

Andrews University

## Digital Commons @ Andrews University

---

Master's Theses

Graduate Research

---

2020

### The Influence of Jesus' Approach to People through "Teaching and Healing" on the Faith of People in Jesus Christ and on their Relationship to the Seventh-day Adventist Church

Armin Danz

Andrews University, [armin@andrews.edu](mailto:armin@andrews.edu)

Follow this and additional works at: <https://digitalcommons.andrews.edu/theses>



Part of the [Biblical Studies Commons](#), and the [Practical Theology Commons](#)

---

#### Recommended Citation

Danz, Armin, "The Influence of Jesus' Approach to People through "Teaching and Healing" on the Faith of People in Jesus Christ and on their Relationship to the Seventh-day Adventist Church" (2020). *Master's Theses*. 193.

<https://dx.doi.org/10.32597/theses/193/>

<https://digitalcommons.andrews.edu/theses/193>

This Thesis is brought to you for free and open access by the Graduate Research at Digital Commons @ Andrews University. It has been accepted for inclusion in Master's Theses by an authorized administrator of Digital Commons @ Andrews University. For more information, please contact [repository@andrews.edu](mailto:repository@andrews.edu).

ABSTRACT

THE INFLUENCE OF JESUS' APPROACH TO PEOPLE THROUGH "TEACHING  
AND HEALING" ON THE FAITH OF PEOPLE IN JESUS CHRIST AND ON THEIR  
RELATIONSHIP TO THE SEVENTH-DAY ADVENTIST CHURCH

by

Armin Danz

Chair:

Reinder Bruinsma

## ABSTRACT OF GRADUATE STUDENT RESEARCH

Thesis

Andrews University

School of Education

Title: THE INFLUENCE OF JESUS' APPROACH TO PEOPLE THROUGH  
"TEACHING AND HEALING" ON THE FAITH OF PEOPLE IN JESUS  
CHRIST AND ON THEIR RELATIONSHIP TO THE SEVENTH-DAY  
ADVENTIST CHURCH

Name of the researcher: Armin Danz

Name and degree of faculty chair: Reinder Bruinsma

Date completed: 11.08.2020

The problem underlying this study is the slow but steady decline in membership in the Seventh-day Adventist Church in the German state of North Rhine-Westphalia. Numerous missionary efforts in the past have not been able to change this trend. However, an approach that summarizes the work of Jesus in the Gospel of Matthew has not been followed: Namely that Jesus *taught* people about the Kingdom of God and *healed* them through prayer. Both church historical sources and modern research suggest that wherever the biblical example of Jesus was followed closely it had a positive influence on the growth of churches. In order to investigate whether such an approach

could produce a similar result within the context of the Seventh-day Adventist Church, a qualitative study was conducted in which nine people were interviewed, with some questions based on drawings they had made themselves. All participants had stated that they had been healed through prayer in the context of the Adventist Church. Besides the description of their teaching and healing experience, the two central questions were a: what influence their teaching and healing experience had on their relationship with Jesus Christ and b: what influence this experience had on their relationship with the Adventist Church.

The evaluation of the interviews showed that the relationship of all study participants to Jesus improved significantly and permanently through their healing experience. They were motivated to share their testimonies and pray for healing for others. With regard to the influence their experience had on their relationship to the Adventist Church, the picture was more differentiated. Wherever the churches reacted positively or tolerantly to these members, the sense of fellowship and of community, and the missionary commitment of the study participants increased or was taken up after years of passivity. Of the three persons who initially did not belong to the Adventist Church, two improved their attitude towards it, and a third person was baptized and became an active member.

However, where congregations reacted negatively to the experience of the study participants, the relationship between these persons and the church deteriorated increasingly. In the end, this led two people to leave their respective local churches.

In addition to considering whether, and to what extent, a New Testament approach to teaching and healing could be applied in the Adventist Church and thus make

use of its positive effects, further questions arose for future research. First of all, it would be recommendable to deepen the research results in further studies and consider the topic of this study from a variety of perspectives. Among the latter is the question of how churches experience members who claim to have been healed through prayer, but also the question of how a person feels and reacts who has not been healed despite prayer.

Andrews University

School of Education

THE INFLUENCE OF JESUS' APPROACH TO PEOPLE THROUGH "TEACHING  
AND HEALING" ON THE FAITH OF PEOPLE IN JESUS CHRIST AND ON THEIR  
RELATIONSHIP TO THE SEVENTH-DAY ADVENTIST CHURCH

A Thesis

Presented in Partial Fulfillment  
Of the Requirements of the Degree  
Master of Arts in Leadership

by

Armin Danz

2020

© Copyright by Armin Danz, 2020  
All Rights Reserved

THE INFLUENCE OF JESUS' APPROACH TO PEOPLE THROUGH  
"TEACHING AND HEALING" ON THE FAITH OF PEOPLE  
IN JESUS CHRIST AND ON THEIR RELATIONSHIP  
TO THE SEVENTH-DAY ADVENTIST CHURCH

A thesis  
presented in partial fulfillment  
of the requirements for the degree  
Master of Arts in Leadership

by

Armin Danz

APPROVAL BY THE COMMITTEE:

---

Chair: Reinder Bruinsma

---

Dean, College of Education &  
International Partnerships:  
Alayne Thorpe

---

Member: Gus Gregorutti

---

Member: Marinko Markek

---

Date Approved



## TABLE OF CONTENTS

Figures.....	11
Chapter 1.....	13
Introduction.....	13
Background of the Problem .....	15
Statement of the Problem.....	18
Purpose of the Study .....	21
Research Questions.....	21
General Methodology .....	22
Significance of the Study .....	23
Assumptions.....	23
Limitations of the Study.....	24
Delimitations.....	24
Definition of Terms.....	25
Summary .....	27
Outline of the Remainder of the Proposal.....	28
Chapter 2: Review of the Literature.....	29
Teaching and Healing in the Old Testament.....	29
Teaching and Healing in the Gospels .....	33
Jesus' Teaching.....	34
The Way Jesus Performed His Miracles .....	35
The Role of Faith .....	37
Healing and Exorcism.....	37
The Reaction of Faith to Jesus' Healings .....	38
Manifold Reactions to Jesus' Healings.....	39
James 5:14-16 .....	41
Teaching and Healing in Church History .....	42
Teaching and Healing in the Seventh-Day-Adventist Church.....	49
Healing Prayer in the Present Time .....	54
Present Discussion About Healing Prayer .....	54
Medical Documentation of Healing Prayers.....	60
Proximal Intercessory Prayer.....	67
The Use of Proximal Intercessory Prayer .....	67

Aspects of Healing From the Viewpoint of PIP Practitioners .....	73
The Influence of Teaching and Healing on People.....	76
Summary .....	79
Chapter 3: Methodology .....	83
Research Design.....	83
Qualitative Research .....	83
Phenomenological Research Design.....	83
Philosophical Aspects of Phenomenological Approaches .....	85
Participants and Sample .....	86
Data Collecting .....	87
Data Coding and Analysis .....	91
Credibility of the Research Study .....	92
Qualitative Validity.....	92
Qualitative Reliability.....	93
Ethical Considerations .....	94
Summary .....	96
Chapter 4: Results.....	98
Introduction.....	98
Description of the Participants.....	99
Erik.....	99
Iris .....	100
Karin .....	100
Lisa.....	101
Michael .....	102
Nicole.....	103
Ruth.....	104
Theresa .....	105
Stephan.....	105
Analysis of the Interviews .....	106
Introduction.....	106
The Lived Experience of Healing Through PIP Accompanied by a Teaching about the Person of Jesus Christ .....	107
The What of the Healing Experience.....	107
The How of the Healing Experience.....	109
Characteristics of the healing prayer.....	109

Astonishment and unbelief .....	109
Laying on of hands.....	110
Spiritual experiences .....	112
Participants' reaction to healing prayers.....	116
Positive impression of God.....	117
Testifying .....	118
Praying for other people's healing.....	118
Healthy lifestyle .....	120
The What of the Teaching Input on the Person of Jesus Christ.....	121
The Impression (How) of the Teaching on the Person of Jesus Christ.....	123
The Influence of the Teaching and Healing Experience on the Relationship to the Person Jesus Christ .....	124
A living relationship with Jesus .....	125
From distance to proximity.....	125
Walking with Jesus .....	129
Free dialogue with Jesus .....	130
The experience of Jesus' love.....	131
The feeling of protection and security .....	133
Orientation towards God and Jesus.....	135
A unique spiritual closeness to God and Jesus .....	135
The Influence of the Teaching and Healing Experience on the Person's Relationship to the Local Seventh-Day Adventist Church.....	137
Becoming active.....	137
Positive relationship.....	139
No influence.....	140
Deteriorating relationship .....	142
Estrangement.....	142
Legalism.....	144
Rejection of the healing issue .....	146
Considering about leaving the Adventist church .....	147
Improved attitude .....	148
Jesus at the center.....	148
The Essence of the Teaching and Healing Experience.....	150
Chapter 5.....	153
Introduction.....	153

Summary of the Study .....	153
Core Findings of the Study .....	154
Discussion of the findings.....	159
The What of the Healing Experiences .....	159
The How of the Healing Experience.....	161
The What of the Teaching on the Person of Jesus Christ .....	167
The Influence of the Teaching about Jesus Christ .....	171
Discussion of the drawing exercise.....	172
Discussion of the Two Core Research Questions .....	174
Discussion of the Influence of the Teaching and Healing Experience on the Relationship to the Person Jesus Christ .....	175
Discussion of The Influence of the Teaching and Healing Experience on the Persons' Relationship to the Local Seventh-Day Adventist Church .....	179
Conclusions.....	186
Recommendations.....	189
Recommendation for the Transfer to the Church Practice.....	189
Recommendation for Further Studies .....	194
Literature.....	196
Appendix A: Cover Letter to the Participants.....	202
Appendix B: Member Assent to Participate – Form.....	204
Appendix C: Interview Protocol .....	206

## Figures

<i>Figure 1: SDA membership development NRW 1996-2017 .....</i>	<i>16</i>
<i>Figure 2: Baptized members.....</i>	<i>18</i>
<i>Figure 3: Number of members compared to worship attendance .....</i>	<i>19</i>
<i>Figure 4: Erik's relationship to Jesus.....</i>	<i>126</i>
<i>Figure 5: Theresa's relationship to Jesus .....</i>	<i>127</i>
<i>Figure 6: Michael's relationship to Jesus .....</i>	<i>128</i>
<i>Figure 7: Karin's relationship to Jesus .....</i>	<i>129</i>
<i>Figure 8: Stephan's relationship to Jesus.....</i>	<i>130</i>
<i>Figure 9: Lisa's relationship to Jesus.....</i>	<i>131</i>
<i>Figure 10: Nicole's relationship to Jesus .....</i>	<i>132</i>
<i>Figure 11: Ruth's relationship to Jesus .....</i>	<i>133</i>

*Figure 12: Iris' relationship to Jesus..... 134*  
*Figure 13: Iris' relationship to her local church..... 139*  
*Figure 14: Eriks relationship to his local church..... 141*  
*Figure 15: Nicole's relationship to her local church..... 143*  
*Figure 16: Ruth's relationship to her local church ..... 145*  
*Figure 17: Michael's relationship to his local church..... 146*

## Chapter 1

### **Introduction**

In 2004 the author was sent by his conference to plant a new church in a city of North-Rhein-Westphalia where his denomination was not present. Starting with a burning heart for Jesus, love for people who didn't know the good news of the gospel, and approved by a stressful church planters' assessment, he took the challenge. The first two years he went every day from door to door, rang thousands of doorbells, talked to hundreds of people. At the same time, he built a core group with a handful of motivated church members. Together they conducted all kinds of programs, tried various approaches to reach people, distributed tens of thousands of handbills, opened their homes, and did whatever they thought could be helpful to win people for Jesus. Compared to their effort, the outcome was quite poor. Only some people accepted the invitation to give their lives entirely in the hands of Jesus. The researcher doesn't want to devalue those people who started to follow Jesus, they are all precious to God and the author's team, but their expectations, dreams, visions, and prayers were much more significant than one baptism a year.

Several times in the first five to six years of the author's struggle for people, he was desperate and doubted his vocation as a church planter. He questioned even his whole calling about being a disciple of Jesus.

In one of those desert periods, he came to a point where he looked into his Bible pondering about its content. Twice in the New Testament Matthew summarizes in his gospel Jesus' approach to people; in Matthew 4:23: "And he went throughout all Galilee,

*teaching* in their synagogues and proclaiming the gospel of the kingdom and *healing* every disease and every affliction among the people.”<sup>1</sup> And in Matthew 9:35: "And he went throughout all Galilee, *teaching* in their synagogues and proclaiming the gospel of the kingdom and *healing* every disease and every affliction among the people” (*Highlighting* by the author). Two fundamental aspects are emphasized in these verses: Jesus *taught* the people about the “gospel of the kingdom” and demonstrated its power through *healing* "every disease and every affliction." In his healing approach, he used a unique type of prayer, which builds on the power the heavenly Father has imparted on Jesus.

In the chapters following Matthew 4:23 and 9:35, Matthew unfolds these significant aspects of Jesus’ ministry of teaching (Mt 5:1-7:29; Mt 9:36-12:21; 12:38-13:56) and healing prayers (Mt 8:1-9:34; Mt 12:22-37; 14:22-15:39).

Teaching the gospel and healing the sick, Jesus taught his twelve disciples. In his training, he sent the twelve and a group of 70 out to practice what they had learned from him (Mt 10:1-15; Lk 10:1-12). Moreover, the second generation of believers in the book of Acts follows Jesus’ example in teaching and healing. Experiencing God’s power and understanding that Jesus is standing behind it made a considerable amount of people follow Jesus (Ac 8:4-13 et al.).

