter Three (pp.74-75), the Entry Point is a process in which, I, as the pray-er, lead the pray-ees to experience healing through my intervention in the process of praying. Here, I will delineate the function of the Entry Point theologically in relating to my role as the pray-er, or my interventions, to the pray-ees.

In discussing the notion of the mediation of the Holy Spirit in his Pentecostal/Charismatic perspective, Cartledge (2015) defines mediation, in general, as ‘the action whereby two distinct elements are brought together by an intermediary or third party’ (p.64). When applying the meaning of mediation in biblical terms, he indicates the means of the mediation of the Holy Spirit that His ‘intermediary role makes a relationship between God and humanity possible’ (p.64). He also contends that there is an inextricable connection between the work of the Holy Spirit and the work of Christ. The Holy Spirit ‘as intermediary mediates the presence of the triune God such that God is recognized to be present within intermediate aspects of creaturely reality for the

purpose of salvation' (p.65). He connects the work of the Holy Spirit to the eschatological goal of salvation in Christ. That means, he connects pneumatology within a Trinitarian framework. Then, he concludes,

the person and work of the Holy Spirit must be understood as intrinsic to the eschatological in-breaking of the rule and reign of God. The very presence of the [Holy] Spirit signals a new age, and this new age has a Christological focus. (p.72)

In the discourse of Scripture in Acts 2:22-36, the coming of the Holy Spirit at Pentecost, Cartledge (2015) indicates the mediation of the Holy Spirit as part of the Christological and Trinitarian reality. He explains that 'the Father has given the [Holy] Spirit to the Son (as the executor), who has given the [Holy] Spirit to his people...It also means that the Holy Spirit mediates the presence of Christ and the Father to the church' (p.100). In this way, he also connects the people's experience in the discourse of Scripture to the mediation of the Holy Spirit. This interplay between the use of Scripture within experience and pneumatology is essential to this research in interpreting the participants' healing experiences in the prayer healing process.

After discussing the relation of the work of the Holy Spirit and the triune God, Cartledge (2015) indicates that 'the [Holy] Spirit functions as a kind of "point of entry", whereby the Father enters history and humankind enters the mystery of the Father through Christ' (p.67). Moreover, he concludes that there is a relationship between the mediation of the Holy Spirit and religious experiences which 'can be used in a more general sense to speak about how the person and work of the Holy Spirit can be mediated' (p.87). In other words, the work of the Holy Spirit can be mediated in religious experiences, as in the healing experiences in this research. In adopting Cartledge's (2015) notion of the mediation of the Holy Spirit in Trinitarian framework to interpret the function of the Entry Point, it resembles a 'point of entry' whereby I connect the pray-ees to God the Father through Christ and in which I hold a space for the healing work of the Holy Spirit to be manifested. That means, the work of the Holy

Spirit is mediated in the pray-ees' healing experiences through my intervention in the Entry Point in the process of praying. Therefore, the healing experiences of the pray-ees are recognized as the work of the Holy Spirit through Christ in the presence of God who heals. In this way, a relationship is seen manifested between the triune God and the pray-ees in the pray-ees' healing experiences. This relationship is made possible by the intermediary role of the Holy Spirit. That means, the pray-ees' healing experiences reveal the functioning of the intermediary role of the Holy Spirit or, analogically, the work of the Holy Spirit which is mediated through my intervention in the Entry Point during the process of praying.

As a pray-er, my intervention in the Entry Point mainly involves prayers which are spoken words or speech-acts in the process of praying. According to Cartledge (2015), 'language as a speech act can perform what it says and signal the presence of the [Holy] Spirit in the very act of speech itself' (p.70). Following Cartledge's (2015) concept of mediation of the Holy Spirit, prayer itself can act as a means, or has an intermediary role, in mediating the Holy Spirit. Prayer, such as announcing absolution in a prayer of forgiveness [this prayer will be reflected theologically on section 8.4 'The Role of the Pray-er Contributes to Healing (Theme 4)' under the heading of 'Ritual Praying'], can be seen as a material means in pneumatological mediation. In the process of praying, sometimes I will perform laying on of hands and anointing with oil alongside prayers (these two acts within praying will also be reflected on theologically in section 8.4). In using different biblical texts to inform a theology of mediation of the Holy Spirit, Cartledge (2015) uses Acts 8:5-25 to indicate that 'the mediation of the Holy Spirit upon this group of people [the Samaritans] was via the intermediary [action] of the laying on of hands and prayer of the apostles' (p.103). He also uses Acts 9:1-19 to indicate again that 'the Holy Spirit was mediated via the intermediary action of the laying on of hands, through which Saul received his sight and was filled with the Holy

Spirit' (p.104). In other words, the ritual of prayer and the laying on of hands can be seen as material means in pneumatological mediation. Although, in all his examples of the biblical texts, Cartledge (2015) has not indicated explicitly that the mediation of the Holy Spirit was via the act of 'anointing with oil', the 'oil' itself with prayer may also contribute as a material means in pneumatological mediation. As Cartledge (2015) concludes, in terms of a Trinitarian framework, '[as] subject the Holy Spirit mediates the presence of the Trinity' (p.110). In terms of intermediary roles, '[as] object, the Holy Spirit is mediated within the created order and especially the church' (p.110). Therefore, in adopting Cartledge's concept of pneumatological mediation, my roles as a pray-er, in terms of using different kinds of prayers together with laying on of hands and anointing with oil, become material means and part of the way that mediation of the Holy Spirit happens.

Moreover, from the discourse of Scripture in 1Cor 2:10-13, there is a relationship between the pray-er and God in which the pray-er can 'know the things' from God through the work of the Holy Spirit. Thus, in the Entry Point through the process of praying, a relationship is built between the pray-ee and God in which the pray-ee can 'know the things' or receive healing from God through the work of the Holy Spirit. Therefore, the process of praying in the sequential entry points represents the flow of the 'points of entry' where the Holy Spirit works through my interventions. So, in one sense analogically and in another sense literally, my interventions through the sequential entry points would be a facilitative role or even an intermediary role that builds a relationship between God and the pray-ees. The role, including my prayers to God and my responses to the pray-ees, and its outcome can only be accomplished through the mediation or the work of the Holy Spirit, and that make healing from God to the pray-ees possible through prayers.

In terms of 'making a relationship' and in a psychological perspective, there is a

similarity between prayer healing and psychotherapy in which the crucial element in the relationship between therapists and clients is empathy. After researching the models of empathy from the perspective of psychotherapy, Baxter (1995) concludes that

empathy focuses on an interactive process where one takes from another and then gives back in a modified form after utilizing his/her experience and skills. New meanings of experiences are created by the two people involved as they learn, making empathy an artistic activity. (p.13)

In other words, empathy between therapists and clients in psychotherapy can enhance healing experiences in the clients. When putting Baxter's (1995) psychological concept of empathy in psychotherapy into the theological concept of intervention of pray-er in prayer healing, the pray-er 'takes from' the pray-ee and 'then gives back' empathetic intervention in order to create 'new meanings of [healing] experiences' as they pray. In respect of the meaning of mediation as discussed above, the emergence of the new '[healing] experience' can be viewed as healing experience interceded for through the empathetic intervention of the pray-er who behaves as an intermediary in the emergence of the healing experience. In relating empathy to the intermediary role of the pray-er, empathy enhances healing experience through the intervention of the pray-er.

In sum, in discussing theologically my role or intervention through the Entry Point of the Empathetic Dialogue in the process of praying, I utilize Cartledge's (2015) concept of the mediation of the Holy Spirit to locate my intervention in the praying interview within an understand of the work of the Holy Spirit. In terms of analogy, my role or intervention as the pray-er acts analogically as an intermediary role in which I connect the pray-ees to God through my prayers and their responses in the Entry Point in order for them to experience healing which is mediated through the work of the Holy Spirit. In terms of the role of the material in pneumatological mediation, my roles or interventions become material means in mediating the work of the Holy Spirit. Carrying further the understanding of the work of the Holy Spirit mediated through my

intervention in the Entry Point of the Empathetic Dialogue in the praying interview, the following discussions will go into more detail to interpret the healing experiences of the participants as stated in Theme 3 and Theme 4.

6.2 Impetrating Praying (Theme 3) and Intervention of the Pray-er (Theme 4)

The healing experienced through the impetrating praying of the pray-ees and the interventions of the pray-er are interrelated, therefore, Theme 3 and Theme 4 will be investigated as an integrative whole instead of two separate issues. The work of the Holy Spirit in the experience of healing is the core to be examined. It is because it goes to the ultimate source of healing within the Christian tradition and is a shared foundational belief within the activity of prayer healing in the context of both the pray-ees and me. The discussions indicate my interventions in the Empathetic Dialogue contributed to the healing experiences of the pray-ees. Moreover, their healing experiences suggested the work of the Holy Spirit being mediated through my interventions. This is important not only for understanding prayer healing but because, as a Professional Doctorate, this research ultimately focuses on the practice and the practitioner of prayer healing. In the following discussions, the implications of my role will be used as subtitles to guide the discussions. In showing the connections in the following discussions with the contents of the above seven tables from Table 6.1 to Table 6.7, **underlining** is used on the phrases in the sections below, and those **underlined** phrases are the main issues of the participants being prayed for sequentially.

Announcing Forgiveness Brings Forth Power to Heal

Announcing Forgiveness

The literature review indicated that forgiveness is crucial for experiencing healing in prayer healing (Chapter Two, p.57), and it is also indicated in this research. Five of the participants' praying interviews, F1, F2, F3, M1 and M2 involved prayers of forgiveness and they all experienced healing. The following discussions of the prayers for forgiveness of F1, F2 and M1 involve Table 6.1, Table 6.2 and Table 6.5 respectively. While those of F3 and M2 will be discussed in the sections 'Empathetic Listening Generates Power to Heal' and 'Cooperating in the Prayer of Pray-ees Enhances Power to Heal' of this chapter respectively.

In the case of F1, prayer for forgiveness was conducted in the **1st entry point** as shown in Table 6.1 on page 149. F1 pleaded for forgiveness after admitting her anger towards those who had threatened her with quails, 'I am so angry...Jesus...helps me to forgive them and delivers my anger' (F1, p.21). After the prayer for forgiveness, I announced absolution for her ('announcing absolution' will be discussed in Chapter Eight 'Thematic Discussion and Theological Reflection'). She responded in tears, 'why am I bullied by them? I do not know how to protect myself?' (p.22). When she recognized her aggrieved character, which might contribute to her phobia, she prayed while crying, 'My aggrieved character...may come from my family, for my mother has the same [character]...I cut off the unhealthy psychological attachment between my mother and me' (pp.22-23). She then said, 'I have never tried to forgive those who threatened me, by doing this I feel very satisfied' (p.23).

In the case of F2, prayer for forgiveness was performed until the **5th entry point** as shown in Table 6.2 on page 151. After praying to the Holy Spirit, I asked F2, 'Is there anybody who needs to be forgiven?' (F2, p.36). She responded at once, 'My

husband, I have never done this [forgiveness] before' (p.38). Her anger towards her husband included his 'always getting angry with her', his 'non-compassionate response' to her fear of the coming surgery, and his 'unconcern of her vision' (p.39). She forgave her husband, and she was willing to 'say sorry' in prayer for not giving him enough space and attention, then she pleaded for 'forgiveness from God' (p.39). I announced absolution for her and prayed for her illness again by the laying on of hands ('laying on of hands' will be discussed in Chapter Eight). She responded, 'I feel comfortable...for I can put away the unproductive and unhappy thinking which influences my illness...This is deliverance' (p.40). She then shared (image 7: hugging each other), 'I see that we [F2 and her husband] are holding each other with a sense of mutual understanding...There was improvement in our relationship...but it did not represent true forgiveness' (40). I intervened, 'That means, this forgiveness prayer represents a true forgiveness'! She responded, 'Yes' (p.40).

In the case of M1, prayer for forgiveness was conducted according to his request as shown in the **1st entry point** in Table 6.5 on page 157. M1 desired to be delivered from his bondage to pornography and to improve his unsatisfactory relationship with his wife. Following his request for forgiveness prayer, I encouraged him to pray by himself, 'Lord, I am so weak...the sin that has been perplexed me for a long time...the bondage blocks my growth' (M1, p14). He confessed 'adultery against God' (p.15), 'offending against women', 'hurting my wife' (p.16) and 'ruining my own body temple' (p.17). He pleaded, 'You [God] like the father of the prodigal son covering your child with the best cloth, you love me' (p.17). Then I 'announce absolution...and deliver him' (p.18) from his bondage to evil spirits through the porn-sites'. He shared an experience during my praying,

My heart is like a compressed drainage that needs to be drained out an exit; God is working on and draining it step by step, gradually until an opening appeared...I have the sense that I will have the power to face my situation...I also feel that God is riding on a war-horse to fight [for me]. (M1, p.18)

Interpretation of Healing Experienced through Announcing Forgiveness

The three participants above experienced different aspects of healing through their impetrating attitudes towards God (Theme 3). In the case of F1, her aggrieved character and unhealthy attachment to her mother were revealed and healed progressively. She felt being forgiven by God in a grateful attitude. She discovered and let go of her passiveness in interpersonal relationships, and that related to the aggrieved character of her mother from whom she developed. That was psychological healing of emotions in soothing her hurts, healing of cognition in understanding the origin of her aggrieved character and healing of detaching from the adhesive attachment towards her mother. Her forgiving others was a sign of implicit social healing in ameliorating interpersonal relationships with them in her coming life. F2 experienced psychological healing of cognitive change in letting go of her negative thinking that badly influenced her sickness. Her image 7 (hugging each other) elicited implicit social healing in restoring her mutual accepting relationship with her husband in her coming life. M1 experienced the psychological healing of relieving guilty feelings as the ‘compressed drainage’ was set free, and that immediately restored his relationship with God and motivated him to regain hope to face his problem. He was also strengthened by the message from his thought that God would fight for him as a warrior. This was psychological healing in restoring his self-confidence and spiritual power to fight for his uncontrolled habit.

The above healing experiences of F1, F2 and M1, through the announcement of forgiveness which is a powerful speech-act and acts as a material means in pneumatological mediation, will be interpreted as the mediation of the work of the Holy Spirit (Theme 4). For example, after announcing absolution, F1 recognized her aggrieved character originated from her mother, and she felt ‘very satisfied’ after letting go of the adhesive attachment to her mother; F2 forgave her husband with ‘true

forgiveness’ after seeing image 7 (hugging each other); M1 was relieved from his ‘compressed drainage’ inside, and that conferred him with ‘power to face’ his situation. These were all healings due to the announcement of forgiveness from my role as a pray-er through the power of mediation from the Holy Spirit.

Responding to the Sequential Imagery Elicits Power to Heal

There were seven, nine and two sets of sequential imagery of F2, F4 and M3 respectively. They all manifested outstanding healing power and indicated a way of experiencing healing. The data of F4 will be used in the sections ‘Cooperating in the Prayer of Pray-ees Enhances Power to Heal’ and ‘Performing Prayer of Deliverance’ in this chapter. Although the following discussion only involves the data of F2 and M3, it does not lose the reliability of investigating sequential imagery which contributed to the power to heal.

Responding to the Sequential Imagery

The responding to the sequential seven images of F2 is conducted from the 1st entry point to the 5th entry point of the praying interview as shown in Table 6.2 on page 151. However, her image 7 at the 5th entry point has been discussed in the above section ‘Announcing Forgiveness Brings Forth Power to Heal’. Therefore, the case of F2 involving imagery will be discussed only from the 1st entry point to the 3rd entry point including six sets of imagery. F2 experienced abundant psychological healing in the soothing of her fear and the revitalizing of her hope through her imagery. After praying for consolation for her fear of facing the surgery, she felt comfort and said with tears, ‘it is full of grace’ (F2, p.22). Immediately, she described image 1 (the sharp

teeth) (**1st entry point**), ‘a row of sharp teeth in baring fangs and brandishing claws as like as a devil manifested towards me’ (p.23). I invited her to put her worry and tiredness to God. She prayed, ‘Jesus...I plead that I can have strength through you’ (p.25). After that, she felt calm. Though she thought that the ‘row of sharp teeth’ was the threat of the devil, I thought it might reveal her uproar inside. However, image 1 did help her become aware of her own emotional stage of fear in a vivid way. She then disclosed her fear of losing her life in the surgery, for that would stop her producing music to serve the disadvantaged community according to her calling from God. I led her to pray to let go of her fear and worry, and give it to Jesus. While praying, she described image 2 (God in the operating room) to me, ‘I am in a surgery room...I feel stir up...but God is there’ (p.25). In a short while, she described image 3 (standing on two separate mountains), ‘God points to the light of fire in a far mountain upon the sea, I hear that God invites me to go there towards the direction of the light...[then] we [F1 and God] stand on two separate mountains’ (pp.25-26). I intervened, ‘Although you are in the surgery room, God shows you that there is light, a future with hope’ (p.26). She replied, ‘It is fear in the surgery room...[I] still need to concentrate and look upon Him’ (p.26). Then, I invited her to put her fear upon God. She prayed, ‘Lord Jesus...I desire to love you...I need you, I need your words to encourage and strengthen me’ (p.26). After her prayer, I pleaded God to grant her a new spectacles to see that God would heal her fear. Quiet for a moment, she responded, ‘my heart feels comforted’. Then (**2nd entry point**), she shared image 4 (she poured wine onto the vessels of others), ‘I see that God is filling something into my vessel...He holds my hand in order that my vessel can pour wine into the vessels of others including my husband’ (p.28). At once, image 5 (a car driven on water surface) came to her, ‘I am inside a car which is driven vigorously upon the surface of the sea, the car runs towards the mountains...then the car flies in the air...it is very exciting’ (p.28). She then explained, ‘I feel satisfied for the imagery of the “vessel” corresponds to my vision of serving continuously...I feel

excited for the imagery of “a driven car”...corresponds to the prayer of granting me “a new spectacles” from God’ (p.28).

While I was praying for guidance from the Holy Spirit (**3rd entry point**), I saw tears coming down from her eyes. I asked, ‘Are you experiencing sadness and sorrow from your past or present circumstances’ (p.30)? She responded with image 6 (she rose from the wheel-chair), ‘I am sitting in a wheel chair...I see some friends help me, but in turn, I help them. Suddenly, I see the wheel chair empty and I am spinning around’ (p.30). I was uncertain how to proceed and I prayed, ‘Holy Spirit...thanks for your continuous revelation by using imagery to lead F2 to understand her own situations...I pray for your continuous leading’ (p.31). After a while, F2 continued her image 6, ‘I see the wheel chair has been overturned by someone, and I run up to the pulpit to share and witness...I discover that I do not need to sit in the wheel chair and I can run’ (p.31). She interpreted her ‘seeing’ by asking, ‘Does the wheel chair represent my fear? I answered, ‘You thought that you have huge limitations, in fact, you do not’ (p.31). She shared the continuation of image 6,

I felt deeply moved...for I saw a social worker...come up to the pulpit encouraging me to serve continuously...The social worker comes down the pulpit...While I am still sharing in the pulpit... [the social worker] asks the people in front of the pulpit, ‘do they want to help and continue to serve?...They all raise up their hands.
(F2, p.32)

She then experienced joy and peace after the above praying.

In the case of M3, the response to his sequential imagery was conducted throughout the whole process of praying from **the 1st entry point** to **the 4th entry point**. It included two sets of sequential imagery as shown in Table 6.7 on page 160. M3 disclosed his struggles in cooperating with his colleagues and the expectation of his boss after his promotion. After praying for the guidance of the Holy Spirit (**1st entry point**), I had an image (wires tangled together) and shared it with M3, ‘I see a bundle of wires tangled together without finding the end’ (M3, p.20). He responded, ‘It

may be that the caring of others becomes pressure...that makes me tired and fatigued (p.20). Then I asked, 'Are you afraid of doing something badly' (p.21)? He replied, 'It may be...I want affirmation instead of concern if I have done well'. I responded, 'Showing you concern makes you feel you are not doing well...Is this also true for you from when you were small to grown up?' (p.21). He replied, 'It was similar at home...there was seldom expression of care...if they [family members] showed concern to me, there might be something wrong...that made them disappointed' (p.21). I invited him to pray by following me,

Jesus, I had been expected to be good in my family, I felt great pressure if I did not perform well...They wanted me to improve...However, I felt I was doing badly and felt exhausted...Jesus, I put that conflicting feeling upon you...In the name of Jesus, I declare that the conflicting feeling needs to be turned around and become positive...If I surely do badly, I will admit and improve...I am not afraid to tell others that I truly do not know and you can come to help me...I am also not afraid to tell others that I know and I can help you...Jesus, help me to have this sincere heart. (M3, pp.22-28)

After the prayer, he said, 'I feel comfortable...There was something sticking together inside me, but now it seems to be loosened' (p.29). After hearing that, I prayed, 'Holy Spirit, I plead for your continuous shining' (p.29). After that (**2nd entry point**), he said that during my praying (image 1: a maze is tearing down),

I see myself enter into a maze to deal with something, it takes a lot of time, consumes a lot of energy, [I] even do not know how to manage...however, the maze is tearing down, but I do not know what is happening. (M3, pp.29-30)

After hearing that, I prayed to the Holy Spirit to reveal to M3 what needed to be torn down. After my prayer (**3rd entry point**), I said, 'I got a word "grievance", what does that mean for you?' (p.30). He replied,

This feeling always appears in me...I need a lot of researches and information to assure myself to start a project...It will be like entering into a maze and circling around with no direction if I do not have enough materials and clear expectation. Then, I will feel 'grievance' inside...I do not know how to progress. (pp.30-31)

Then, I prayed, 'Jesus, I know that you understand the feeling of grievance inside M3, otherwise, you would not reveal that word' (p.31). Then, I asked him, 'has the

feeling of grievance happened in the past?’ (p.31). He replied,

In my upbringing, I was always being described as slow in action...But inside me, I needed more time to digest, to construct and then to act...I seldom expressed it out. I had accepted that I was slow...being fixed by others...In fact, I was being fixed or I fixed myself (M3 is weeping). (p.31)

I responded, ‘Your weeping seems to be a form of “grievance”...It is not a direct and loud crying, it seems that you are questioned by others and you cannot refute, but tears go inward’ (p.32). He responded (still weeping),

Yes...I start to understand that I am not being limited in the maze...it is hinged upon my own decision...May be, I had chosen a comfortable way before...or I thought that it was useless to express out. I recognize that I need to re-examine that. (p.32)

I invited him to put his ‘grievance’ upon Jesus again. Then he prayed. ‘Jesus...I believe that you have given your child abundant possibilities...to widen my ways and security...to let go of the grievance that...had fixed me and brought me self-blame and self-rejection’ (p.33). Then, I gave thank for ‘the shining of the Holy Spirit’ (p.34) and made a concluding prayer for him. After the prayer (**4th entry point**), he responded, ‘I remember the image (image2: many lines in a place) that had appeared in the beginning of our praying...there is a place where there are many lines...I feel that...there are many roads that I can walk through, a lot of possibilities’ (p.35). At the end, he said, ‘This process of praying has delivered me regardless of whether there is stubbornness or fixed thoughts [in me]’ (p.35).

Interpretation of Healing Experienced through Responding to the Sequential Imagery

The two participants above experienced different aspects of healing through their sequential imagery during their impetrating attitudes in prayer (Theme 3). In the sequence from image 1 to image 5, F2 felt calm and comforted for she knew that God would be in charge of her surgery. She also felt content for she understood that she

needed to look upon God instead of concentrating on the fear. Moreover, she felt energized for her future that would be 'fulfilled' and she was 'excited' in the guidance of God whatever the result of the surgery might come. That was psychological healing of emotions in being soothed and healing of cognition in changing from worry to hope for the future. From her image 6 (the wheel chair), she gained important insights to overcome her fear of the surgery and the uncertainty of the future. First, she understood that 'she could do the service continuously even though her body is weak' (F2, p.33). That was the psychological healing of regaining hope which helped her to let go of the worry and fear of the coming surgery. Second, she stressed, 'I will depend more on God to face my own difficulty, but not to escape...I can help those whom I serve in their difficulties' (p.34). It seemed that she would become a wounded healer after the process of praying. This was a further psychological healing of self-affirmation as the servant of God. Third, she discovered, 'I can listen more...with a compassionate heart to those in sorrow and pain' (p.34). It was interpreted that she had been walking together in compassion with the sufferings of the people whom she served. This was the psychological healing of revitalizing self-worth in transforming her self-efficacy from a wounded pray-ee to a wounded healer. Finally, she recognized, 'I need to leave more time and space for myself...put down some services...and prepare myself for the surgery' (p.35). It was the psychological healing of self-acceptance in reality to prepare her to face the surgery.

The case of M3 also showed the healing power of imagery. After sharing his pressure from the expectations of his family, my image (the entangled wires) that I had received led him to experience psychological healing of cognitive relief by untangling and transforming his 'conflicting feeling' to become 'comfortable' and 'relaxed'. After praying to the Holy Spirit for the second time, his image 1 (a maze is tearing down) revealed something to be torn down inside him. After pleading to the Holy Spirit for

the third time, the appearance of the word ‘grievance’ in my mind helped him to experience psychological healing in articulating his deeper ‘conflicting feeling’ of grievance that was developed from his family. Moreover, in weeping explicitly for his implicit grievance experience, he experienced the psychological healing of cognitive transformation, and that he could decide for his own life instead of being fixed by what others thought in the past. After pleading to the Holy Spirit for the fourth time, his image 2 (many lines in a place) affirmed that he would have a lot of ‘possibilities’ in his future, and that made him feel ‘delivered’ from his own stubbornness of refusing to change his view of himself. That was a further psychological healing of self-affirmation in his ability and confidence to explore the future.

The above discussion shows that my responses to the sequential imagery of F2 and M3 elicit the power to heal, and they suggest that the work of the Holy Spirit was mediated through my interventions (Theme 4). In **the 1st entry point** of F2, one of my responses to her sequential imagery was inviting her to put her fear to God in prayer, and that happened three times. The first one was at the time when I interpreted her image 1 (sharp teeth) as not a ‘devil manifestation’ towards her as she interpreted, but only her worry and tiredness in facing the surgery. My response was to balance her too spiritualized way of thinking towards the thought of demonic attack in her fear, and that response of mine involved the utilizing of the spiritual gift (‘spiritual gifts’ will be discussed in Chapter Eight) of ‘distinguishing of spirits’ (1 Cor 12:10). This gift is associated with ‘insight into the dispositions of people, the origins of sickness and “supernatural manifestations”...associated with prayer ministry’ (Cartledge, 2007, p.82). After that, she felt ‘calm’ which indicated that the response to, or interpretation of, her image 1 (sharp teeth) was sound and therapeutic. The calmness brought her to reveal her core fear that she would have no chance to produce music if she died in the surgery. The second response involved my understanding in prayer healing that what is

needed is a simple but an authentic trust to God by letting go of my own effort and putting the difficulties to Him. That response involved the utilizing of the gift of ‘faith’ (1 Cor 12:9), and that could move mountains (Mt 17:20) in prayer healing. After that, to my surprise, she expressed image 2 (God in the operating room) and then image 3 (standing on two separate mountains). The third response was after I interpreted the above two images as the light and hope of God in the future. The response involved the utilizing of the gift of ‘the word of wisdom’ (1 Cor 12:8) which refers to the ‘information revealed concerning the future...An inspired application of a piece of knowledge or information’ (Cartledge, 2007, p.81). After that, I pleaded God for granting her a new spectacle to see Him, then, her state of fearfulness became ‘comforted’. That response involved the utilizing of ‘the word of knowledge’ which is associated with ‘a revelation of information concerning a person, thing or event, but with a purpose’ (p.81). The purpose of her ‘spectacle’ was to let her see her life as God sees it, and the following sequential imagery showed her view of God. In **the 2nd entry point**, her image 4 (she poured wine onto the vessels of others) and image 5 (a car driven on the sea) fulfilled her ‘vision of serving continuously’ and answered her that she had obtained ‘a new spectacle’ respectively. I sensed that God performed healing to F2 during my responses to the flow of her sets of imagery. After that, I prayed to the Holy Spirit for help to proceed. When I saw her tears, my initial thought was that there should be some kind of sadness in her that needed to be prayed for. Then I tried to deal with her sadness (**the 3rd entry point**), however, the appearance of her image 6 (the wheel-chair) turned the praying direction from dealing with her sadness to the desire of continuing her service. After I prayed to the Holy Spirit again, to my surprise, her image 6 continued (wheel-chair overturned). She interpreted that the overturned wheel chair represented her fear, but I responded to her that that represented her freedom to serve. Then, she shared her image 6 continued (sharing on the pulpit) which made her feel ‘joy and peace’. The sequence of image 4, image 5 and image 6 (including its

continuing expression) focused on the core concern of F2 which was the hope to serve after the surgery. My responses to her imagery guided her to see the positive side of herself and the possibility of her vision, and that was healing elicited by the work of the Holy Spirit mediating through my responses to her sequential imagery. Moreover, the change of direction and content in the 3rd entry point was subtle but wonderfully led by the Holy Spirit and brought healing to F2.