If this was true in the times of Jesus and the first Christians, it must be valid for all generations of believers. The author felt, the problem is not with God, but with him as a disciple of God. He decided to learn more about this part of Jesus' approach by studying the Scriptures, reading books, and practicing what he had found out. Eventually, the

---

<sup>1</sup> *The Holy Bible, English Standard Version*, 2011; If not otherwise mentioned this will be the Bible version for all references in this study.

author's team saw in the context of their little church planting project some people getting rid of their physical problems through healing prayer. The more the team learned and practiced Jesus' prayer approach to sickness, an approach which the researcher Candy Brown (2012) defines as "proximal intercessory prayer" (PIP), the more happened. Not only was this the case, but people's relationship with God changed likewise and became more and more personal. Besides, gradually new people were drawn to the church plant, invited by their friends to join the gatherings. For the first time in all the years with this church plant, the author felt they were on the right track.

### **Background of the Problem**

The struggle to win indigenous German people to follow Jesus Christ and become part of a local church is well known through all Christian denominations (Schäfer, 2003). Jung (2004) summarizes the situation as followed:

Only two-thirds of Germany's population still has a church-affiliation; every year, 300,000 people leave the two major denominations (Protestant and Catholic), and the membership of many Free Churches is dwindling. For years now, the number of German evangelicals has remained stagnant at 1.3 million (approximately 1.5 percent of the population). More and more church facilities are for sale. Barely 10 percent of Germans may be considered active in their churches, and the average attendance in worship services at Lutheran churches is a mere 4 percent of the denomination's membership. (p. 14)

According to the "Forschungsgruppe Weltanschauungen in Deutschland"<sup>2</sup> this trend is still continuing. From 2015 until 2017, the Protestant and the Catholic church lost one percent of their membership, which is a loss of 1.2 million people in this period (Frerk et al., 2018). The number of other Christian denominations, like evangelicals, went down to around 0,7 percent (*REMID*, 2018).

---

<sup>2</sup> Research Group Worldviews in Germany



A recent case study about “Church growth and church planting in Germany” (Paas, 2018) at the example of the denomination “Bund freier evangelischer Gemeinden,” which in its theology is very close to the Seventh-Day-Adventist Church, can be seen as an example of this trend. Even though this denomination wins seven times more new converts, especially through planting new churches, like the average churches in Europe do they lose more people through the back door as gained; thus the church “has a net conversion loss (conversions minus leavers) of ca. 0.8 percent per year” (p. 43).

The development of the Seventh-Day-Adventist church in North Rhine-Westphalia of the last 20 years fits into this picture; it has not seen substantial growth in membership. As depicted in the chart below (Figure 1), from the beginning of the 1990s to 2006, the church experienced some increase because many Russian Germans migrated into Germany. Since this movement stopped, the total number of members has gone down again. The decline stopped in 2012 and plateaued until 2015. Only in the last years, the church has seen a little growth of around one half of a percent. The conference and local communities tried all kinds of approaches and programs to win more people for Christ, but could not make a substantial change.

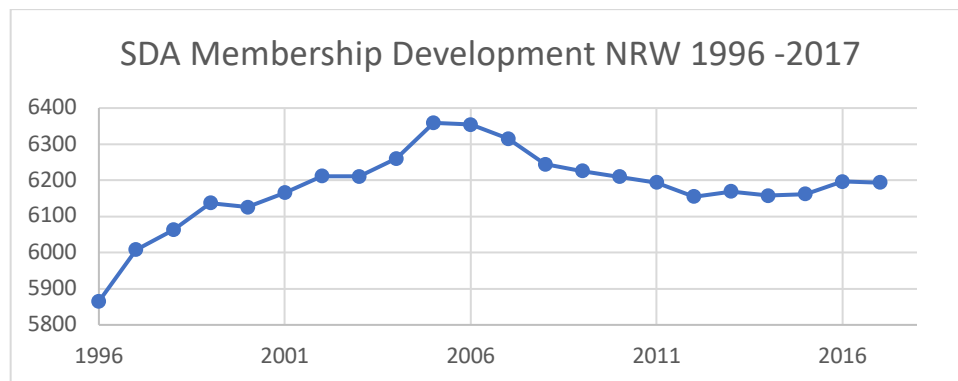


Figure 1: SDA membership development NRW 1996-2017

(Data provided by NRW-Conference)

Eleven churches were discontinued in the period from 1996 to 2017, and others are going to be in the near future. Even the planting of 17 new churches within the North Rhine-Westphalia Conference did not help much to alter the situation.

The average age of the church members that form the basis for this study ranges from 54 (SDA church in Köln Kalk) to 65 (SDA church in Soest). Many churches in the entire conference lack young families with children and youth. It seems that methods to reach people that used to work in the past do not work anymore, and it is necessary to find new ways to reach people with the gospel (Roxburgh, 2011).

Comparing Jesus' approach to people with that of the Seventh-day-Adventist church in Germany, one crucial difference occurs; the SDA-church does not follow Jesus' footsteps in his approach of *teaching* and *healing*. It somehow shows less emphasize on the "healing side," which is the way Jesus prayed for the recovery of the sick. The SDA-church is very strong in its intellectual approach to people, but it interprets the healing part slightly differently from what we find in the gospels.

The SDA central platform for Bible correspondence courses for example primarily presents propositions to satisfy cognitive needs<sup>3</sup>. The second important pillar of the SDA-church is its health Institution<sup>4</sup>. Even though dealing with the health side of the gospel message the "Deutscher Verein für Gesundheitspflege"<sup>5</sup> (DVG) mainly provides rational advice for healthy living. Following Jesus' model in healing is not part of the DVG's teaching at all.

---

<sup>3</sup> <https://www.bibelstudien-institut.de>

<sup>4</sup> <http://www.dvg-online.de>

<sup>5</sup> German Society of Health Care

Two other institutions of the SDA-church answer to the physical and social needs of people. ADRA<sup>6</sup> is an international development and relief agency of the SDA, whereas AWW<sup>7</sup> supports people on the local level. Since ADRA receives governmental support, it is not allowed to preach the gospel message.

These four institutions are exemplary for the SDA approaches to people. Many local churches follow their model in conducting various programs and activities to meet people's needs with little success.

### Statement of the Problem

In the last ten years, the author of this study was responsible for five established churches and a church plant. All entities had and still have the goal to reach new people with the message of Jesus Christ and to raise their membership through new converts. In reality, none of the established churches was successful but all faced a slow and constant decline in membership (Figure 2).

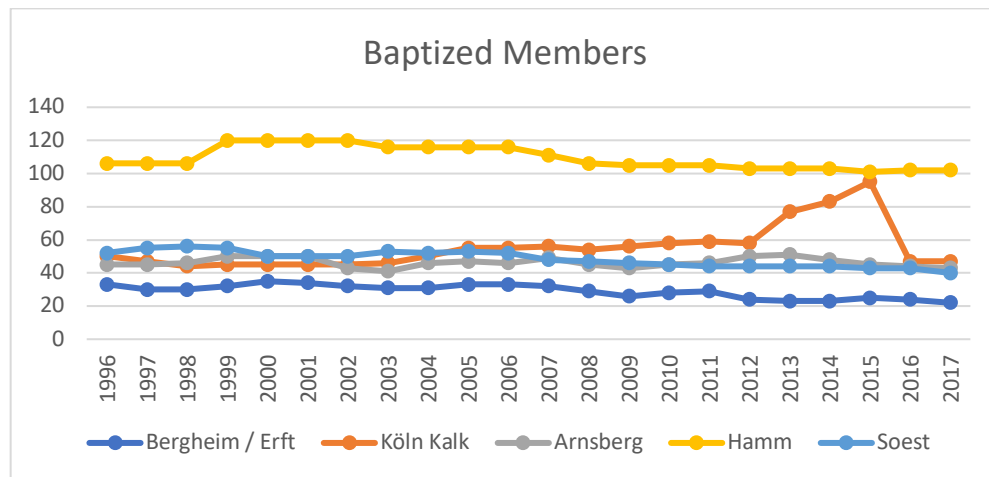


Figure 2: Baptized members (Data provided by NRW-Conference)<sup>8</sup>

<sup>6</sup> <https://adra.de>

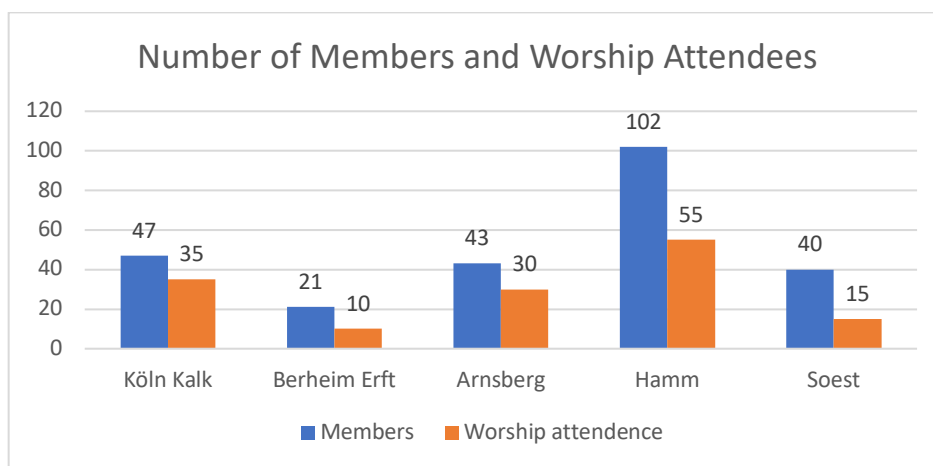
<sup>7</sup> <https://aww.info/startseite/>

<sup>8</sup> Among the Köln-Kalk church was a group of Spanish-Portuguese speaking people. From 2012 on, the NRW Conference employed a Brazilian missionary to help this group grow. The new won

Since 1996 Bergheim / Erft membership decreased from 33 to 22. The current average worship attendance is around ten people; many times, only five people show up. Köln-Kalk could almost maintain the number of listed members since 1996, but even there, the worship attendance is much less than that.

The largest church in the author’s district, Hamm, reached its peak in membership around the year 2000. In the last years, it could keep its numbers a little bit above 100. Although Arnsberg is a lively congregation, it faces a decline. Finally, there is the church in Soest, with the highest average age of 65. Worship attendance went substantially down in the last years. Only a handful of people keep the church running.

Table 3 gives an overview of the number of listed members in those churches compared to the people coming to worship on Sabbath. The orange column includes both members, guests, and unbaptized children and youth.



*Figure 3: Number of members compared to worship attendance*

---

members were counted as a part of the German church even though they conducted their own worship services and functioned as an independent group. In 2016 the Spanish-Portuguese Adventists were established as a church. All members were transferred from the Köln-Kalk list to the new entity.

(Data provided by NRW-Conference)<sup>9</sup>

Past efforts of these churches to change this situation, similar to the ones listed in the previous chapter, have not been effective. Literature about historical and present development of Christianity, on the other hand, shows that wherever Jesus' approach of teaching and healing was and is applied, it elicits various positive reactions in the recipients and contributes substantially to the growth of this religion (C. G. Brown, 2012; M. L. Brown, 1995; Chappell, 1983; Kelsey, 1995; Moore, 2018).

Recent studies like Smith's (2006) National Spiritual Transformation Study and Helming's (2007) investigation on how people react to a perceived healing through prayer focus on what such an experience does to people. To Smith's and Helming's observation, people feel strengthened in their relationship with God and Jesus, showed positive changes in their character and behavior, and became more active in helping activities for others. For many people, the effects of their healing experience had a lasting impact on their lives.

C. G. Brown's (2012) study goes even further. She observes, that non-believers come to faith through a teaching and healing experience and that the positive outcomes remain not only with the recipients. A testimony of such an event has the capacity to strengthen the faith of other believers and to exert a positive influence even on the non-Christian network of a previously sick person.

In his work as a pastor, the author of this study tries to introduce, teach, and practice the approach of teaching and healing. There has not been a systematic study on

---

<sup>9</sup> Worship attendance is estimated by members and pastors

the outcome of this approach in his working area nor is there any study known to the author that focuses on how such a strategy might show similar positive results within a church setting that is traditionally not practicing teaching and healing in the explained way. This research intends to bridge these gaps in focusing on people who claimed to be healed through proximal intercessory prayer in the context of local Adventist churches. It was investigated what kind of reaction a teaching and healing approach through PIP elicited in these people's faith in the person of Jesus Christ, what kind of effect this approach had on these people's relation to their respective local Adventist churches, and if this line of action could be a suitable method to contribute to the stability and some kind of membership growth for local Adventist churches.

### **Purpose of the Study**

The purpose of this phenomenological study was to discover what kind of influence the experience of teaching and healing through proximal intercessory prayer in the author's church environment, that is usually not practicing this approach, has on people's faith in the person of Jesus Christ and the relation to the Adventist Church.

### **Research Questions**

The central question was: What kind of influence does the approach of "teaching and healing" have on a person's faith in Jesus Christ?

The second question was: What kind of influence does the approach of "teaching and healing" have on a person's connection to the Adventist church?

## **General Methodology**

This qualitative research deployed the phenomenological approach, based on theories and methodologies of Moustakas (1994), Creswell (2013; 2017), Alase (2017), and Smith et al. (2009). Interview partners were collected from the author's present and previous work area, which comprised the Adventist churches in Bergheim/Erft, Köln-Kalk, the church planting project in Leverkusen, the Adventist churches in Arnsberg, Hamm, and Soest. All locations were part of the North Rhein-Westphalian Conference of the Seventh-day Adventist Church in Germany.

Nine individuals who claimed to be healed through a form of proximal intercessory prayer, accompanied by a teaching about the person of Jesus Christ were interviewed. The first objective of the interviews was to find out whether the interviewees perceived a change in their faith and relationship to Jesus after a teaching and healing intervention, what kind of change occurred, and how long the change lasted. The second objective was to get to know whether and how these changes affected the participant's relation to the local Adventist churches.