In the case of M3, my responses to his image 1 and image 2 included praying to the Holy Spirit five times, inviting him to pray two times and asking him questions about his replies three times. Following every prayer to the Holy Spirit, I received insights either inviting M3 to pray or asking him questions for answers, and there were images or words ‘appeared’ and then healing happened. First, I had an image (wires tangled together) after praying for the guidance of the Holy Spirit (**1st entry point**). After questioning him two times about the imagery, he opened up about his hidden hurt of having no affirmation from family members in his upbringing but only feeling he had disappointed them. Second, he had his image 1 (a maze is tearing down) after I prayed to the Holy Spirit for His shining light (**2nd entry point**), and that revealed his inner perplexed condition. Third, the word ‘grievance’ appeared in my mind after I prayed to the Holy Spirit revealing what he needed to tear down (**3rd entry point**), and that directed him to understand his feeling about his situation after he expressed the meaning of the word to me. Fourth, I could relate his feeling of grievance with his upbringing after praying to the Holy Spirit to reveal a deeper meaning of ‘grievance’ for him, and that led him to express, while weeping, his innermost feelings of being ‘fixed’ by others and limiting himself in his upbringing. Moreover, when he was invited to put his ‘grievance’ to Jesus, he suddenly showed confidence that Jesus had given him abundant possibilities. Finally, he had his image 2 (many lines in a place) after I gave thanks for the shining light of the Holy Spirit (**4th entry point**), and that

built up his faith to acknowledge that there were a lot of possibilities and roads for him. Therefore, after praying to the Holy Spirit, I invited M3 to pray and also asked him questions for answer. His hurt was gradually disclosed with unfolding psychological healing experienced by him. At the end, he said, ‘This praying interview has delivered me’ (M3, p.35). It again demonstrated that the healing of M3 was elicited by the work of the Holy Spirit mediating through my responses to his sequential imagery.

Performing Prayers of Deliverance Delivers the Pray-ees from Bondage to Evil Spirits

Four participants, F1, F3, F4 and M1, experienced the spiritual healing of deliverance from bondage to evil spirits. For F1 this concerned her chronic chicken phobia, for F3 it involved drinking the talisman water, for F4 it involved worshipping dead people and M1 was addicted to an uncontrolled habitual sin. The case of F3 will be discussed below in the section ‘Empathetic Listening Generates Power to Heal’.

Performing Prayers of Deliverance

Prayers of deliverance with spiritual healing for F1 were conducted in **the 2nd** and **the 3rd entry points** as shown in Table 6.1 on page 149. After putting her scary dreams before Jesus, I prayed, ‘Holy Spirit, I plead for your shining light upon us’ (F1, p.25). I got an idea that there might be the influence of evil spirits on her phobia. Therefore, I intervened by leading her to pray for deliverance (2nd entry point), ‘In the name of Jesus, I proclaim the dark power of the evil spirits to leave me completely...’ (p.28). Right after the prayer, she said, ‘[I] feel extremely relaxed’ (p.32). However, she added, during the prayer of deliverance, she felt very frightened when ‘seeing the big cockscomb and the big, long and red stuff under the chicken mouth’ (p.32). Then, I

invited her to pray for the removal of the fear from her 'seeing'. She prayed in loud voice with tears, '[Chicken!] Forbid to look at me again...The dark and threatening power behind Satan, in the name of Jesus, I order you to leave [me]' (pp.33-34). After that, she said, 'I am so scared for they [chickens] are looking at me...[and] my hands are numb completely' (p.34). Then I prayed for her, 'In the name of Jesus...I hold the sword of the Holy Spirit to cut away the origin [of her phobia] completely' (p.35). Then she said, 'I see the cockscomb and the stuff [big, long and red] change to normal size...[I feel] more natural...for it is just a natural creation' (p.35). She then described, 'When I was praying, the head [of chicken] was the part I was scared about the most. [I] had found the root cause [of my phobia]' (p.35). Then, I invited her to put the 'root cause' upon Jesus. The following was one of her impetratory prayers for healing.

Jesus...when I was small, I met a very big chicken...It pounced towards me...it flew away just beside me...I felt extremely scared as if I was gripped away by an eagle...Jesus...I plead for your unexpected peace bestowing on me...in the name of Jesus...I announce the dark power behind the fear leave me...in your love there is no fear. (pp.35-36)

After that, she felt her 'heart rate increased and whole body completely softened' (p.37). I invited her to pray for herself (**3rd entry point**). She prayed, 'You [God] seem like a big hen holding me and protecting me as your flock, and under your wings I feel peace and comfort' (p.38). After a moment of silence, she described, 'I saw the little F1 feed the chicken and cry after being pecked by the chicken, then...her mother comes and holds her...she feels peace... no pain' (p.38). After a while she shared, 'I see a chicken head...its mouth, so near, but not so frightened. I also look at its eyes, and then its whole head... the fear really has decreased a lot' (pp.38-39). Then, I invited her to re-think about her scary dreams. While thinking, she responded, 'the feeling is, it seems very far away, those dreams seem cannot be caught again' (p.39).

The part of performing prayer for deliverance for F4 was conducted at **the 3rd entry point** as shown in Table 6.4 on page 155. After recognizing her present self in

the praying at **the 2nd entry point**, F4 described (image 3: a dark wall),

It is so strange that I saw a dark wall in front of me. There was a pair of hands on the dark wall...during your prayer 'In the name of Jesus to deliver me', the hands disappeared. Then I saw a hole on the wall, while you were praying, the hole was blocked. Then, I saw holes on the ground, while you were praying, the holes were blocked. (F4, p.24)

After hearing that, I got an insight that she needed delivering for spiritual healing. I responded, 'How did you feel when the hands and holes disappeared?' (p.24). She responded, 'I did not want to break away from him [her dead brother], really desire to connect with him. I burned paper to him...I would offer incense to him in the temple, always look at his pictures, I wished he was still alive' (p.24). Her saying indicated to me that she was bound by evil spirits in being attached to her dead brother. On the one hand, I showed empathy for her pain of losing her brother. On the other hand, I invited her to pray for forgiveness for the sin of worshipping dead people and for delivering from connecting to the nether world by making offerings to dead people. After the prayers, I announced absolution for her and asked, 'Is there any connection between the relationship with your mother and the death of your eldest brother' (p.25)? She said, 'Yes...when my youngest brother was born...I lost the love of my mother...I was rejected...I felt ignored... However, I would take care of my youngest brother as my mother did' (p.25). I responded, 'Any reason for that?' She replied, 'I cannot think of any reason...as I grow up...I will protect all the males including my husband, my son, my father...in fact, I still do not understand why I am like that' (p.25). I responded, 'As you think that you are responsible for the death of your eldest brother...so you take care of your youngest brother' (p.26). She responded, 'I really take much care of my youngest brother...and I was highly demanded by my mother to do so' (p.26). After understanding her feeling 'unduly responsible' (p.26) for taking care of her youngest brother and other males in the family, I invited her to pray for detachment from her mother, her dead brother and the burden of that undue responsibility.

The prayer for deliverance of M1 was conducted from **the 2nd to the 5th entry points** as shown in Table 6.5 on page 157. It involved breaking the bondage to evil spirits behind his addicted lust for pornography. After the forgiveness prayer, I prayed to the Holy Spirit for guidance. I had an idea that M1 needed to be delivered from the bondage to evil spirits for his addiction. I invited him to have a prayer of deliverance for himself (2nd entry point). He proclaimed, ‘In the name of Jesus...and by the power of His blood...I proclaim to break and cut the dark power of the evil spirits behind my lust, they have to leave my life’ (M1, p.19). After that, he described, ‘there is great peace inside, it seems whiter and brighter...the spiritual rubbish in my heart had completely evacuated’ (p.20). While I was praying to the Holy Spirit, a message came to mind and I asked (**3rd entry point**), ‘Besides enjoying sexual pleasure with your wife, the excitement from pornography also attracts you’ (p.20). He admitted enjoying the sexual excitement. I invited him to pray, ‘Lord, I do not want the pleasure in sin...I will abandon...turn away, flow away it’ (p.21). I responded, ‘What do you want it to be replaced with?’ He pleaded, ‘Lord, I desire for satisfaction with you in our relationship...I desire only sexual satisfaction with my wife...in our intimate and holy relationship’ (p.21). Then, I proclaimed, ‘In the name of Jesus, I deliver M1 from bondage, and bless him to re-establish intimate relationships with God and his wife’ (p.22). After that, he described, ‘I feel relaxed...I think of my household environment, it is brighter as like as in the daytime...I myself also feel whiter and brighter inside’ (p.22). After a moment, he said, ‘It seems that there is one thing inside still not yet eliminated’ (p.22). I responded (**4th entry point**), ‘Do you know what it is?’ He said, ‘I don’t know’ (p.22). In this uncertainty I prayed, ‘Holy Spirit, I pray for your shining...any resistance blocks M1...any dark power deceives us’ (p.22). After my prayer, he admitted, ‘I always look at the prostitute on the street...[and] sexy women’ (p.23). I invited him to renounce the pleasure of the lust of sight. Then I asked, ‘Do you feel attracted by your wife?’ He responded, ‘Not so being attracted’ (p.23). I

invited him to pray for ‘a new sight to be attracted by his wife sexually...physically, psychologically and spiritually’ (p.23). After finishing his praying, I prayed for him to have ‘a new way of seeing his wife’ and to break his ‘comparison of sexy women to his wife’ (p.24). After that, he said, ‘I feel delivered, I had not realized...the comparison made me not attracted by my wife...I am now aware of it and feel relieved’ (p.24). Then I performed anointing with oil (‘anointing oil’ will be discussed in Chapter Eight) to bless him to be sacred and to present him to God (**5th entry point**). After the prayer, he said, ‘[I] feel thoroughly delivered and at peace, and I think of the returning of the captured Israelites...in celebration to be accepted by God’ (p.25). I asked, ‘What is your sentiment now when you are thinking of your wife?’ He responded without doubt, ‘Thinking of her so much, desiring to hold her tight’ (p.25).

Interpretation of Healing Experienced through Performing Prayers of Deliverance

The above discussions show that the prayers for deliverance of F1, F4 and M1 delivered them from bondage to evil spirits (Theme 3). Once they recognized that the evil spirits might influence their ills and pain, they prayed impetratorily for healing. In the case of F1, after I prayed for her chicken phobia by proclaiming ‘In the name of Jesus...’, the spiritual healing of deliverance from bondage to evil spirits embedded in her chicken phobia was manifested. The deliverance included physical healing of restoring her normal condition from the complete numbness of her hands and softening of her body, and psychological healing of emotion in diminishing her fear of ‘seeing’ chickens. In the praying episode where ‘a big hen’ appeared to protect her, it was ironic to notice that the origin of her fear was chickens, however, the image of a big ‘hen’ (female chicken, a parable from Matthew 23:37 or Luke 13:34 describes the love of God towards His people) protected and healed her. I would interpret that her ‘hen’

phobia seemed to be gone in the prayers for deliverance, and she received 'peace and comfort' after that. Furthermore, it was astonishing that her pains and fears were soothed through the imagery of her 'mother comes...and holds her'. It was interpreted that her praying for 'a big hen holding me' was fulfilled by her 'mother comes...and holds her' through the imagery. I interpreted that it was the healing love of God taking away all her fear (1 John 4:18). F1 was healed spiritually by diminishing her fear on 'seeing' the chicken head which was the scariest part in her chicken phobia, by fading away gradually the images of her scary dreams that embedded in her memory for a long period of time, and that were signs of deliverance from bondages to evil spirits.

In the case of F4, she was involved impetratorily in the prayer of deliverance once she recognized that her image 3 (the dark wall) uncovered the behaviour of worshipping her dead brother. The prayer delivered her from the bondage of offering and connecting to the nether world, and that led her to experience spiritual healing through her liberation from guilt and the sin of worshipping dead people. Moreover, after performing prayer for deliverance from the attachment to her mother and her dead brother, she experienced psychological healing by detaching from her highly demanding mother and the healing of freedom in letting go of her 'undue responsibility' for the males in her family. It may also involve implicit social healing in improving her relationship with all the males in her family.

In the case of M1, after the prayer of deliverance for delivering him from the addiction to watching pornography, he felt brighter in his household environment, and felt relaxed with the feelings of inner whiteness and brightness. That was the psychological healing of regaining his self-acceptance and positive self-image. In dealing with his comparison of sexy women to his wife, the question 'Do you feel attracted to your wife?' came from my mind in a subtle way during praying. I asked him the question right after he finished the prayer for deliverance. The question led to

the prayers for ‘a new way of seeing his wife’ and for breaking his ‘comparison of sexy women to his wife’. It was spiritual healing in delivering him from bondage to his habitual lust of sexy women. It was also the psychological healing of affection in increasing his perception of being attracted to his wife. After the anointing with oil, he felt completely delivered and in peace, and he recognized that he was accepted by God as the returned ‘Israelites’ were. It was the psychological healing of re-establishing his relationship with and connectedness to God. There might also be implicit social healing being manifested, for he desired to hold his wife.

The above prayer of deliverance involving the prayer expression of ‘In the name of Jesus, I proclaim...’ for spiritual healing suggested the work of the Holy Spirit (Theme 4). Also, the prayer expression becomes the material means in pneumatological mediation in the participants’ healing. I either proclaimed or I led the pray-ees to proclaim it in spiritual healing. It was accomplished by believing the discourses of Scripture in my tradition that I (and believers) have been authorized to do so. F1 healed spiritually in delivering from bondage to evil spirits that embedded her chicken phobia within her through fear and scary dreams. F4 healed spiritually by being forgiven for worshipping dead people and being delivered from bondage to evil spirits involved in offering and connecting to the nether world. M1 healed spiritually in being delivered from bondage to evil spirits involved his addiction to watching pornography and his habitual lust for women.

There was another aspect of the work of the Holy Spirit involved in the spiritual healing of F1, F4 and M1 that requires our attention. That was the change of the praying direction in the entry points. For example, in the case of F1, the original direction of the **2nd entry point** in the praying interview was psychological healing, however, it was turned into spiritual healing after I received the idea or vision from the Holy Spirit as I prayed for His ‘shining light’. That change of prayer did not allow me

to pray psychologically for the ‘root cause’ of her phobia, however, it did heal her spiritually in delivering her from bondage to the phobia which was influenced by evil spirits. In the case of F4, the insight that changed the praying direction from psychological healing (**2nd entry point**) to spiritual healing (**3rd entry point**) came from her image 3 (the dark wall). That change of prayer did not allow me to pray psychologically for her pain of losing her brother, however, it did heal her spiritually in delivering her from the bondage of worshipping her dead brother. In the case of M1, during his prayer for forgiveness near the end of **the 1st entry point**, the question which came from my inner voice about his continuous excitement from watching pornography turned the direction of praying to **the 2nd entry point** of spiritual healing. Then, it started the process of spiritual healing prayer from **the 3rd entry point** to **the 5th entry point**. The above processes of changing the entry points of praying were illuminated by the Holy Spirit. The insight to the imagery, the prayers of the pray-ees, or my inner voice during praying, they all manifested the work of the Holy Spirit mediating through my interventions in the process of praying.

Cooperating in the Prayers of the Pray-ees Enhance Power to Heal

All the praying interviews involving the cooperating in the prayers of the pray-ees helped them to experience healing. The following discussions involve two chosen participants, F4 and M2, who experienced outstanding signs of healing, and that also suggested the work of the Holy Spirit.

Cooperating in the Prayer of the Pray-ee

In the case of F4, the pray-er cooperating in the prayers of pray-ee was conducted

from the **1st entry point** to the **6th entry point**, except for the 3rd entry point which has been discussed concerning prayers of deliverance in the above section, as indicated in Table 6.4 on page 155. After praying to the Holy Spirit at the outset of the praying interview, immediately F4 shared image 1 (a hiding little child) to me (**1st entry point**), ‘I see a little child hide at the corner, I do not know whether the child is a boy or a girl’ (F4, p.21). I asked, ‘Does the child look like you’ (p.21)? She replied, ‘I feel that [the child] looks like me, but the child is not a girl, looks like a boy with short hair...the child is very lonely’ (p.21). Then I prayed to the Holy Spirit for ‘understanding of what had happened to the child’ (p.21). I asked, ‘How old is the child?’ She replied, ‘Seven to eight years old’ (p.21). I waited in silence for a while, then she said, ‘I suddenly understand the reason why the child is so lonely...When I was four, my eldest brother was seven...he was knocked down to death by a carriage...I felt lonely for the loss of a close relative’ (p.22). I led her to put her loneliness to Jesus. During her praying, she disclosed that she was so afraid of the dark and was thought to be responsible for the death of her eldest brother. Then she prayed, ‘Jesus...takes away my fear of the dark...and my thoughts of taking up the responsibility’ (p.22). After the prayer, she discovered, ‘I take up the responsibility as a boy at home, for my mother had lost a boy’ (p.22). I intervened, ‘You are a girl, but you have a psychological burden of taking up the responsibility as a boy’ (p.22). Then I prayed, ‘Thanks for the shining of the Holy Spirit...the hurt...the root of the burden in F4...I proclaim this false guilt to leave her...deliver her from the burden of taking responsibility of a boy’ (pp.22-23). After the prayer, she responded with her image 2 (see herself face-to-face) (**2rd entry point**), ‘I see myself face-to-face, wear a pink cloth, the wall is yellow, there is a window...I feel peace, the child is the present me...the uncertainty of the image of boy or girl had vanished’ (p.23). (Then it came to **the 3rd entry point** which has been discussed in the previous section concerning her image 3 and the prayer of deliverance).

Starting from **the 4th entry point**, she shared her image 4 (a milling utensil), ‘I see a milling utensil in the midst of a room...there are yellow corns on the utensil...nobody is working’ (F4, p.27). She continued, ‘While I am pleading for God’s forgiveness of my attachment to the responsibility of my mother, the ‘milling utensil’ disappeared. Oh! It may represent tiring, labour...I feel distressed when I thought of those’ (p.27). Then, I prayed for resuming of her ‘active’, ‘joyful’ and ‘vivacious’ character of being a woman (pp.27-28). After praying, she responded with her image 5 (I am outside), ‘I am outside a room...there is a low wall in front of me...behind the wall is a garden, then are mountains, I can see trees in front, so good and beauty’ (p.28). I asked, ‘What do you feel as you are outside?’ (p.28). She responded,

I love this place so much, feel so fresh...I did not want to go out before...I was deeply lonely...in the midst of people...Why are you always conform to others...you go outside for the happiness of others...it is a struggling and without freedom. (F4, p.28)

I intervened, ‘Pray to God for what you want in your life’ (p.28). Then she pleaded for ‘the guidance of God’ and prayed for ‘more chance to witness Him’ (p.29). After praying, she shared her image 6 (a swimming pool) (**the 5th entry point**), ‘I see a swimming pool with blue coloured water...I am not in the pool...some people wearing hats are swimming there...I feel so good’ (p.29). Then I prayed for her, especially for ‘her personal healing from God’ (p.30). After that, she described her image 7 (a ferry moving fast), ‘I am on a ferry which moves forwards with high speed’ (p.30) and then her image 8 (at her home when she was small), ‘When you prayed for my personal healing from God...I see my home when I was small...sofa, floor, and I see a mouse run away from the sofa’ (p.30). I interrupted and asked, ‘What does the mouse represent?’ (p.30). She answered, ‘I don’t know...these two [sets of imagery] have no connection’ (p.30). Then, I intervened, ‘Are the people on the ferry adults or children?’ (p.30). She replied, ‘Adults, standing on high ground and in the front, with confidence moving forward, I am not afraid’ (p.30). Then, I prayed for her, ‘Thanks to God that the mouse in your childhood was left...the thing that had been blocking your growth

was left... You will move forward in life with full strength... May God lead you in His ferry with freedom' (pp.30-31). After the prayer, she felt 'pretty good' (p.31). Then, she responded with her image 9 (her grandmother being rescued) (**6th entry point**), 'I see a lot of people rescuing my grandmother' (p.31). She continued,

I was not there when my grandmother died... when she died... I wanted to buy a ticket to go back home to see her, [but] my mother said: 'She had died; it is worthless to see her'. I was so hurt... then I thought, 'I will not come to see you [her mother] when you died'... This imagery... fulfils a wish of mine: I know her [grandmother] dying condition. (F4, p.31)

I responded, 'It is good that the Lord takes away your regret, lets you see her [her grandmother] last face' (p.31). Then, she made a decision to break her resentment towards her mother, 'Now... I make a decision... when my mother dies, if my daughter wants to see her, I must go with my daughter to see her' (p.31). After that, I asked, 'Is there any connection between your decision to sing well and your mother?' (p.32). She responded, 'Yes... [I] felt so defeated before, but my mother had encouraged me. She bought me a guitar and said, "You do not sing well, you can learn a musical instrument"' (p.32). I intervened, 'That is the first time you have talked about being encouraged by your mother' (p.32). Suddenly, she talked about her daughter, 'Now, my daughter encourages me (to sing)... sometimes I feel so weak, my daughter is stronger than me' (p.32). Silence for a moment, she continued, 'I have desired to obtain the love of my mother from my daughter' (p.33). I invited her to make a prayer to let go of the craving for the love of her mother from her daughter so as to free herself from the distorted attachment to her daughter. Then, she prayed,

Thanks for Jesus... you let me see my inner craving for the lacking of love. O God, I plead that I will let go of the expectations of my mother, and I will not crave for the love of my mother from my daughter... I plead for a liberating heart which can free my daughter and my mother. (p.33)

After her prayer, I intervened, 'If God only allows you to sing in this present state, would you like it?' She responded, 'It's OK for me... I have accepted the reality, I will live with my handicap [tone deafness]... God allows me to sing, I sing, [God] does not

allow me to sing, [I do] not sing, I will try my best' (pp.33-34).

In the case of M2, I cooperated in his prayers of forgiveness through the 1st entry point to the 3rd entry point as shown in Table 6.6 on page 158. After disclosing his hurts from his father, he shared the parable of the 'wheat in the soil' (John 12:24) while 'weeping' (M2, p.35). I invited him to put his craving for the love of his father into prayer. He prayed, 'If your child could not...forgive my father...there is no way for me to growth' (p.37). Following his request to forgive his father in prayer, I led him to pray by himself (**1st entry point**),

Jesus, I understand that my father did not know how to care for me affectionately... I want to forgive my father before you...I will not demand him again but let him free...let me accept him...I plead that you put your cross in the midst of my father and me...the hurts that my father did to me, and the hurts that I did on my father... all are eliminated at your cross...you put my father and me in an union relationship. (pp.38-42)

After the above praying and announcing absolution to him, he reported, 'I feel so much pain in my heart...so painful...Actually, I had not been able to forgive my father' (p.43). I responded, 'Cognitively you could, but emotionally you cannot' (p.44). He replied, 'Yes...After forgiving him, I sense that some hindrance in me seems to be delivered, this deliverance resembles the bleeding out of the choked blood' (p.44). I sensed that he needed a prayer of deliverance (**2nd entry point**), then, I pleaded for the blood of Jesus to 'rinse away his choked blood...heal and soothe his hurts and pains' (p.45). After that, he was breathing hard and described, 'It [the choked blood] is still there...[my heart] is still painful...seems to be pressed hard...it is still flowing' (p.45). Then I declared, 'Jesus, take away the choked blood that had been buried in M2 for many years' (p.45). After that, he responded, 'the pain is less' (p.46). Then, I blessed him to have a 'fresh heart' which 'is full of compassion to feel the happiness, anger, sorrow and joy in his interpersonal relationships' (p.46). After a while, I asked (**3rd entry point**), 'Have you thought of forgiving yourself'? He replied, 'I have not thought of this' (p.46). I intervened, 'you have blamed yourself...you feel that you

could do better...To forgive yourself is to let go of your self-blame' (p.47). Then, he prayed willingly, 'Father...I plead for the letting go of the pressure inside...lead your child to understand and accept my own limited ability, not to hold the expectation on my father tightly' (p.47). After his prayers and my announcing absolution, I prayed, 'Jesus, the shadow of the father of M2 needs to die as like as the "wheat in the soil", and new seeds spring out...to have a fresh and creative interpersonal relationship' (p.49). Then he shared, 'I feel a lot more relaxed...I have not thought of needing to forgive myself, not thought of having to forgive myself' (p.49). Then he prayed, 'Father...your child feels so amazing, never experienced before, I have never thought of delivering like that' (p.50). At last, he put his family members in prayer, 'I put my father...my life...my wife and my sons before God' (p.51), and he exclaimed, 'I have never thought of that!' (p.52).

Interpretation of Healing Experienced through Cooperating in the Prayer of the Pray-ee

The two participants above experienced different aspects of healing which were enhanced by the cooperation of the pray-er in their impetrating prayers towards God (Theme 3). In the case of F4, after seeing the little lonely hiding child (image 1) and herself face to face (image 2), the blurred child image of boy or girl had vanished and she was free from her fear of the dark. It was an unexpected and outstanding psychological healing of relieving false guilt for the responsibility for the death of her eldest brother and in recovering her feminine image of being a woman. The timing of seeing the milling utensil (image 4) was appropriate to her. The disappearing of the milling utensil represented psychological healing in detaching from her highly demanding mother and letting go of her undue responsibility for males, especially her youngest brother. After praying for resuming her cheerful side as a woman, the

appearance of image 5 to image 8 wonderfully indicated an almost complete sequential psychological healing of her in reaching out to her coming life. I would interpret that image 5 (I am outside) revealed the reaching out from her inner fear and loneliness to the outer world; image 6 (a swimming pool) showed her readiness and positive attitude towards the energetic world; image 7 (a ferry moving fast) and image 8 (at home when she was small) were interrelated, it indicated that she would move forward with full strength in security without the hindrance of the past hurts and blockages. The healing might include implicit social healing in strengthening her interpersonal relationships when she would reach out to her living environment. The imagery concerning her grandmother (image 9) came suddenly to satisfy her longing to know the circumstances when her grandmother was dying. This satisfaction led her to make an important decision which liberated her from the resentment towards her mother. It was astonishing that the decision came and, at once, broke her inner oath of 'I will not come to see you [her mother] when you died'. This involved the psychological healing of letting go of the emotional missing of her grandmother and further psychological healing of liberating her from her inner oath to her mother. Moreover, the positive memory of being appreciated by her mother came after resolving her inner resentment towards her mother. When acknowledging her compensation of the love of her mother from her daughter, she renounced it in prayer. She experienced the psychological healing of self-acceptance in regaining an appreciation from mother and further psychological healing by detaching from her unnoticed distorted attachment towards her daughter, cognitively and emotionally. Finally, she accepted the handicap of her tone deafness in striving to sing. That was also the psychological healing of self-acceptance in letting go of the limitations of her tone deafness.

In the case of M2, the bodily manifestation of his 'heart pain', the occurrence of his 'choked blood', the rinsing by 'the blood of Jesus', the gradual 'bleeding out' of the

choked blood and the proclaiming of the ‘fresh heart’, were all wonderful experiences and were smoothly connected in his healing process. It indicated the psychological healing of letting go of the craving for the love of his father and implicit social healing in enhancing communication in his relationship with his father in his future life. He felt great relief after forgiving himself and whispered ‘I had not thought of needing to forgive myself’ two times. That indicated psychological healing in liberating his embedded false guilt and re-establishing his self-affirmation of doing fairly in life.

The healing experiences of the above participants enhanced by the cooperation of the pray-er in their prayers, suggests the work of the Holy Spirit (Theme 4). When I heard F4 (a female) saying that the lonely child appearing in her image 1 looked like a boy, at that moment, I had to pray to the Holy Spirit for help. Praying to the Holy Spirit is always my response to incomprehension of a situation in prayer healing. When pray-ees disclose or say something which is not clear or is incomprehensible, either in words or in imagery or other ways, I need to cooperate in their expressions in order to lead them to understand the meaning of what they are talking or ‘seeing’ about. For example, after some illumination from the Holy Spirit, I asked F4 about the age of the child. My cooperation in her prayers was to speak out to her what I had received from the Holy Spirit. That cooperation was powerful for it prompted her to remember the death of her eldest brother and the reason the child was lonely. After encouraging her to put her loneliness before Jesus, to my surprise, she disclosed her burden of responsibility for the death of her brother. She suddenly understood that she had taken up the responsibility of a male figure at home so as to compensate for the loss of her brother. Her saying this made me understand why the child in her imagery was lonely and did not look like a girl. This mutual cooperation, which was initiated by my prayers, in the Empathic Dialogue is an illustration of ‘mak[ing] a relationship between God and humanity possible’ (Carledge, 2015, p.64), and that allows healing from God

to be available to her through the Holy Spirit. Therefore, the uncovering of her deep-rooted loneliness, her fear of the dark and her distorted image of herself were illuminated by the Holy Spirit mediating through my cooperation with her prayers. In that cooperation, my direct declaration of the vanishing of her false guilt and delivering her burden of responsibility allowed her to experience the outstanding psychological healing. It was astonishing again that she saw herself face-to-face in her image 2 after my declaring prayer. That cooperation in her prayers made her feel peace and the uncertainty of the image of boy or girl vanished. That outstanding psychological healing showed that cooperation in prayers of the pray-ees enhances the power to heal.

Moreover, my cooperation with her prayers concerning image 4 to image 8 was wonderful. The disappearance of image 4 (the milling machine breaking down corns) represented the detachment of her labour in life; after praying for her to resume her feminine characteristics, image 5 (I am outside) appeared revealing the taste of her freedom; after inviting her to pray for more chances to witness God, image 6 (a swimming pool) appeared concerning her positive future; after praying for her personal healing in God, image 7 (a ferry moving fast) and image 8 (at home when she was small) appeared respectively concerning her moving forward with energy and the liberation from the blockage in her growth when she was small. Moreover, in my questioning on her image 7 about the 'adult' and her image 8 about the 'mouse', I could connect and interpret the two phenomena into a healing expression for her growth in freedom in the future. The appearance of her image 9 (her grandmother being rescued) led her to make a decision that broke her inner oath which was fed by her resentment towards her mother. Her inner oath forbade her to see her mother when her mother died, it also did not allow her daughter to do so. I found that inner oath to be a ridiculous or distorted revenge upon her mother, which was made without the knowledge of her daughter who would be affected by it. My cooperation with her

image 9 by interpreting it with enhanced insight brought healing to her by breaking the curse of her inner oath, and that resolved her resentment towards her mother. I also cooperated in her prayers by asking a question that made a connection with her decision to sing well and the expectations of her mother. After that connection, she remembered the encouragement of her mother regarding her singing. With my further cooperation, she suddenly disclosed that she needed encouragement from her daughter whom she described as emotionally stronger than herself. That disclosure puzzled me, and we were silent for a moment. To keep silent is an important element of the cooperation of the pray-er in responding to the pray-ee. It helps the pray-er wait for the response from the pray-ee or illumination from the Holy Spirit. To my surprise again, F4 responded, 'I have desired to obtain the love of my mother from my daughter' (F4, p.32). What was the reason for her to say that? I did not ask her at that silent moment. I interpreted that she suddenly got insight to uncover her unhealthy attachment to her daughter, and that healed her psychologically to be detached from that unhealthy attachment. After inviting her to pray for that detachment, she could free from the unhealthy attachment towards her mother and her daughter. At last, she accepted her handicap (tone deafness) in singing before God. The above cooperation towards the prayers of F4 involved the work of the Holy Spirit mediated through my cooperation or intervention to her sets of imagery.

In the case of M2, in following his desire of wanting to forgive his father, I cooperated with him by putting down my original plan of praying for his hurts from his father. He prayed impetratorily for the ability to forgive and accept his father, and I announced absolution for him. After that he felt so painful in his heart, and that made him realize that he had not been able to forgive his father. I realized that his awareness was appropriate for a confessor. However, I needed to encourage him that he was in the process of forgiving but at the time he could forgive his father cognitively but not

emotionally. I cooperated in his prayers by interpreting to him what he was experiencing in the prayer of forgiveness. After that, he described his painful feeling as ‘the bleeding out of the choked blood’. After hearing that, I cooperated in his prayers by pleading for the blood of Jesus to rinse away his choked blood for it had been buried in him for many years. After that, his painful feeling gradually disappeared. Then I blessed him with a ‘fresh heart’ instead of a heart with ‘choked blood’. After he had forgiven his father, I had an idea that he needed to forgive himself. My cooperation in his prayers was to express my illuminated insight to him, though he responded that he had never thought of forgiving himself. I explained to him that to forgive himself was to let go of his self-blame of not performing well before his father and the unrealistic expectations he put on himself. He accepted my explanation and then prayed impetatorily to let go of his pressure inside and to accept his limitation. After announcing absolution to him, I blessed him with a new seed springing out from the soil, then, he felt ‘a lot more relaxed’. At last, he exclaimed in admiration for what God had delivered him. Again, the cooperation of the pray-er in the prayers of the pray-ees enhances their healing from God mediated through the work of the Holy Spirit.

Empathetic Listening Generates Power to Heal

Empathetic listening is usually used in counselling or psychotherapy to build up an alliance and make counselling therapeutic. I want to investigate the function of empathetic listening in the healing experiences of the participants. I contend that empathetic listening in prayer healing is important for the pray-er to catch the real meaning and make sense of what the pray-ees have said, and that contributes to healing. I choose F1 and F3 for investigation. The healing experience of F1 related specifically to the utility of counselling in prayer healing. F3 was one of the cases where all four

aspects of healing were experienced during the praying interview.

Empathetic Listening

In the case of F1, her specific healing showed at **the 4th entry point** of the praying process (Table 6.1, p.149). At that entry point of praying, I remembered that she had disclosed in the pre-praying interview, ‘There are a lot of people protecting me...many people will help me’ (F1, p.17). I led her to acknowledge that she would take advantage of others because of her phobia, and to recognize that it would become an escape from facing her phobia instead of a way to overcome it. She accepted my interpretation and willingly confessed her wrong attitude, and pleaded for the ability to let go of her attitude of taking advantage of others immediately, ‘God, forgive me for having this attitude...I thought that it would help me but in fact it is an escape...I plead with you...to heal and deliver me in order that this taking advantage disappears in me’ (p.41). Then, I led her to pray, ‘I do not want the advantages...I want self- protection that you give me...hence to build up a self-protection... not to be hurt by people and even little animals’ (pp.41-42). After the prayer, she said, ‘This prayer is extremely important, it exceeds my customary behaviour and character, I really need to depend on God completely’ (p.43). At last, she declared, ‘I can overcome [the phobia] by depending on God’ (p.46) and ‘Thoroughly, the prayer is truly and really good’ (p.47).

The utilization of empathetic listening in F3 was conducted thorough the praying interview including six entry points as shown in Table 6.3 on page 153. F3 disclosed openly her jaw pain and hurts from her mother who died fifteen years previously. She had asked her mother who was in coma condition, ‘Do you really dislike your daughter? Am I not worthy for you to love?’ (F3, p.5) Of course, she got no answer. In the three years subsequent to the decease of her mother, she ‘had not cried’ (p.6). At the outset

of the praying interview, I planned to perform a prayer of forgiveness. However, as I prayed to the Holy Spirit for guidance, I had an idea and then told her (**1st entry point**), ‘There are two deep and dark holes on the floor...which can only be filled by the love of your father and mother’ (p.33)? She responded, ‘Regret...great sadness...so much sorrow...There was a lot of maltreatments towards my mother...and she had projected her maltreatments onto me’ (p.34). I invited her to put her sadness upon Jesus. She prayed, ‘Jesus, I feel so sad for mum...she was beaten...was rebuked’ (p.35). Then, she felt calm. However, she disclosed an incident which made her so angry with her mother, and that became **the 2nd entry point** of praying.

Once F3 was ill and stayed in a hospital, her mother came and said to her that she was ‘dirty’, and her mother ‘cut down a handful of her hair’ (p.35). The hair, after offering sacrifice to a Chinese god, was burned and mixed with water as ‘talisman water’. Her mother believed that illness with its dirtiness would be cured after drinking the water. She felt so angry with what her mother did to her, and she also felt ‘herself dirty with a sense of sadness’ (p.36) after drinking the talisman water. I invited her to put the ‘dirty’ thought of herself and her sadness to Jesus. She prayed and recognized, ‘In fact, my mother wanted to cure me through the talisman water, not as I thought that she wanted to do a “dirty” thing to me’ (p.36). After the prayer of deliverance, she could claim herself ‘cleaned in God’ (p.37) and acknowledge that ‘nothing can remedy for the sadness’ of losing the love of her mother (p.38). I invited her to forgive her mother. However, she immediately described another hurtful incident, and that became **the 3rd entry point** of praying.

‘Once...my mother threw a chair towards me...I felt that it was not a home...I was completely abandoned...If I could do better...they [her mother and father] would treat me better’ (p.40). She also talked about her failure to take care of her youngest sister who ‘was entrusted’ (p.40) to her and the loss of the love of her father due to his

‘remarriage right after her mother died’ (p.41). I invited her to put her sadness and loss upon Jesus. After that, she experienced some forms of healing. First, she accepted the ‘two holes in her life’ (p.44) whether God would fill them up with His love or not. Second, she felt ‘so comfortable’ and her ‘mood is not bound in the sadness’ (p.45). Third, she saw ‘the two holes gradually vanish’ (p.45). Last, she described, ‘there appears the scenery of hiking...many trees...very beautiful...an inclined road...[I] walk up slowly...there are mountains, growing trees, breeze blowing...facing the nature’ (pp.45-46). She turned from sadness to peace in appearance.

Then, from my own perception I asked her again (**4th entry point**), ‘Could you forgive your mother?’ She responded at once, ‘I can’ (p.46). ‘I forgive my mother...Jesus...my mother had lived under difficult situations...I forgive her thoroughly...My mother loved me, but she did not know how to express her love’ (pp.46-47). I said to her (**5th entry point**), ‘If you think of the question (Do you really dislike your daughter?) that you had asked your mother...how do you see about this question’ (p.47)? She responded immediately, ‘my mother had already answered me, “Crazy girl, you are my daughter, how can I not love you”?’ I responded immediately, ‘How can you know that?’ She replied, ‘I have that thought in my mind when I prayed’ (p.47), and ‘this thought had never before appeared in my mind’ (p.48). She also thought of some circumstances in her home when her mother was still living.

On hearing the foot-step of mum coming up stair, I opened the door for her...my sister gave her a bowl of rice, mum was eating...my sister massaged her...I talked to her about our uncle...This was a real home, a feeling of a home. (p.48)

I responded, ‘How do you feel when you are sensing a feeling of a home?’ She replied, ‘So warm’...it seems that I have cooked a meal, and my mother said: “Mm...It is really good...you can get married”’ (p.48). I intervened, ‘You had got appreciation from your mother’ (p.48). She remembered that her mother did appreciate her several times. After that, she shared in happiness, ‘Before praying, if I talked about my mother,

I would cry with no control, but at this moment, I do not have a tear but a relieved feeling' (p.49).

Then I prayed for her jaw and neck pains (6th entry point). I declared the healing power of God onto her jaw and neck. Then she reported that her mouth felt 'more relaxed' and 'easier to open widely' and she 'could speak out louder' (p.55). Moreover, 'the tension of the neck muscles near the jaw had disappeared...the muscles become relaxed' (p.57). I prayed for her physical healing the second time, I also prayed for the improvement on her speaking and singing. After that, she reported, 'It seems that there is a big warm current entering into the jaw' (p.57). Then she opened and closed her month, and reported, 'Though it still has some [ka ka] sound, I feel very comfortable' (p.58).

Interpretation of Healing Experienced through Empathetic Listening

The above discussions show that empathetic listening elicits healing through the process of praying with the impetrating prayers (Theme 3) of the participants. In the case of F1, once she recognized that her escape from 'self-protection' would hinder overcoming her phobia, she pleaded impetratorily for forgiveness and healing from God at once. It was a way for her to experience psychological healing in transforming her cognitive attitude from depending on people to depending on self-protection in God. That was also an implicit social healing in enhancing her interpersonal relationship afterwards. The insight that her phobia had the unconscious intention of taking advantage of others for her own benefit came from my empathetic listening during the pre-praying interview, and that might be interpreted as the work of the Holy Spirit through His gift of knowledge. After her scary dreams faded away, that meant, the implicit blockage towards her explicit illness had gone, then I intervened with

letting her recognize that that benefit might intensify her dependency on others and hinder her from establishing the self-protection which was needed to overcome her phobia. After her praying, she could let go of her attitude of taking advantage of others due to her phobia. That showed that my empathetic listening contributed to the healing experienced by the pray-ee.

In the case of F3, after putting her hurtful emotions before Jesus, I thought she could forgive her mother but it was not the case. Instead, she disclosed another painful incident concerning the drinking of 'talisman water', and that led to the spiritual healing of deliverance from bondage to the curse of seeing herself 'dirty'. The making and drinking of talisman water were considered as partaking in the activities of evil spirits in my Christian tradition, and she needed to be delivered from that. Although the spiritual healing did not bring her enough strength to forgive her mother, it did deliver her from the burden of hate on her mother and took away her shame before God, and that enabled her to open up her innermost hurt of being 'completely abandoned' after the remarriage of her father. When her innermost hurt was being heard and prayed for, she experienced the feelings of 'such comfort', 'saw' the vanishing of the two holes and the beautiful scenery of nature with peacefulness. That was psychological healing in letting go of both the hatefulness towards her mother and the craving for the love of her mother. Then, she could 'thoroughly forgive' her mother. That was implicit social healing in ameliorating the relationships with her family members in her future. Moreover, the unanswered question of F3 was 'answered' and the 'answer' that appeared in her mind was extraordinary, if not miraculous. After her unanswered question was answered, she could remember the circumstances of the warm home with a 'feeling of home' which she had been yearning for a long period of time. The 'answer' and the 'feeling of home' she experienced right after the prayer of forgiveness and psychological healing indicated further psychological healing, and prepared her for

the physical healing of her jaw. I had prayed for her physical illness twice (the number of prayers for her physical healing will be discussed in Chapter Eight). The outcome of her physical healing was instantaneous and outstanding, and that also continued as reported in her follow-up interview (F3, pp.87-88).

The utilization of empathetic listening for F3 enhanced her healing, and that also suggested the work of the Holy Spirit (Theme 4). In the beginning, I wanted to perform prayer for forgiveness for F3 according to my knowledge gained from the literature review (see Chapter Two, p.57). However, my prayer to the Holy Spirit led me to have ‘an impression’ of the two holes, and that directed me to listen to her disclosure of more hurt from her mother. In the process of praying, I would not only listen and respond to the pray-ee, but also listen and respond to the Holy Spirit to whom I prayed. After being affected by the ‘impression’ of the two holes, I altered the direction of praying from forgiveness prayer to psychological prayer for her sadness and loss.

My empathetic listening told me that unless the hurts and sadness of F3 were healed, she would escape from forgiving her mother by continuing sharing more of her pains, and that might prohibit her from forgiving her mother emotionally and thoroughly even though she knew that she needed to forgive her mother cognitively. After the spiritual and psychological healing, she could forgive her mother easily. Her healing experiences indicate some understandings on empathetic listening in prayer healing. First, forgiveness is crucial in prayer healing and it may come after the soothing of the hurts, therefore the pray-er should always listen to the hurt of pray-ee empathetically. Second, the pray-er should listen to the moving of the Holy Spirit, either in dialoguing with the pray-ee or the Holy Spirit, in order to receive insights from the Holy Spirit. Third, the pray-er should listen and follow the guidance of the Holy Spirit who might change the direction of praying. Last, the real healer is not the pray-er, but the Holy Spirit who mediates the healing power through the pray-er who

listens empathetically and performs an intermediary role in bringing healing to the pray-ees.

6.3 Triangulation of the Work of the Holy Spirit Mediating through the Sensitivity of the Pray-er with the Pray-ees

It is appropriate to have a triangular validation for the work of the Holy Spirit in the interpretation of the healing experiences of the participants. This triangulation can be obtained from the views of the pray-ees on their healing experiences which they perceived as the work of the Holy Spirit in the Empathetic Dialogue. It is indicated from the data collected that all pray-ees who had commented on the Empathetic Dialogue in the follow-up interview (see [Appendix 19](#) for a detailed description) validated the work of the Holy Spirit mediated through my interventions (M3 did not attend the follow-up interview). The discussions below are their comments on the Empathetic Dialogue.

F1 mentioned the facilitative function of the intervention of the pray-er. The Empathetic Dialogue

led me to bring all the painful emotions to prayer...and they were delivered through the dialogues...The responses from you facilitated a deeper layer of responding towards God...[It] could guide and remind me of something that I had overlooked. (F1, pp.77-78)

She was led by me to have deeper disclosure and understanding of what she shared and experienced, and that contributed to her healing. She directly attributed her healing experiences to the work of the Holy Spirit mediating through my interventions. She described,

The process of sharing and praying with the intervention of God was excellent...the Holy Spirit who understands the will of God led the dialogues...intervened with insight which lighted up my situation...The dawn of seeing and thinking enlightened me with clarity of the circumstance...The intervention of God revived me... suddenly, I could let go and be delivered. (p.78)

The above description revealed that my intervention had a close connection to the Holy Spirit at work. F1 viewed the interplay between herself and me a trusting alliance, ‘the trust and openness between the pray-er and me was important...I need to open and trust the pray-er’ (p.79). Her trust in me was crucial for opening herself to me and God, and that formed a triangular alliance (God, me and pray-ee) in which healing manifested through the Holy Spirit mediating through me. She attributed the appearing and the function of the sequential imagery to the work of the Holy Spirit. She stressed, ‘I believe that the imagery must come from God...They act as pointers of directions in prayer...they have meanings...with healing...comfort and deliverance’ (p.79).

Similar to F1, F2 was convinced that the Empathetic Dialogue ‘was really the work of the Holy Spirit...For example...seeing imagery...some thoughts emerged...they were not just prayers, but led by the Holy Spirit’ (F2, p.64). She described how I had helped her understand the meaning of the sequential imagery.

You helped me to have deeper understand of the meaning of the imagery...The imagery... reminded me to let go of myself with faith upon Him...In fact, it was a trust...when you prayed for me and told me what you had received...it was our trust towards God, and that made me understand the meaning of the prayers. (p.67)

She believed that the Holy Spirit would speak to her through me in order for her to understand her situation. She said, ‘I believed that the Holy Spirit would let me truly understand my situation through you...I could see my own real state of life...It was a special experience...it was a trust to you’ (p.68). She attributed her healing experiences to the Holy Spirit mediating through my interventions.

F3 recognized that my intervention was ‘a step by step progressive way of praying... helping [her] to get deeper understanding...and even unwittingly into the core of [her] problems’ (F3, p.99). She confirmed that the imagery was the work of the Holy Spirit. She stressed, ‘The sets of imagery helped me to comprehend more of my circumstance...There was the Holy Spirit at work...in a progressive way of entering

[into my problems]...God granted us the sequence of imagery' (p.100). She used an analogy to describe the healing from the Holy Spirit through the imagery. 'It is similar to a knot that is knotted deadly tight, in a gradual...revealing process, the knot is finally untied' (p.100). It echoed the above interpretations of her healing experiences due to the sequential imagery in the Empathetic Dialogue.

F4 considered that the Empathetic Dialogue was 'a rare and honourable opportunity to... experience healing' (F4, p.71). She appreciated that my interventions directed her gradually to experience healing through the sequential imagery. First, I could enable her to speak out something that was buried deep down in her heart. 'I could verbalize something deep inside...for example... the death of my eldest brother...[You] held a secure environment that I could freely express myself even with something that I could not see by myself' (p.71). Second, in dialoguing with me, she found, 'your train of thoughts...led me to the main theme and pulled me back in appropriate time...That was a rigorous academic practice...You could analyse the main point clearly, prayed [for that]...I did not expect, but that was great' (p.73). Third, I guided her to express deeply, 'you were accepting, understanding and empathizing...I would not express so deep with appropriateness without your effective guidance' (p.73). Fourth, she stressed the appearance of the sequential imagery, 'It was so strange...there were sets of imagery came out in that concentrated time frame. [I] seldom had [imagery]...but I could describe them so clearly...I hoped I could have them in the future' (p.71). Last, she affirmed my intervention and the sets of imagery related to the work of the Holy Spirit. She said, 'I sensed the presence of the Holy Spirit and hoped to be healed...I have a deeper understanding of the work of the Holy Spirit after the praying interview' (pp.71-72).

M1 gave a detailed description with an example concerning his healing experiences through the work of the Holy Spirit,

Although the questions you asked were sharp...they made me more open...brought me hope to tackle the darkness inside...I felt the presence of God...I felt the work of the Holy Spirit. For example, I felt bright light in me and in my house, and that was unprecedented and strong impact in my experience. Also, I positively changed my self-acceptance and my affectionate attitude towards my wife...These amazing experiences could not be experienced through general talking or counselling. (M1, pp.51-52)

He stressed that his unreserved disclosure was also due to my intervention, 'The undaunted peace inside made me open to talk...that I would not dare to talk before... There was no way for me to hide, I would open myself without fear' (p.52). He shared, 'The trust...that enhanced me to share my darkness peacefully and openly' (p.53). My intervention was a trusting alliance between M1 and me to enhance his disclosure towards God before me. For example, he shared an incidence of how he got insight from my intervention.

The insight...that I was attracted by other women more than by my wife...that brought me... understand my affectionate attitude towards my wife...The insight that...I could use the physical, psychological and spiritual attractiveness of my wife to replace the need of my sexual desire of other women...was unprecedented in my thinking. (p.53)

He stressed the enhancement of his self-understanding and affectionate expression through the Empathetic Dialogue. 'As you journeyed with me in facing my difficult situation, I could have more perspectives in understanding my problems...I could express and acknowledge more...Besides, I had intellectual communication in prayer, I also had affectionate expression' (M2, pp.84-86). He considered the work of the Holy Spirit in soothing his pains. He admitted, 'I know that healing needs the participation of God' (p.86). He described it in more detail,

[God] helped me to deliver, to regulate myself in emotional outburst...Healing was manifested in terms of binding of the wound, soothing of the pains...I felt that I could not do that myself...I also could not control myself...God was with us at that time...God helped me to disclose and soothe my pains. (pp.87-89)

Moreover, his view on my intervention was interesting, 'God would tell you how to do, how to lead me to face my problem' (p.89). He affirmed my intermediary role in respect of the Holy Spirit from whom I received the message to heal.

From the above discussions, it is indicated that all the above participants validated the work of the Holy Spirit mediated through my interventions in the Empathetic Dialogue, and that also validated my interpretations of Theme 3 and Theme 4.

6.4 Conclusion

From the above investigations of Theme 3 and Theme 4, on the one hand, it is ascertained that the impetrating attitudes of the pray-ees towards God who heals is an important way of indicating different aspects of healing such as physical, psychological, spiritual and social healing to be experienced by them (Theme 3). The healing experienced is holistic with the meaning that one or more aspects of healing will be manifested in holistic prayer healing. They are interconnected in their healing processes. In other words, one aspect of healing will influence or breed another aspect of healing, and that elicits the significantly different aspects of healing which the pray-ees experienced. On the other hand, it is ascertained that my interventions are a crucial way to contribute to the healing experiences of the pray-ees mediated through the work of the Holy Spirit in the process of praying in the Empathetic Dialogue (Theme 4). Moreover, my roles as a pray-er, in terms of using different kinds of prayers together with laying on of hands and anointing with oil, become material means in the mediation of the Holy Spirit.

My roles through my interventions included announcing forgiveness, responding to sequential imagery, performing prayer for deliverance, cooperating in the prayer of the pray-ees and exercising empathetic listening. It is demonstrated that the illumination from the Holy Spirit, the insight from the pray-ees, and my inner voices, all contributed to the ability to elicit the healing experienced by the pray-ees through the work of the Holy Spirit. Moreover, the work of the Holy Spirit contributed to the

healing experienced not only demonstrated in my interpretation of Theme 4, it was also validated from the comments of the pray-ees on the Empathetic Dialogue.

The following Chapter Seven is going to interpret Theme 5 which relates to the continuity of the healing experiences of the participants.

CHAPTER SEVEN: INTERPRETATION OF THEMES

Action Makes Way for Continuing and Transforming Healing (Theme 5)

Theme 5 reveals that the healing effects of the participants will be continued and transformed by their actions which followed their healing experiences after the prayer healing process. The data of the thematic analysis of Theme 5 comes from the post-praying and the follow-up interviews. Although not all participants' contributions are involved in the following discussions, I have chosen sufficient data for interpreting the phenomena of Theme 5.

7.1 Action Resulting from the Healing Experienced Leads to Continued and Transforming Healing (Theme 5)

According to a study on religious experiences, there might be some relationship between the religious experiences of the participants and the components of their actions which followed their experiences. However, there was 'no empirical proof that their...religious experiences caused their new action' (Luk and Parker, 1997, p.143). The components included intrapsychic (such as motivation, desire, belief and commitment) and exterior (such as social, relational and material) variables which would have impact on their actions (pp.144-48). Healing experience was for my participants a religious experience, and it may have impact on the actions of the pray-ees after the process of praying under some intrapsychic or exterior variables. The research data indicated that, after experiencing healing and in spite of whatever the components of their actions were, the pray-ees did have new actions which followed their healing, and those actions made their healing experience continue and even transform into other aspects of healing. The following discussions show the interpretations of those new actions.

Firm and Persistent Action Breaks Past Bondage

The data showed that participants had taken firm actions persistently after the prayer healing process with the outcome of breaking their past bondages continuously. F1, in order to check whether her chicken phobia had been improved, described in the post-praying interview, ‘I intentionally searched the photos of chickens [on mobile phone]...touched on the screen of chickens...with a feeling of softness in the body...I calmed myself for a while...[I] had improvement...[I] could never do that before (F1, p.51). She lived out her healing with courage by touching photos of chickens on the screen. She said, ‘If I have enough time to accustom to...see chickens...my spirit will become free day by day’ (p.62). In the follow-up interview, F1 showed eagerness to come into contact with chickens, ‘When there was a chance to see chickens, I would try to look at them...and I had taken photos with them...I wanted to leave them in my phone, saw them in leisure time...[I] surely would never do this before’ (p.65). She challenged herself, from viewing chicken photos to taking photos with real chickens, and that continued the healing and overcoming of her phobia. She stressed, ‘I will think of chickens...I always remember their appearance in order not to fear them when I see them’ (p.66). She overcame her phobia not only by explicit actions, also by thinking of them in order to be accustomed to them in daily life. When she continued to act and ‘think’ upon her healing, her psychological healing of letting go of the phobia also expanded from taking photos with chickens to watching chickens show. She shared, ‘I wanted to challenge my own psychological ability and touched the button [a chicken video show], I saw many real chickens...dancing... and jumping, I had been watching for fifteen seconds, I felt a little bit timid’ (p.67). Although she felt timid, she was breaking her bondage to her phobia by her firm and persistent actions of coming into contacting with chickens. Moreover, she could face real chickens on a mission trip. When arriving at the village, she ‘used almost a day to look unceasingly

at the chickens and took photos with them' (p.68) in order to prepare herself to serve. She had gone on several mission trips intentionally to check her own reactions when facing chickens. With the above continuing actions which followed her healing experiences, she behaved boldly to overcome her chicken phobia.

F4 continued to let go of trying to control her son by accepting him and being present with him after her healing experiences. In the post-praying interview, she shared two examples. When her son lost her camera at a picnic, she talked to him softly and made him acknowledge his responsibility. She said, 'If it had happened in the past, I would have scolded him at once...[now] I will establish a new way of relating to him' (p.44). Another example, she intentionally did laundry at night time after coming back from a family trip, 'I want my child see a hard-working mother instead of a mother who always delayed doing things' (p.52). From her actions, her previous psychological healing of detaching from her controlling mother continued and even transformed to social healing in improving relationship with her son. In the follow-up interview, she shared, 'I remembered playing table tennis with him...I had accepted his stalling habit...I challenged him by telling him that he would not play better than me, then he challenged me to scoring' (p.67). She participated in the activities of her son in order to engage with him in an accepting way. Besides improving her relationship with her son, she also showed continuous spiritual healing. She revealed a situation of being influenced by evil spirits,

[After] praying with anointing oil with a Buddhist friend...I was pressed by the evil spirits while I was sleeping that night...My first reaction was disappointed, God had healed me, but it came back. The second reaction was unafraid, knowing that God is my strongest shield...I made a pray in my heart, 'God, You will save me!'...At first, there was a feeling of powerlessness, but I felt completely relieved after it [the evil spirits] had gone'. (pp.63-64)

Her boldness in praying for self deliverance indicated that her spiritual healing in being delivered from bondage to worship her dead brother continued, and her faith in God in the service of prayer healing became stronger.

M1 intended to escape from the environment which would lead him to fall into the temptation of lust easily. In the post-praying interview, he shared, ‘I intentionally looked at other places...I deliberately avoided myself from getting caught into temptation’ (M1, p.32). He also intended to read a book concerning facing temptation, ‘It talked about the conquering of temptation, how to conquer the accusation of Satan...that was a heart-strengthening shot [for me]’ (p.34). His psychological healing on relieving his habitual thinking of sexy women continued by removing himself from the sight of those women and by reading a book to strengthen his practical strategies to conquer temptation cognitively, and that made him grow in confidence to break the bondage to his addiction of watching pornography.

The above three participants (F1, F4 and M1) revealed the fact that their firm and persistent actions following their healing experiences broke their past bondages with continued and transforming healing.

Interpersonal Action Revives Stifled Communication and Entangled Relations in Intimate Relationships

All participants experienced different degrees of social healing during and after the prayer healing. It is significant from the data that they had performed relational actions following their social healing experiences with the outcomes of reviving stifled communication and entangled relations in their intimate relationships. F2 shared in the post-praying interview, ‘[My] relationship with my husband has improved...the reason is communication...I had told him what he did not know before...I had cried for a long time in the park’ (F2, p.48). She initiated communicative action to break the suffocated communication by telling her husband the things that were buried deeply in her and crying, and that made way for fresh and mutual communications. She continued, ‘As I had forgiven him...our problem was the lack of mutual communication...now our

communication improves gradually as an opening door' (p.50). Forgiveness not only soothed and healed her hurt of not being understood by her husband, but also enabled her to initiate mutual communication which broke the blockage with her husband.