The interviewees were asked for additional written material they might provide. During the interview, the participants were solicited to sketch and interpret two simple drawings. This additional exercise should serve as an aid to get a more in-depth insight into the phenomenon under study. The anonymized research material was coded and analyzed based on the procedures of Alase (2017), Creswell (2013), to get the “essence” (Moustakas, 1994, p. 35) of the participants’ experience in relation to the research questions. The researcher clarified his biases and demonstrated how he upheld the ethical

standard of the American Psychological Association (*Ethical Principles of Psychologists and Code of Conduct*, 2017), and the advice given for qualitative research.

### **Significance of the Study**

As explained above, the church in North Rhein-Westphalia, in general, and the five established churches which served as a basis for this study, faced two problems: winning new people for Jesus Christ and keeping those members in a healthy and stable relationship with Jesus and the church. Past and present attempts did not lead to a substantial change in this situation. Society has changed rapidly in the last decades (Helming, 2007; Smith, 2006; Währisch-Oblau, 2001); the church needs to find new ways to reach unchurched people and keep their members. This study addressed this problem in examining a teaching and healing prayer approach very close to the model used by Jesus Christ himself and the first Christians. Besides, this practice was used, at least somehow, in early Adventism. Thus this study casts light on an old but forgotten aspect of the missional approach in the Seventh-Day-Adventist realm, which is rarely if at all used in at least the German SDA world. The results may contribute to solving the problems mentioned above.

The insights gained through this study may help to revitalize a practice that was common in the early years of the Adventist Church, it may help to strengthen the members' relationship with Jesus and their local church, and contribute to the present missional approach to non-Christian people.

### **Assumptions**

When the author was sent by his conference from the church plant in Leverkusen to a new place of engagement, he left a small but growing group. People were attracted



by the family atmosphere of the worship services and the spiritual climate. Compared to the five established churches (Figure 3), this church plant had only 14 baptized members but 20 to 25 people showing up to worship each Sabbath as a result of teaching and healing experiences. Besides, the relationship to Jesus grew among many Adventists in Bergheim/Erft and Köln/Kalk, also as an outcome of teaching and healing prayer.

This study assumed that a positive experience of healing through PIP, combined with the teaching about the person of Jesus Christ as the source of power, might lead to several responses in people and their related churches:

1. People are open to following Jesus Christ.
2. People's relationship with Jesus becomes stronger and more profound.
3. People's spiritual life will enhance.
4. People become more active for Christ both inside and outside a local church.
5. People's connection and commitment to a local Adventist church will become stronger if the local church is open to such experiences.
6. The healing experience of a person might have a positive influence on other church members.

### **Limitations of the Study**

This study was not able to examine how prayer works. It only looked at the circumstances of recipients before prayer, how they experienced prayer, and in what way the influence happened.

### **Delimitations**

Distant intercessory prayer was not part of this study. Only people who experienced proximal intercessory prayer or prayed for themselves were interviewed.

Furthermore, this study does not explain why some people seem to experience an enhancement of their health through prayer, and others do not, nor did it investigate how people react to unanswered healing prayers. This study does not offer in-depth theology of biblical healing. It only explains some biblical aspects where needed. Finally, besides powerful intercessory prayers, many other aspects attract people to a Christian community and keep them there. To examine all those different facets was too much for a study like this.

### **Definition of Terms**

*Seventh-day Adventist Church (SDA)* - The Seventh-day Adventist church was founded in 1863 in the United States. It is a Protestant denomination. The basis for all beliefs is the Bible. It had its roots in a revival movement in the 19<sup>th</sup> century. The name of the church expresses two main characteristics: The biblical Sabbath as the day of worship and its firm belief in the soon returning of Jesus Christ to the earth. The SDA headquarters is in Silver Spring, Maryland, United States. The church is active in 203 countries.<sup>10</sup>

*North Rhine-Westphalia (NRW)* - Germany comprises sixteen federal states. North Rhine-Westphalia is the federal state with the highest population in Germany (17.8 million people). It is located in the middle west<sup>11</sup>.

---

<sup>10</sup> [www.adventist.org](http://www.adventist.org)

<sup>11</sup> <https://www.bpb.de/nachschlagen/lexika/handwoerterbuch-politisches-system/202059/land-nordrhein-westfalen?p=all>

*NRW-Conference* - The SDA church has four organizational levels: The local church as the foundational level, directly above, is the "local conference" or "local mission," which supports the local churches in their territory in their work, and appoints ministers. The next level is the "union conference" or "union mission," which comprises several local conferences. At the highest level is the "general conference," which consists of 13 "Divisions," each corresponding to different geographic regions of the world. The territory of NRW-conference is identical to the area of the federal state North Rhine-Westphalia.<sup>12</sup>

*Proximal intercessory prayer (PIP)* - PIP is a form of prayer by which the intercessor and the recipient are in direct contact. This prayer frequently includes laying hands on the recipient, sometimes combined with the anointing of oil. The kind of prayer is often commanding to the disease or the recipient and less pleading God for help (C. G. Brown, 2012).

*Teaching and healing* – The term “teaching and healing” is referring to Matthew 4:23 and 9:35, where Jesus' work is summarized with these words. In his teaching, Jesus proclaimed the presence of the "kingdom of heaven," which is visible and tangible through him (Parker, 1976; Wimber, 2009). The peak of Jesus' ministry and teaching was his death and resurrection at the cross. Through Jesus' death on the cross, forgiveness and healing is available to all people who turn to him (Chappell, 1988). Jesus demonstrated

---

<sup>12</sup> [www.adventistdirectory.org](http://www.adventistdirectory.org)

the presence and power of the “kingdom of heaven” by supernaturally healing people, mainly through a form of proximal intercessory prayer (C. G. Brown, 2012).

*Relationship to Jesus* – “Relationship to Jesus” describes the connectedness people feel with the Biblical person of Jesus Christ, and the behavior that demonstrates the relation to him.

### **Summary**

This study wanted to investigate whether the biblical approach of Jesus, summarized by the gospel of Matthew with the term “teaching and healing” (Mt 4:23; 9:35) has an impact on the relationship of contemporary people living in Germany, North Rhine-Westphalia with regard to their faith in Jesus and their relationship to the Seventh-Day-Adventist Church. More specifically, this work took a closer look at five churches and a church plant the author was responsible for in the last decade. The problem with the established churches is a slow but constant decline in membership. At the same time, the average age of the parishioners is increasing.

Missionary efforts and methods of the past did not lead to a substantial change in this situation. More people left the churches than new members were won. The majority of these churches struggle to keep their members.

By taking the example of people who experienced healing through biblical prayer, this phenomenological, qualitative study wanted to investigate whether the approach, modeled by Jesus and his disciples, could be an aid to change the decline problem and may lead to more growth.

### **Outline of the Remainder of the Proposal**

The next chapter, looks from different perspectives on the topic of this study: from a biblical view, a church historical viewpoint, the situation in early Adventism, and the present discussion and recourses about the approach of "teaching and healing." It will be shown what kind of impact this practice had and has on people, both on those who were immediate beneficiaries and others who belonged to the social context of persons who had this experience or those who were just spectators.

After the literature review follows a chapter about the methodology used to gain and collect data for this study. Chapter four discloses the findings of the interviews and drawings conducted with people gone through a positive PIP experience.

The final chapter will discuss the findings and compare these with the relevant literature, draws conclusions, and will give some recommendations on how to deal with the knowledge gained through this study.

## Chapter 2: Review of the Literature

This chapter describes how teaching and healing occurred during biblical times, throughout church history, and until the present age. In each part people's reactions to a perceived healing experience are highlighted. With regard to the perspective of this research, it will have a look on how teaching and healing was and is applied within Adventism. The last part of this chapter delineates the utilization of proximal intercessory prayer and people's response to it.

### **Teaching and Healing in the Old Testament**

According to Gaiser (2010) the Old Testament shows many reports of supernatural healings; to Gaiser, they are supernatural in the sense that God is viewed as both the source of health and sickness at the same time, and they are supernatural because whether healing happens through a direct intervention of Yahweh or through "early forms of medical treatment", they are always attributed to God (p. 108).

M. L. Brown (1995) refers to a pivotal statement in the Old Testament in which God is telling the Israelites: "*I am the Lord, your healer,*" connected to the explanation:

If you will diligently listen to the voice of the Lord your God, and do that which is right in his eyes, and give ear to his commandments and keep all His statutes, I will put none of the diseases on you that I put on the Egyptians, for I am the Lord, your healer. (Ex 15:26; ESV)

God is the one in control, comments M. L. Brown, and he keeps his people healthy as long as they follow his advice and remain obedient. In case of disobedience, God's curse will bring them sickness and Egyptian plagues. Thus in the Old Testament, people with afflictions and distress are mainly seen as guilty and punished or rebuked by God. Satan or demons or natural reasons are rarely recognized as a source of evil. God is

seen as the one sending maladies for correction or chastisement. For a sick person to get healed, it is necessary to repent. Hence, getting healed is not reduced to the physical aspects, but encompasses also the reconciliation with God as well, according to M. L. Brown (1995), Gaiser (2010), Hasel (1983), and Kelsey (1995). Furthermore, Hasel (1983) adds, the biblical concept behind Exodus 15:26 is summarized by the Hebrew word “shalom”, which delineates health as to live in a good and wholesome relationship with oneself, with God, and with the surrounding world and the people therein (pp. 191-192).

Gaiser (2010) suggests two supplementary aspects to the interpretation of Exodus 15:26: first, neither the Old Testament canon nor this specific verse implies that every disobedience leads to sickness, nor a righteous believer never suffers physically. Second, Exodus 15:26 is not to be understood as "rigorous legalism," but could be compared to modern health advice: Living a wholesome lifestyle will keep you healthy, living unhealthy will lead to sickness and sudden death (p. 24). Lewis (1989) broadens Gaiser's interpretation in commenting “the thrust of the Old Testament legislation bearing on health is ‘preventative medicine’” (p. 62).

Taking a look at the responses to an experienced healing, M. L. Brown (1995) focuses foremost on human fertility. According to him, it is one of the primary blessings of God as seen in Exodus 23:25-26 and Deuteronomy 7:15-12, given to men at creation (Gen 1:28). Bareness, by contrast, is a curse (Dt 28:18) and constitutes a significant burden to women (cf. Rachel in Gen 30:1) (p. 82). Taking into account Brown’s observations, the reported reactions in the narrative books of the Old Testament to restored fecundity are: Sarah and Rachel rejoice about their first born (Gn 21:6-7; Gen

30:23), Hannah exults (2 Sam 1:1-10), consecrates her first child Samuel to God, and brings him to the temple after he is weaned, to serve God for the rest of his life (1 Sam 1:22-28). For Gaiser (2010), the story of Hannah follows the pattern of a lamentation psalm and he refers to Psalm 113:9 as another example for a woman's enjoyment of being healed from bareness (p. 109).

To M. L. Brown (1995) there are some characteristic elements in the Psalms that deal with sickness and healing, such as the description of the ailment and suffering often accompanied by crying and depression (cf. Ps 32:3), and the recognition and / or confession of sin (cf. Ps 38:18) (pp. 122-123). Experienced healing, M. L. Brown adds, leads to thanksgiving and praising God, as for example expressed in Psalm 103:2-3: "Bless the Lord, O my soul, and forget not all his benefits, who forgives all your iniquity, who heals all your diseases."

Other illustrations of this pattern are Psalm 30 and 107. Psalm 30 depicts the reaction of a single petitioner to healing. The worshiper does not only give thanks to God, but invites others to partake in his praise (v. 5). The same response to healing and deliverance is found in Psalm 107 (v. 20), with the only difference that here it is not an individual but a whole group of people who have experienced healing and relief by God.

According to M. L. Brown (1995), the books of the Old Testament contain four detailed narratives of miraculous healing that are unique because they do not mention God as the cause of ailment nor any guilt on the side of the sufferers. These stories are the raising of the widow's son in Zarephath through Elijah (1Ki 17:17-14), the resurrection of the woman's son in Shunem through Elijah's successor Elisha (2Ki 4:8-36), the healing of Naaman's leprosy, as well involving Elisha (2 Ki 5), and the healing



of the Judean King Hezekiah through the Prophet Isaiah (2Ki 20,1-7; 2 Chr 32:24-26; Is 38:1-8) (p. 105). Two of the narratives tell about non-Israelites experiencing God's supernatural invention (the widow's son in Zarephath; Naaman the Syrian), the two others relate to Abrahamic worshippers (Shunnamite woman; Hezekiah). The reactions of the people differ in those two groups. After Elijah had raised the widow's son in Zarephath, the woman acknowledged the prophet fully as Yahweh's servant (1 Ki 17:24). The commander of the Syrian army, Naaman, was healed of his leprosy after he had dipped himself seven times in the Jordan river (2 Ki 5:15-19). To M. L. Brown (1995) this healing results in Naaman's conversion to Judaism, thus becoming "a professing monotheist," which make this story and the one of the widow's son in Zarephath "a forerunner of the gospel, both in terms of the universal availability of healing grace and in terms of a specific healing act functioning as a proclamation of the greatness of Yahweh to the nations" (p 111).

The Shunammite woman responds somewhat different compared to the Zarephath widow, remarks M. L. Brown. Throughout the whole story, she focuses her concern more on the prophet than on God. However, even though she prostrates herself at the feet of the prophet after the resuscitation of her son (2 Ki 4:36-37), Brown notices indirect worship to God in her behavior (pp. 107-108).

Regarding the healing of the Judean king Hezekiah from his deathbed, M. L. Brown points to three different reports in the Old Testament. According to Kasher (2001), 2 Kings 20:1-13 put the prophet Isiah as a miracle worker into the center of the story, whereas Isaiah 38:10-20 places the king in the center. M. L. Brown, supplements, that the recovery psalm in Isaiah follows typical patterns, including thanksgiving for

restored health (p. 110). That the scarce report of Hezekiah's recovery in 2 Chronicles 32:24-26 stresses the king's sin has to do, according to Kasher, with the fact that all Judean kings are considered in the chronicles in the light of "reward and punishment" (p. 54). So here the Chronicles emphasize the pride of the king after his restored health.