The actions of F3 after her healing experience involved talking to and helping her father in a compassionate manner. In the follow-up interview, she shared, '[My father] is really exhausted...He needs more rest and to sleep in a cleaner house...[I] will do cooking in my sister's house which is just beside his house' (F3, p.92). After letting go of the craving for the love of her father, she did more cleaning and cooking, and that made her father feel comfortable in his illness. Her compassionate actions which followed her social healing revived the stifled communication with her father. She also indicated, 'I could settle and separate my emotions by not projecting towards [him]... and could free myself from the entangled relationship' (p.92). Her compassionate actions towards her father after her healing experiences revived their entangled relationship in which further social healing continued.

F4 showed continued transformation in relating to her mother when she would pray for her instead of striking back with her. In the follow-up interview, she revealed an argument situation with her mother,

I would have stricken back in the past...This time...I left, cried and knelt down inside my room...suddenly I have an inner instruction: 'You need to pray for your mother...don't tell me you cannot accept her'...Then, I took oil, went out to tell mother that I wanted to pray for her...After praying, we felt good...After several days...our relationship was so good, Woo! (F4, pp.68-69)

She managed her negative emotion towards her mother by praying with anointing oil for her mother after her social healing on forgiving her mother and psychological healing on letting go of the craving of the love of her mother, and that transformed her entangled relationship with her mother into a 'really good' situation.

M1 transformed the suffocated communication with his wife into mutual

communication and intimacy by the relational actions which followed his healing experiences. In the post-praying interview, he described that he ‘communicated more with...cherished more of’ his wife (M1, p.37) and ‘shared his need [of sex]’ to his wife (p.39), and that made his wife understand more of his need and made their relationship more intimate. Moreover, the follow-up interview revealed that his psychological and social healing in relating to his wife continued with ‘increased communication...more mutual understanding and intimacy’ (p.43) with his wife.

[I] seldom looked at sexy women...The attraction of my wife became stronger... [I] appreciate her physical appearance gradually...Sometimes she would ask me ‘Do you want it [sex]?’ I feel being empathized... We will arrange a time [for sex]...I feel being satisfied...recognized ...this would not be happened before the prayer healing’. (p.48)

He kept on escaping from the temptation of thinking about sexy women and continued to accept the physical appearance of his wife. These actions gained the appreciation of, and feedback from, his wife towards his needs, and that continued his psychological and social healing in relation to intimacy with his wife.

M2 revived the blocked communication and the enmeshed relationship with his father by his active actions in engaging his father after forgiving him in the prayer healing. The post-praying interview revealed that his attitude towards his father had changed, ‘I had accepted him, instead, I am thinking of how can I help him...I need to do something’ (M2, p.58). He shared his actions towards his father,

I would phone him because of not seeing him for sometimes...invite him to have dinner whether in his house or my house...once per three to four weeks...this would not have happened in the past...I also need to arrange meeting with my father-in-law...to have dinner or visit him...in fairness [to my wife]’. (pp.73-74)

His helping and visiting his father after his psychological healing due to forgiving his father enabled him to have continued social healing in re-engaging with his father. His actions also contributed to a fair and good relationship with the family of his wife. That was a further psychological and social healing for him to become a ‘care taker’

instead of a craver for his father's love as before.

The above five participants (F2, F3, F4, M1 and M2) revealed the fact that their relational actions following their healing experiences revived suffocated communications and entangled relationships with their respective family members. These actions continued and transformed their social healing in their daily lives.

Self-enhancement Action Develops Personal Growth and Relational Support

It is significant from the data that participants had self-enhancement actions which followed their healing with the result of enhancing personal growth and relational support. In the case of F1, her willingness to share her phobia with others was the action which followed her psychological healing of acknowledging her own responsibility and having confidence to protect herself. Through that action, her psychological healing was transformed into the social healing of mutual relational support from others. Before the prayer healing, she would share her phobia with others in order to have them 'help' and 'protect' her (F1, pp.17-18). In the post-praying interview, she shared the improvement of her attitude concerning self-protection, 'It is not necessary for others to protect me, that is, my own will becomes more certain' (p.57). She determined to face her phobia by seeing chickens courageously instead of requesting others to take away chickens from her sight. She also shared her 'great happiness' and 'joy' in relating others who would 'intercede for her' for facing her phobia (p.60), but not to desire protection as a benefit from them. The changing of her motive in sharing led her to continue to let go of her phobia and transform her interpersonal relationships to be more reciprocal. In the follow-up interview, she showed her faith in building up self-protection to face the chicken phobia. She claimed,

with self-assurance, 'I will speak to myself when I see chickens, I will never fear chickens anymore...In turn, this gives me strong and firm [attitudes] that I will not return back [to fear of chickens]' (pp.82-83). The above self-enhancement action continued her psychological healing in personal growth and social healing in mutual support with others, and that made her face the phobia courageously.

F2 shared in the follow-up interview that she had sought 'marriage and personal growth counselling' (p.58) with her husband. That action after her healing experiences enhanced her self-understanding and the intimacy of their relationship as a couple. She shared, 'God granted me peace through clinical psychologist and some pastors... They led me to understand that...I was angry with myself...angry with God for doubting why God had given me the disease' (p.59). Seeking counselling and pastoral care were actions which would continue her psychological healing and understanding of her negative feelings towards self and God, and her social healing to have more mutual communication in her relationship with her husband.

F3 shared in the post-praying interview that she was willing to share her difficulties by 'sending messages to others for intercession' (F3, p.69), and that would not have happened before the prayer healing. That sharing action continued her social healing in relational support. She explained, 'As it [jaw pain] was a problem, it needed to be solved...[and] took action...[I think] how to make myself more healthy whatever physically, psychologically and spiritually' (p.70). She took action after her physical healing on jaw pain and psychological healing of not deprecating herself by sharing her difficulties with others for support. That action continued to ameliorate her interpersonal relationship and heal her psychologically in soothing her pain of loneliness. She had also taken a course on personal growth, and that action of self-enhancement after her healing experience continued her self-understanding. She shared, 'I had applied for a course, it related to personal growth in a studying

camp...After praying, personal growth needs action' (p.78). After finishing the course, in the follow-up interview, she shared, 'I had reviewed my personal development and experiences...how to face my way of living in certain stages of life...If I have to face more difficulties now, it will be easier for me to deal with' (p.87). That course on personal growth was obviously an action that continued her psychological healing in helping herself to be more mature in self-understanding and to have more self-confidence to face her future.

M3 also showed his self-enhancement and improved social relationship by seeking relational support after his healing experiences. In the post-praying interview, he shared that he would 'ask for help if he really did not understand' (M3, p.40). He recognized, 'My situation can be known by others, this helps me express and let others understand me...also, I can understand others' (p.44). That action of seeking-help continued his psychological healing to alleviate his grievance of being stereotyped by others. Moreover, asking for help was a mutual process of understanding others and being understood. That was a continuous psychological healing of rebuilding his self-confidence in facing others and also a social healing of establishing social skills in working with his colleagues.

The above four participants (F1, F2, F3 and M3) revealed the fact that their actions of self-enhancement after their healing experiences continued their psychological healing of personal growth and their social healing of mutual support in relating to others.

Praying and Caring Actions Leave Room for Joy and Satisfaction

All the participants had experienced different degrees of improvement in their relationships with God. It is indicated from the data that their actions of praying which

followed their healing experiences provided room for them to continue and transform healing. F1 shared in the post-praying interview, 'I had a dream about chickens, and that was what I had been prayed for a week ago...I wanted to see my reaction to it...and I feel peace inside' (F1, p.48). Her action of praying for a dream of chickens after her healing experience continued her psychological healing of increasing peacefulness when seeing chickens. Moreover, she shared in the follow-up interview, 'even if I see chickens, I will say to myself that I am not afraid of them anymore...I can give a strong affirmation to myself' (p.82). She continued to behave with courage in facing chickens, and that provided room for her to experience further psychological healing of self-affirmation in facing her phobia.

F2 also took actions following her healing experiences in order to leave space for her to experience continued psychological healing. The follow-up interview revealed that she saw again the two sets of imagery that she had seen in the praying interview. Image 2 (God in the surgery room) reassured her she could let go of the fear of the coming surgery, and she felt the reminder from God, 'I am your doctor, [you] need to fix your eyes upon my direction' (p.61). Image 4 (she poured wine on the vessels of others) reassured the promise of God of passing on her service to others, and she 'really felt that God bless her by telling her again His promise' (p.61). She prayed continuously in her quiet time, and from that she got further psychological healing of soothing from the reassurance of God for facing the unknowns during and after the surgery.

M2 prayed continuously for his family members after his healing experience, and he experienced self-satisfaction and bonding with others. In the follow-up interview, he shared, 'In every praying time, I will pray for, besides my own family...my father...for there are needs in his family' (M2, p.81). That revealed that his psychological healing of letting go of the craving for his father's love was transformed into continuous caring

for his own family and his father. That was a further social healing in connecting with his father by caring for him in prayer and by helping and dining with him.

The caring actions of M3 after his healing experiences leave room for joy and satisfaction. In the post-praying interview, he shared, 'I cared more for a colleague... talked to him, encouraged him...with my own experiences...I really felt happy for doing that' (M3, p.45). His caring action further enhanced his psychological healing to have more self-confidence and self-assurance, and that made him expand his social healing in fulfilling his inner desire of being helpful to others.

The above four participants (F1, F2, M2 and M3) indicated that their actions of praying and caring which followed their healing experiences enabled their joy in healing to continue and transformed their personal development.

7.2 Conclusion

From the above discussions of investigating Theme 5, it can be ascertained that the actions which followed the healing experiences of the participants made way for continuing and transforming different aspects of their healing. The actions included: their firm and persistent actions that broke their past bondage; their relational actions that revived their stifled communications and entangled relations in intimate relationships; their self-enhancement actions that enhanced their personal growth and mutual relational supports; and their praying and caring actions that left room for joy and satisfaction. This is significantly indicated that firm and persistent actions following the healing experiences of the participants continue their healing experiences and transform them to be more profound.

After investigating the interpretations of the five identified themes in Chapter

Five to Chapter Seven for answering the research question, the following chapter is going to reflect theologically on the contents of the thematic interpretations.

CHAPTER EIGHT: THEMATIC DISCUSSION AND THEOLOGICAL REFLECTION

This chapter discusses the five identified themes relating to the literature review, theological reflection, discourses of the Scripture and my experiences in the process of praying. The thematic discussions below relate to the research gaps which are investigated through theological reflection on the interpretations of the findings. In the process of discussion and reflection, Theme 1 and Theme 2 are two valuable preparatory stages for the participants to experience healing, but, they are not related to the research gaps. In the thematic discussion of Theme 1 and Theme 2, only the roles of the pray-ees will be involved, for the two Themes were formulated from their healing experiences. The thematic discussions of Theme 3, Theme 4 and Theme 5 will respectively answer the knowledge gaps of Gap 1 to Gap 3, Gap 4 to Gap 5 and Gap 6. Gap 7 is an independent discussion and will be discussed in Chapter Nine ‘Conclusion’ as one of the contributions to knowledge. An overview of the relationships between the research question, the five identified themes and the seven research gaps is indicated in Appendix 26.

8.1 Expectation of healing (Theme 1)

Expectation of healing is obvious in both the pray-er and the pray-ees, however, the research concentrates on discussing the expectation of healing in the pray-ees. The interpretations of the research findings indicate that the expectation of healing of the pray-ees prepared them to experience healing in many ways (section 5.1). In investigating the healing of people, Lees, a Christian doctor, and Fiddes, a theologian, recognize that there is ‘a sense of the unknown’ in understanding how healing happens. They accept that all healing is the healing of God in the areas of the known and unknown (Lees and Fiddes, 1997, p.12). They contend that people are healed ‘always

through a *cooperation* between God and his creation, through divine initiative and creaturely response' (p.16), and through 'the responsiveness to God's desire to heal' (p.17). The responsiveness reveals

the conscious attitude of the patient towards recovery...the response of the body and mind at the subconscious levels to the Spirit of God...Healing comes through partnership between God and his creation, and prayer is a means of entering such a partnership. (pp.17-18)

This prayer envisages two potential means that may indicate healing of the pray-ees. One relates to their conscious attitudes towards recovery in cooperation with the desire of God to heal them. It may include their faith in the healing of God or expectation of healing (Theme 1), and their acceptance of the forgiveness of God and offering forgiveness to others and themselves. The other relates to the subconscious level in which they are in relationship with the Spirit of God who loves them. It may be related to their connectedness to God (Theme 2) in terms of letting go of themselves, obeying God and the feeling of the presence of God. In terms of expectation of healing, the research findings resonate with Lees and Fiddes' (1997) understanding of how healing happens in people whose expectation of healing is a conscious level of attitude towards recovery in cooperation with the desire of God to heal them (p.17).

This conscious level of expectation of healing is closely related to the faith in God who heals, however faith is one of the controversial issues in performing prayer healing. A danger in prayer healing is the belief that it can be simplified into some practical steps in order to get healing. In this research, it is the case that the healing experienced by the pray-ees was not through some simplified steps, but through many different interconnected steps with impetratory prayers in the process of praying. Although most of the participants experienced different aspects of healing, there were still some participants who did not experience any healing in some aspects. I cannot make the causal link that the participants were not healed because of their lack of faith, though faith is a crucial factor in the healing of God (Leung, 2011, pp.82-83). I learned

from the process of praying that if faith in healing becomes a technique to manipulate God to heal according to our (the pray-ees' and my) wills, it is dangerous and even disastrous. Blue (1987) refers to this destructive faith as a 'faith formula' centering on human responsibility (p.42). That means, 'If you fulfil God's conditions by believing enough, God will heal. If you do not fulfil his conditions by believing enough, he will not...failure to be healed must always come back to the lack of faith' (p.43). This 'faith formula' not only creates a causal relationship between faith and the healing experienced, it also misunderstands the real meaning of faith in the Scripture.

According to some discourses on the Scripture, there were different kinds of miraculous healing that happened relating to different levels of faith in people. For example, there was great faith (the centurion with his paralyzed servant in Matt 8:5-10), good faith (the woman who suffered from haemorrhage for 12 years in Matt 9:20-22 and the Canaanite mother with a demon possessed daughter in Matt 15:28), pro-active faith (the two blind men in Matt 9:27-31), little or not enough faith (the father with a son who were influenced by deaf and dumb spirits in Mk 9:23-24), absence of faith (the crowd facing the dead daughter of the synagogue officer in Matt 9:23-25 and the lame man in the temple in Acts 3:4-7), unaware faith (the lame man in Acts 14:8-10) and even just passively receive healing without any demonstration of faith (the widow with her dead son in Luke 7:12-15). I see that there is no fixed level of faith in people needed for healing to occur by prayer. However, Jesus taught that if we have faith as small as a 'mustard seed' (Matt 17:20) and 'do not doubt' (Matt 21:21), then we can move a mountain. My interpretation is that, in prayer healing, there should be faith, but it does not matter what level it is. In this understanding of faith, faith cannot be earned by our hard working. Blue (1987) states, healing faith is not 'hard work and strong belief by which we may be ensured of God's blessing' (p.100). I need to admit that when I pray for the sick, God remains sovereign, and I will not know absolutely that

healing is the will of God in a particular circumstance. As Tiessen (2000) states that ‘neither the faith of the sick person nor the faith of the intercessors provides a guarantee that God will heal’ (p.353). Therefore, healing faith belongs to the one who always prays that God will heal according to His good will in His Providence. I affirm the notion of faith in the above discourses of the Scripture with my practical prayer healing experiences in the research. I (and Christians) can pray freely and wholeheartedly for people for healing to occur according to the will of God, as we have faith in God.

In the research, most of the prayers for healing were conducted during Empathetic Dialogue. It is a relational interaction between the pray-er and the pray-ees that reflects a personal interaction with the Holy Spirit in the process of praying. There is a relational aspect in understanding the meaning of faith in prayer healing. Brümmer (2008) stresses that God will make our impetratory prayers meaningless and reduce us to ‘objects’ if God provides us with whatever we want irrespective of what is being asked. God wants to treat us as ‘persons’ in a personal relationship with Him, to invite us to pray and ask Him for the things we want. God will not provide us with all our needs which are unasked. This is the provident God who ‘provides us with a ground for confidence in calling upon him’ (p.59). Faith that is happening in a personal relationship is shown in the biblical message that our heavenly Father gives good things to those children who ask Him (Matt 7:11). Brümmer’s (2008) healing faith within a personal relationship also resonates in Blue’s (1987) argument for healing faith. Blue (1987) contends that healing faith is the relational ‘childlike trust’ which looks away from self to God in a personal relationship with God. Therefore, the real question in healing faith is not, ‘Do I believe strongly enough to be healed or to pray for the sick?’ but, ‘Is God the sort of person I can trust, and am I willing to be open to his love?’ (p.103). It is the personal relationship with God through which the pray-ees

(and I) can ascertain an expectation of healing and faith in God who heals.

In sum, the expectation of healing of the pray-ees prepared them to experience different aspects of healing in holistic prayer healing. This expectation grows in their personal relationship and bursts in their faith with God who loves to heal.

8.2 Connectedness to God (Theme 2)

The interpretations of the research findings indicate that the connectedness to God of the pray-ees prepared them in many ways to experience healing (see section 5.2). This finding resonates with Lees and Fiddes' (1997) understanding of how healing happens in people whose connectedness to God is at a subconscious level of relating to the Spirit of God who loves them (p.18). From the discourses of the Scripture, connectedness to God was described as the abiding of the 'true vine' and the 'branches' (John 15:5), and that makes the prayers successful (John 15:7). There is not only a conscious level in the pray-ees as described in their expectation of healing (Theme 1), it also involves in them a subconscious level of mutual relationship with God through the Holy Spirit. Prayer is incoherent if pray-ees do not connect with or accept the existence of God (Brümmer, 2008, p.31). Therefore, connectedness to God is a basic foundation for the pray-ees to experience the providences of God, including all aspects of healing.

The pray-ees believe that God who listens and answers is connected with them in mutual relationship. This belief in their petition of prayers indicates that it is not the omniscient nature of God that predetermines the outcomes of prayers or responses from God (Tiessen, 2000, p.343). It is the personal relationship between God and the pray-ees who receive responses from God. This makes their prayers meaningful in the sense that they have actively participated in the dialogical relationship with God who

listened and responded. In the process, whether healing happens or it does not is not determined by the sovereignty of God or the level of faith of the pray-ees, but by the personal relationship between God and the pray-ees.

The research findings indicate that the different aspects of healing which the pray-ees experienced through their expectations of healing (Theme 1), connectedness to God (Theme 2) and impetrating prayers towards God (Theme 3, which will be discussed in the next section) are rooted in their conscious and subconscious relationships with God. In this relationship, with their participation in prayer, whether the attitude or the determination of God changes or not, it is still the sovereign decision of God. It is unjustified for the pray-ers to say that they have changed the decision of God (Tiessen, 2000, p.342)). The outcome of prayer healing is that God will heal according to the interplaying of the personal relationship or His connectedness with the pray-ees. In this respect, the research findings also indicate that healing is continuing to happen in the contemporary world for personal relationship between the pray-ees and God is ongoing. Prayer for healing is meaningful for God loves to heal and is still pouring out his healing spirit to the pray-ees to bring healing and conversions (Pattison, 1989, p.55).

In sum, connectedness to God prepared the pray-ees to experience the healing of God. It also affirms an abiding mutual relationship between God and the pray-ees in which they acknowledge the healing of God in their sickness and in difficult life situations. God participates and brings healing in their lives through His good will towards them and through the mutual relationship between God and them. In this way, different aspects of healing happen through prayers.

8.3 Experiencing Healing through Impetrating Praying (Theme 3)

An impetrating attitude towards God is obvious in both the pray-er and the pray-ees during the process of praying. The interpretations of the research findings indicate that their impetrating attitudes led the pray-ees to experience different aspects of healing (section 6.2). The process of praying consisted of petitionary prayers in which the pray-ees and I presented our desires for healing to God, and I wanted God to heal the pray-ees. In theological reflection, our petitionary prayers in our impetratory purposes led to obvious healing but gave rise to some difficulties in the understanding of the providence, omniscience, omnipotence and perfect good of God (Tiessen, 2000, p.19; Brümmer, 2008, pp.33-34), especially in relation to the deterministic view of the providence of God concerning healing in the Reformed tradition (Leung, 2011, pp.68-69). In facing the various healing findings, it is appropriate to discuss the meaning of impetratory prayer.

Brümmer (2008) states that there are two presuppositions involved in the things prayed for, ‘it is neither impossible nor inevitable that God should bring them about’ and ‘the prayer itself is a necessary but not a sufficient condition for God’s doing what is asked’ (p.34). The first presupposition means that it is meaningless to ask for people to do something that we suppose they cannot do and avoid doing. Brümmer (2008) contends that God, in His omnipotence, can do all things which are logically possible and not contrary to His nature. God is not subjected to the rules of logic, but God limits Himself so as not to do contradictory things, such as God cannot do evil to contradict His own nature of goodness. Therefore, it makes no sense for impetratory prayer to request God to do what is logically impossible and to ask God to act contrary to His good will (pp.36-38). He postulates that ‘impetratory prayer presupposes a personal God who can freely choose to do certain things even though he has the ability to do otherwise’ (p.38). The second presupposition means that prayer itself is a condition for

God to respond to what is requested, but it is not a sufficient condition to make God inevitably comply with the request. In other words, in prayer, there is no causal relationship which leads to an inevitable response from God. God will respond to pray-ers according to their asking in His own will, and that also presupposes a personal God who will respond to pray-ers personally.

The above meaningfulness of impetratory prayer shows, as Tiessen (2000) postulates, that the providence of God has ‘factored God’s knowledge of future possibilities’ (p.342) from which a deterministic view of the providence of God has been challenged. The future possibilities relate to the eternal purpose of God, and that includes a possible participation of the pray-ers in a rational and personal way. This acknowledgement of the personal relationship between God and the pray-ers forms the basic theological and logical foundation for me to face the struggles in prayer healing. In investigating the healing miracles of Jesus, Turner (1998) concludes, ‘faith was often more obviously a *condition* of healings than their *goal*’ (p.244). That means, the healing experienced by pray-ees is due to their impetratory faith *per se*, but not for demonstrating other purposes, such as ‘messianic proofs’ (p.244).

The healing the participants experienced not only makes sense from the above reflection on their impetrating attitudes towards God, but is also supported by the discourses of the Scripture. For example, the parable of the friend who pleaded for bread at mid-night (Luke 11:5-8) indicates his impetrating ‘persistent’ attitude towards God; the parable of teaching people not to lose hope in praying (Luke 18:1-8) indicates the impetrating ‘keep bothering’ attitude of the widow. The parables revealed a personal relationship between the ‘pray-ers’ and ‘God’, and in that relationship both the requests of the ‘pray-ers’ are answered. This presupposes a personal God who will respond to pray-ers according to their participation and the eternal purpose of God. Therefore, the impetrating attitudes of the pray-ees leading to healing are obviously

reflected. Their healing experiences through impetrating praying contribute to the research gaps which this research seeks to address and are discussed as follows.

Different Aspects of Healing Manifested in an Interconnected Way (Gap 1)

The research findings demonstrate that most of the participants experienced different aspects of healing in an interconnected way, and that contributes to the research gap. Different aspects of healing find in the discourse of the Scripture. For example, the demonized man of Gerasenes was healed holistically (Mark 5:1-20). Once the man was healed spiritually with deliverance from the evil spirits, he appeared to be physically healed by ‘sitting down’ without ‘gashing himself with stones’ and psychologically healed for he was ‘clothed and in his right mind’ without somebody ‘to subdue him’. He also experienced implicit social healing by showing his eagerness to ‘accompany’ Jesus, and explicit social healing by living in the city to proclaim to people what Jesus had done for him. In response to the holistic healing in the above discourse, there are two participants who experienced all four aspects of healing in an interconnected way.

In the case of F1 (chicken phobia), after experiencing implicit social healing in forgiving those who had frightened her, she experienced the psychological healing of letting go of her aggrieved character and unhealthy attachment to her mother. Then, she experienced the spiritual healing in her freedom from bondage to evil spirits behind her phobia and physical healing in recovering from the complete numbness of her hands and the softness of her whole body. Lastly, she was aware of taking advantage of others through her phobia, and she acknowledged she had ignored her own part in protecting herself and she pleaded for forgiveness from God. This was further explicit social and

psychological healing for her. In the case of F3 (jaw pain), after experiencing spiritual healing from breaking the bondage to the curse of drinking 'talisman water', she disclosed her inner hurt of being abandoned, and that led her to experience the psychological healing of letting go of her craving for the love of her mother. She experienced implicit social healing in forgiving her mother during the praying interview (she also showed an improvement in her relationship with her family members through behavioural change after the praying interview). She then experienced further psychological healing when her unanswered question was 'answered' and she felt the 'feeling of home'. Then, she experienced instantaneous physical healing in the alleviation of her jaw pain, and that was interconnected with the social healing of forgiveness and the psychological healing. The above two cases of sequential episodes of healing in F1 and F3 show that the four aspects of healing are manifested in an interconnected way during the prayer healing process.

There are two other cases showing the interconnecting character of the different aspects of healing. In the case of M1 (addiction to pornography), he reported that the frequency of pornography watching and masturbation decreased from two times a week to one time per two weeks in the post-praying and the follow-up interviews (section 4.1, p.103). It seems that his healing was the physical healing of decreasing the frequency of watching pornography. However, his desensitization to the need for watching pornography and masturbation may also be the outcomes of other aspects of healing. From the psychological aspect of healing, he was more attracted to his wife physically and mentally. In relation to spiritual healing, he felt being delivered with less accusation and guilt feelings within him, and he felt being forgiven and accepted by God. From the social aspect of healing, he took the initiative to express his sexual need to his wife and the frequency of sexual intercourse with his wife was higher than before. In the case of M3 (lower back and shoulder pains), he had mentioned physical

pain in the pre-praying interview, however, I did not pray for his physical need during the praying interview. Nevertheless, he reported complete physical healing on his lower back pain and much less shoulder pain with good quality sleep in the post-praying interview (section 4.1, p.103). The interpretation is that his physical pain primarily came from his psychological disturbance and pressure in facing his working conditions and colleagues. Therefore, once his psychological pain had been relieved, his signs of physical pain vanished. The above examples of M1 and M3 indicate that one aspect of healing is interrelated to other aspects of healing.

I want to discuss more the aspect of physical healing in relation to the interconnecting healing character of prayer healing. The physical healing in F1 (chicken phobia) and F3 (jaw pain) were outstanding during the praying interview, but there was no sign of physical healing in F2 (epilepsy) and F4 (tone deafness) either during the praying interview or reported in the post-praying interview. However, there were some signs of healing reported in their follow-up interviews (section 4.1, p.103). The healing of fewer minor relapses in F2 might come from her psychological healing of more emotional stability in facing her coming surgery. The healing of better singing in tune in F4 might come from her psychological healing of letting go of the shame which came from the negative comments of others and her continued action of practising singing. It can be seen that for those participants who had mentioned physical illnesses, the effectiveness of their physical healing had been improving continuously from the period of the praying interview to the follow-up interview, even though there were no signs of physical healing at first. The research indicates that physical healing would continue to occur once the prayer healing started. There may be several explanations for that. First, the prayers for physical healing alone contributed to the continuous healing. Second, the effectiveness of physical healing is gradual, and would not fully happen at one point in time. Third, it relates to the interconnecting

character of the different aspects of healing that one aspect of healing would enhance and even prolong the effectiveness of healing of other kinds. When comparing the physical healing of F2 (epilepsy) and F4 (tone deafness) with F1 (chicken phobia) and F3 (jaw pain), the latter two experienced outstanding physical healing during and after the prayer interview. They were healed after outstanding psychological healing of soothing emotional damages and changing cognitive attitudes. Although a 'chicken phobia' and 'jaw pain' may be cured more easily than 'epilepsy' and 'tone deafness' from a medical point of view, a lack of signs of physical healing in some cases cannot negate physical healing in other cases, or disregard the other aspects of healing manifested in prayer healing.

In sum, the above discussions indicate that, in the impetrating praying of the participants, different aspects of healing are manifested in an interconnected way which contributes to our knowledge in understanding the interconnecting character of holistic prayer healing (Gap 1).