To M. L. Brown, one of the most prominent books in the first half of the Bible on sickness and suffering is the story of God's faithful servant Job. From Job's perspective, his physical, social, and economic calamities are a mystery. However, in this distressing situation, Job's "primary concern (...) was not his restoration," as M. L. Brown remarks, but "it was his relationship with God." (p. 171). Thus, in the end, after Job had listened to God speaking, he "radically revised his view of God because of his sufferings, while the friends drastically altered their view of Job because of his sufferings and subsequent behavior" (p. 180). Moreover, then, after having interceded for his friends, God restores Job's health and rehabilitates him (p. 179).

### **Teaching and Healing in the Gospels**

While there are only some healing reports in the Old Testament M. L. Brown (1995) highlights the plethora of supernatural cures in the first five narrative books of the New Testament. Teaching and healing are seen as two indissoluble, essential aspects of Jesus' ministry by M. L. Brown (1995), Dawe (1955), and Twelftree (1999). Twelftree remarks that in the ancient literature, the character of a person is expressed by his deeds, thus Jesus' healings tell much about his personality and ministry in revealing "his identity as God himself at work" (Location No. 5080).

To Twelftree (1999) it is important to show, that the four gospels view the healing miracles conducted by Jesus differently: Mark, the earliest author, stresses Jesus'

healings over his teachings, Matthew emphasizes Jesus as an educator, describing him as a “Moses-like prophet or teacher who heals” (Location No. 1440), and Luke tries to balance the importance of Jesus’ teaching and healing as being two equal aspects of Jesus’ ministry. In the gospel of John, so Twelftree, Jesus is in such a communion with his father that God himself is visible through the signs Jesus conducts, culminating in the most significant sign of his death on the cross and his subsequent resurrection (Location No. 5089).

Dealing with Matthew, Twelftree remarks: Though for this gospel writer the miracles play an essential role in Jesus’ ministry, and they serve as a model for his followers to emulate, his subordination of the importance of the supernatural aspect of Jesus’ approach to people under his teaching, coined both the thinking and teaching of “mainstream Christianity” and “Jesus scholarship” (Location No. 2034).

Taking the differences of the gospel writers into account, the remainder of this section will show what scholars have to say about Jesus' teaching, his approach to healing, and the reactions of both recipients and spectators of healing miracles.

### Jesus’ Teaching

Wimber (2009) points to the beginning of Jesus' ministry in Mark 1:15, where he declares the presence of God’s kingdom followed by healings and exorcisms. Thus, according to Wimber, the proclamation of the heavenly kingdom and its powerful demonstrations by casting out demons and cure of the sick is the centerpiece of Jesus teaching (p. 37). Parker (1976), corroborates Wimber’s observations years before, emphasizing the close relationship between Jesus’ healing and his preaching of the kingdom message in commenting on the verses in s, Luke 9:1.2.11 and Luke 10:9. These

passages “appear to put the vanquishing of human ills at the very heart of the Kingdom concept” (p. 146).

The German Lutheran minister Christoph Blumhardt (1805 – 1880) and the Swiss healing evangelist Otto Stockmayer (1838-1917), according to Chappell (1988) had a significant impact both on Europe Christianity and the upcoming spiritual healing ministry in North America. For Blumhardt, sin caused by the evil one was the root of all diseases; thus, repentance (Mt 4:17) and confessing and forgiving of sins were an essential part of Jesus' teaching as visualized in the story of the lame and his four friends (Mk 2:1-12). Stockmayer, in drawing the connection from Matthew 8:16-17 to Isaiah 53:4, went even further and highlighted Jesus dying at the cross as a redemptive work for sin and infirmities (Chappell, 1988, pp. 355–356). Thus, Jesus’ proclamation of the kingdom of God included the redemption of sin and the deliverance from all ailments.

#### The Way Jesus Performed His Miracles

According to Dawe (1955), Jesus’ way of healing is in some aspects significantly different from that of the healers of his time. Through Jesus’ cures, God's power is visible. For him, man is more than a physical being; thus, he does not only heal the body but the spirit, the mind, and the soul as well. Jesus was indissolubly a healer and a redeemer (pp. 185.187). In other facets, according Twelftree (1999), Jesus behaves very similar to contemporary physicians by using saliva for healing blindness (Mk 8:23; Jn 9:6) and deafness (Mk 7:33), and in laying on hands at various occasions (e.g., Lk 13.10-17).

Twelftree (1999) adds that from the perspective of Matthew it is the inherent power of Jesus that heals the people, which even enables his disciples to follow him in

his supernatural ministry; from their own strength, they could do nothing. Further Brown and Twelftree agree that Jesus, in contradiction to contemporary healers, does not pray for healing. Neither M. L. Brown nor Twelftree sees a single report in the gospel of Jesus pleading his Father for healing. Only in the story of the curing of the deaf (Mk 7:34) Jesus looks up to heaven, but no word of prayer is mentioned (M. L. Brown, 1995, pp. 217–218; Twelftree, 1999, Location No. 3992).

Brown (1995) indicates, that Jesus', according to the gospel of Luke, heals the sick, casts out demons, and preaches through the power of the Holy Spirit (M. L. Brown, 1995, p. 219), and even transfers these abilities to his disciples (p. 201).

Neither Jesus nor his followers, M. L. Brown states, do pray directly for the recovery of the sick; instead, they command evil spirits and diseases to leave. Only on some occasions prayers are mentioned before conducting deliverance or healing “(cf. Ac 9:40; 28:8, see, broadly, 4:29-30; Jn 11:41- 43 hardly applies)” (pp. 217 – 218). Yet it is important to note, according to Twelftree, that Luke depicts Jesus as being full of the Holy Spirit (Lk 4:1) and ministering in his power (4,14), but that he does not “have” or “control” the Spirit; instead, it is the other way around, the Holy Spirit is in control of him (Location No. 2358).

In the gospel of John, according Twelftree, it is the close connection between Jesus and his Father that brings forth the healings: “in Jesus, the Father himself is encountered and not any gift of the Father” (Location No. 3596).

For C. G. Brown (2012), it is essential to emphasize that Jesus not only often laid hands on people to heal them, but he taught his disciples to behave likewise when praying for people's healing (p. 27).

## The Role of Faith

According to M. L. Brown (1995) and Twelftree (1999), faith in Jesus' and God's willingness and ability to cure plays a pivotal role in the healings of the synoptic writers. Faith and the readiness to act accordingly is essential in preparation for, and response to, healing, both on the side of the recipient and the healer (cf. Lk 9:41; Mk 9.19), both M. L. Brown and Twelftree emphasize. To Twelftree, an environment of unbelief can even hinder the performance of a miracle. This is observable in the reaction to Jesus' preaching in his hometown Nazareth (Mt 13:58), Jesus dispersing the mourners from Jairus' house (Mk 5:40), and Jesus leading a blind man out of the midst of the unbelieving people in Bethsaida before restoring his sight (Mk 8:22-26) (Twelftree, 1999). However, adds Twelftree, the gospels report about some occasions where there is no faith requested on the part of the sick (cf.: Jo 5:1-13) and sometimes even not possible as exhibited in the raising of the widow's son in Nain (Lk 7:11-17), thus demonstrating that a "person without initial faith in Jesus is able to experience a miracle" (Location No. 5066). Furthermore, Twelftree points to Mark, to whom Jesus' trust in his ability to perform a miracle is even more important than faith on the part of a sufferer (Location No. 4959).

## Healing and Exorcism

Both M. L. Brown and Twelftree see a close linkage between exorcism and healing. To them, especially Luke blurs the difference between a disease and a demonic influence: Exorcisms are described as healings (Lk 6:17-19), and infirmities can result out of demonic influence (Lk 13:11). As a consequence, Jesus and his followers treat both disabilities similar, in that they command the sicknesses and the demons to leave,

without including any prayer. Twelftree detects a difference between the gospel writers Mark and Luke and the author Matthew, who downplays "the role of exorcism among Jesus' miracles," but nevertheless describes his healing approaches similar to that of the other gospel writers (Location No. 1441).

### The Reaction of Faith to Jesus' Healings

For Dawe (1955), the gospel writers Mark and Luke show that healing miracles can elicit faith in people, as seen in the healing of the blind man at Jericho (Mk 10:52; Lk 18:43). Twelftree states that for Mark, "miracles in themselves neither create faith nor dispel doubt. Rather, they confirm a person's position in relation to Jesus" (Location No. 4977). Whereas Matthew, according to Twelftree, deviates from the other Synoptics therein, that for him miracles neither result in faith nor persuade unbelievers, but create an atmosphere wherein miracles can happen and be understood (Location No. 2058).

Dawe expounds (1955), that to John, in contrast to the Synoptics, faith in Jesus and his Father is *the* answer to a *sign* - the word John uses to depict the miracles performed by Jesus (cf. Jo 20:30-31) (p.11). Twelftree differentiates six different levels of reactions to Jesus' signs in John's gospel. The first one is disbelief and antagonism, visible at the resurrection of Lazarus (Jo 11:45-53). The next level is unbelief: The man at the pool of Bethesda knows Jesus neither before nor immediately after his restoration (Jo 5:7-13). On the third level, people view Jesus only as a miracle worker, like Nicodemus did (Jo 3:2-3). The fourth level comprises those people who truly recognize Jesus as the Son of the heavenly Father and the Messiah, as the official did whose son was healed (Jo 4:53) and the born blind in John 9:38. The fifth level encompasses people who believe in Jesus only based on his word (cf Jo 10:38). The final level is coming to faith in Jesus

without having seen any sign, a remark Jesus gives to Thomas' request on laying his hands in Jesus' wounds (Jo 20:29) (Location No. 3491 – 3538).

As already stated within the preceding passage, not every miracle leads to faith in Jesus. Twelftree indicates that Jesus' opponents often remained in disbelief and even more reacted with antagonism, but also in the story of the ten lepers being cleansed by Jesus, only one of them comes back to give thanks to Jesus. For the other nine, Jesus seems to serve merely as a facilitator to get rid of their ordeal (Lk 17:11-19) (cf. Location No. 2396).

### Manifold Reactions to Jesus' Healings

This section concentrates on the reactions, both sufferers and spectators of miraculous healings express. Twelftree outlines a number of these different responses which will be presented in the following:

The first reaction to a miracle, Twelftree discovers in the Synoptics, is *awe* and *amazement* exhibited by the attendees to the exorcism of a man and the subsequent *proclamation* of this incident by the people (Mk 1:27-28; Lk 4:36-37). Being strengthened through this miracle in their *trust in Jesus' capability to heal*, the disciples bid Jesus to take care of Peter's fever-struck mother-in-law (cf. Dawe, 1955, p. 23). Immediately after feeling well again, she begins to *serve* Jesus (Mk 1:31; Mt 8:15; Lk 4:39). Twelftree views the serving of this woman in the light of Mark 10:45, where Jesus says he "came not to be served but to serve, and to give his life." Serving carries for Twelftree in this situation an "idea of dying or giving one's life," which gives it the meaning of "total devotion to Jesus" (Location No. 723).



While the people in Mark 1:28 *proclaim* the incident, the two restored blind *spread everywhere the news of Jesus* (Mt 9:31; cf Mk 1:45) and, according to Luke 8:39, the obsessed Gerasene, after being freed from his demons, goes even further than that in *evangelizing* a whole city with the good news about Jesus as miracle worker (Location No. 2298). Having in mind that Mark writes to an early church, for Twelftree the example of the Gerasene's reaction might serve as a role model for believers. They cannot be with Jesus anymore, but they have the responsibility to go to their people and tell them about what Jesus has done for them (Location No. 925). Subsequently to all these various proclamations, the number of people grows that want to hear Jesus' teaching and being healed by him (cf. Mk 1:32-33.45; Lk 5,1).

The healing of the blind man at Jericho (Mk 10:46-52 / Mt 20:29-34 / Lk 18:35-43) emphasizes for Twelftree the aspects of *repentance* – visible in the dropping of his cloak and leaving it behind - and *following Jesus* and becoming his disciple (cf. Lk 8,1-3), which is according to Twelftree “the proper response to the call of Jesus to repent and believe (Mk 1:15)” (Location No. 1221) — going even further, Twelftree views in this incident an paradigmatic combination of faith and following Jesus which depicts *total devotion* to Jesus in following him “in the way of the cross” (Location No. 1233).

Two additional reactions to spontaneous healing on the part of the sufferers, discussed by Twelftree, are the cleansed leper who *praises God with loud voice* and *gives thanks to Jesus* (Lk 17:15-16) (Location No. 2396) and the blind who gradually grows in his comprehension and faith about Jesus to finally *worship* him (Jn 9:38) (Location No. 3504).

Spectators, on the other hand, as Twelftree shows, *rejoice* about the crippled woman healed (Lk 13:17), *glorify God* and express *fear*, sometimes even simultaneously, as described at the raising of a widow's son at Nain. A further reaction of the people at this event, Twelftree observes, was to *designate Jesus as a great Prophet* (Lk 7,16). The attendees at the raising of Jairus's daughter answer with *amazement* (Mk 5:42) or *get wild* according to the description of Luke of that episode (Lk 8:56). The crowd watching the exorcism of the son's father is *astonished* (Lk 9:43) (Twelftree, 1999).

#### James 5:14-16

Even though for this study the way Jesus healed is defined as the role model for healing prayer, a couple of brief words shall be said to the instructions on treating sick people as depicted in James chapter five, since this approach differs somewhat from what we read in the gospels and the book of Acts.

According to Thomas (2012), this epistle emerged in a branch of early Christianity, which was not influenced by the Pauline mission (p. 6). In case of a disease, the sufferer should call the elders of the church to anoint the sick with oil and to pray the "prayer of faith" – a practice in connection with healing only mentioned at the sending out of the twelve in Mark 6:13. As already depicted in the preceding part of this chapter, both M. L. Brown and Twelftree see reports neither in the gospels nor in the book of Acts where a prayer is coupled with healing.