Spiritual Healing Delivers Pray-ees from their Bondage to Evil Spirits (Gap 2)

The literature review indicates that spiritual healing as deliverance is not always a priority in prayer healing (Chapter Two, p.55). Discourses of the Scripture showing the work of evil spirits was common in some pagan cultures of the colonies of Rome such as Philippi and Ephesus, and spiritual healing of deliverance from bondage to evils spirits was necessary alongside the spreading of the Gospel. For example, when Paul arrived at Philippi, he was obstructed from preaching the Gospel by a slave-girl who had 'a spirit of divination' and could use 'fortune-telling' to make much profit for her masters. Paul delivered the girl from her bondage to the evil spirits by a deliverance

prayer (Acts 16:16-24). Another example, in Ephesus, the seven sons of a Jewish chief priest called themselves exorcists and wanted to cast out evil spirit from a man by using the name of Jesus whom Paul preached. They were subdued and overpowered by the evil spirit in the man. That incident made the Gospel spread with the reduction of the influence of evil spirits on people (Acts 19:13-20). The above examples indicate that there is warfare between Christians and evil spirits in conquering people to push them towards or keep away from God, especially in a pagan culture. Hong Kong is a pagan culture where people worship traditional Chinese gods and deities which block their eyes from God. From a prayer healing perspective, they need to be delivered from their worshipping of these deities in order to come closer to God. The participants of this research are all Chinese Christians who might have been involved in worshipping Chinese traditional gods and other spirit-related practices before they turned their faith to Christ, and that needed to be delivered or healed according to my Christian tradition.

The research findings show that spiritual healing is manifested effectively in four (F1, F3, F4 and M1) participants through their impetrating praying, and that contributes to the knowledge of spiritual healing with reference to bondage to evil spirits (Gap 2). The cases of F3 and F4 related to the worshipping of Chinese gods and spirit-related practices respectively. F3 recalled worshipping gods by burning her hairs to ash to make talisman water to drink for healing purposes (section 6.2, p.188), and F4 discussed worshipping her dead brother by burning incense and talking to him (section 6.2, p.181). During their impetrating prayers of deliverance, F3 experienced psychological healing in putting down her anger towards her mother for forcing her to drink the talisman water and the spiritual healing of being delivered and cleansed by God. F4 experienced psychological healing in detaching from the unhealthy attachment to her mother and spiritual healing of being delivered from the guilt of worshipping dead people and the responsibility for the death of her brother. The

spiritual healing needs of F3 and F4 were not uncommon in Chinese Christians. Their psychological healing was significantly manifested in their processes of deliverances. If I had missed performing prayers of deliverance for them, then the psychological aspect of their healing might not have been manifest, and that would undermine the interconnecting character of the different aspects of healing in prayer healing.

There was other spiritual healing found in the research. In the case of F1, with her impetrating attitude for being delivered from the binding of evil spirits behind her chicken phobia (section 6.2, pp.179-80), after praying, she experienced physical and psychological healing which made her 'feel so relaxed' (F1, p.32). That relaxation prepared her to face the most fearful scenario of chickens through a prayer of deliverance in which her hands became completely numb, her heart beat ran fast and her whole body became flaccid. After struggling through all that, she felt 'very peaceful' (p.38) and 'not much fear' (p.39). The sudden resumption to her normal body condition (physical healing) and the gradual fading of her fearful images of chickens (psychological healing) indicated spiritual healing in delivering her from bondage to the evil spirits that were behind her phobia, and that also showed the interconnecting character of different aspects of healing (Gap 1). In the case of M1, as I followed his impetrating request to perform prayers of deliverance for him relating to his addiction to pornography and masturbation, he was relieved from the sense of accusation and the guilty feelings within him (section 6.1, p.182). After that, he experienced a feeling of cleanliness about himself and the acceptance of God, and that reaffirmed his dignity as a servant of God. He could also use the prayer of 'In the name of Jesus, I declare...' in his daily life to conquer the temptation of lust.

In sum, spiritual healing in the participants was manifested through their impetrating attitudes and praying, and that delivered them significantly from bondage to evil spirits. Spiritual healing is not uncommon in Chinese Christians related to

worshipping gods and spirit-related practice, it should not be neglected in prayer healing in a Chinese context (Gap 2), and it is interconnected with other aspects of healing (Gap 1) in holistic prayer healing.

Social Healing Manifested Implicitly and Explicitly (Gap 3)

Social healing is viewed as the outcome of personal healing which is composed of physical, psychological and spiritual healing (section 2.4, p.49) through their impetrating praying. That means, new social behaviours will be seen in the pray-ees, and their behavioural changes will continue and transform the healing in their daily lives. According to Hurding (2013), social healing has the function of sustaining people and enabling them ‘to endure and to transcend’ affliction (p.45). It can be seen as a ‘forward gain’ (p.44) which helps people overcome their physical, psychological or spiritual illnesses. There are discourses in the Scripture showing that social healing sustains people as they live out their lives. For example, after Mary of Magdalene had been healed physically and spiritually with seven demons gone out of her body, she lived out her social healing by participating in the ministry of Jesus and contributing out of her private means to support Jesus and the disciples (Luke 8:2-3). That showed her explicit social healing of rebuilding intimate and helpful relationships with people after her healing experiences. Another example, after Saul (later called Paul) was healed physically in regaining his sight by the prayer of Ananias and psychologically in his cognitive change of reasoning about Jesus, he immediately lived out his social healing by accepting baptism and staying with the disciples who were his opponents (Acts 9:2), and by proclaiming Jesus as the son of God (Acts 9:17-20). That showed his explicit social healing of reconciliation with his opponents and serving God with boldness in the future.

All participants were involved in social healing (Appendix 22) which is common in Chinese Christians. There are cognitive and behavioural levels of social healing. The former refers to implicit social healing during the praying interview, and that could be implied by certain behaviours of the pray-ees. The later refers to explicit social healing with behavioural changes after the praying interview. Although not all participants experienced implicit social healing, they all reported behavioural changes after the praying interview. Their implicit social healing could be seen in their impetratory prayers of forgiveness. For examples (in section 6.2), F1 forgave her brother and friends who had threatened her and she experienced herself letting go of her aggrieved character which had inhibited her interpersonal relationships (p.167); F2 forgave her husband and restored her acceptance of him, and that prepared her to establish mutual communication with her husband (p.167-68); F3 forgave her deceased mother from whom she regained the feeling of being loved, and that enhanced her positive attitude towards her other family members (p.199); M1 confessed his sin against his wife and experienced the forgiveness of God, and that motivated his desire to be attracted to his wife (p.168); M2 forgave his father and himself, he then experienced himself letting go of the expectation of his father, and that prepared him to connect with his father willingly (pp.190-91).

The above implicit social healing of the participants had empowered them to undergo explicit behavioural changes as they reported in their post-praying and follow-up interviews. For examples (in section 7.1), F1 could share her phobia with her friends freely without fear (pp.215-16); F2 willingly shared her experiences with her husband and experienced the joy of mutual understanding (p.216); F3 broke her hesitation to tell others about her jaw problem and made more connections with her father and sister (pp.216-17) ; M1 changed his behaviour towards his wife from aggressiveness to attentiveness with increasing intimacy (pp.213-14) ; M2 willingly

offered help to, and had more contact with his father, and he could accept his sons as they are, not putting his expectations in respect of his father onto them (p.214) .

In sum, social healing is effective and is manifested implicitly and explicitly through the impetratory prayers of the participants. Social healing in relationships involving family members, such as father and mother, husband and wife, and brother and sister are common in Chinese Christians. Therefore, social healing in a Chinese context should not be neglected in prayer healing (Gap 3), and it is interconnected to other aspects of healing (Gap 1) in holistic prayer healing.

8.4 The Role of the Pray-er Contributes to Healing (Theme 4)

This section is going to discuss and reflect on my role as the pray-er in the Empathetic Dialogue and the Entry Point contributing to the healing experiences of the pray-ees, and that reflects the healing work of the Holy Spirit mediated through my interventions. This contributes to knowledge of the pray-er performing sequential entry points (Gap 5) in the process of Empathetic Dialogue (Gap 4) with the pray-ees.

The Empathetic Dialogue (Gap 4)

The interpretation of Theme 4 clarified the dynamics of the Empathetic Dialogue between the pray-ees and me (the pray-er) in a relational structure in which the pray-ees were led by me to experience healing through the work of the Holy Spirit. Figure 8.1 below, which relates to the discussion in section 6.1 under the heading of ‘The Work of the Holy Spirit Mediated through the Intervention of the Pray-er’ (pp.161-66), summarizes the relational structure of the Empathetic Dialogue.

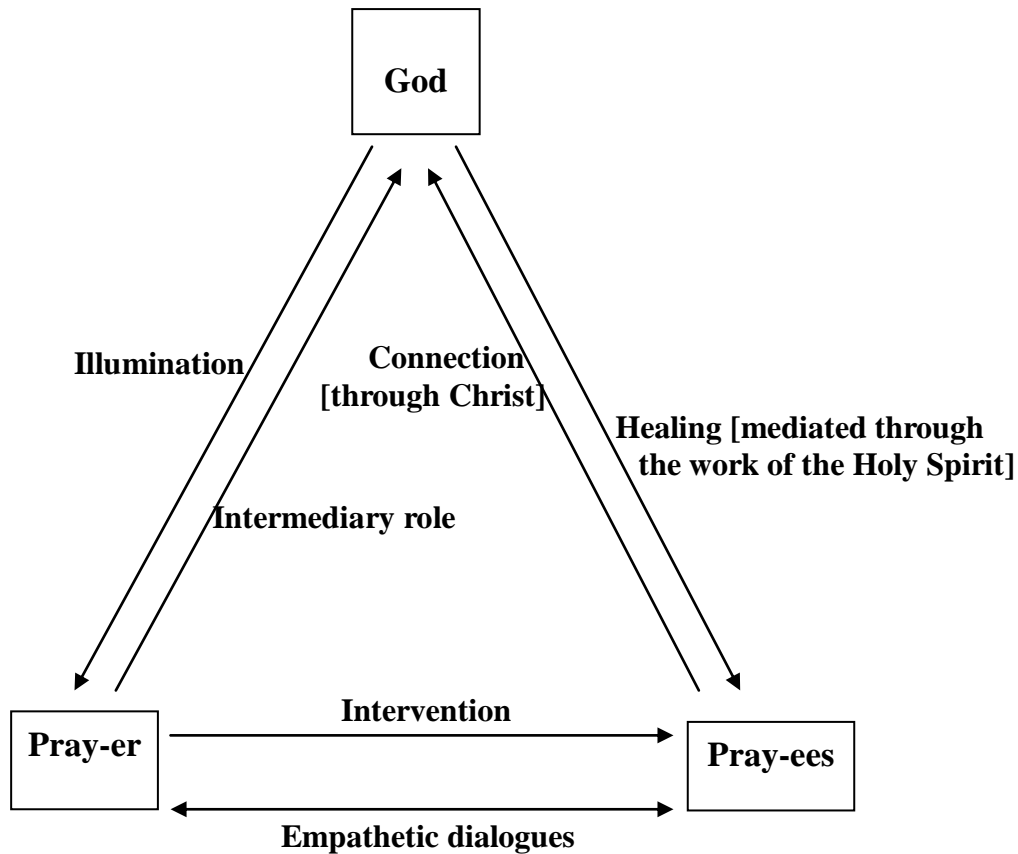


Figure 8.1: Relational structure of the Empathetic Dialogue

The above figure shows the theological reflection of the function of the Empathetic Dialogue in the process of praying. My role as the pray-er resembles an **intermediary role** in which I pray to God, make **intervention** with the pray-ees and receive **illumination** from God, and that leads the pray-ees to make **connection** to God through Christ and experience **healing mediated through the Holy Spirit**. The **empathetic dialogues** between the pray-ees and me are relational and reciprocal in the fact that I ally with the pray-ees so as to connect them to God through Christ and lead them to experience healing through the work of the Holy Spirit. The responses of the pray-ees will invoke in me for further interventions and empathetic dialogues with them, and that leads them to experience further healing mediated through the Holy Spirit.

In further discussion on the perspectives of theology and psychotherapy, I found from the contention of Browning (1966) that ‘both theology and psychotherapy are perspectives upon the phenomenon of healing – the former reflecting upon what God does to heal man and the latter reflecting upon what men do to heal each other’ (p.25). Therefore, he stresses that ‘psychotherapy might have something important to say to theology in its attempt to give precise, systematic articulation to the nature of God’s healing and saving activity’ (pp.26-27). In the purpose of generating an analogy to interpret the theology of atonement from psychotherapy (p.23), he asserts that the therapist’s ‘empathic acceptance announces, proclaims, and witnesses to the fact that the client is truly acceptable, not only to him[/her] as a therapist, but to some structure which transcends all finite referents’ (p.150). This interpretation of empathic acceptance in psychotherapy resembles my interpretation of the Empathetic Dialogue in prayer healing in which healing is manifested and also witnessed to the mediation of the Holy Spirit. Browning (1966) further indicates that therapists exercise the role of empathic acceptance and will heal the clients for they ‘must have an analogical or proportionate relation to the larger structure or it could not effectively indicate, symbolize, or witness to it’ (p.153). Kwan (2016), following the Browning’s (1966) notions of empathic acceptance and analogical role of the therapists, has studied the therapists’ roles of empathic acceptance extensively. He acknowledges that empathic acceptance is an human action of healing which ‘reproduces and re-enacts God’s healing action’ (p.22), and the ‘healing acts are analogical of and predicated upon God’s healing acts, then the Christian counselling effort can be effective’ (p.23). He relates Christian therapists’ effort in psychotherapy to empathic acceptance which can be viewed as an analogy of the healing of God. As the Empathetic Dialogue in prayer healing resembles empathic acceptance in psychotherapy, it can also be understood as an analogy of the healing action of God. My role in performing the Empathetic Dialogue enhances healing, and my healing action is an analogy of the healing action

of God through the Holy Spirit.

In sum, Empathetic Dialogue can be seen as a relational structure transcending the dialogues or prayers of people, and religious experiences of different aspects of healing can be manifested through the work of the Holy Spirit. Empathetic Dialogue reveals some forms of the presence of God who heals, and it makes a contribution to the knowledge of performing the Empathetic Dialogue between the pray-er and the pray-ees in prayer healing (Gap 4).

The Entry Point (Gap 5)

The practical meaning of the Entry Point is my praying with the pray-ees through a number of sequential entry points starting from the first one to the last in the praying interview. Each entry point has been theologized as the 'point of entry' (Cartledge, 2015, p.67) where the healing of God is manifested through the Holy Spirit mediated through my interventions towards the pray-ees. Although the praying interview was conducted by me, the process of praying following through the sequential entry points in the Empathetic Dialogue was a co-creation process by the pray-ees and me, and each of the entry points became a space for experiencing the healing of God. The praying through the sequential entry points contributes to the scarce knowledge of the research of prayer healing (Gap 5).

In reflecting on the above co-creating process which fosters healing experiences of God, there are three crucial points that I need to make. First, there is an attitude of uncertainty or wonder in me to cultivate the space for co-creation. According to the discourse of the Scripture, it is my acknowledgement of the 'without measure' of the Holy Spirit (John 3:34) that makes me humble in the process of waiting for the illuminations of the Holy Spirit and the responses from the pray-ees. From a

theological perspective, this does not mean that I do not have faith and theological understanding on the mediation of the work of the Holy Spirit, but I have to put down my past experiences and knowledge of prayer healing to foster openness and receptivity to the Holy Spirit, for it is God who heals through the mediation of the Holy Spirit and not me. This attitude of uncertainty in prayer healing is coherent with the attitude of ‘bracketing of the past knowledge’ (Giorgi, 2009, p.91) in the phenomenological approach that I adopted in this research.

Second, the sequential entry points have the meaning of entering into the lives of the pray-ees, especially their hurts and pains, so as to lead them to connect with God and experience healing. It is crucial for me to enter competently into their particular lives in ways that enable healing dialogues to occur in accordance with their pace and expectations for healing. For example, I would not force F3 (jaw pain) to have a prayer for forgiveness towards her deceased mother if she was not ready. Not until she had fully expressed her hurts and pains, and was soothed and healed in the process of praying, did I invite her again to perform a prayer of forgiveness (section 6.2, pp.198-99). Another example, I accepted the request of M1 to perform a prayer of deliverance for him at the outset of the praying interview, for he understood and believed theologically that his addiction to pornography was a bondage to evil spirits (section 6.2, p.168). In performing the sequential entry points, though, I will not know the backgrounds or belief systems of the participants. It is important for me to be cultural sensitive to their backgrounds and to have a compassionate heart for them in order not to offend or even control them in the process of praying. It resonates with my conviction in healing ministry to be a compassionate person who is willing ‘to suffer with one’ (Nouwen et.al., 1982, p.4) and to be a ‘wounded healer’ (Nouwen, 1972, p.79) as described in Chapter One.

Third, from my knowledge of counselling, as I participate in the healing process

of co-creation with the pray-ees through my interventions (such as prayers, empathetic dialogues, questionings, responses and reflections), I recognize that this process of co-creating resembles the narrative approach in psychotherapy in which the therapists assist the clients in articulating their experiences from their stories told in order to establish meaning, facilitate relatedness with others, maximize personal agency, and aids them in choosing how they can live differently in relation to their stories (Griffith and Griffith, 2003, p.93). In a similar way, the utilizing of the Entry Point in which I lead the pray-ees to experience different aspects of the healing of God from their stories of hurt stories is a co-creating process. This process establishes healthiness and facilitates interpersonal relationship, and that helps the pray-ees live a more abundant life in respect to the healing they have experienced.

The above discussion of utilizing the Entry Point integrates prayer healing with the utilization of counselling theory and skill in order to show the work of the Holy Spirit in prayer healing. I find that my counselling training used in the service of prayer healing makes an unusual combination in which counselling training with a strong charismatic evangelical prayer ministry. The exploration of it is a contribution to the knowledge and practice of this research.

Specific Intervention

During the process of praying, there were two main types of praying interventions that I want to discuss and reflect on. The first concerns four specific praying interventions that I had used: the prayer of deliverance, prayers responding to the sequential imagery of the pray-ees, the number of times of praying about physical healing and the use of the spiritual gifts. The second type relates to three ritual or ceremonial prayings such as announcing absolution, laying on of hands and anointing

with oil. All the interventions indicated my roles as the pray-er and showed their contributions to the healing experiences of the pray-ees.

Prayer of Deliverance ‘In the Name of Jesus...’

The first specific praying was the prayer of deliverance ‘in the name of Jesus, I proclaim’. In the discourse of the Scripture, believers have been given the authority to overcome ‘the gates of hell’ with ‘the keys of the kingdom of heaven’ to ‘bind’ and ‘loose’ whatever in earth as in heaven (Matt 16:18-19). The disciples of Jesus could deliver evil spirits as described in the discourse ‘Lord, even the demons are subject to us in your name’ (Luke 10:17). As a pastor and a healer, I could utilize the prayer of the inspired speech ‘in the name of Jesus...’ and also lead F1, F4 and M1, as believers, to utilize it in their spiritual healing of deliverance (Kraft, 1997a, pp.94-97). I found that no matter whether the prayer of deliverance was performed by me or by the pray-ees, the healing effectiveness was significant and even outstanding. The healing of the lame man was caused by speaking in ‘the name of Jesus’ through Peter (Acts 3:6, 16), and the apostles prayed that signs and wonders would take place through the name of Jesus (Acts 4:30). In discussing the healing effectiveness of proclaiming the prayer of deliverance, Shelton (1991) indicates that, in Luke, ‘there is a cause-and-effect relationship between authoritative speaking and miracles’ and ‘the activity of the Holy Spirit so often linked with inspired speaking is also responsible for healing’ (p.80). In other words, proclaiming ‘in the name of Jesus’ for healing was effective for the disciples of Jesus and is legitimized in the Scripture. From a Christian counselling perspective, ‘speaking’, such as announcement and proclamation, to clients is also a powerful therapeutic intervention. From my own experiences as a counsellor, clients will be empowered and be healed by my words, such as, through empathetic responses

with unconditional acceptance and announcing hope in forgiveness. A genuine function of using speaking in counselling for healing is to promote a feeling in clients of being accepted empathically. Kwan (2016) confirms that clients would be healed if they could experience 'empathic acceptance' from the counsellors (p.23). He also postulates that one of the factors from which the clients experience divine healing is their 'encounter with a Higher Power who transcends the ordinary' (p.44), and this factor 'must be immersed in an identifiable Christian signification system...[It] may include...the use of Christian ritual such as prayer...' (p.45). It echoes my intervention in using a prayer of deliverance 'in the name of Jesus', and that transcends my ordinary speaking leading the pray-ees to encounter God who heals. The above discussions of prayer healing in the discourses of the Scripture and from counselling perspective attest to the theology and psychology of prayer healing concerning the manifestation of the Holy Spirit. It is legitimate to say that the healing effectiveness of proclaiming a prayer of deliverance reveals the work of the Holy Spirit mediated through my intervention as the pray-er in the process of prayer healing.

Responding to Sequential Imagery

The second specific praying was to respond to the sequential imagery of the participants, and it turned out to be effective in healing. In a clinical discussion on the dynamics of imagery of clients, Carey (2018) contends that imagery offers 'a reflective space of containment where difficult, complex or indigestible thoughts may be processed and absorbed gradually' (p.84). That means, imagery provides valuable insights for both the clients and the therapists clinically. From my published book in Chinese concerning prayer healing from psychological perspective, the imagery of pray-ees can be viewed as some 'seeing' via their internal mental processes,

thoughts, impressions, images or sights in the minds or thinking of people, some like pictures, some like animations, in order to express their states of living or some of their abstract concepts and motions such as love, happiness...Imagery can make clear or explain some vague experiences, reveal different levels of experiences, lead out multiple meanings of experiences, express some situations and emotional states, and create possibility of new domains of the pray-ees [translated from Chinese by the researcher]. (Luk, 2014, p.54)

In other words, imagery can disclose different and deeper levels of experiences, and the sets of imagery of the pray-ees will be more understood by the pray-er and themselves in the dialogical praying interview in which healing was experienced.

Jerome (2006), in his research on practical applications of imagery in different kinds of therapies, contends that we humans ‘have the potential through imagery...with considerable possibility for modifying our emotions, a capacity that offers us hope; practical suggestions; and, ultimately, opportunities for taking effective actions’ (p.162). It indicates that imagery has a significant constructive impact not only on bodily functioning and psychological healthiness, but also on explicit social behaviour. There are examples of this from this research. In praying for her scary dream of being pecked by a chicken, F1 ‘saw’ herself when she was small. She was soothed by her mother after she was pecked by the chicken, and that decreased her phobia and made the scary dream fade away gradually (section 6.2, pp.178-79); in praying for her fear of the coming surgery, F2 ‘saw’ herself in the operating room. She ‘saw’ light in the room with the feeling of the presence of God, and that made her calm in facing her coming surgery (section 6.2, p.171).

From a theological perspective concerning imagery, Cartledge (2007) states that people may receive messages from God ‘via words, or a sense of what it is that God is inspiring them to understand...or a picture, vision or dream conveyed via internal mental processes’ (p.75). That means, the messages are claimed to be inspiration which shows ‘the influence of God in a directly mediated manner...[and] results in some form of speech’ (p.69) which ‘is based upon a prior (although not always) revelatory experience’ (p.75). Then he concludes, ‘visual imagery in the form of mental pictures

can constitute the basis of inspired speech' (p.77). In other words, the sets of imagery of the pray-ees can be said to be inspired by God, and my responses to those sets of imagery are important in leading them to have more understanding of their own inspiring imagery which heals them.

From the above discussion, the notion of imagery makes sense from both the psychological and theological perspectives that legitimate the explanations of the experiences of healing in the pray-ees. The imagery of the pray-ees was not only formed in one or two sets of imagery, but in a sequence of nine sets of imagery as shown in F4. The sequential imagery was formed by following my responsive praying from the first imagery to the last imagery. Then, healing manifested and the pray-ees understood more about their sequential imagery in the praying interview. For example, in interpreting the research findings in accordance with Theme 3 (Impetrating Praying) and Theme 4 (Intervention of the Pray-er), F2 and F4 experienced respectively seven (Table 6.2, p.151) and nine (Table 6.4, p.155) sets of sequential imagery which elicited outstanding different aspects of healing. This indicated that my responses to the sequential imagery of the pray-ees were appropriate and had contributed to the healing experienced by the pray-ees mediated through the work of the Holy Spirit.

Number of Times of Praying in Physical Healing

In my practice of prayer healing, if I saw any manifestation of physical healing, I would pray for more healing for a second time, third time and so on until the healing stopped. In the discourses of the Scripture, Elijah prayed for healing of the dead child by stretching himself upon the dead child three times, and then the life of the child returned (1Kin 17:21-22). Elisha stretched himself upon the dead lad for the first time, and the flesh of the lad became warm. Then he stretched himself on the lad again, and

the lad woke up (2Kin 4:32-35). Jesus laid His hands upon the eyes of the blind man two times, the man could see everything clearly (Mk 8:23-25). The experiences of the pray-ers and those who experienced healing (pray-ees) in the above discourses make sense of my praying for the physical healing of F3.

After praying for F3 (jaw pain) for the first time with laying on of hands (this sacramental praying will be discussed later in this section), she experienced significant physical healing instantaneously when her mouth felt ‘more relaxed’ and it was ‘easier and faster to open [it] widely’ (F3, p.55). She could ‘speak out louder’ (p.56) than before and ‘the tension [between the jaw and the neck] had disappeared’ (p.57). After praying for the second time, she said that ‘a strong and warm current enters into the two sides of the jaw bones...though with a cracking sound [when she opened and closed her mouth], but very comfortable’ (pp.57-58). The healing effect had been continuing for two weeks (reported in post-praying interview) and then six months (reported in follow-up interview) with no pain and no cracking sound even when opening and closing the mouth widely (pp.87-88). The healing even extended to her hearing ability when singing in church, she said that ‘Not only can I hear the singing of the next singers, but I can also hear my own singing’ (p.86), and that would not have happened before the prayer healing.

The physical healing of F3 relates to my faith in prayer healing. I prayed for her for two times and asked her to act out the healing experienced. After the first praying, I encouraged F3 to open and close her mouth in order to check the condition of her jaw pain, and also invited her to speak out so as to check her voice after praying. When there was physical improvement after praying for the first time, it was recognized with delight that the healing of God was present. I prayed for her again for more healing from God. I encouraged her to check the condition of her jaw pain and her voice again. In my reflection, if I finished praying for F3 after the first time without encouraging

her to act out her healing, I might have stopped praying at that moment without seeing further physical healing on her. And, if I did not pray for her for the second time, further physical healing on her might not be experienced. Praying for F3 twice and encouraging her to respond to her healing experience indicated my faith in prayer healing allied to the work of the Holy Spirit, and that also contributed to the healing experiences of F3.

From the above discussions of the three types of interventions, I reflected that there are two crucial functional roles for me as a pray-er. One relates to the exercise of faith by me, I needed faith to perform deliverance by believing the speaking of ‘in the name of Jesus’ works; I needed faith to respond to the sequential imagery by believing my empathetic responses to the pray-ees to be effective; I needed faith to pray for second time by believing my impetratory praying was not forfeit. I recognize that my proactive action through faith in my relationship with God is crucial for allowing the work of the Holy Spirit to be mediated through my prayers and dialogues with the pray-ees. The other role is the enhancement of faith for the pray-ees through my actions with faith. The deliverance prayer raised the pray-ees up to encounter God; the responses to the imagery broadened the pray-ees for deeper understanding of the meaning of their imagery; the praying for the second time led the pray-ees to anticipate and expect more healing. All these responses from the pray-ees indicate their faith had been enhanced and expanded through my interventions and my sustaining relationship with God in faith. Thus, the dialogical relationship in the interventions between my faith and the enhanced faith in the pray-ees co-created an atmosphere that allowed healing to happen in that relational structure through the work of the Holy Spirit.

In the research ‘*From Prayer Activities To Receptive Prayer*’, Poloma and Lee (2011) contend that active prayer engages in the love of God that ‘centers on human action directed towards God that may or may not be interactive’, and receptive prayer

engages in interaction with and response to God that ‘perceived divine interaction occurs’ (p.153). They conclude that ‘more attention to receptive prayer would be valuable in its own right, and for understanding religious-based benevolence, that is at the heart of the Great Commandment’ (p.153). In this research, it seemed that all the interventions in the process of praying enhanced the prayers of the pray-ees to become receptive prayers, and that created in them a deeper intimate relationship with God and expanded their benevolence towards people.

Exercising the Gift of the Holy Spirit

This praying is the utilization of the spiritual gifts which are usual practice in prayer healing in the Charismatic tradition. It is recognized and acknowledged that the power to heal is the work of the Holy Spirit mediated through the spiritual gifts of the pray-er (1 Cor. 12:7-11). The work of the Holy Spirit can be manifested through the gift of ‘the word of knowledge’ which is associated with ‘being a divinely given fragment of information or knowledge...a revelation of information concerning a person, thing or event, but with a purpose’ (Cartledge, 2007, p.81). From my own prayer experiences, the ‘revelation of information’ might be imagery, pictures, words, Scripture verses, impression, etc. for revealing something that the Holy Spirit wanted to reveal. In the discourses of the Scripture, the exposure of the lie in the couple Ananias and Sapphira was believed to be the work of ‘the word of knowledge’ that Peter got from the Holy Spirit (Acts 5:1-10); the seeing through of the magician Elymas for all his ‘deceit and fraud...[that] make crooked the straight ways of the Lord’ was done by ‘the word of knowledge’ from the Holy Spirit through Paul (Acts 13:9-10). In the research, the healing work through ‘the word of knowledge’ was recorded. For example, in praying for M3, my imagery (a bundle of wires tangled together) and the

word ‘grievance’ (section 6.2, pp.172-73) were ‘the word of knowledge’ revealing his hidden emotional condition, and that healed him psychologically. This gift has often been regarded ‘as a companion gift to the *word of wisdom*’ (Cartledge, 2007, p.81). In this view, my response to the condition of M3 making a connection with his past upbringing (section 6.2, p.174) could be the manifestation of ‘the word of wisdom’.