To Thomas, the context of James' letter offers two additional remarks regarding "the prayer of faith": it should be without a doubt (Jas 1:5-8) and free from wrong motives (Jas 4:3) (p. 18). Besides, Thomas notes that it is not evident from this information that all prayers for the sick would lead to the required result (p. 25).

Beyond that, Thomas deduces from verse 16 that praying for the sick was not limited to the elders, but done by the believers as well; they should confess each other's sin which was causing their infirmity, and pray for one another with the expectation of healing (pp. 22-23; c.f. Bannister, 2015, p. 5).

Thomas discusses the uniqueness of the confession of sin before praying in the letter of James. To Thomas, James has the backdrop of the Old Testament theology in mind in which God is the source of health and sickness and punishes transgressions (p. 21).

As earlier mentioned by Thomas, the letter of James seems to be written in an environment not influenced by Pauline theology (p. 6); thus we find no report of the application of its healing method in other New Testament literature, and we do not know what kind of reaction this approach elicited in people. The only thing the letter itself says that rejoicing is the appropriate answer to cheerfulness (Js 5:13).

### **Teaching and Healing in Church History**

Despite the fact that the gospel writers place Jesus' teachings in a different relationship to his healing ministry M. L. Brown (1995), Dawe (1955), Thomas (2012) and Twelftree (1999) concur therein that Jesus' healings were meant by all four as a role model not only for the closer circle of his disciples but for all his followers. Hence, M. L. Brown, Dawe, and Kelsey (1995) note that for the first two centuries, healings went on the same way as described in the gospels and the book of Acts. Healings and exorcisms performed by all church members were, according to M. L. Brown and Kelsey, an essential part of the church's mission. As a primary reaction to those spontaneous healings through prayer, the church grew substantially in numbers. Dawe (1955) differs

slightly from Brown and Kelsey, in mentioning that the believers cured not all diseases, and he questions whether supernatural healings were consciously conducted to win new converts or whether they were "the fruits of their labor, the signs that follow, rather than the signs that cause belief" (p. 57).

Parker (1976) approves the rapid growth of the early church accompanied by healings in pointing to the reaction of the opposing Jewish authorities: They wrote vigorously against the rise of the in their eyes heretic Christian movement, but never denied the miraculous healings performed by their founders nor its adherents, but they depreciated them as magic or sorcery (p. 145).

Dawe (1955) sees a change happening in the third century: in periods of no persecution and a growing worldliness, the number of miraculous healings went down (pp. 120-121). At the same time, a process of institutionalization commenced, which restricted the practice of healing and exorcism more and more to ordained members in the church (pp. 98-100).

Another crucial change in healing ministry happened, according to Dawe, Kelsey, and Parker, at the beginning of the fourth century with the recognition of the Christian church through the Edict of Milan in 313 given by the Roman emperor Constantine. Being a Christian was no longer dangerous; on the contrary, converting to Christianity was beneficial. Especially Dawe underscores that the church in this period started to lose its spiritual roots, which led to a significant shift in the healing ministry. Even though some Christians still practiced supernatural healings, a growing number of Christian hospitals with Christian physicians took over the part of the miraculous. Nevertheless, these institutions treated their patients remarkably different from the pagan hospitals.

Christian nurses and physicians worked with such a devotion and compassion to cure the needy that many people came to believe in Jesus and joined the churches (pp. 161–162).

Concerning healing through prayer, the eastern and western churches went different directions, Kelsey (1995) notes. In the eastern church the three Cappadocian Fathers, Basil the Great (329–379), his brother Gregory of Nyssa (331?–396), and their friend Gregory of Nazianzus (329?–389), influenced theology and practice until the present time. They not only exerted spiritual healing but healing through prayer was part of their theology (p. 127). Besides these great theologians some men and women in the eastern church, usually referred to as the "desert fathers," went into the solitude of the wilderness of Egypt to flee the "worldliness of the church" (p. 129). They were known for their spiritual power. It is said that many healings and exorcisms have happened through them.

Kelsey goes on to explain, that at the beginning the western church could also report miraculous healings, but its thinkers steered the western congregation away from this practice: Augustine's (354–430) writings, which had a determining influence on the church for the next thousand years, hardly took up the issue of miraculous healings. At the beginning of his productive era, Augustine was even the opinion "that Christians are not to look for continuance of the healing gift" (p. 145). Not many years before his death, he became a witness of several healing experiences, which made him change his mind, too late, according to Kelsey, to find a substantial entrance into his enormous legacy (p. 152).

In addition to Augustine's works the Vulgate, the Latin translation of the Bible from Hebrew and Greek, by Jerome (340–420), diminished to Kelsey the literal meaning

of the healing reports and other spiritual phenomenons as dreams and visions by emphasizing the spiritual aspects of these stories (p. 152)<sup>13</sup>. As a consequence of this Bible translation, and teachings and writings of some other theologians, spiritual healings were no longer a part of the Christian life, neither of laypeople nor the clergy.

Despite the mainstream, some individuals, later denoted as saints, performed healings resembling the biblical examples. One of the most well-known figures among these group of people was according to Kelsey St. Martin of Tours.

The responses to all those healings were similar to the ones reported previously in this chapter: Kelsey writes of people praising God with a loud voice and getting on fire for Christ (pp. 146-147); others rejoiced and pagans converted to Christianity after being freed from their ailments (p. 150).

Through scholasticism, in medieval times, church theology came increasingly under the influence of Aristotelian thinking. Even though being a disciple of Plato, Aristotle, in contradiction to his teacher, rejected not only "any elementary principle of evil in the world" but denied any form of supernatural power influencing the "realm of reality," which included healings (Kelsey, 1995, p. 37). One of the most outstanding exponents of scholasticism, Kelsey goes on, was Thomas Aquinas (1225 - 1274); according to him, humanly reasoning rather than experience was the way to get to know God. Spiritual gifts had little room in this perspective. His teaching affected the Roman Catholic Church until Vaticanum II. Furthermore, even the Reformation did, to Kelsey's observation, not abolish the scholastic world view. Consequently, protestant theologians

---

<sup>13</sup> "In it (Vulgata) his use of the strictly theological word salvo to translate both "save" (and thus heal or make whole) and "cure" in James 5:14 was strangely similar to the way he turned the Old Testament prohibition against "soothsaying" into a command to pay no attention to dreams" (Kelsey, 1995, p. 152).

of the twentieth century like Barth, Bonhoeffer, and Kierkegaard, who were regarded by Kelsey as of some the most influential figures of that time, had no space for the supernatural and even denied the historicity of the biblical healing reports like Bultmann did (pp. 176-177).

However, so Kelsey, “healings continued to occur throughout most of this period” (p. 161). In the sixteenth century, M. L. Brown (1995) adds, the Catholic church started to scrutinize healing miracles to use them as proof against the Protestant churches. The tested and approved healings served Catholic authorities as a means to demonstrate their superiority to the Protestant churches which lacked and denied healing through prayer (p. 65). Both Luther (1483-1546) and Calvin (1509 – 1564), according to Kelsey (1995), were of the opinion that special revelations and healings played their role in the time of Jesus and the first Apostles “to make the preaching of the gospel wonderful” (p. 174), but they were no longer necessary in their time. To Luther, the greater works Jesus mentioned in the gospel of John (Jo 14:12) became visible "by teaching, converting, and saving people spiritually" (p. 173). Calvin, remarks C. G. Brown (2012), went even a step further and “developed the doctrine of cessationism to argue that miracles had ceased with the end of the biblical era because they were no longer needed to confirm the gospel” (p. 65).

In contrast to the sixteenth century reformers, John Wesley (1703-1791) performed numerous healings through prayer (Kelsey, 1995). Nonetheless, he did not restrict his ministry to the supernatural but wrote a widely read book on practical medicine, which was used by many people in England (pp. 183–184). Following the

Wesleyan period, Chappell (1983, 1988) proceeds to explain, the number of scattered healing miracles grew both in North America and Europe.

In Germany, so Chappell (1983) and More (2018), the Lutheran pastor Johann Christoph Blumhardt (1805-1880) experienced a revival after having healed a young girl. Hundreds of people from far and near came to Blumhardt to confess their sins, followed by others to listen to Blumhardt's preaching and teaching, to take part in Bible groups, and to get healed. The influx of people was so enormous that Blumhardt had to quit his ministry and purchase a former spa in Bad Boll to manage the number of people coming to him daily. As a consequence of the revival following the healing miracles, "marriages were restored, stolen property returned, enemies reconciled, rampant alcoholism brought under control, and troubled consciences healed" (Moore, 2018, p. 37).

Besides Blumhardt's ministry, Chappell (1988) tells about two other European figures, Dorothea Trudel and Otto Stockmeyer from Switzerland, who influenced through the example of their local healing ministries the rise of the Christian healing movement in the second half of the nineteenth century in North America (p. 358). Chappell names several prominent figures who started their American healing movements after having prayed for somebody who was healed. Cullis, in 1869, experienced for the first time instantaneous healing when praying for somebody. Being healed through prayer themselves A. B. Simpson in 1881, Charles Prahm in 1897, whom Chappell calls the father of the Pentecostal movement, and Oral Roberts in 1947, to Chappell one of the most influential healing evangelists after the second World War, both initiated their influential healing ministries after a personal healing experience. Besides these individual reactions to healings, Chappell summarizes a statement in David Barrett's *World Christian*



Encyclopedia in which he declares “that by 1988 the charismatic movement,” in which healing plays an important role, “had grown to over 359 million followers worldwide and that its growth rate of 21% made it the fastest-growing religious movement in America and the world” (p. 373).

Candy Brown (2012) adds a few more details to Chappell's North American picture of the twentieth century and adds a global perspective to his presentation. She names three waves in which the Holy Spirit and spiritual gifts, with special emphasis on healing, came into focus of the twentieth century. The first one was the Azusa Street revival in Los Angeles, California in 1906, which had a global impact. The second wave, according to Brown, were "the ecumenical Protestant and Catholic Charismatic renewals of the 1960s and 1970s". The third wave happened in the 1980s and 1990s. It got its significant momentum through the "Toronto Blessing revivals that began in 1994". The last wave is not bound to any church or denomination, but “a dense, globally diffused web of overlapping Pentecostal networks that aim to promote a worldwide revival of Christianity by means of healing evangelism.” (p. 30). Almost simultaneously to the Azusa Street occurrences, C. G. Brown tells of revivals all over the globe: The Welsh revivals of 1904–1905, Korean revivals in 1903 and 1907, the revivals in India happened before 1905, the Australian revivals started in 1903 and the American missionary Willis Hover reports of revivals in Chile between 1908 – 1909 before he had heard about the events in Azusa Street (p. 31). The movement was not confined to these countries. C. G. Brown states, "Pentecostalism took root on every continent during the first half of the twentieth century” (p. 31). Consequently, at present, according to Brown, a growing

number of Christian leaders, known for their healing gatherings, are not only to be found in the western world but also in Africa and Asia (pp. 110 – 111).

In a study C. G. Brown conducted in collaboration with seventeen scholars from various fields, about the influence of healing on the growth of global Pentecostalism, she found out “that the single most significant factor that explains the growth of Pentecostalism is the frequency of the perception among both new converts and long-time adherents that they have received divine healing” (pp. 13-14). Reasons for these findings are to Brown, that people do not only tell everybody in their social network about their perceived divine healing but that that they start to pray for others’ healings with similar outcomes (p. 14).

To C. G. Brown, the ten years lasting Toronto revival did not stop in 2004 but changed its shape and is still ongoing in global networks such as Randy Clark's Apostolic Network of Global Awakening (ANGA) and Heidi Bakers Iris Ministries (IM) (pp. 26-27).

### **Teaching and Healing in the Seventh-Day-Adventist Church**

In the early years of Adventism between 1840 until 1863, when the Adventist church was formed, according to Cambell (2014), Pöhler (1991), and A. L. White (1972), spiritual phenomena, such as being physically prostrated, shouting praises to God, speaking in unknown tongues, and healing through prayer, occurred at times. Ellen White, one of the founders of the Adventist movement, did, according to Chappell (1983), not only experience healing through prayer herself, but she even laid hands on many sick, often following the example of James 5:14-15, to see them physically restored. She was not the only one praying successfully for healing within the Advent

movement, but others did this also, Cambell (2014) writes (Location No. 27503; c.f. E. G. White, 1860, pp. 42-44).

Similar to the reports in the gospels of the New Testament E. G. White (1860, 1864) realized that an atmosphere of faith could enhance healing through prayer, whereas unbelief and disbelief could hinder recovery (E. G. White, 1860, p. 83, 1864, p. 28). According to White, people who experienced healing through prayers reacted with praising God and surrendering their lives to Jesus in baptism, and bystanders were strengthened in their faith.

Chappell (1983) describes, that at the beginning, E. G. White was suspicious towards physicians (pp. 20–21), but she gradually changed her mind. Following White’s guidance, Adventism went through a similar development as that of the contemporaneous Shaker movement, which under Ann Lee’s leadership experienced many instantaneous and gradual healings through prayer. The Shakers, too, refused the aid of physicians. However,

“by mid-century, they were emphasizing personal cleanliness and hygiene, proper diet (including a prohibition on the use of strong drink, swine's flesh, and tobacco), proper clothing, sanitation, and improved ventilation and lighting in housing as means to prevent disease.” (Chappell, 1983, pp. 12–13)

A vision Ellen White had on Friday evening, June 5, in 1863 marked, according to Chappell (1983, p. 21), the turning point in Adventism away from spiritual healing to healthy living (cf. Ellen Gould White, 1863, p. 1863). Subsequently, Szalos-Farkas (2004) supplements, a health branch was established with hospitals and health institutions.