The above two gifts also relate to the process of praying in the Empathetic Dialogue. I would pray to the Holy Spirit at the same time while I was feeling or intervening for the pray-ees. Usually, ‘the word of knowledge’ and ‘the word of wisdom’ might come while I was praying. Similar to the above discussion of my interventions, my praying to the Holy Spirit showed my proactive attitude in relating to the pray-ees, and that created a space in the dialogical circumstance for the Holy Spirit to work through my spiritual gifts.

Ritual Praying

Although the following specific prayers are sacramental according to Catholic and some Protestant traditions, as discussed in section 2.3 of Chapter Two under the heading of ‘Review of Some Sacramental Healing Literature’, I consider them as ritual praying (non-sacramental) to God to bless the participants (Gros et al., 2008, p. 352) according to my Christian tradition.

Announcing Absolution in Prayer of Forgiveness

The first ritual praying is the prayer of forgiveness in which repentance with confession usually comes together. As Watts (2004) states, ‘to emphasize forgiveness and minimize the need for repentance is too positive...to emphasize the need for

repentance almost to the exclusion of forgiveness is too negative'(p.53). Forgiveness and repentance with confession should strike a balance between positive and negative aspects in prayer of forgiveness. Besides the balance issue, the sequence of performing forgiveness and repentance is another issue of discussion. Watts (2004) states, 'the question of sequence is not particularly important, provided forgiveness and repentance are intertwined with one another' (p.53). Therefore, forgiveness and repentance with confession should not be performed without the existence of the other. This research also indicates that prayers of forgiveness with repentance and confession are performed interconnectedly with effective healing. For example, in praying for his chronic bondage to pornography, M1 voluntarily confessed his sin towards his wife, women and God. After announcing absolution, he felt delivered and he forgave himself. Then, he thought of God who was riding on a war-horse to fight with him, and that made him full of confidence to face his weakness (section 6.2, p.168). Another example, in praying for his resentment of his father, M2 willingly forgave his father. After announcing absolution, he first felt pain in his chest and then felt delivered as though the choked blood was bleeding out. After that, he could forgive himself and let go of the expectations of his father (section 6.2, pp.190-91).

On the operational level of performing prayer of forgiveness, I announced absolution to pray-ees after their confession and forgiveness of others in prayers. I exercised the authority of absolution in accordance with the discourse of John 20:23 that, as a Christian and a pastor, I have the role of representing Jesus in prayer of forgiveness. According to James 5:14-16, the declaration of absolution to the pray-ees or the Christian who is making confession is performed from my right and authority given by the church. My prayer of forgiveness and their prayers of confession brought a shining power to heal them. However, since I am an evangelical Christian adopting charismatic traditions in healing, announcing absolution for me is not so tied to

ordination. It is a kind of announcing prayer that is specifically for delivering the pray-ees from sin to have spiritual freedom. From the theological perspective, announcing absolution is my intermediary role in the process of forgiveness with confession whereby the pray-ees are connected to God by my prayer, and this connection brings healing.

From a psychological perspective, announcing absolution relates to the announcement of forgiveness by the pray-er, and that creates a space of security for pray-ees to lay down their burdens and guilt in the process of praying. This created space, according to Nouwen (1976), can be viewed as a hospitality which is described as 'where people are encouraged to disarm themselves...to listen with attention and care to the voices speaking in their own centre' (p.73). The hospitality of the pray-ers allows pray-ees to feel they are accepted and to disarm themselves to experience the peace of being forgiven. The pray-ers also show to the pray-ees that they are non-judgmental, not forceful or controlling. However, the hospitality of announcing absolution also needs to maintain the positive and negative sides of forgiveness as discussed above. In this respect, Nouwen (1976) ascertains that real hospitality needs to confront people 'to become aware of their own position and to explore it critically' (p.92). Announcing absolution does not represent a neutral position or attitude of the pray-er, but a calling for repentance in a confrontational way to the pray-ee. Therefore, acceptance and confrontation are the two inseparable sides of Christian forgiveness from both the psychological and theological perspectives in announcing absolution in prayer healing.

Laying on of Hands

The second ritual praying is the laying on of hands. This is a common practice in

Christian prayer healing and was a general practice in Jesus' time. Jesus healed the leper through spoken words as well as through touch (Mk 1:41-42); He healed the fever of the mother-in-law of Peter by touching her hand (Matt 8:15). Also, Scripture teaches that believers can lay hands on the sick and they will recover (Mk 16:18). It is understood from the discourses of the Scripture that the laying on of hands in healing is effective.

It is interesting to recognize that even non-religious experiment in touching shows healing. Krieger (1975) in her non-religious experiment teaches nurses how to lay hands on patients with the intention of healing. Her study convinced her that 'the practice of therapeutic touch is a natural potential in physically healthy persons who are strongly motivated to help ill people, and that this potential can be actualized' (p.786). This study indicates that healing happened through the eagerness of the nurses as healers in practising therapeutic touch for the ill people.

In a Christian context, the power of touch is performed in prayer healing as indicated in the healing experienced in the research findings. The benefit of the laying on of hands is not only for the healing effectiveness, there are other benefits in prayer healing. First, laying on of hands makes me involved in the praying interview directly. Second, the stretching out of my hands to the pray-ees shows my compassion as Jesus' compassion was shown to the leper with his stretching out of hands (Mk 1:41). Third, the pray-ees and I may feel the power of healing explicitly. Sometimes, I could feel heat or warmth in my hands and in the parts of them that had been touched. Sometimes, the pray-ees could feel heat or warmth in their body, or a gentle current flowing through the body or part of the body that had been touched as shown in the discussion of the physical healing of the jaw pain of F3 (section 6.2, p.200).

Anointing with Oil

Laying on of hands is sometimes performed with oil anointment, it is also a usual practice in my prayer healing. The discourse of the Scripture states that sick church members will be restored and healed through the prayer of the elders with anointing of oil in the name of Jesus (James 5:14-16). In the Catholic tradition, anointing of the sick is a sacrament of healing with its supporting theology. According to MacNutt (1977), a Catholic priest, anointing of the sick 'includes the prayer of faith (James 5:14-16) is a sacrament of faith' with its purpose of 'healing on every level of the sick person's being, sometimes spiritual, sometimes emotional, sometimes physical, but healing at some levels' (p.246). However, for me as a pastor in the Protestant tradition, I use oil and believe that anointing the sick will accomplish healing according to the discourses of the Scripture, and it is also indicated in the research findings. I find that there is a balanced view-point on the anointing of the sick according to MacNutt (1977), he states that there is 'a blessing for oil which is non-sacramental – for oil which is blessed for everyday healing use...in praying for each other' (p.247). This view suits my evangelical charismatic position in which not only can a pastor use oil to pray for the sick, but lay leaders in my church can also do that in a cell group setting.

In summary, the above reflection on Theme 4 about the work of the Holy Spirit is related to my role or interventions in the Empathetic Dialogue and the Entry Point. The processes are reflected, on the one hand, theologically from the literature, the discourses of the Scripture and the experiences of the pray-ees. On the other hand, psychological reflection is also investigated through the dialogical-relational structure and my empathetic stance with the pray-ees. I have indicated that all the processes of praying are related to my faith in relation to God and my role in relation to the pray-ees. The crucial function of my role as a pray-er relates to the enhancing and raising up of faith and the expectation of healing in the pray-ees in order to lead them to experience

healing through my interventions mediated through the work of the Holy Spirit.

8.5 Action Following the Healing Experienced (Theme 5 and Gap 6)

The interpretations of the research findings in Chapter Seven indicate that actions which followed the participants' healing experiences took their healing experiences to a more profound level. The theme relating to continuous healing after the process of praying is seldom discussed in the literature, but Theme 5 reveals that the actions which followed the healing experiences of the participants contributed to the knowledge of continuing and transforming healing in prayer healing (*Gap 6*).

In the above discussion on 'Social Healing Manifested Implicitly and Explicitly (*Gap 3*)' (section 8.3), in the discourses on the Scripture, Mary of Magdalene (Luke 8:2-3) and Saul (Acts 9:17-20) had indicated that their actions which followed their healing experiences lifted their healing to be more profound. Mary participated in the ministry of Jesus, and she continued and transformed her spiritual and psychological healing in the social aspect. Saul participated in the ministry of disciples, and continued and transformed his physical and psychological healing in the social aspect. Both the healing experiences of Mary and Paul made sense of the participants' actions following their healing experiences that their actions continued and transformed their different aspects of healing. For examples (in section 7.1), in breaking her past bondage, F1 tried to see and even have contact with chickens to overcome her chicken phobia so that she could go on mission trips to villages where there were lot of chickens (pp.210-11); in reviving stifled communication and her entangled relationship, F2 took the initiative to communicate with her husband by telling him her inner feelings which were buried in her heart for a long time (pp.212-13); in developing personal growth and relational support, F3 was willing to share her difficulties with her

colleagues and took a course on personal growth for self-understanding (pp.216-17); in creating joy and satisfaction, M2 prayed for his family members to enjoy bonding with them and helped his father to build a connectedness relationship with him (pp.218-19).

There are psychological understandings concerning the above phenomena. New insight after the healing experienced indeed has an impact on the motivation, desire, belief and commitment of the pray-ees which, in turn, has an impact on their actions (Luk and Parker, 1997, p.148). The action of seeing chickens for F1 might come from her new hope and motivation for mission trips, and the action served as a catalyst to further ameliorate her chicken phobia. The action of sharing her inner feelings with her husband in F2 might come from her desire of intimacy in her couple relationship after experiencing healing through forgiving her husband, and the action turned her from hating to loving her husband more than before. The action of taking a course on personal growth in F3 might come from her belief that she needed to grow psychologically and continuously after experiencing the healing of self-affirmation in order to improve her interpersonal relationship, and the action enhanced her self-confidence and ability to finish what she really believed in. The action of praying for his family members in M2 might come from his new commitment towards his father after experiencing healing from forgiving his father and himself, and the action empowered him to rebuild his relationship with his father.

The above discussions of the new actions verify the content of Theme 5. It also contributes to the knowledge of the actions which followed the healing experiences of the participants, and that continued and transformed the healing they experienced (Gap 6). It is important to see the 'fruit of the spirit' (Gal 5:22) on the participants who had experienced healing mediated through the work of the Holy Spirit, and their actions after their healing experiences will sustain them to 'live by the Spirit' (Gal 5:25) who heals them.

8.6 Conclusion

The five identified Themes and the six research gaps were discussed and reflected upon theologically with the support of the psychological perspective. It is understood that the expectation of healing (Theme 1), the connectedness to God (Theme 2) and healing through the impetrating attitude (Theme 3) of the pray-ees related to their faith in God. Their faith is understood as a dynamic and dialogical process in which a mutual relationship between the pray-ees and God is at work. It is in this process that God loves to respond and heal those whom He loves. God healed through my prayers and those of the pray-ees, and the different aspects of healing were manifested in an interconnected way (Gap 1). Moreover, spiritual healing concerning deliverance (Gap 2) and social healing with implicit and explicit dimensions (Gap 3) were also manifested, and that indicated that the two aspects of healing should not be ignored in holistic prayer healing in a Chinese context. In reflecting on the work of the Holy Spirit mediated through my interventions (Theme 4), it is understood that I played an important role in contributing to the healing of the pray-ees through the utilization of the Empathetic Dialogue (Gap 4) and the Entry Point (Gap 5). My empathetic dialogues in the Empathetic Dialogue mimicked the presence of God. The Entry Point was a co-creating process in enhancing the faith of the pray-ees through my different kinds of interventions. They were prayers of deliverance, responses to sequential imagery, numbers of times of praying and sacramental praying such as the utilization of the spiritual gifts, prayer of forgiveness with announcing absolution, laying on of hands and anointing with oil. The pray-ees would act on their healing experienced (Theme 5) so that their healing would continue and transform into other aspects of healing (Gap 6).

Coming to the end of the investigation of the research, the following final chapter will make conclusions for the research as a whole.

CHAPTER NINE: CONCLUSIONS

The investigation through this research brings a better understanding of holistic prayer healing in physical, psychological, spiritual and social healing during and after the prayer healing process. This chapter will make conclusion, discuss the limitations, the contributions to knowledge and professional practice of the research, and further research suggestions.

9.1 Conclusion of the research

This thesis investigates holistic prayer healing that occurred within a small scale qualitative research project within my healing ministry in a Chinese context in Hong Kong for those Chinese Christians who have hurts and wounds, or injuries due to past experiences, but desire to be healed holistically through prayer. The healing experience is interpreted based on the understanding of the mediation of the Holy Spirit and the recognition of the God who heals. The healing experience manifested in the participants through the researcher's (pray-er's) intervention offers evidence for the dialogical personal relationship as the primary and most important framework in prayer healing.

Focus of Each Chapter

I described in Chapter One 'Introduction' how this study began with my response to holistic prayer healing and my reflections on the pains and sufferings of people. I reflected on my Christian belief in the light of the theology of secular Christianity of Bonhoeffer and on my compassion for wounded people in my healing ministry in light of the spirituality of Nouwen. This prompted me not only to perform prayer healing with

enthusiasm but also made me eager to understand the ways wounded people healed in the process of praying so that I can improve my professional practice of prayer healing through the gaps in knowledge. Searching through some of the American charismatic and the Church of England sacramental literatures in Chapter Two ‘Conceptual Framework’ concerning prayer healing enabled me to recognize that there has been inadequate research into understanding of the ways of healing manifested holistically in charismatic Christian prayer healing. With the above insight, from both the theological and theoretical perspectives, and my own practical experiences in prayer healing, I formulated the research question as: **How can an investigation of my practice contribute to holistic prayer healing through attention to physical, psychological, spiritual and social healing during and after the prayer healing process.** The subsequent research design was formulated in Chapter Three ‘Methodology’. The purpose of the research was to generate new insights into the understanding of the above four aspects of healing through my role and interventions in the process of praying, during which the work of the Holy Spirit was expected to be manifested. I found that, as the pray-er, I performed as an intermediary role through whom the work of the Holy Spirit was manifested. The research findings were described in detail and the five identified themes were formulated in Chapter Four ‘Research Findings and Identified Themes’. The identified themes were analysed and interpreted thoroughly in Chapter Five, Chapter Six and Chapter Seven. The reflections of the research according to the identified themes and the gaps in knowledge have been discussed in details in Chapter Eight ‘Thematic Discussion and Theological Reflection’. The research question has been investigated with critical subjectivity by looking at the data in the light of critical perspective and from my own theological perspective as a reflective researcher. The new understanding and knowledge could be used as the foundation for the refining of my professional practice in holistic prayer healing including teaching, training, supervision and publication.

Answer to the Research Question

The research findings consistently showed that the seven participants experienced the four aspects of healing with different signs of healing during and after the prayer healing process, and that has been shown in Appendix 22. The research evidence indicated that, in terms of physical healing, there were two participants (F1 and F3) who reported significant signs to outstanding signs of healing during the praying interview. There were three participants (F1, F3 and M3) who reported significant signs to outstanding signs of healing in the post-praying interview, and there were four participants (F1, F2, F3 and F4) reported some signs to outstanding signs of healing in the follow-up interview. In terms of psychological and social healing, the seven participants reported significant signs to outstanding signs of healing in the above three interviews, except for M3 who did not attend the follow-up interview. In terms of spiritual healing, there were four participants (F1, F3, F4 and M1) who reported some signs to outstanding signs of healing in the three interviews, except for F3 who did not mention her spiritual healing in the follow-up interview.

The research evidence reflected that all participants experienced some aspects of healing. There were two participants (F1 and F3) who reported all four aspects of healing during the praying interview. There were four participants (F1, F3, F4 and M3) who reported all four aspects of healing during and after the praying interview. There was one participant (M2) who reported only psychological and social healing, and he is the one who experienced the fewest aspects of healing.

The five identified themes formulated through the analysis of the research findings indicated the ways in which the participants experienced healing during and after the prayer healing process. The research evidence showed that the expectation of healing (Theme 1) prepared the participants consciously with persevering will power

to overcome past failure, self-defeating attitudes, the fear of others and threat of evil spirits in order to experience healing. The connectedness to God (Theme 2) strengthened the participants subconsciously in their faith, hope and love in anticipating the healing. The impetrating attitude with impetratory prayer (Theme 3) was the actual and explicit praying of the participants, and the participants experienced different aspects of healing through prayers. It filled research Gap 1 which indicated that different aspects of healing would be manifested in an interconnected way. The evidence of the manifestation of healing also filled research Gap 2 and Gap 3 which, in a Chinese context, indicated respectively that spiritual healing of deliverance from bondage to evil spirits, and the implicit and explicit social healing of improving family relationships were not uncommon if the participants prayed with acknowledgement and expectation.

In the theme concerning the role of the pray-er and the work of the Holy Spirit (Theme 4), the research evidence indicated that my role as the pray-er, in contributing to the healing experienced by the pray-ees, was significant. My intermediary role for the manifestation of the work of the Holy Spirit concentrated on the participation in the relational structure of the Empathetic Dialogue. This also filled research Gap 4 and Gap 5 which respectively indicated that healing would be manifested through the dialogical praying process in the Empathetic Dialogue and through the sequential praying process in the Entry Point. Although the investigation of my interventions in the process of praying was the main concern of this research, the manifestation of the work of the Holy Spirit was crucial for the participants to experience healing. Moreover, the research evidence indicated that the explicit actions which followed the healing experiences of the participants contributed to their healing after the prayer healing process (Theme 5). It filled research Gap 6 which indicated that the actions following their healing experiences would continue and even transform their healing in

their daily lives. The research was performed in a Chinese context in Hong Kong with Chinese Christians, its evidence in experiencing healing filled research Gap 7 which indicated that the report of the research and its evidence can become significant literature in a Chinese context concerning holistic prayer healing.

The research outcomes reflect the relevance of the theological discourses of Scripture concerning prayer healing which can also be experienced in a contemporary practice of holistic prayer healing, and it can be seen as the manifestation of the work of the Holy Spirit. As Cartledge (2015) contends, there is ‘dialectic between experience and the Scripture, as the [Holy] Spirit is understood to be mediated by both sources’ (p.14). In the research evidence, the pray-ees experienced healing through my interventions in leading them towards God who loves to heal. However, the pray-ees were not passively receiving healing nor they were changing the will of God to heal them. The research evidence of the expectation of healing (Theme 1) and the connectedness to God (Theme 2) indicated their impetrating attitudes in their eagerness to experience healing. The above two themes as the two preparatory stages for them to experience healing are their basic faith in God and responsibility in themselves to establish a relationship with God as discussed and reflected on Chapter Eight ‘Thematic Discussion and Theological Reflection’. Once the pray-ees were brought near God by the intervention of the pray-er in the process of praying, their impetrating attitudes (Theme 3) towards God enabled them to experience healing through their impetratory prayers. From their prayers, they encountered God and established a personal relationship with God, and that generated healing along the way. In this process of personal encounter through prayers, the will of God will not be changed by the pray-ees, God may heal or may not heal according to the personal-dialogical relationship between God and the pray-ees. The sovereignty of God will not be altered and the change of His will is also within His own sovereignty. Therefore, the healing

experiences manifested in the impetratory prayers of the pray-ees presupposed a relational God who loves to heal in a dialogical personal relationship with them as discussed in Chapter Two ‘Conceptual Framework’.

The research evidence showed that my intervention as a pray-er was contributing to the manifestation of the work of the Holy Spirit (Theme 4). In other words, the different kinds of prayers that I utilized to lead the pray-ees towards God or to pray for them contributed to the healing they experienced mediated through the work of the Holy Spirit. The above discussion of the significance of the research evidence stresses the importance of my interventions as the pray-er and my contribution to the healing experienced by the pray-ees through my interpretations of the data. However, this research does not intend to offer evidence that different aspects of healing which happened in the research were the work of the Holy Spirit. Last but not least, the research evidence indicated that, by acting upon their healing experiences, the healing of the pray-ees continued and even transformed (Theme 5) into different aspects of healing.

9.2 Contribution of the Research

The research was designed to explore holistic prayer healing in order to generate new knowledge to fill the gaps in the understanding of the ways people are healed. It is also ascertained that ‘practical theology and practical theological research begins, proceeds by, and ends – in practice’ (Bennett et al., 2018, p.57), therefore, contribution to practice is a ‘must’ in this research. The following discussions of the contributions to knowledge and professional practice show the integration of theology and practice, and indicate that theology should be instantiated within action and praxis.

In considering the contributions of the research, although Theme 1 and Theme 2

were not directly related to the praying interview, and would not be considered as direct contribution to knowledge and practice, they are valuable in preparing the pray-ees to experience the healing which contributed to knowledge and practice.

Theme 3 and Theme 4 were directly related to the praying interview, they constituted the main contributions to the research with Gap 1 to Gap 5 involved in them. Theme 5 was related to the healing experiences after the praying interview, it constituted the contribution to knowledge and practice after the praying interview with Gap 6 involved in it. The contribution to knowledge involving Gap 7 is related to the final written report and its usage in the future. An overview of the relationship between the five identified themes, the seven gaps, and the contributions to research is showed in Appendix 27.

Contribution to Knowledge

The first contribution to knowledge of this research relates to the holistic character of prayer healing. The research demonstrates that the four aspects of healing are manifested in an interconnected way during and after the prayer healing process. One aspect of healing manifested will influence or activate the manifestation of the others, and that will be continued during the process of praying. This interconnection of the four aspects of healing formulates the holistic character of prayer healing. This holistic character of prayer healing was a normal outcome in this research, in contrast with the knowledge from the literature review which did not have sufficient discussion on the holistic character of prayer healing in the manifestation of the four aspects of healing.

Second, this research shows a deeper understanding of spiritual healing with reference to the deliverance from bondage to evil spirits. This understanding especially relates to the experiences of freeing the pray-ees from the curse of worshipping

Chinese traditional gods, such as drinking talisman water and worshipping dead people with rituals. This fills the gap of insufficient discussion and demonstration of deliverance prayer in the literature.

Third, the research findings indicate that social healing with forgiveness, especially in relation to family members and colleagues, is manifested covertly and overtly with significant effectiveness during and after the prayer healing process. This research also confirms that forgiveness, including forgiveness from God, willingness to forgive others and themselves, is crucial to experiencing different aspects of healing as stated in the literature review. In relation to social healing during the praying interview, forgiveness contributed to implicit social healing which would be manifested explicitly through transformed behaviours after the praying interview. This indication is important, as social healing should not be neglected or undermined in prayer healing. This is especially valuable in prayer healing for Chinese Christians who may be more concerned about family relationships in their culture. Moreover, the implicit and explicit aspects of social healing are interwoven. The understanding of their interrelatedness points to the necessity of follow up on the implicit aspect of social healing of the pray-ees in order to enhance their explicit behavioural changes.

The fourth contribution to knowledge is the concept and utilization of the Empathetic Dialogue which reveals all the situational interventions of the pray-er during the process of praying. This knowledge of praying can bring about effective healing by establishing a mutual dialogic relationship between the pray-er and the pray-ees. This relationship, from the interpersonal perspective, elicits healing through the empathetic dialogues with ‘meta-empathy’ of the pray-er towards the pray-ees. From a transcendental perspective, the dialogic relationship or the Empathetic Dialogue allows and creates space for the work of the Holy Spirit mediated through the empathetic interventions of the pray-er, and that relates to the following discussion of

the contribution to knowledge concerning the Entry Point.

The fifth contribution to knowledge is the concept and utilization of the Entry Point during the praying interview. It is the identification of, and the praying through, each of the entry points in order to bring remarkable healing effects to the pray-ees and valuable experience for the pray-er in understanding of the effectiveness in prayer healing. To pray according to the flow of the entry points is a practicable knowledge which offers a way to initiate the process of performing prayer healing.

There is one unexpected outcome which becomes the sixth contribution to knowledge, and that is the knowledge of praying in accordance to the sequential imagery of the pray-ees. The healing effects on those pray-ees who prayed according to their sequential imagery were outstanding as shown in the interpretations of the research findings. The effectiveness of praying with the sequential imagery of the pray-ees should be acknowledged and be developed more in prayer healing.

The seventh contribution to knowledge concerns the actions which followed the healing experiences of the pray-ees after the process of praying. Those actions will continue and even transform the four aspects of healing to be more profound in the lives of the pray-ees, and that should be acknowledged and developed more in the research of prayer healing.

This research was conducted in a Chinese cultural setting (Hong Kong) with the pray-er and the pray-ees being Chinese Christians. The research findings fill the gap of the lacking of literature in a Chinese context or Chinese literature in the realm of holistic prayer healing. This contribution is significant for Chinese Christians in passing on the practice of holistic prayer healing with knowledge and skill in a Chinese context, and this deserves a more thorough discussion as follows.

Contribution to Literature in a Chinese Context

My prayer healing ministry was influenced by the American charismatic tradition and was inspired by its literature, as I have described in Chapter Two. During my involvement in prayer healing ministry for almost thirty years, because of the lacking of literature on prayer healing in a Chinese context, I have been facing several difficulties in practising prayer healing and in training Chinese students. First, although I could understand the main ideas of prayer healing from the English or Chinese translated literatures and could use them in my professional practice, teaching and training, I found it difficult for Chinese students, especially for those coming from working class backgrounds to comprehend the conceptual and practical knowledge from the English literature. Second, even though there are Chinese translated versions of the English literature, there is not enough variety. This limits the choices of reading in learning different approaches or methods of prayer healing. Third, most of the literature is not written in a Chinese context. Chinese Christians could not have appropriate conceptual and practical knowledge of how to pray especially for Chinese Christians. For example, the praying of spiritual healing of deliverance from bondage to worship traditional Chinese gods, and of the social healing of detaching from the unhealthy attachment in family relationships, were shown to be common for Chinese Christians in this research.

There is only some Chinese literature on prayer healing (examples are listed in Chapter Two) and none of this literature is written from a holistic perspective as I have proposed in this research. Therefore, the thesis itself becomes the eighth contribution to knowledge. This thesis in holistic prayer healing in a Chinese context is significant not only in conducting prayer healing in a holistic way, but also in widening the scope of training in prayer healing ministry in a Chinese context. There is a limitation to this contribution, that is, this thesis is written in English, and that is still a barrier for

Chinese Christians. However, this limitation can be minimized by me to translate some parts of the thesis into Chinese as a teaching version.

In terms of new knowledge and the professional practice of holistic prayer healing, the notions of integrating Empathetic Dialogue with counselling techniques and the Entry Point with praying according to sequential imagery are significant contributions to prayer healing for Chinese Christians, and in fact, for any Christian. I hope that the outcome of this thesis will become a significant piece of literature in a Chinese context, or training manual on holistic prayer healing for Chinese Christian leaders.

Contribution to Practice

The research process has enhanced and made a difference to my professional practice in many ways. The research confirmed from the review of literature that forgiveness is crucial for the pray-ees to experience all aspects of healing. Although forgiveness is not a contribution to practice, I will encourage prayers of forgiveness in my coming prayer healing ministry as much as possible with the consent of the pray-ees.

The first contribution to practice of the research results from its contribution to knowledge that the four aspects of healing are manifested in an interconnected way. It shows that holistic prayer healing can be accomplished if the pray-er acknowledges this and intends to pray in a holistic way. In my coming prayer healing ministry, I will look for, and conduct, holistic healing instead of only one or two aspects of healing in prayer for healing. The interconnected manifestation of different aspects of healing is obvious in the research findings, and that leads to a solid and sound direction in my future practice and training of prayer healing.

The second contribution to practice concerns the holistic character of prayer healing, that is, the spiritual healing with specific reference to deliverance from bondage to evil spirits for Chinese Christians. Spiritual healing in deliverance is common in a Chinese context in which, for holistic prayer healing, spiritual healing as deliverance must be included and should be encouraged to be performed if necessary. The research findings show that the effectiveness of deliverance relates to other aspects of healing, such as confession with absolution in being forgiven by God and forgiving others (involving implicit social healing); soothing of hurt and pain (involving psychological healing); and the use of prayers of deliverance in breaking the control of the gods the pray-ees worshipped previously and the curse to which they are bound. This understanding of deliverance provides me with an understanding in performing deliverance that other aspects of praying should contribute to the healing in deliverance.

The third contribution also relates to the holistic character of prayer healing, that is, the social healing in ameliorating interpersonal relationship for Chinese Christians. Social healing is common in a Chinese context for the Chinese are, in many ways, more family oriented in character and in daily lives. Therefore, both implicit and explicit social healing should be performed if necessary. The research findings indicate that the effectiveness of implicit social healing relates to specific healing in forgiving others and the self; while explicit social healing relates to the outcome of the personal healing (comprising of physical, psychological and spiritual healing) and the actions which followed the healing experiences. This understanding of social healing gives me a direction in performing social healing that a prayer of forgiveness should be performed and the actions which follow the healing experience should be encouraged and have follow up.