This change happened according to Szalos-Frakas for two reasons: First, White became more and more suspicious of feelings in religious affairs. She “was unhappy

about the emotionalism of the American revivalist culture of her time" (p. 230). Even though raised in an "enthusiastic" Methodist environment, she was attracted by the mind-stressing Millerite movement. She put thinking over feeling. Second, for White, willful disobedience to the ten commandments and the law of health rendered all Christian prayers useless (p. 231). This development happened against the backdrop of an emerging charismatic spirituality coined on the one hand as "Spiritualism", and the "Holiness movement" on the other hand; White was leery of both of them. (p. 232).

In addition to Chappell and Szalos-Farkas, Cambell (2014) views December 1850 as a first turning point in E. G. White's attitude towards ecstatic phenomena. In order to distinguish the Sabbatarian Adventists from other fanatic Adventist groups, she raised the Bible as the pivotal source of belief over spiritual experiences (Location No. 27488 – 27503).

In one of her latest books, the Ministry of Healing, E. G. White (1905) describes in more detail her attitude towards healing. On the one hand, she recognizes that teaching and healing are two indissoluble parts of the Christian mission (p. 89), but on the other hand, she transfers the healing part of Jesus' missional approach mainly to physicians and nurses accompanying the work of gospel teachers. Although she advises the health workers not to offer only physical treatments to the people but to pray as well to God for healing (p. 91), White's emphasis is on healing through the means of modern medicine, and living and teaching a healthy lifestyle (c.f. Ellen G. White, 1980, p. 295).

Praying for the recovery of a patient is to White (1905) of no use as long as the recipients violate the ten commandments and the health laws. According to White, God will not cure invalids who are disobedient to His health advice and moral laws. In healing

such people, God would encourage them to continue living ungodly and unhealthy (E. G. White, 1905, p. 154; c.f. Chappell, 1988, p. 212;). White (1905) goes on to say that when someone has put his or her life in order a healing prayer can be offered, keeping in mind that humans do not know whether it corresponds to God's will to answer such a prayer positively or not (pp. 153–154).

Both Bauer (2014) and Cambell (2014) underline that White didn't denounce praying for the sick, but on the contrary her opinion was, that “the church today would see many more healings if more prayers were offered for the sick“ (Bauer, 2014, Location No. 36834; c.f. Ellen G. White, 1980, p. 295).

As a consequence of E. G. White's attitude, there are still some healing testimonies scattered in the literature of the early twentieth century Adventist periodicals, such as the report of Adams (1914), who claims to be instantly healed from a hernia through prayer. His reaction is to give thanks to God for his restoration, to donate the money he otherwise have paid for medical help, and to make his testimony publicly known.

However, according to Szalos-Farkas (2004), White's later attitude towards healing was a determining factor for the Adventist Church until the present time (p. 230). Szalos-Farkas' observation was confirmed by the official statement of the General Conference of the Seventh-day Adventist church in 2009 (*Commitment to Health and Healing*, 2009).

The Adventist pastor and evangelist Garrie Williams (2012) differs in his theology and his prayer method from E. G. White. Looking on Jesus' approach to sick

people in the gospel he points out that Jesus healed people independent of their “personal lifestyles” or their “doctrinal beliefs”: “Jesus, (...), is never seen in the gospels interrogating people and assessing them before he brought healing to the multitudes” (p. 54). In contradiction to White, Williams states, “None would be healed if God turned away imperfect people” (p. 55). Praying for Christian and non-Christian sick people, Williams saw many crying of joy and praising God and giving their testimony to others for being relieved of their ailments “by the mighty power of the Holy Spirit” (p. 55). Bystanders joined them in their rejoicing.

Williams did a ten-year survey on his worldwide healing ministry during which he not only prayed himself for the sick but taught others to do so likewise, to find out that twenty-five percent experienced instantaneous healing, about fifty percent were healed gradually (p. 61).

The Adventist author Beach (1983) has a positive but slightly nuanced view of healing through prayer: To him, it would not be desirable for us if every healing prayer would be answered positively, because it would lead to neglecting the responsibility for our health. In addition, he names three objections against the longing for a God fulfilling all our prayer requests. 1. We would be no longer human but supernatural beings. "Prayer would become a magical tool." 2. Our lives are under the law of cause and effect. Disobeying the laws of health might lead to diseases. We cannot use prayer as a substitute for our misbehavior. 3. We do not have God's perspective. Not knowing one's future, an answered prayer might not be useful in the long run. Finally, it is essential for

Beach to mention that all Christians face ultimate healing on entering heaven after the second coming of Jesus, something Williams (2012) would agree with.

### **Healing Prayer in the Present Time**

The following section displays the discussion of healing prayer in present literature from two perspectives: First it displays the debate about whether prayer for healing does have any effect at all, and, secondly, it sheds light on the question whether healing claims through prayer are medically documented.

#### **Present Discussion About Healing Prayer**

C. G. Brown (2012) explains that the investigation of healing prayers went through a volatile period. While the Catholic Church had and still has its institutions and clear regulations to examine supposed healing miracles (p. 66), healing through prayer was for a long time not in the view of the Protestant world as described in the above section about healing in church history. With the rising interest in spiritual healing in the second half of the nineteenth century, the interest in scrutinizing these phenomena grew. C. G. Brown names John G. Lake (1870 – 1935) as a prominent example of a Christian leader who was very concerned about medical proof of his prayer healings. Even though he rejected the work of physicians, he wanted medical corroborations for his healing ministry. He even founded a "Divine Healing Institute," where he researched and taught about spiritual healing (p. 72).

From the scientific perspective, C. G. Brown explains, some psychologists viewed healing prayers as similar to psychosomatic phenomena that may influence people's health. Spirituality, according to these researchers, could elicit both positive and negative effects. Between 1940 and 1980, several studies were published comparing healing

prayer with the therapeutic effect of suggestion, hypnosis, and placebo, comments C. G. Brown. Other scientists saw no meaning in "using empirical methods to investigate the effects of prayer" (p. 76). In contradiction to this view, another group of psychologists identified, according to C. G. Brown, the positive influences of religion and prayer on emotional states, health, longevity, and attitude to life (p. 77).

C. G. Brown observes a change in the scientific approach to prayer and healing at the end of the nineteen-eighties with Byrd's (1988) study on "therapeutic effects of intercessory prayer in coronary care unit population" (p. 826). Also regarded from his perspective, Byrd conducted one of the first "prospective randomized, double-blind" studies on the efficacy of intercessory prayer. The number of 393 hospitalized heart patients was randomly divided into two groups. One group was prayed for daily by "born again" Christians from both Protestant and Catholic background. The other group was not prayed for. The study measured whether prayer had an effect at all and, if so, of what kind. The conclusion was that the group of patients being prayed for had a better outcome than the control group, and needed "lesser requirements for antibiotics, diuretics, and intubation/ventilation" (p. 829).

Even though Byrd's study was criticized for various reasons, it opened the gate to a new type of prayer studies that followed thereafter, C. G. Brown remarks. However, it took more than ten years until Harris et al. (1999) conducted an intercessory prayer study alike Byrd's on cardiac patients. Harris' groups consisted of 1019 patients. Similar to Byrd, the intercessors were active Christian church members of various denominations, but in contradiction to Byrd none of Harris' patients was informed about the study, and the intercessors got no additional information on their patients except for their first name



and the first letter of their surname. Like Byrd, Harris found that the prayer group had a statistically better outcome than the non-prayer group.

With their "Study of the Therapeutic Effects of Intercessory Prayer (STEP) in cardiac bypass patients on the effect of intercessory prayer," Benson et al. (2006, 2002) wanted to test Byrd's and Harris' results of a positive impact of intercessory prayer. Their study comprised three groups formed out of altogether 1,802 patients, who were treated at six hospitals. In contradiction to Harris all patients were informed about the study and had to give their consent for participation.

The groups were randomly arranged. Two of the groups were told they might be prayed for without knowing whether they belonged to the group that, in reality, did receive prayer. A third group knew about intercessors praying for them. Thus, two groups received prayer and one did not. The study "evaluated whether (1) receiving intercessory prayer or (2) being certain of receiving intercessory prayer was associated with uncomplicated recovery after coronary artery bypass graft (CABG) surgery" (Benson et al., 2006, p. 934). For this goal group one and two, the groups uncertain about intercession, and groups one and three, the groups receiving prayer with the difference that group three knew about it, were compared with one another. Benson did not find any variation between the first two groups, but detected a worse outcome for group three, the patients being informed about their intercession.

Benson (2006) had no explanations for his results, especially not for the outcome of group three. His team just speculated that the artificial setting of intercession in which the prayers did not get any particular information about the patients, nor were they informed about the progress of their treatment, or had any personal contact with them,

and the fact that in all groups patients might have prayed by themselves with support of friends and family, could have influenced the result of the study (p. 942).

C. G. Brown (2012) comments on the outcome of group three that the knowledge of being prayed for might have elicited a feeling of severity in the patients, which increased their level of fear and stress (p. 87). In addition to this assumption, C. G. Brown names some points of criticism concerning Bensons's study: In contradiction to Byrd and Harris the STEP-study did not take into consideration whether the intercessors were "born again" or believed in a "personal God who hears and answers prayer." Second, the only Protestant group, offering intercessory prayers, Silent Unity of Lee's Summit, Missouri, practices a unique way of praying, which does not believe in spiritual healing power but in self-affirmation. People with a request usually get a letter from a Silent Unity intercessor containing instructions on how to think and pray (p. 88).

The way Pentecostals and many Christians pray differs much from the Silent Unity's approach, C. G. Brown explains: Pentecostals emphasize the relational part of prayer. They view themselves in relation to their God and their fellow believers; thus they pray for their own needs and ask for distant intercessory prayer of other believers, but they deem a particular form of prayer to be especially efficient, which C. G. Brown terms "*proximal* intercessory prayer (PIP)." C. G. Brown describes PIP as an "in-person, direct-contact prayer, frequently involving touch, by one or more persons on behalf of another" (p. 89). For many practitioners of PIP, the Holy Spirit, anointing, and "spiritual power" form an essential aspect of their intercession C. G. Brown explains:

Pentecostals may conceptualize the Holy Spirit's anointing, sometimes represented by oil, as a tangible, transferable substance, or love energy. Anointing for healing presumably can be communicated through human touch, because physical bodies function as conduits of spiritual power. Comparing anointing with electricity or

radiation therapy, certain Pentecostals believe that efficacy correlates with frequency and length of exposure, types—including theological correctness—of prayers, "faith" and anointing levels of those receiving and offering prayer, and even the anointing level of the physical location in which prayers are offered. Some persons, moreover, are considered more anointed than others, or as "specialists" in praying for particular conditions. (p. 89)

With this remark, C. G. Brown's critique on most of the scientific prayer studies goes even further. To her, many studies have too broad criteria in choosing their intercessors. They do not take into account the different approaches of prayers, nor their beliefs. Especially with regard to convictions, C. G. Brown mentions the insecurity of some intercessors, whether it is God's will to heal people while others, confident about this question, pray boldly for healing.

Thus, according to C. G. Brown, even those studies which are blamed for being overly narrow in choosing so-called "'born again' Christians or anyone who believes in a 'personal God who hears and answer prayer'—may actually be too broad to capture significant differences in practices across individual intercessors" (pp. 89-90).

In summing it up, C. G. Brown questions the structure of most of the distant intercessory prayer studies and thus the validity in measuring the efficacy of prayer. To her, it is no surprise "that many studies have failed to find an effect" (p. 91).

An example of C. G. Brown's critique is Roberts' et al. (2009) review of ten "relevant" intercessory prayer studies with over seven thousand participants. Roberts cannot detect any remarkable positive effect of intercessory prayer, not even in Benson's study; thus, he recommends not to waste future resources on such prayer investigations any longer (p. 2). C. G. Brown indicates that Robert included in his review studies like Krucoff's et al. (2001) who expand the variety of their intercessors beyond the Unity

mentioned earlier, to Jews and Buddhists, which blurs the result of this study even further (C. G. Brown, 2012, p. 92).

Especially concerning Roberts and his colleagues' review C. G. Brown indicates that the debates of distant intercessory prayer studies "arise from theological-philosophical concerns about the implications of prayer studies, rather than disputes over the empirical evidence itself" (p. 94). C. G. Brown's observation seems to be corroborated by Astin, Harkness, and Erast's review of 23 studies on the "The Efficacy of 'Distant Healing'", including distant intercessory prayers, which in contradiction to Robert draws a positive conclusion and recommends further studies (Astin, Harkness, & Erast, 2017, p. 903).

In order to compare distant intercessory prayer and in-person prayer, Matthews et al. (2000) investigated the "effects of intercessory prayer on patients with rheumatoid arthritis." Forty patients in a private clinic were divided into three groups, one receiving plain medical treatment, another was accompanied by distant intercessors, and a third group received within three days additional six hours of in-person prayer, supplemented with six hours of theological education on healing prayer. Even though there was no reduction in the inflammatory markers among the patients of the in-person prayer group, these people "showed significant overall improvement during 1-year follow-up", while the patients receiving distant intercessory prayer did not (cf. C. G. Brown, 2012, pp. 96–98). For C. G. Brown, Matthew's study supports her observation about the differences between these two types of intercessory prayer for healing.

## Medical Documentation of Healing Prayers

In commenting on a request in 1953 of the British Medical Association for medical proof to the Archbishops' Commission on Divine Healing which was established by the church of England, C. G. Brown (2012) explains the difficulties of such documentations. They may not exist in cases where people did not visit a doctor, neither before nor after a religious healing experience. Many people pray for healing before they visit a doctor, and once having the impression of being healed, do not feel the need for medical conformation. In cases where medical documentations exist, they are written from the perspective of effective treatment and not in anticipating a future supernatural healing "for which they must provide documentation" (p. 100). Lewis (1989), adds that medical reports have to be treated with prudence because they rely mostly on the patient's report and not on thorough physical examination (pp. 43-44).

When someone claims to have been healed as a result of prayer, C. G. Brown expounds, questions arise as to whether that person was really sick before the prayer or was healed at all. What skeptics in western cultures ask for is medical documentation, which "in reference to healing prayer is 'biomedical proof' that someone was 'really' diseased and is 'really' cured—and that modern medicine cannot account for the recovery" (p. 101).

Asking the question of whether healing claims are documented, C. G. Brown answers "no" and explains: "at least not in such a way as would persuade those not already inclined to believe in prayer's healing power that anything supernatural has transpired" (p. 102).

The delineation of the last hundred years, given by C. G. Brown, on the credibility of supposed healings through prayers throws light on her statement: In the first half of the twentieth century denominational Pentecostals treated medical documentation ambiguously; for some medical treatment was in conflict with faith which led to avoiding medical treatments at all, while others used modern forms of medical examinations to prove the superiority of healing prayers.

Charismatic Christians in the period from 1960 to the early 1990s searched actively to verify their healing claims through medical documentation (pp. 101-102). C. G. Brown names Oral Roberts and especially Kathryn Kuhlman as two outstanding representatives of this trend. The publication of Kuhlman's healing documentations (cf. Weiss & Kuhlman, 1992) which emulated "criteria established by the Lourdes Medical Bureau,"<sup>14</sup> C. G. Brown explains, brought critics on the scene. Some, as the "avowedly skeptical reporter Emily Gardiner Neal," who wanted to unmask Kuhlmann as a fraud, changed her mind totally, having visited several of Kuhlman's healing conferences. Becoming convinced of the validity of the healings, Neal converted from agnosticism to Christianity and served later "as a lay Episcopal minister of healing." She also supported Kuhlmann as a ghostwriter, together with several physicians, in writing the book *I Believe in Miracles* (cf. Weiss & Kuhlman, 1992).

Other critics like the medical doctor William A Nolen (1975) were not convinced of Kuhlman's healing claims. His visit to one of her healing conferences and the follow-

---

<sup>14</sup> "First, the disease or injury had been medically diagnosed as resulting from an organic or structural problem, involving more than the unexplained failure of a body part to function. Second, the healing had to have occurred rapidly, involving changes that could not easily be explained as psychosomatic. Third, the patient's primary physician had to verify the healing. Fourth, the healing had to have occurred long enough in the past that it could not readily be diagnosed as remission." (C. G. Brown, 2012, p. 107)

up investigation of twenty-three cases of whom two persons, who supposedly were healed died of cancer, confirmed his negative stance towards Kuhlmann. Claims from other participants of being healed through Kuhlman's ministry he discarded as psychosomatic recovery. And again, Nolen, on his part, was criticized by the medical doctor Casdorff (1976) of not having worked thoroughly enough to substantiate his conclusions (cf. C. G. Brown, 2012, p. 109).

Another attempt from the Pentecostal side to support the validity of healing assertions through scientific research was done by Lewis (1989). Being a social anthropologist, he conducted two studies on the participants of John Wimber's healing conferences. Almost 60% of 2470 conference attendees at the second event in Harrogate replied to his questionnaires, of which 68 people claimed to be entirely healed of physical ailments. Another 32 percent (279 cases) told about significant improvements, and 26 percent (222 cases) felt some physical betterments. In his follow-up study on a random group of 93 participants, conducted six to ten months after the conference, more than half of the interviewees reported that they were still healthy.

C. G. Brown (2012) criticizes Lewis' study in relying more on the participants' self-reports and anecdotes and less on medical documentation (which he tried to get where possible). For C. G. Brown, "lack of medical support or statistical rigor" was the essential reason why Lewis' study was completely ignored by the academic world (p. 119). Lewis (1995), however, explains that it is more important how patients perceive the effect of a healing prayer than what doctors believe they should feel according to the results of a medical examination (p. 44-45; cf. C. G. Brown, 2012, p. 119).

From C. G. Brown's viewpoint, the interest in medical documentation of healing claims diminished since the 1990s among Pentecostals. Being influenced by postmodern thinking, "Pentecostals may seek to 'prove' healing by pointing to the 'evidence' of sensory experiences, such as feelings of heat, sensations akin to electricity, or diminished pain, as well as visionary experiences." Especially North American postmodern Pentecostals show, on the one hand, a positive attitude towards medical treatment but do not see the necessity of medical documentation, which for some could even undermine their faith (p. 102). It is noteworthy for C. G. Brown that Christians in other parts of the world, like in Africa, Europe, and Asia, put more effort into getting medical documentation to their healing claims.

Daniel Kolenda, for example, the successor of the German evangelist Reinhard Bonnke, published in his book "Impact Africa" (Kolenda, 2015), almost two hundred healing miracles, including several people showing their medical diagnoses before and after their healing through prayer.

In the effort to reach scholarly recognition the Korean founder of the international and interdenominational organization "World Christian Doctors Network" (WCDN) (*World Christian Doctors Network*, n.d.) conducts annual conferences where medical doctors report about and discuss healing cases which are from their definition so remarkable that a divine intervention could be plausible.

One of the most recent medical studies on healing claims caused by prayers is the one by C. G. Brown (2012). Between 2003 and 2011, she used a combination of qualitative and quantitative methods in North America, Brazil, and Mozambique to



investigate the influence of the Pentecostal ministries Global Awakening (GA) run by Randy Clark, and Iris Ministries (IM), founded by Heidi and Rolland Baker.

At seven GA and IM conferences, participants were asked to fill in anonymously pre-conference and post-conference questionnaires about "past healing experiences, current need for healing, use of medical and spiritual approaches besides prayer, and whether they perceived healing during the current conference" (p. 162). 910 of 3,500 participants answered the first and almost 600 individuals the second questionnaire. This part of C. G. Brown's study focused mainly on the self-perception of the attendees. Fifty-two percent of the respondents stated having received partial or complete healing for some disease, illness, or disability at the conference (p. 174).

North American attendees were furthermore asked to participate in follow-up telephone interviews, which 68 participants did. Besides these approaches, C. G. Brown conducted informal interviews with conference attendees and international ministry trip participants. Many of those individuals reported, even months and years later, about the lasting effect of their recovery initiated through healing prayers. Commenting on these testimonies, C. G. Brown notes that these stories are not a "proof that any of the attested healings have occurred, let alone that there is a divine or suprahuman explanation," but they show how people *perceive* their recovery through prayer and what kind of lasting effect this perception has not only on themselves but on families, friends and many others in their social network (p. 274).

In addition to the conference surveys, C. G. Brown did medical pretests and posttests on presumed blind and deaf people on Iris Ministry outreaches in Mozambique. People known for their bad eyesight or hearing disabilities were examined with an

audiometer and an eye chart before and after prayer. C. G. Brown chose these ailments among others because they are measurable, they are "less susceptible to psychosomatic improvements," and the leader of IM Heidi Baker claims that her healing prayers for such people are almost every time effective (pp. 198-201). Altogether, 24 Mozambican participants were evaluated, of which 14 reported about auditory impairments and 11 of about visual deficiencies (one person had both). None of these people who were tested before and after PIP, "ordinarily wore hearing aids or used corrective lenses" (p. 205). Due to the primitive conditions in rural Mozambique, the illiteracy of the people, and the fact that the participant had never been treated with such an equipment previously, the measurement of hearing abilities had to be adjusted somehow. Three participants were excluded from the hearing group because of false replies, and two participants were excluded from the visual group "due to field imposed time constraints" (p. 206). The participants with hearing disabilities showed "highly significant improvements," and visual disabilities showed "statistically significant improvements" after a PIP prayer of one to fifteen minutes duration (p. 281). C. G. Brown adds to her results, that "generally, the greater the hearing or vision impairment pre-PIP, the greater the post-PIP improvement" (pp. 207-208).

The same tests conducted on 41 healing conference participants in Brazil showed similar significant positive results on visual improvement before and after PIP intervention. The measurement of hearing disabilities was not sound because of alternating ambient noises (pp. 208-211).

C. G. Brown's attempts to execute her tests on conferences held by Heidi Baker in North-America were not successful. One reason lies in Heide Baker's different approach

to the western world. Speaking in the US or Europe, she usually does not pray for healing but intends to motivate the "privileged westerners to live sacrificial lives of love," according to C. G. Brown (p. 213). The other reason has to do with difficulties in cooperating with the conference participants. To C. G. Brown's observation, many felt no need to be prayed for the improvement of eyesight or hearing because of the many medical possibilities like hearing aids and corrective lenses available and applied by North American people. Only at one conference in C. G. Brown's team could pre- and posttest seventeen individuals, of which only two showed measurable improvements (pp. 211-214).

Even though, C. G. Brown remarks, medical science is not able to explain how prayer works - "Medical records can indicate that a problem was at one point diagnosed by a credentialed professional and that on subsequent examination the condition appeared better or resolved, and that there is no obvious medical or natural explanation" (p. 278) - the results of the pre- and posttest measurements of PIP interventions and the lasting effect of such cures reported by people are significant enough to her, to justify future studies on PIP.

From a sociological viewpoint, McGuire & Kantor (1988) add a supplementary aspect to C. G. Brown's remark that medicine is not able to explain how prayer works: Both spiritual healing and biomedicine are built on belief systems, both embody perspectives on reality that are "socially structured." Thus "this relativistic stance towards the 'truth' of biomedicine (...) cannot be used to explain nonmedical healing." Two different paradigms are not able to explain each other. They only can be compared, which might nevertheless lead to useful insights (p. 5).

## **Proximal Intercessory Prayer**

In this section it will be described how proximal intercessory prayer is used, what healing prayer practitioners have in mind when talking about healing, and thirdly which kind of influence a positive PIP healing and teaching experience has on people.

### **The Use of Proximal Intercessory Prayer**

Proximal intercessory prayer is a form of healing prayer. In PIP the intercessor and the recipient are usually in direct contact with each other. Frequently, the intercessor, either alone or together with others, lay their hands on the recipients, sometimes in combination with anointing oil. Spoken prayers are normally commands to diseases, or to the recipients, or words following supposed inspirations from the Holy Spirit. Pleading God for help is not part of this prayer approach. Accompanied by a brief teaching about the person of Jesus Christ, PIP is for C. G. Brown (2012) a practice of prayer which follows most closely the method of Jesus, his disciples, and the first Christians (p. 89).

According to Poloma (1998), John Wimber, the leading figure of the Vineyard Church movement, modeled the way proximal intercessory prayer is conducted in today's Pentecostal and Charismatic world. Wimber, Poloma explains, democratized spiritual healing in "taking it out of the hands of a few and placing it in the reach of the masses" (p. 259). Until Wimber's appearance, healing was mainly conducted by healing evangelists; now, Wimber taught the people how to conduct healing prayers themselves.

Wimber (2009) explains in his book "Power Healing" his "integrated model of healing," which is about God's healing of "the whole person: body, soul, and spirit" (p. 170). This integrated model is based on several principles, values, qualifications, and practices.

In Matthew 10:1 Wimber perceives his first principle, which is God's willingness to heal. Secondly, it is essential for Wimber to teach every believer to pray for healing in accordance with Jesus' example. Thirdly, belief in God's will to heal should be "demonstrated by action" by each believer independently, whether everybody gets healed or not. Anyway, Wimber emphasizes, it is God who heals. Fourthly, every Christian is empowered by the Holy Spirit to pray "effectively" for the sick. Wimber's fifth principle is "the importance of loving relationships with our brothers and sisters." To Wimber, "Healthy, supportive relationships with brothers and sisters in Christ are both a goal of healing and an effective environment for healing" (p. 172). Wimber's last principle declares that it is God's will "to heal the whole person, not just specific conditions." This principle will be explained in some more detail in the next section.

In addition to these principles, Wimber expounds four values for healing prayers that overlap in some aspects with his principles. Taking the story of the raising of Jairus' dead daughter, Wimber shows the importance of creating "a healing environment" to see healing happen. Such an environment is full of faith and hope in God's healing power elicited by the presence of the Holy Spirit. Ideally, this will mean that both the people who pray, the needy person, and the witnesses have faith in healing. This atmosphere of faith can even increase significantly when people experience supernatural healings.

Wimber's second value, "ministry time," stresses the aspect of praying in teams. Team ministry, according to Wimber, will, among others, multiply spiritual power and insights, help in impasses, provide a learning environment for novices, and discourages successful individuals to think "too highly of themselves." In addition, since it is a group

that prays, individuals being prayed for will be more dependent on Jesus than on a person who is praying (pp. 176-177).

The value “training” describes the overall obligation of leaders not to do all the healing by themselves but to train others to perform this work likewise (pp. 176-178).

Wimber’s last value is about "a life-style of healing," which is about habitual praying for healing in everyday life. "The effects of a life-style of healing are physically and spiritually healthy churches, with many people won into the kingdom of God," Wimber explains (p. 180).

As for qualifications for healing, Wimber names “faith for healing” and “an openness to God’s healing power.” The source of healing is the Holy Spirit. He offers his gifts to every receptive believer who is willing to surrender to these spiritual gifts, to trust God for healing and is eager to learn how to pray for the sick (p. 189).

Wimber’s “practices” of healing correlates with his five-step encompassing “integrated model of healing,” which will be explained in the following:

The first step is *the interview*. While a person is interviewed about his or her need, the intercessor evaluates what is being said on the natural and the supernatural level, which means to Wimber, listening to the guiding thoughts of the Holy Spirit (p. 199).

Step two is about *the diagnostic decision*, "that is, identifying and clarifying the root of the person's problem." For Wimber, this step is essential because it determines what type of prayer has to be applied to bring healing (pp. 199-200).

Step three, *the prayer selection*, answers not only what kind of prayer is needed to meet the unique situation of a suppliant, but searches God's answer on the question whether he wants to heal right now. To Wimber being in accord with the intimate

guidance of the Holy Spirit, which he calls anointing, is an essential prerequisite for the intercessor and the success of healing prayers (p.180; p. 204).