The outcome of the four different aspects of healing is accomplished by the

utilization of the Empathetic Dialogue in the praying interview, and that is the fourth contribution to practice. In the process of Empathetic Dialogue, counselling techniques such as attentive listening and empathetic response are employed, and that enhances my ability to listen to my inner voices and catch the guidance of the Holy Spirit. There are some specific incidences which indicate the key turning points for the pray-ees to experience healing: the decision of the starting and turning of each entry point by the pray-er; the starting and changing of the sequential imagery of the pray-ees; the appearance of the signs of different aspects of healing happening to the pray-ees; the inner voices heard by the pray-er and the insights spoken out by the pray-ees. I observe the above turning points in the process of praying in order to capture the guidance of the Holy Spirit and make interventions to the pray-ees. The experience of utilizing Empathetic Dialogue will serve as a blueprint in my coming teaching and supervision to Christian leaders in performing prayer healing in order to equip them with empathetic dialogues with attention to the guidance of the Holy Spirit.

The praying according to the flow of the Entry Point in the process of Empathetic Dialogue is the fifth contribution to practice. Each entry point reveals my intervention to the pray-ees after catching the insights from the pray-ees, my inner voices and the Holy Spirit. The flow of all the entry points is valuable in that it provides a pathway for the understanding of the process of praying and healing experiences of the pray-ees, and it also provides a way for the understanding of the work of the Holy Spirit mediated through my interventions.

Again, in the process of Empathetic Dialogue, the praying in accordance with the sequential imagery of the pray-ees becomes the sixth contribution to practice. Before the research, I had some experiences in the process of praying in accordance with some sets of imagery of the pray-ees, however, I had come across up to at most nine sets of imagery in one of the pray-ees in this research. This increases and deepens my

experience in understanding how different sets of imagery expressed by the pray-ees work in a sequential way during the process of praying. It enriches and enhances my interest and confidence in praying with imagery, and training others in tackling imagery in my future prayer healing ministry.

The holistic prayer healing is not only accomplished by the pray-er, but also by the pray-ees themselves. The seventh contribution to practice relates to the pray-ees praying for themselves, and that contributes to the healing they experienced. The research findings indicate that pray-ees prayed for themselves with no less effectiveness than the praying by the pray-er. The pray-ees have more understanding of their own conditions and would be more involved in the process of praying. This encourages them to be more responsible for their own healing instead of depending too much on the pray-er. In the future of my professional practice, I will offer more opportunities for the pray-ees to pray for their own healing and will also train the leaders to do so. This practice will be a different way of praying than other pray-ers use, and it is a move from a more directive pray-er—centred approach in my context.

The eighth contribution to practice is that the continuing and transforming healing shown in the pray-ees after they acted upon their healing experiences encourages me to investigate their healing after the process of praying. I will pay attention to improve the effectiveness of prayer healing by encouraging the pray-ees to persist in carrying on in their daily lives what they have experienced in the prayer healing process. Therefore, the practice of the post-praying interview and the follow-up interview is important in my future practice and training in holistic prayer healing.

During the final stage of writing up my thesis, I was invited in October 2018 by a Christian organization which offers prayer healing courses in Hong Kong to share the utilization of the Empathetic Dialogue and the Entry Point in prayer healing. Therefore,

I will not limit the practical contributions of this research to my own practice, but they can be offered to others in prayer healing ministry and Christian counselling to test in their contexts. As a way of commending the practice and disseminating the research findings, I will expand the practical contributions to teaching, speaking at conferences, supervising individuals and groups, and publication.

9.3 Limitation of the Research

Chapter Three ‘Methodology’ explained the strengths and limitations of my qualitative research to pray for each participant one time and to interview them three times, and the choice of IPA to collect and analyse data. The qualitative approach enabled me to gather numerous data from the phenomena the participants experienced during praying and the other interviews. The IPA enabled an in-depth exploration, analysis and interpretation of the collected data which reflects the multi-dimensions and complexity of the circumstances and processes involved. However, the aim of the research is to investigate and understand the phenomena of a specific religious experience. Its limitation is that the number (seven) of participants is small. This limitation can be minimized by increasing to an appropriate number of participants with wider backgrounds, such as different denominations and age groups.

The using of IPA in the research was designed to explore the experiences of the participants as they had experienced them. I was aware that I had to ‘bracket’ (Giorgi, 2009, p.91) myself in collecting data, and in analysing and interpreting the data. However, as I was the researcher and the pray-er at the same time, my interventions during the praying and interviewing processes, and my interpretation in analysing the data were therefore inevitably influenced by my preferences as a researcher and my own experiences as a pray-er (see the discussion on decreasing the risk of the dual or

multiple roles in section 3.8, p.98). Nevertheless, this research represents a valid interpretation of the data and a reliable answer to the research question, and that provides a sound contribution to the knowledge and practice of holistic prayer healing.

9.4 Further Research

If I could take this research further in greater depth and with a larger study, I would try to do more in investigating the concepts and practicability of the processes of the Empathetic Dialogue and the Entry Point with more participants in order to establish a model of process of praying in holistic prayer healing. The use of the Empathetic Dialogue as the ‘relational structure’ and the Entry Point as the ‘point of entry’ deserve further research for deeper understanding of the reciprocal relationship between the pray-er and the pray-ees in the process of praying. It may also offer more understanding on the work of the Holy Spirit mediated through the interventions of the pray-er and the impetrating attitudes of the pray-ees in the process of praying.

In overcoming the limitation of the research that I am both the researcher and the pray-er inevitably influenced by my preference on the research findings and bias on the interpretation, further research with the researcher and the pray-er being different persons will minimise the limitation. In practice, the pray-er will conduct the process of praying and the other interviews with the presence of the researcher. The researcher analyses and interprets the data which are collected by the pray-er but not the researcher. The researcher can check with the pray-er for his/her accuracy in the process of analysis and interpretation of the data. This will counterbalance the subjectivity of the pray-er in collecting data and increase the objectivity in analysing and interpreting the research findings.

In this research, the participants were chosen from different Protestant

denominations with similar social backgrounds. Due to the limitation in size and background of the sampling, the applicability of the research findings to more denominations and social groups is limited. Further research can be done by using a larger sample size with more denominational backgrounds and age groups.

Comparative study can be done with sufficient different denominations to understand the outcomes of the healing experienced among Christian participants who are opened to the work of the Holy Spirit, so that the reliability of the research findings can be further verified. Moreover, comparative study can also be done with different age groups such as adolescence, youth and middle-age to understand the effects of age and stage of life on the healing experienced in prayer healing.

In the research, the reported healing of the participants in the post-praying and the follow-up interviews helps to bring an understanding of the ways of healing experienced and the continuous transformation of healing when they acted upon their experiences. It even provides an answer to whether healing experiences lead to any ongoing changes. Further study can be done to include a second stage of praying in the post-praying interview on the same issue that each participant had prayed for. This will collect more data concerning praying, and the data can be used with the data of the first stage of praying for analysing and interpreting the healing experienced.

This research has made a substantial contribution to the questions it raised, but there is always more to discover. It is hoped that other researchers will build on the foundation laid by this research to investigate the ways of experiencing healing in holistic prayer healing in-depth, and that may contribute to both Chinese and non-Chinese contexts.

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LIST OF APPENDICES

(All the appendices will also be put in a USB which is provided with the thesis.

Appendix 13 to Appendix 21 need to be viewed through the USB provided, for they are Excel files concerning the different coding processes of the transcribed data and the formulation of the identified themes of the research.)

Appendix 1 Different intersectional aspects of healing in holistic prayer healing

Different Intersectional Aspects of Healing in Holistic Prayer Healing			
Personal Healing Interrelated healing with respect to the integration of physical, psychological and spiritual healing			Social Healing Healing with transformed interpersonal relationship as the outcome of the personal healing
Physical Healing Healing of body illnesses and pains	Psychological Healing Healing of emotional damages and cognitive functions	Spiritual Healing Healing with specific reference to deliverance from bondage to evil spirits	
Physio-Psychological Healing Healing with respect to the integrative healing of body illnesses, and emotional damages and cognitive functions			
	Psycho-Spiritual Healing Healing with respect to the integrative healing of emotional damages and cognitive functions, and deliverance from bondage to evil spirits		
Physio-Spiritual Healing Healing with respect to the integrative healing of body illnesses and deliverance from bondage to evil spirits		Physio-Spiritual Healing	
Integrative Healing Healing with respect to the integrative healing of body illnesses, emotional damages and cognitive functions, and deliverance from bondage to evil spirits			

Appendix 2 Features of the four core elements in prayer healing in different charismatic literature

<div>Healing</div> <div>Literature</div>	Features of the Four Core Elements of Prayer Healing				
	Personal Healing			Social Healing	Special Concern
	Physical	Psychological	Spiritual	Social	Forgiveness
Sanford (1983)	faith healing operating of God's healing light, an energy to heal	free from various kind of hurtful emotions	not specific	outcome of personal healing	yes
Sandford & Sandford (1982)	not specific	free from various kind of hurtful emotions especially in early childhood	not specific	outcome of personal healing	yes
MacNutt (1999)	faith healing with thanksgiving	free from various kind of hurtful emotions	breaking the bondage of compulsive behaviours and thoughts	outcome of personal healing	yes
Wimber & Springer (1986)	a learning model for all Christians	not specific	breaking the bondage of sins, generational curses and traumas	not specific	yes
Payne (1981)	not specific	free from hurtful emotions especially in healing of self-identity	not specific	outcome of personal healing	yes
Linn & Linn (1984 & 1978)	working through with four emotions of anxiety, fear, anger and guilt	free from hurtful emotions especially in enhancing decision making in cognitive functioning	not specific	outcome of personal healing	yes

...To be continued

<div>Healing</div> <div>Literature</div>	Features of the Four Core Elements of Prayer Healing				
	Personal Healing			Social Healing	Special Concern
	Physical	Psychological	Spiritual	Social	Forgiveness
Seamands (1985)	not specific	free from hurtful motions especially in acquiring self-confident and self-efficacy	not specific	outcome of personal healing	yes
Wang (1980 & 1983)	not specific	free from hurtful emotions in different developmental stages	breaking the bondage of superstitious practices	outcome of personal healing	yes
Anderson (1990a & 1990b)	not specific	free from negative thoughts, irrational feelings, habitual sins, and regain identity in Christ	breaking the bondage of habitual sins, and the sins curses of the ancestors	outcome of personal healing	yes
Lau (2003)	one aspect in personal healing	free from hurtful emotions in all aspects of growth in life	breaking the bondage of rebellion, sins and un-forgiveness	outcome of personal healing	yes
Mak (2014)	Not specific	free from hurtful emotions especially in enhancing self-acceptance and humbleness	breaking the bondage of superstitious practices	outcome of personal healing	yes

Appendix 3 Steps in prayer healing in different charismatic literature

Healing Literature	Steps in Prayer Healing			
	Personal Healing			Social Healing
	Physical	Psychological	Spiritual	Social
Sanford (1983)	not specific	not specific	not specific	not specific
Sandford & Sandford (1982)	not specific	not specific	not specific	not specific
MacNutt (1999)	1.Listening 2.Laying on of hands 3.Actual prayer 4.Believe in God 5.Thanksgiving 6.Guidance	1.Finding emotional problems 2.Invite Jesus to heal 3.Filling God's love	1.Discernment prayer 2.Prayer for protection 3.Bind evil spirits 4.Repent from sins 5.Command evil spirits to leave 6.Confirm spirits left	not specific
Wimber & Springer (1986)	1.Interview 2.Diagnosis 3.Prayer selection 4.Prayer engagement 5.Post-prayer guidance	not specific	not specific	not specific
Payne (1981)	not specific	1.Finding emotional problems 2.Anointing oil 3.Laying on of hands 4.Invite Jesus to heal	not specific	not specific
Linn & Linn (1984 & 1978)	not specific	1.Thanks for the gifts 2.Prayer for what to heal 3.Share the hurts and root cause to Jesus 4.Forgiveness 5. Replace with the love of Jesus 6.Thanks for healing	not specific	not specific
Seamands (1985)	not specific	1.Pre-praying counselling to uncover the hurts 2.Invite Jesus to heal 3.Guidance and encouragement	not specific	not specific

...To be continued

<div> <div>Healing</div> <div>Literature</div> </div>	Steps in Prayer Healing			
	Personal Healing			Social Healing
	Physical	Psychological	Spiritual	Social
Wang (1980 & 1983)	not specific	1.General conversation 2.Pray for forgiveness 3.Cut off with idols and inappropriate relations 4.Pray from infancy to giving birth periods 5.Pray for parental relation 6.Pray for hurt relations	1.Forgiveness from Jesus 2.Renouncing the superstitious behaviours 3.Cleansing from the blood of Jesus	1.Comforting in peace memory 2.Invite Jesus to the situation 3.Invite person to the situation 4.Pray for Jesus to heal
Anderson (1990a & 1990b)	not specific	not specific	1.Counterfeit versus real 2.Deception versus truth 3.Bitterness versus forgiveness 4.Rebellion versus submission 5.Pride versus humility 6.Bondage versus freedom 7.Acquiescence versus renunciation	not specific
Lau (2003)	not specific	1.Invite God to be King 2.Admittance of sins 3.Forgiveness of others 4.Withstanding evil spirits 5.Filling with the Holy Spirit 6.Transforming vision	1.Discernment prayer 2.Finding the door for evil spirits 3.Retake the power over evil spirits 4.Command evil spirits to leave 5.Fill the Holy Spirit	not specific
Mak (2014)	not specific	not specific	1. Clarify belief 2. Commit to God, reject other gods 3. Forgive and accept self 4. Let go of anger and bitterness 5. From self-abased, pride to humility 6. Overcome sin and lust 7. Overcome fear and worry	not specific

Appendix 4 General information of the seven participants

Participants	F1	F2	F3	F4	M1	M2	M3
Sex	Female	Female	Female	Female	Male	Male	Male
Age range [at the time of praying]	40-49	30-39	30-39	40-49	30-39	40-49	30-39
Marriage	Married	Married	Single	Married	Married	Married	Single
Education	High school	High school	Diploma	Diploma	University	University	University
Work	Housewife	Worker	Assistant	Housewife	Teacher	Profession	Assistant
Year of Christian & baptized [at the time of praying]	42 34	20 10	13 5	10 5	18 11	23 20	30 18
Church attend	First Assembly of God Church	Baptist	Evangelical Free Church of China	Christian & Missionary Alliance	Baptist	Baptist	Christian Philadelphia Church
Main issues for praying	Chicken phobia	Epilepsy Surgery Depressed	Jaw pain Grieving of mother's death	Tone deafness Afraid of others' comments	Pornography Masturbation	Relation with father	Lower back pain Shoulder pain
Dates of all the interviews							
Pre-praying	9-Jul-16	6-Aug-16	10-Aug-16	20-Au-16	1-Aug-16	12-Aug-16	27-Jul-16
Praying	9-Jul-16	6-Aug-16	10-Aug-16	20-Aug-16	1-Aug-16	12-Aug-16	27-Jul-16
Post-praying	27-Jul-16	20-Aug-16	22-Aug-16	27-Aug-16	11-Aug-16	22-Aug-16	8-Aug-16
Follow-up	27-Feb-17	27-Feb-17	27-Feb-17	9-Mar-17	4-Feb-17	4-Mar-17	Did not attend

Appendix 5 Participant Information Sheet



PARTICIPANT INFORMATION SHEET (23 May 2016)

Section A: The Research Project

Thank you for participating in this research. This participant information sheet will tell you the main purpose and content, your participation and benefit of the research. Your participation is valuable to me and for the research.

1. Title of project

‘Signs indicating physical, psychological, spiritual and social healings during and after the prayer healing process’

2. Brief summary of research

The research is concerned with prayer healing for people and its outcome. The research question is **‘What are the signs that indicate physical, psychological, spiritual and social healing during and after the prayer healing process?’** The focus of the research is on how the subjects (pray-ees) perceive healing experiences during and after the praying interview performing by the researcher (pray-er). The research is not going to identify causes of the healing of prayer, it aims to gain more understanding on how healing happens in prayer. The research methodology will be Interpretive Phenomenological Approach and is also qualitative. In the research, the actual engagement of you as the subject (the pray-ee) and I as the researcher (the pray-er) involves three parts: pre-praying interview before the prayer, the praying interview during the prayer and the post-praying interview after the prayer. The three interviews are semi-structured with seven questions which are designed to enable you to articulate as much detail about the experience as possible. The praying interview will start right after the pre-praying interview. The post-praying interview will be conducted one to two weeks after the praying interview in order to explore the healing outcome of the prayer. In the pre-praying interview and the praying interview, with your consent, I will invite an experienced female pray-er as my assistant to sit with us so as to ensure safety and welfare for you especially when you are a female. Though the assistant will remain silent in the process, she will become a triangulating observer who provides a check on the selective perception and illuminate blind spots in my interpretive analysis.

In the collection of data, the three interviews will first be audio recorded and then transcribed. Thematic analysis of data will be used in order to search out several important emerging themes from the data about the topic investigated. Coding and categorization will be adopted to group the data into identified themes. By interpreting and reflecting on the identified themes, the meanings of your expressions on the praying experience can be found in responding to the enquiry of the research question.

3. Purpose of the study

The research is to fulfil the degree of the DProf (Professional Doctorate) of Practical Theology at Anglia Ruskin University of the researcher. The purpose of the study is to

understand more about the signs that indicate the outcomes of prayer healing. It may enhance the practical effectiveness on how to pray for holistic prayer healing.

4. Name of your Supervisor

Dr. Zoe Bennett and Dr. Jane Tam

5. Why have I been asked to participate?

You are invited because you are a Christian and may have a certain condition that needs to be healed by prayer healing. Moreover, your participation will give insight to the process of prayer healing and will contribute to the findings on the outcome of prayer healing.

6. How many people will be asked to participate?

Totally seven people will be invited to participate in the research.

7. What are the likely benefits of taking part?

It is a volunteer participation without any money involved. The aim of the study is to understand more about the signs that indicate the outcomes of prayer healing. Your participation will certainly contribute to the findings which are important to further exploring of the outcomes of prayer healing. However, because the research is concerned with prayer healing, when you are being prayed for by the researcher, you may be healed, partially healed or not be healed in this research.

8. Can I refuse to take part?

You are free to withdraw from the research at any time without giving a reason and without any penalty.

9. Has the study got ethical approval?

The study has got ethical approval from The Research Ethics Subcommittee (RESC) at Anglia Ruskin University and The Survey and Behavioural Research Ethics at The Chinese University of Hong Kong.

10. Has the organisation where you are carrying out the research given permission?

The research is carrying out by my own interest, and it is not carrying out in an organisation. However, the research has got the permission from the two universities named above in question 9.

11. Has the research fallen under some specific legislation?

No

12. Any source of funding for the research?

The research has not funded by someone or any organization, it is carrying out by my own study with the permission of the two universities named above in question 9.

13. What will happen to the results of the study?

The research findings will be written up as my thesis for the degree of the DProf (Professional Doctoral) of Practical Theology, with the possibility of further publication.

14. Contact for further information

You can contact me by email and by mobile phone for further information.

Section B: Participation in the Research Project

1. What will I be asked to do?

In the research, you, as the pray-ee, will first attend a pre-praying interview, then you will be prayed by me (the pray-er). The praying interview will start right after the pre-praying interview which can be seen as assessment in the first session of counselling. After the praying interview, you will attend a post-praying interview one to two weeks after the praying interview in order to explore the healing outcome upon you. You will also be invited to write a self-written report about the experience during and after the praying interview according to a guideline. You will be invited to share the report at the time of the post-praying interview which encourages you to tell your own experience. The three interviews are semi-structured interviews which are designed to enable you to articulate as much detail about the experiences as possible. The pre-praying interview and the praying interview together will last for one to one and a half hours. The post-praying interview will last for about an hour.

2. Will my participation in the study be kept confidential?

Your participation in the study will be kept confidential. The pre-praying interview and the praying interview will be conducted by me and my female assistant, while the post-praying interview will be conducted by me only. The audio recording and the written transcription of the three interviews cannot be done without your approval. The written transcripts will be analyzed for research purposes only. The results of the study will be written up in anonymised format. The researcher will make use of every attempt to ensure anonymity.

3. Use of quotes

Should any gathered information and quotes from the transcripts be used for dissemination and publication, your identity will remain anonymous and any identifying characteristics will be suitably disguised.

4. Use of recording equipment

The recordings will be heard and the transcription will be read only by me and my two supervisors named above. If I need somebody to transcribe the recording, it must have your approval in order for me to do so. The recording and the transcription will be stored in a computer with a password. And, if you want, you can have a copy of the transcription.

5. Will I be reimbursed travel expenses?

Your participation is totally voluntary. This study has not been funded by any organizations, it is only done and supported by my own. Therefore, there is no reimbursement of money such as travel expenses.

6. The incentive of the research

The research concerns prayer healing. You need to understand that healing may or may not be happened during your participation. If you are willing to participate in it, it is normal that you may have the incentive to be healed in certain levels of your illness during the praying interview. I cannot guarantee, for I cannot control whether healing happens or not in prayer.

7. Are there any possible disadvantages or risks to taking part?

The study is concerning with prayer healing and will involve the revealing of your physical pains and psychological hurt. Therefore, there is a risk of revealing your weakness and hurtful experiences in the pre-praying interview and the praying interview. When you talk about your hurtful experiences, you may feel uneasy and even distressed. However, you have the right and freedom to reveal or not, I will not urge you to do so. Also, you may request rest breaks during the three interviews if you feel tired and need rest. If you feel serious upset and you cannot continue in the process, you can stop immediately at any time. Moreover, I have identified somebody for you to talk about your distress if you want to. This ensures that you will be cared properly.

There is another risk concerning confidentiality. There is a chance that you may be identified from dissemination. This study will not last for a prolonged period, this risk may be minimized by careful dealing with anonymity. When any gathered information and quotes from the transcripts be used for dissemination and publication, your identity will remain anonymous and any identifying characteristics will be suitable disguised. Moreover, you need to know that your agreement to participate in the study does not affect your legal rights in all aspects.

8. Whether I can withdraw at any time, and how

You can withdraw from the study at any time without giving a reason, and without any penalty. There is no need for you to tell me face to face that you want to stop, for you may feel uncomfortable telling me directly, you can use email to do so. Moreover, you do not have to answer any interview questions that you do not wish to. If there are data that have collected before you withdraw, I must have your permission in order to use your data. Therefore, if you withdraw from the study, you can also remove all your data. Or, you still allow me to use any of your anonymised data that I have collected up to the time you withdraw. Although you can withdraw your data at any time, but it will not be possible once I have written the research up for the degree.

9. Special precautions the researcher must take before, during or after taking part in the study

Before the study, I will have a phone or face to face contact with you so that you will have a preliminary understanding of your participation. And I will provide you the 'Participant Information Sheet' and the 'Participant Informed Consent' as reference. If you agree to participate, you then need to bring them with you in the pre-praying interview session. During your participation of the study, I will ensure that you will be treated with respectful empathy during the dialogues and the interviews in a safe and comfortable room. Also, the interviews and the praying interview will be performed in a strictly confidential environment. After you taking part in the study, all the data from you will be stored and investigated appropriately according to the guidelines of confidentiality of the research as stated above.

10. The researcher will disclose your information under the following conditions:

Any information I find that you will harm yourself (such as suicide), harm the others especially concerning child abuse, and that you are involving in illegal participation, I will not be keep confidential for you.

11. What will happen to the data that are collected by the researcher?

I will store the collected data in a laptop computer with password protection. I will not bring the laptop to other places other than my home so as to reduce the possibility of losing the data and of letting others to assess them. If I need to store the data in an USB, the USB must be a password protected. The audio recordings of the two interviews and the praying interview will be heard only by the researcher and his two supervisors (Dr. Zoe Bennett and Dr. Jane Tam). If the audio recordings need to be transcribed by someone other than me, it must have your approval in order for me to do so. Also, the written transcription of the two interviews and the prayer session will be read only by me and my two supervisors named above. The transcripts of the data will be kept until the completion of the research and the award of my degree. After that, the transcripts and the audio recordings will be destroyed.

Concerning with the confidentiality, at the outset of the study, you will be assigned a code number so that my two supervisors and I will identify you as this number in all the collected data. Also, your personal identifiable information such as the signed informed consent form will be kept separately from all your data identified with the code number.

12. You can have a copy of your transcript

After transcription of the data, I will provide you a copy of your transcript if you want this. It will not be given to you through email, but will be given to you through printed copy by hands. The copy will help you to have more understanding of your experience during your participation. You can also give feedback to me on the transcript so that I may understand your experience more fully from your own explanation of your experience.

13. You can have a copy of the summary of the research findings

After the study, I will send you a summary of the research findings. The summary will not be given to you through email, but will be given through printed copy by hands. The copy helps you to know the findings and know how you have contributed to the research

14. Contact details for complaints

If you have any complaints about the study, you can speak to me and my supervisors in the first instance. However, you can give your complaints directly to the university. You can access to details about Anglia Ruskin University's complaints procedure through the email address: complaints@anglia.ac.uk or the postal address: Office of the Secretary and Clerk, Anglia Ruskin University, Bishop Hall Lane, Chelmsford, Essex, CM1 1SQ.

Participant Information Sheet Version 1

23 May 2016

Appendix 6 Participant Consent Form (English-Chinese version)



PARTICIPANT CONSENT FORM (31 May 2016)

[參加者同意書 (2016 年 5 月 31 日)]

Name of the participant:[參加者姓名:]

Title of the project:[項目標題:]

‘Signs indicating physical, psychological, spiritual and social healing during and after the prayer healing process’

[禱告醫治過程及之後顯示有身體、心理、精神和社會人際得醫治的標記]

Main researcher and contact details:[主要研究員和聯繫方式:]

Mr. Kim Hung Luk [陸劍雄先生] (Joe)

Mobile [手提電話]:

Email [電郵]:

Members of the research team:[研究團隊隊員:]

- Supervisors [督導] (1): **Dr. Zoe Bennett** (Email [電郵]:)
- Supervisors [督導] (2): **Dr. Jane Tam** (Email [電郵]:)
- The female assistant [女研究助理]: **Miss Pauline Ting Yan Lee** [李定恩女士]

(She is an experienced pray-er in the researcher’s healing team for at least five years)

[她是一名在研究員的醫治團隊裡有最少五年經驗的禱告者]

1. I agree to take part in the above research. I have read the ‘Participant Information Sheet’ (Version 1, 31May 2016) for the study. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.

[我同意參與上述研究。我已閱讀了這研究的「參加者資料表」(2016 年 5 月 31 日，第一版)。我了解我在本研究將會扮演的角色，我對這研究亦無須作進一步的提問]

2. I agree to participate in the research project regarding the use of interviews and prayer in prayer healing which entails two interviews and one prayer session.

[我同意在參與研究項目中，在禱告醫治時會涉及面談和禱告，當中包括兩次面談和一次禱告時間。]

3. I understand that the pre-praying interview, the praying interview and the post-praying interview will be audio-recorded and transcribed by the researcher. If the transcription needs to be done by other, I will be notified and it needs my agreement.

[我明白禱告前的面談、禱告時間和禱告後的面談均會被錄音，錄音內容亦會被研究員轉成文字記錄。若轉錄需要由其他人來做，我會得到知會，這亦將需要我個人同意。]

4. I understand that the written transcripts will be analyzed for research purposes only. Should any gathered information and quotes from the transcripts be used for dissemination and publication, my identity will remain anonymous and any identifying characteristics will be suitable disguised.

[我明白到筆錄內容將僅用於研究。若任何從我收集或轉錄得來的資料會被引用、發放或出版的話，我的身份將保持匿名，個人身份的識別特徵亦會被妥善處理。]

5. I understand that I am free to ask any questions at any time before and during the study. And I am free to withdraw from the research at any time without giving a reason.

[我明白我可以在研究過程之前及期間隨時提出任何問題。我亦可隨時退出研究，而不給予理由。]

6. I have been provided with a copy of this form and 'Participant Information Sheet'.

[我已收取了這同意書的副本和「參加者資料表」。]

Data Protection:[資料保護:]

I agree to the University (Anglia Ruskin University and its Associate Colleges) processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me.

[我同意大學（安格利亞魯斯金大學及其關聯的學院）處理我所提供的個人資料。我同意把我的資料用作與研究項目相關的用途。]

Withdraw from this study: [退出這研究項目:]

If you wish to withdraw from the research, please speak to the researcher or email him at X stating the title of the research. You do not have to give a reason for why you would like to withdraw. Please let the researcher know whether you allow or not allow for him to use any data from you collected to date in the write up and dissemination of the research.

[如果你想退出研究，請向研究員說明，或用，標明本研究的標題，並發電子郵件給他。你不必給予退出的理據。請讓研究員知道你是否允許他使用從你所收集的任何最新資料來寫入及發放其研究內容。]

Names of the participant and the researcher: [參加者和研究員姓名:]

The Participant: [參加者:]

Print[正楷]_____ **Signed**[簽名]_____ **Date**[日期]_____

The Researcher:[研究員:]

Print[正楷]_____ **Signed**[簽名]_____ **Date**[日期]_____

Participant Consent Form (Version 1) [參加者同意書（第一版）]

31 May 2016 [2016年5月31日]

Appendix 7 Participant Supplementary Consent Form (English-Chinese Version)



PARTICIPANT SUPPLEMENTARY CONSENT FORM (22 February 2017)

[參加者附加同意書 (2017 年 2 月 22 日)]

Name of the participant:[參加者姓名:]_____

Title of the research:[研究標題:]

‘Signs indicating physical, psychological, spiritual and social healing during and after the prayer healing process’

[禱告醫治過程及之後顯示有身體、心理、精神和社會人際得醫治的標記]

Main researcher and contact details:[主要研究員和聯繫方式:]

Mr. Kim Hung Luk[陸劍雄]:Mobile[手提];Email[電郵]: Members of the research team:
[研究團隊隊員:]

Supervisor [督導] (1): Dr. Zoë Bennett (Email [電郵]:)

Supervisor [督導] (2): Dr. Jane Tam (Email [電郵]:)_____

1. I agree to take part in a follow-up interview which has not been mentioned in ‘the Participant Consent Form (Version 1)’ dated at 31 May 2016.

[我同意參與這研究的一個跟進訪問，而這訪問是在 2016 年 5 月 31 日所製定的「參加者同意書 (第一版)」上沒有列明的。]

2. This follow-up interview will be conducted around six month after the praying interview of this research.

[這訪問將會在這研究的祈禱過程後大約六個月進行。]

3. This follow-up interview will also be abided by the principles of ‘the Participant Consent Form (Version 1)’ dated at 31 May 2016 and ‘the Participant Information Sheet (Version 1)’ dated at 23 May 2016.

[這訪問會一樣遵循在 2016 年 5 月 31 日所製定的「參加者同意書 (第一版)」及 2016 年 5 月 23 所製定的「參加者資料表 (第一版)」的原則。]

4. I have been provided with a copy of this supplementary consent form.

[我已收取了這附加同意書的副本。]

Names of the participant and the researcher:[參加者和研究員姓名:]

The Participant:[參加者:]

Print[正楷]_____Signed[簽名]_____Date[日期]_____

The Researcher:[研究員:]

Print[正楷]_____Signed[簽名]_____Date[日期]_____

Supplementary Participant Consent Form [參加者附加同意書]

22 February 2017 [2017 年 2 月 22 日]

Appendix 8 The ethical approval letter of the Faculty Research Ethic Panel of ARU



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facebook.com/angliaruskin

14 June 2016

Dear Joe,

Project Title: Signs indicating physical, psychological, spiritual and social healings during and after the prayer healing process™

I am pleased to inform you that your ethics application has been approved by the Faculty Research Ethics Panel (FREP) under the terms of Anglia Ruskin University's Research Ethics Policy (Dated 23/6/14, Version 1).

Ethical approval is given for a period of 1 year from 14 June 2016.

It is your responsibility to ensure that you comply with Anglia Ruskin University's Research Ethics Policy and the Code of Practice for Applying for Ethical Approval at Anglia Ruskin University, including the following.

- The procedure for submitting substantial amendments to the committee, should there be any changes to your research. You cannot implement these amendments until you have received approval from FREP for them.
- The procedure for reporting adverse events and incidents.
- The Data Protection Act (1998) and any other legislation relevant to your research. You must also ensure that you are aware of any emerging legislation relating to your research and make any changes to your study (which you will need to obtain ethical approval for) to comply with this.
- Obtaining any further ethical approval required from the organisation or country (if not carrying out research in the UK) where you will be carrying the research out. Please ensure that you send the FREP copies of this documentation if required, prior to starting your research.
- Any laws of the country where you are carrying the research and obtaining any other approvals or permissions that are required.
- Any professional codes of conduct relating to research or requirements from your funding body (please note that for externally funded research, a Project Risk Assessment must have been carried out prior to starting the research).
- Completing a Risk Assessment (Health and Safety) if required and updating this annually or if any aspects of your study change which affect this.
- Notifying the FREP Secretary when your study has ended.

Please also note that your research may be subject to random monitoring.

Should you have any queries, please do not hesitate to contact me. May I wish you the best of luck with your research.

Yours sincerely,

Oriola Salavaci
FREP Chair



Appendix 9 The pre-praying interview schedule (with Chinese translation)

1. The pre-praying interview questions [original used in the pilot study]

[禱告前面談問題 (在試驗研究時原用的)]

Q1. Would you tell me about your current situation?

[請你/妳講出你/妳現在的情況?]

Q2. When did you find out your symptoms and what have you done so far to alleviate the situation?

[你/妳何時發現你/妳有這些病徵? 到目前為止, 你/妳做過甚麼去減輕你/妳的病徵?]

Q3. In your situation, what are the influences on your physical body? (Hints: If the subject does not know how to respond, then the researcher needs to help him/her by asking, for example, “How are your bodily illnesses and pains?”)

[你/妳現在的情況如何影響你/妳的身體健康?] (提示: 若參與者不知如何回應, 研究者需要以提問來幫助他/她回應, 例如: 「你/妳現在身體的病情和痛症如何?」)

Q4. In your situation, what are the influences on your psychological healthiness? (Hints: If the subject does not know how to respond, then the researcher needs to help him/her by asking, for example, “How about your emotions?”, “How about your cognitive functioning?” or “How about your self-confidence?”)

[你/妳現在的情況如何影響你/妳的心理健康?] (提示: 若參與者不知如何回應, 研究者需要以提問來幫助他/她回應, 例如: 「你/妳的情緒如何?」, 「你/妳的理解能力如何?」, 或「你/妳的自信心如何?」)

Q5. In your situation, what are the influences on your spiritual aspect of life? (Hints: If the subject does not know how to respond, then the researcher needs to help him/her by asking, for example, “How about your relationship with God?” or “Would you feel that there is something becomes your bondages of life?”)

[你/妳現在的情況如何影響你/妳的屬靈健康?] (提示: 若參與者不知如何回應, 研究者需以提問來幫助他/她回應, 例如: 「你/妳與神的關係如何?」, 「你/妳覺得有些甚麼東西轄制著你/妳的生命?」)

Q6. In your situation, what are the influences in your interpersonal relationship in your social life? (Hints: If the subject does not know how to respond, then the researcher needs to help him/her by asking, for example, “How about the relationship with your spouse?”, or “How about the relationships with your parental, siblings, son/daughter, colleagues, friends or church members?”)

[你/妳現在的情況如何影響你/妳在社會上的人際關係?] (提示: 若參與者不知如何回應, 研究者需要以提問來幫助他/她回應, 例如: 「你/妳與你/妳的配偶關係如何?」, 或「你/妳與你/妳的父母、兄弟姊妹、兒女、同事、同友或教友的人際關係如何?」)

Q7. What do you want me to pray for you?

[你/妳想我如何為你/妳祈禱?]

2. *The pre-praying interview questions [amended after the pilot study]*
[禱告前面談問題 (在試驗研究後修改的)]

Q1. a. Would you tell me about your current situation?

[請你/妳講出你/妳現在的情況?]

b. When did you find out your symptoms and what have you done so far to alleviate the situation?

[你/妳何時發現你/妳有這些病徵? 到目前為止, 你/妳做過甚麼去減輕你/妳的病徵?]

Q2. In your situation, what are the influences on your physical body?

[你/妳現在的情況如何影響你/妳的身體健康?]

Q3. In your situation, what are the influences on your psychological healthiness?

[你/妳現在的情況如何影響你/妳的心理健康?]

Q4. In your situation, what are the influences on your spiritual aspect of life?

[你/妳現在的情況如何影響你/妳的屬靈健康?]

Q5. In your situation, what are the influences on your interpersonal relationship in your social life?

[你/妳現在的情況如何影響你/妳在社會上的人際關係?]

Q6. What do you want me to pray for you?

[你/妳想我如何為你/妳祈禱?]

Appendix 10 The post-praying interview schedule (with Chinese translation)

1. The post-praying interview questions [original used in the pilot study] [禱告後面談問題 (在試驗研究時原用的)]

Q1. Would you tell me about your current situation since we prayed last time?

[上次為你/妳祈禱後，你/妳現在的情況如何？]

Q2. Would you tell me any changes in your situation since we prayed last time?

[上次為你/妳祈禱後，你/妳現在的情況有沒有任何變化？]

Q3. How is your bodily situation since we prayed last time? (Hints: If the subject does not know how to respond, then the researcher needs to help him/her by asking, for example, “How are your bodily illnesses and pains?”)

[上次為你/妳祈禱後，你/妳現在的身體情況如何？] (提示：若參與者不知如何回應，研究者需要以提問來幫助他/她回應，例如：「你/妳現在身體的病情和痛症如何？」)

Q4. How is your psychological healthiness since we prayed last time? (Hints: If the subject does not know how to respond, then the researcher needs to help him/her by asking, for example, “How about your emotions?”, “How about your cognitive functioning?” or “How about your self-confidence?”)

[上次為你/妳祈禱後，你/妳現在的心理健康情況如何？] (提示：若參與者不知如何回應，研究者需要以提問來幫助他/她回應，例如：「你/妳的情緒如何？」，「你/妳的理解能力如何？」，或「你/妳的自信心如何？」)

Q5. How is your spiritual healthiness since we prayed last time? (Hints: If the subject does not know how to respond, then the researcher needs to help him/her by asking, for example, “How about your relationship with God?” or “Would you feel that there is something becomes your bondages of life?”)

[上次為你/妳祈禱後，你/妳現在的屬靈健康情況如何？] (提示：若參與者不知如何回應，研究者需要以提問來幫助他/她回應，例如：「你/妳與神的關係如何？」，「你/妳覺得有些甚麼東西轄制著你/妳的生命？」)

Q6. How is your interpersonal relationship in your social life since we prayed last time? (Hints: If the subject does not know how to respond, the researcher needs to help him/her by asking, for example, “How about the relationship with your spouse?”, or “How about the relationships with your parent, siblings, son/daughter, colleagues or friends?”)

[上次為你/妳祈禱後，你/妳現在在社會上的人際關係情況如何？] (提示：若參與者不知如何回應，研究者需要以提問來幫助他/她回應，例如：「你/妳與你/妳的配偶關係如何？」，或「你/妳與你/妳的父母、兄弟姊妹、兒女、同事或朋友的人際關係如何？」)

Q7. How do you respond to the outcome of our prayer last time?

[你/妳如何回應上次為你/妳祈禱後的結果？]

2. *The post-praying interview questions [amended after the pilot study]*
[禱告後面談問題 (在試驗研究後修改的)]

Q1. Would you tell me about your current situation or change in your situation since we prayed last time?

[上次為你/妳祈禱後，你/妳現在的情況如何？有沒有任何變化？]

Q2. How is your bodily situation since we prayed last time?

[上次為你/妳祈禱後，你/妳現在的身體情況如何？]

Q3. How is your psychological healthiness since we prayed last time?

[上次為你/妳祈禱後，你/妳現在的心理健康情況如何？]

Q4. How is your spiritual healthiness since we prayed last time?

[上次為你/妳祈禱後，你/妳現在的屬靈健康情況如何？]

Q5. How is your interpersonal relationship in your social life since we prayed last time?

[上次為你/妳祈禱後，你/妳現在在社會上的人際關係情況如何？]

Q6. How do you respond to the outcome of our prayer last time?

[你/妳如何回應上次為你/妳祈禱後的結果？]

Appendix 11 The follow-up interview schedule (with Chinese translation)

The follow-up interview questions

[禱告跟進面談問題]

Q1. Would you tell me about your current situation or change since we prayed after around half year?

[大約半年前為你/妳祈禱後，你/妳現在的情況如何？有沒有任何變化？]

Q2. How is your bodily situation since we prayed after around half year?

[大約半年前為你/妳祈禱後，你/妳現在的身體情況如何？]

Q3. How is your psychological healthiness since we prayed after around half year?

[大約半年前為你/妳祈禱後，你/妳現在的心理健康情況如何？]

Q4. How is your spiritual healthiness since we prayed after around half year?

[大約半年前為你/妳祈禱後，你/妳現在的屬靈健康情況如何？]

Q5. How is your interpersonal relationship in your social life since we prayed after around half year?

[大約半年前為你/妳祈禱後，你/妳現在在社會上的人際關係情況如何？]

Q6. How do you respond to the outcome of our prayer after around half year?

[你/妳如何回應大約半年前為你/妳祈禱後的結果？]

Q7. In the praying interview, we would respond to each other while we were praying, would you comment on that kind of ‘Praying Dialogue’?

[在為你/妳祈禱的過程，我們會一面祈禱一面彼此回應的，你/妳對這樣的「祈禱對話」有何評語？]

Appendix 12 Research ethics of confidentiality

1. The participation in the study will be kept confidential. The participants must sign the Participant Consent Form and must read the Participant Information Sheet.
2. The pre-praying, praying, post-praying and follow-up interviews are conducted with the researcher and his female assistant. The audio-tape recording and the written transcription of the four interviews cannot be done without the approval of the participants.
3. The four recorded interviews will be transcribed by the researcher. However, with the consensus of the participants, the transcription can be done by someone who does not know the subjects.
4. The written transcripts will be analysed for research purposes only. The results of the study will be written up in anonymised format.
5. If any gathered information and quotes from the transcripts are used for publication, the participants will remain unidentified and any identifying characteristics will be suitably disguised.
6. Besides recording, it is not allowed to photograph or videotape during the processes of the four interviews.
7. The research will be performed in a closed room with a glass window on the door of the room.
8. The personal identities of the participants such as names, ages, organizations etc. in the research output will not be revealed. The researcher will make use of every attempt to ensure anonymity.
9. The researcher needs to tell the participants that the researcher complies with the Data Protection Act (1998) with regards to confidentiality and anonymity.
10. The researcher will store the data in a laptop computer with password protection. The researcher will not bring the laptop to other places other than his home so as to reduce the possibility of losing it and letting others to see the data. If the researcher needs to store the data in an USB, it must be a password protected.

Appendix 13 to Appendix 21 below need to be viewed through the USB provided with the thesis, for they are Excel files concerning the different coding processes of the transcribed data and the formulation of the identified themes of the research.

Appendix 13	<u>The coding process of F1 from the transcribed data</u>
Appendix 14	<u>The coding process of F2 from the transcribed data</u>
Appendix 15	<u>The coding process of F3 from the transcribed data</u>
Appendix 16	<u>The coding process of F4 from the transcribed data</u>
Appendix 17	<u>The coding process of M1 from the transcribed data</u>
Appendix 18	<u>The coding process of M2 from the transcribed data</u>
Appendix 19	<u>The coding process of M3 from the transcribed data</u>
Appendix 20	<u>The formulation of the five identified themes from all the themes of the seven participants</u>
Appendix 21	<u>The coding of different aspects of healing experiences of the seven participants from the transcribed data</u>

Appendix 22 Summary of the research findings of the four aspects of healing reported by the seven participants

Summary of the Research Findings of the Four Aspects of Healing Reported by the Seven Participants																
	The Four Aspects of Healing in the Four Interviews															
	Physical				Psychological				Spiritual				Social			
Participants	Pre-praying	Praying	Post-praying	Follow-up	Pre-praying	Praying	Post-praying	Follow-up	Pre-praying	Praying	Post-praying	Follow-up	Pre-praying	Praying	Post-praying	Follow-up
F1	M	P H3	H3	H3	M	P H2	H2	H3	M	P H2	H2	H3	M	P	H2	H3
F2	M	P H0	H0	H1	M	P H2	H2	H3	NM	NP	NM	NM	M	P	H3	H3
F3	M	P H2	H2	H3	M	P H2	H3	H3	M	P H2	H1	NM	M	P	H2	H3
F4	M	P H0	H0	H2	M	P H2	H3	H3	M	P H2	H3	H3	M	P	H2	H2
M1	NM	NP	NM	NM	M	P H2	H2	H2	M	P H2	H2	H2	M	P	H3	H3
M2	NM	NP	NM	NM	M	P H2	H3	H3	NM	NP	NM	NM	M	P	H2	H3
M3	M	NP	H3	NA	M	P H2	H3	NA	NM	NP	NM	NA	M	P	H3	NA
M = Mentioned in the interview P = Prayed for in the interview H0 = No sign of healing; H1 = Some signs of healing; H2 = Significant signs of healing; H3 = Outstanding signs of healing NM = Not Mentioned; NP = Not Prayed for; NA = Interview not attended																

Appendix 23 Comments of the Empathetic Dialogue of the seven participants

F1	<ul style="list-style-type: none"> - She described the processes of sharing and praying and God's intervention were excellent, she liked it very much for there were insight and enlightenment from God, especially when she was facing her pains. - She could bring all the painful emotions to prayer and be delivered through the dialogues. - There was a leading function, a deeper layer of emotion or thinking could be expressed towards God for healing. - The Holy Spirit, who understands God's will, led the dialogues, then He intervened with insight which led her understand of the emotions and the situation she faced. - There were the sudden dawning of 'seeing' and 'thinking' that led her to have more understanding and clear of the circumstance, so that she could be more 'resuscitate', 'letting go' and 'deliverance'. - She liked the guidance in prayer, for it could lead her on track without missing and confusing the direction of sharing or praying. - She believed that the pictures or the imagery in prayer came from God. They acted as pointers of directions in prayer. They had meanings with healing and comforting effects. - The alliance between the pray-er and her was important. She trusts the pray-er, and is will to open herself. - She had to have faith and eagerness in order to get healed.
F2	<ul style="list-style-type: none"> - She found that the process of prayer was natural. She accepted and enjoyed it very much. - She was convinced that her experiences on healing were the work of the Holy Spirit in the praying interview, for example, the waving of the body, seeing imagery and some thoughts emerged. - The Holy Spirit led the praying interview, and that was extraordinary. Every picture she 'saw' led to healing, and brought comfort to her heart and the promise of God to her. - The leading question or the interpretation of the imagery from the pray-er helped her to have a deeper understanding and memory of the imagery. - It was very seldom for her to share the imagery at once to others in a process of praying. Her trust to the pray-er and faith in God helped her to be more open to the Holy Spirit who spoke to us through prayer. - She believed that the Holy Spirit would speak to her through the pray-er in order to understand her situation. The praying interview was like a mirror to reflect her needs and living conditions to her. - She felt relaxed and free in the process of praying, and she was willing to allow herself to experience God's healing. <p>To be continued....</p>

F3	<ul style="list-style-type: none"> - A step to step and a progressive way of praying helped her to get a deeper understanding of her core problems. - It was a very comfortable experience in the process of prayer. She did not feel pressure on her sharing. - Through exploring and understanding the meaning of the imaginary she saw, she came to comprehend more of her situation and the root problem of her emotions. - She believed that the Holy Spirit brought her problem deeper and deeper, and also brought healing to her in the praying interview. - She believed that the Holy Spirit would work gradually in her problem, for she was very willing to be healed by God. - She used a parable to describe the function of this dialogue: 'A knot is gradually untied', for the wound is very deep inside. Her willingness to be healed was a crucial factor in untying the knot. - She commented that the directive leading of the pray-er might be a weakness in the praying interview. However, she also understood that the most important thing was her willingness to go deeper and her desire to be healed.
F4	<ul style="list-style-type: none"> - The prayer healing process was a good learning experience for her. - She considered that was a good opportunity for her to experience prayer healing, so she anticipated with both fear and hope in the praying process. - With the facilitation from the pray-er, she could verbalize something deep inside, and that was difficult to express. For example, the guilty feelings towards her eldest brother's death. - The pray-er held a safe environment so that she could freely express herself. The protected space helped to create the foundation and boundary for the healing to happen. - It was amazing that a lot of imagery emerged in the praying interview, and she could clearly express them in the dialogues. Through the dialogues, she got clearer meaning of the imagery. - She craved for the filling of the Holy Spirit, and hoped to be healed. - She sensed the presence of the Holy Spirit, and that made her feel secure, trust and hope. That helped her to be more ready to be prayed for. - She found that she understood more of the work of the Holy Spirit after the praying interview. - The trust to the pray-er was an important factor in helping her to open up herself to be healed. - The leading questions in the dialogues were very helpful to facilitate her to grasp the meaning of her sayings and to reflect on them, then the prayers could concentrate on the main points. - She felt being accepted, understood and cared. She understood the dialogues and enjoyed the process. - She is willing and eager to experience more of this kind of healing prayer in the coming future. <p>To be continued...</p>

M1	<ul style="list-style-type: none"> - He felt very comfortable, natural and real in the praying interview. He experienced the process as dynamic and lively. The process is down-to-earth, and there were back and forth responses. - He felt it enjoyable and he had an exceptionally sincere participation in the prayer. - The sharp questions helped him to be open and brought him hope to tackle his darkness inside. - He felt the presence of God with His listening and giving insight to him, for example, he felt very bright light in him and in his house, which were unprecedented in his life. - He believed that the ability to have positive change in self-acceptance and in the attraction to his wife came from the Holy Spirit. That amazing experience could not be obtained through general talking and counseling. - The peace inside and the feeling of the undaunted calmness when opening up to talk about his shame on the habit was due to the work of the Holy Spirit. - There were reasons for him to be changed or healed: <ol style="list-style-type: none"> 1. His eagerness to change. 2. He thought that God prepared for him to have this chance to share and face his darkness. 3. His openness to the Holy Spirit. He opened up himself with the pray-er courageously. 4. The pray-er reflected that he was attracted by the lady on the street more than by his wife. This response brought insight and impact on his understanding of his attitude towards his wife. 5. The insight that he could use the physical, psychological and spiritual attractiveness to his wife to replace the attractiveness of other ladies was unprecedented in his thinking. Also, he recognized that the desire and love for his wife could replace the need of his sexual desire. 6. The trust in the pray-er made him peace, and that encouraged him to share his darkness openly. 7. There is a sense of security in the praying interview. That security came from the speaking tone and the un-criticize attitude of the pray-er towards him. Also, the unfamiliar relationship with the pray-er also made him to feel more easy to talk about himself.
M2	<ul style="list-style-type: none"> - The dynamical dialogue served as a guiding function in the prayer. - A danger: the pray-er may point to a wrong direction for the pray-ee. If the pray-ee's problem is simple, the deviation from the direction will be less; otherwise, the deviation will serious. - It was a comfort for him as the pray-er journeyed with him in facing his difficult situation. - He could develop more perspectives in understanding his problems. He could have more directions and insights to tackle his problem in praying to God. - He could go from a cognitive level to a feeling-wise level in understanding his problem, which was shown in his emotional expressions, such as tears, sorrow and pain in the heart. - The releasing of his pain and the reminding of the Bible verse came from the Holy Spirit. - When the participant opened himself, the Holy Spirit would intervene and oversee the situation. The pray-er held the space for the participant to experience healing from the Holy Spirit. - Healing was manifested in healing of the wound and soothing of the pain, and when the participant could regulate his emotional outburst. - Not every pray-er can perform this kind of empathetic prayer in a praying interview. - His (the participant) openness or receptiveness to the intervention from the Holy Spirit was an essential factor for healing to come. - Trusting relationship with the pray-er is important for facilitating his openness in the dialogues.
M3	No data for M3 in this part for M3 did not attend the follow-up interview

Appendix 24 Total numbers of different kinds of coding for each of the seven participants in the four interviews

The Four Interviews	The One Who Is Coded	Different Kinds of Coding	Total Numbers of Different Kinds of Coding of the Seven Participants						
			F1	F2	F3	F4	M1	M2	M3
Pre-praying	Pray-ee	First coding	78	120	121	94	94	124	79
		Second coding	37	47	63	58	45	66	51
		Subcategories	14	22	24	24	18	19	19
		Categories	5	6	6	6	5	5	6
Praying	Pray-er	First coding	57	71	51	54	88	29	26
		Second coding	33	39	21	35	38	24	15
		Subcategories	15	18	17	20	19	12	17
		Categories	5	5	5	6	5	4	4
	Pray-ee	First coding	178	81	81	93	84	35	68
		Second coding	104	45	66	69	47	24	40
		Subcategories	41	23	29	20	38	25	22
		Categories	12	6	7	6	9	7	6
Post-praying	Pray-ee	First coding	72	81	39	83	96	53	83
		Second coding	38	33	29	44	39	28	40
		Subcategories	15	19	18	26	25	18	27
		Categories	5	5	5	6	5	5	6
Follow-up	Pray-ee [without the comments on the Empathetic Dialogue]	First coding	92	53	61	68	79	19	X = not attend
		Second coding	34	31	44	45	33	12	X
		Subcategories	14	24	23	27	19	10	X
		Categories	4	7	6	6	4	3	X
	Pray-ee's Comments on the Empathetic Dialogue	First coding	23	15	13	25	28	31	X
		Second coding	14	11	8	16	18	18	X
		Subcategories	13	8	11	11	15	12	X
		Categories	5	4	4	3	5	4	X
		Total first coding	500	421	366	417	469	291	256
		Total second coding	260	206	231	267	220	183	146
		Total subcategories	112	114	122	128	134	96	85
		Total categories	36	33	33	33	33	28	22
		Integrative categories	12	13	12	12	12	10	10
		Themes	5	6	6	7	6	5	4
Total number of identified themes			5						

Appendix 25 Relationships between the five identified themes in answering the research question

Relationships between the Five Identified Themes in Answering the Research Question		
Themes Answering the Research Question		Sources of Data
Themes	Ways in which healing was experienced	The Interviews
Theme 1	The preparatory stage: Expectation of healing (Discussed in Chapter Five)	-Pre-praying -Praying
Theme 2	The preparatory stage: Connectedness to God (Discussed in Chapter Five)	-Pre-praying -Praying -Post-praying -Follow-up
Theme 3	The impetratory stage: Experiencing healing through impetrating praying (Discussed in Chapter Six)	-Praying
Theme 4	The empathetic stage: Experiencing healing through the interventions of the pray-er (mediated through the work of the Holy Spirit) (Discussed in Chapter Six)	-Praying -Follow-up (Comments on the Empathetic Dialogue from the pray-ees)
Theme 5	The action stage: Actions which followed the experiences of healing continue and transform healing (Discussed in Chapter Seven)	-Post-praying -Follow-up

Appendix 26 Relationships between the research question, the five identified themes and the seven research gaps

Relationships between the Research Question, the Five Identified Themes and the Seven Research Gaps		
Research question	An investigation of holistic prayer healing through attention to physical, psychological, spiritual and social healing	
Themes answering the research question		Gaps relating to the identified themes
Theme 1	The preparatory stage: Expectation of healing	
Theme 2	The preparatory stage: Connectedness to God	
Theme 3	The impetratory stage: Experiencing healing through Impetrating praying	-Gap 1: Four aspects of healing are manifested in an interconnected way -Gap 2: Spiritual healing of deliverance is manifested in Chinese Christians -Gap 3: Social healing is manifested effectively in Chinese Christians
Theme 4	The empathetic stage: Experiencing healing through the interventions of the pray-er (mediated through the work of the Holy Spirit)	-Gap 4: Experiencing healing through the interventions of the pray-er in the Empathetic Dialogue -Gap 5: Experiencing healing through responding to the sequential imagery of the pray-ees via the Entry Point
Theme 5	The action stage: Actions which followed the healing experiences continue and transform healing	-Gap 6: Actions which followed the healing experiences of the pray-ees continue and transform healing
		-Gap 7: Literature of holistic prayer healing in a Chinese context
Gap 1 to Gap 6 (Discussed in Chapter Eight) Gap 7 (Discussed in Chapter Nine)		

Appendix 27 Relationships of the five identified themes, the seven gaps and the contributions to the research

Relationships between the Five Identified Themes, the Seven Gaps and the Contributions to the Research		
Themes	Contributions to	
	Knowledge (related to the Gaps)	Practice
Theme 1		
Theme 2		
Theme 3	1. Four aspects of healing are manifested in an interconnected way (Gap 1) 2. Spiritual healing of deliverance is manifested in Chinese Christians (Gap 2) 3. Social healing is manifested effectively in Chinese Christians (Gap 3)	1. Pray for the four aspects of healing instead of one or two aspects of healing 2. Perform spiritual healing of deliverance for Chinese Christians 3. Perform social healing for Chinese Christians
Theme 4	4. The work of the Holy Spirit is mediated through the interventions of the pray-er in the Empathetic Dialogue (Gap 4) 5. Responding to sequential imagery of the pray-ees in the Entry Point (Gap 5) 6. Pray according to the flow of the sequential imagery of the pray-ees (an unexpected contribution)	4. Utilizing the Empathetic Dialogue 5. Utilizing the Entry Point 6. Pray according to the flow of the sequential imagery of the pray-ees 7. Pray-ees pray more for themselves
Theme 5	7. Actions which followed the healing experiences of the pray-ees continue and transform their healing (Gap 6)	8. Encourage the actions which followed the healing experiences of the pray-ees
	8. Literature of holistic prayer healing in a Chinese context (Gap 7)	