Imitating the model of Jesus depicted in the four gospels and the book of Acts, Wimber distinguishes various prayer approaches. The “word of command” is a short prayer directed to a sickness, or an evil spirit, or entails specific instructions for a person to follow (p. 208). A "word of pronouncement" is a declaration of what God has done, accompanied by a "supernatural (...) sense that the battle is over.” “A prayer of rebuke” is directed towards demons to cast them out or brake their power over people. “Prayers of agreement” follow Jesus’ declaration given in Matthew 18:19-20. This prayer is about the collective belief among several intercessors about what God is determined to do, or agreeing with other intercessors in their way they feel directed to pray (p. 210).

In his section about prayer practice, Wimber adds the aspect of “healing apologetics” in the approach to petitioners. In case someone doubts whether God will heal him or her, Wimber advises the intercessor to give a brief teaching about divine healing (p. 183).

The fourth step in Wimber’s prayer model is *prayer engagement*; it “consists of prayer, laying on of hands, and, when needed, further interviewing.” The actions and words spoken, build on the insights won in the previous steps (p. 211). While praying, intercessors shall observe and recognize whether the people show physical reactions. These signs may display the work of the Holy Spirit in a person and serve as a guideline for the further course of the prayer (p. 223).

Additionally in this step, it is essential to know when to stop praying. Wimber names three possible endings, which might be sensing that the Holy Spirit has withdrawn

his power, the recipient ends the prayer, or the intercessor does not know any longer how to pray (p. 234). C. G. Brown observed that during conferences, such prayers could last "between one minute and an hour total, with a median of perhaps five to ten minutes." In other contexts, the duration of prayer could be up to two hours (p. 97).

*Post-prayer directions* form the fifth and last step in Wimber's prayer guide.

When people have experienced healing, they get advice on how to retain their regained health. According to John 8,11, they are instructed to refrain from sin and to no longer "follow the ways of the flesh." "This involves a variety of practical advice, determined by the problem, that includes advice about Scripture reading and study, prayer, and works of righteousness," and becoming part of the body of Christ in a congregation and/or a small group. Moreover, people who are already in medical or psychological care are encouraged to visit their doctors, especially when healing is only partial. Others need additional counseling or instructions on how to change their lifestyle to prevent a relapse of their illness (p. 184).

In case a person did not experience healing, he or she will be reassured of God's love and invited "to seek more prayer" at a later time (p. 184; p. 235)<sup>15</sup>.

---

<sup>15</sup> C. G. Brown (2012) gives a summary of how she experienced PIP in Mozambique:

„Mozambican and western (...) team members all use a similar procedure in praying for healing. They usually spend between one to fifteen minutes (more rarely an hour or more) administering PIP. They place their hands on the recipient's head or shoulders and sometimes embrace the person in a hug, keeping their eyes open to observe results. In soft tones, they petition God to heal, invite the Holy Spirit's anointing, and command healing and the departure of any evil spirits in Jesus's name. Those praying then ask recipients whether they were healed. If recipients respond negatively or that the healing is partial, intercessors continue PIP. If the response is affirmative, intercessors conduct informal tests, such as asking recipients to repeat words or sounds (for instance, hand claps) intoned from behind the head or to count fingers from roughly one foot away. If recipients are unable or only partially able to perform tasks, intercessors continue PIP for as long as circumstances permit—generally no longer than fifteen minutes” (pp. 198-199)



Randy Clark (Johnson & Clark, 2011) whose healing ministry forms the basis of C. G. Brown's study, deploys and teaches a variation of Wimber's five-step model when praying for people (C. G. Brown, 2012, p. 57). In addition to Wimber, Clark (2011) emphasizes that prayers for healing are never petitionary. Asking God to heal a person was neither the practice of Jesus nor of his followers, he remarks. Silent spoken, petitionary prayers might be necessary and helpful to receive God's guidance in the prayer process, but healing prayers are mostly commands spoken to the sickness, for the breaking of curses and vows, and/or for the casting out of evil spirits.

The prayer "if it be Your will" is likewise never spoken by anyone in the Bible, when praying for the sick, Clark underlines. Furthermore, begging God for healing seems not appropriate for Clark "as if that would move Him more than what his own Son did to merit the person's healing."

Moreover, Clark explains how important it is to handle possibly roots of a malady in order to receive a sustaining improvement. Many illnesses are connected with psychosomatic issues, which could be, among other causes, the unwillingness to forgive a person. Besides natural and genetic causes, life-style questions like "neglecting scriptural teaching regarding rest, diet, exercise, stress" need to be addressed in search of possible causes of maladies (p. 216ff; cf. Wimber 2009, p. 184).

Dennis Walker (2015) accentuates in his intercessory approach, an aspect which is similar to what Wimber and Clark call "words of knowledge." Jesus' explanation in John 5:19 on how he healed the man at the pool of Bethesda, is a pivotal verse for Walker when praying for healing. Like Jesus, who claims doing only what the heavenly father is showing him, believers should try to use their "five spiritual senses" to discern God's

action in order to behave and pray in accord with their heavenly perception (Location No. 903ff).

Garry F. Williams (2012), an example of an Adventist healing practitioner, follows a three-step healing approach (pp. 41-43). Except for the case when someone is lying in hospital with an obvious diagnosis, he advises in his first step the petitioners to "pray (if possible) their problem aloud to God." In the meantime, the healing team of at least two members tries to discern "exactly how they can pray" for the suppliant. Secondly follows "the action step," which is "praying the healing prayer of faith." Jesus' promise, given in Matthew 18:19, that prayers of agreement will have extraordinary power serves as a guiding verse for this second step. Furthermore, the intercessors lay hands on the person and anoint him or her with oil when appropriate. In contradiction to Wimber and Clark, these contact actions serve just as "symbol of care, connection, and fellowship" (p. 50) but do not transfer any alleged spiritual power.

William's last prayer step is "affirmation," which is "thanking the Lord in faith" for heaving positively answered the healing prayer even in the case nothing visible might have happened. With this aspect, he follows the "word of faith" model taught by Kenneth Hagin (2012), which is strictly rejected by Wimber and Clark (cf. C. G. Brown, 2012, pp. 165–166).

#### Aspects of Healing From the Viewpoint of PIP Practitioners

Many current Christian practitioners have, according to Brown (2012) and Poloma (Poloma, 2003, 2009; Poloma & Hoelter, 1998), a holistic view on healing which encompasses spirit, relations, soul and body.

Studying the participants of the so-called "Toronto Blessing" Poloma (2003) reports about spiritual healing as "the most significant form of healing and the base on which other forms of healing rest" (p. 89), followed by inner healing, healing of interpersonal relationships, and finally resulting in healing of mental illnesses and physical maladies.

Poloma describes *spiritual healing* with "repentance from sin, forgiveness and reconciliation with God" (p. 91) which leads to "a greater intimacy with God, reflected in a deeper sense of God's presence and love that is often accompanied by an awareness of personal sinfulness and a fresh sense of divine forgiveness" (p. 90). Another important aspect of spiritual healing, Poloma observed, is for Pentecostal and Charismatic Christians the "deliverance from demonic strongholds" (Poloma & Hoelter, 1998, p. 269)

*Inner or emotional healing*, Poloma (2003) supplements, deals frequently with the healing of past negative experiences which had a lasting negative effect on people's self, such as "inordinate fears and anxieties, sexual abuse, and depression" (p. 96), "distorted self-perceptions, the forgiving of wrongs inflicted by others." "It includes growing in a healthy love of self as well as a love of neighbor" (Poloma & Hoelter, 1998, p. 269).

As an example of *relational healing*, Poloma (2003) points to a survey conducted in 1995 on Toronto Airport Christian Fellowship (TACF) visitors in which 88 percent of married participants reported "a noticeable improvement in their marital relationships as a result of prayer received while visiting TACF" (p. 98).

Regarding the *healing of mental illnesses*, Poloma detects an overlap with "healing of memories or inner healing." To distinguish those aspects from each other, Poloma asked in her study whether people were healed from clinical diagnosed mental

illnesses. Many of those who were interviewed later told about being freed from mood diseases, which was mainly a depression (p. 100).

Poloma observed, that people claiming healing of their relationship with God reported much more inner and emotional healing and healing from mental disorders and physical maladies than those who did not. She concludes: "In sum, it is spiritual healing that proves to be the significant factor in inner (emotional), mental, and physical healings" (p. 106).

For the Pentecostal leaders, whom C. G. Brown (2012) studied, reports of sensate improvements serve as signs for healing. Members of international mission trips were instructed only to report of healings "if the person receiving prayer feels an 80 percent or greater reduction in symptoms or becomes able to do something he or she could not do before prayer". Clark borrowed the 80 percent threshold from the healing evangelist Omar Cabrera. He uses it to encourage people to report mayor improvements before getting lost on worrying about not being fully healed and never claiming healing (p. 181).

For many healing practitioners, Brown explains, healing is an improvement and "not necessarily a change from total absence to total fullness of function." Thus, in her study, most people were not totally blind or deaf before prayer, nor had their vision or hearing ability "reached a clinical standard of perfection by the end of prayer," even though many showed measurable improvements (p. 202). In addition, Brown ascertains that such enhancements could increase over night, or as a result of another prayer intervention on the following day (p. 230). This coincides with another observation she made: Not all healing prayers seem to elicit spontaneous cure. C. G. Brown tells about healing evangelist Francis MacNutt who estimated that an average of one quarter of his

attendees was immediately healed, "one quarter report no benefit, and one half experience a measure of improvement." Those sensing a partial healing interpret this already as a sign of God's love and search for further prayer. Others, not being healed, show up at further healing events and services to solicit more prayer on their behalf (pp. 187-188).

In contradiction to this approach, agents of the so-called "Word of Faith" movement offer prayer only once and encourage people to believe in their healing, whether sensing an improvement or not. Repetition of prayer is understood as a lack of faith, which might hinder healing, summarizes C. G. Brown (p. 187). To Hagin (2012), supernatural healing is often an incremental process depending on two conditions, the measure of healing power someone receives through prayer, and on the measure of faith in a recipient. Full belief frequently leads to instantaneous healing, whereas lack of faith might postpone healing for days to even years, so Hagin (e.g. p. 106).

#### The Influence of Teaching and Healing on People

Smith (2006) focused on North American Christianity when conducting his National Spiritual Transformation Study (NSTS). He built his survey on the part of the General Social Survey made in 2004 of the Metanexus Institute at the University of Pennsylvania and his mixture of qualitative and quantitative analysis done on 1.328 people. Smith detected two prominent aspects leading to spiritual change: being religiously active and dealing with personal problems caused by illness or an accident, either affecting the person or loved ones (p. 294). Experiencing recovery after prayer had a dramatic influence on people (p. 288).

The main changes people reported in the NSTS were a closer relationship with God/Jesus and a strengthening of faith, “improving one’s character and/or behavior”, “gaining a greater appreciation of life”, “ending bad behaviors (...), gaining hope and/or love (...), becoming open-minded/thinking more (...), and gaining understanding of purpose/meaning.” One third reported improvements in the area of character, behavior, and positive values like “appreciation, love, hope, or purposefulness” (p. 290). Most of the alterations Smith observed had a lasting effect on people’s lives (p. 294).

A more recent qualitative study on the effect of healing prayer was published by Helming (2007). She investigated the influence of the experience of being healed through prayer on twenty church-active individuals from three different Christian denominations. Helming’s interview partners had suffered from various physical diseases, mental illnesses, or addictions. In contrast with the PIP studies mentioned in the previous chapters, all participants in Helming’s realm, who reported of physical problems, received allopathic care and some even surgery, meanwhile associates and they themselves kept on praying. None of the interviewees with non-physical problems used additional medication. Two members of this latter group reported instantaneous healing through prayer.

Even though her study did not focus on PIP, the majority of Helming’s interviewees showed similar reactions to a perceived healing. Many "felt as though they had experienced some type of spiritually transformative experience through this prayer and healing," two were unclear about this issue, and one person did not experience any change, "because she was already a fervent believer and this experience just continued her beliefs" (p. 178). Live changing experiences people named were feeling freed from

addiction, enrichment of prayer life for themselves and others, feeling happier than ever, coming closer to God, and more and intense Bible reading. In some cases, the healing process affected even family members positively. All participants experienced the ongoing intercessory prayer of their associates as supportive in going through their process of healing. Additionally, Helming observed that numerous participants, after being healed, felt a sense of purpose, which affected the rest of their lives. Many times this new purpose found its expression in helping others; at least people felt a strong urge to share their experience. Summing up, Helming notes (similar to Smith), that all the healing effects were experienced as a lasting change in the lives of those interviewed.

C. G. Brown's observations on the effect of PIP supplement the two previous reports. Whether a healing is medically attested or not, the perception of being healed changed many people's demeanor and behavior during or even right after the healing experience. Being freed from the self-centeredness of a disease, people's worldview was reoriented, and they felt a new life purpose (p. 161). People's love for others grew, accompanied by increasing sensitivity for other's needs (p. 270). Many of these changes exerted lifelong lasting effects. Even "minor" healings, experienced in the past, were often interpreted "as significant life events that even years later contributed to ongoing meaning making and identity formation." (p. 169)

For many people, their healing event initiated their conversion to Christianity, and they started to share their story even beyond their social networks and prayed for people's healing. C. G. Brown detected inceptions of ongoing domino-effects resulting from healing where people testified and prayed for others who again began to experience and to do the same.

Being healed and watching others being healed leads to an increase in "love energy," as C. G. Brown denotes it and the urge of serving others alike. Both, the intercessor and the recipient who feels healed through divine intervention "disburse and draw energy from these interactions; as a result, the net volume of energy available to do benevolent work increases" (p. 286).

Love was for many of C. G. Brown informants the key "to releasing power for healing." Even though some still searched for full healing of themselves or their associates, "many refused to stop believing, loving, or praying for a fuller release of love and power to heal." (p. 284)

Finally, C. G. Brown sees an evidence for that the severity, or a long-lasting illness, or a poor prognosis of an ailment and the time period used for prayer has a stronger and lasting impact on people when healing occurs, than "healing that is rapidly and easily experienced" (p. 288).

### **Summary**

This chapter looked at the issue of "teaching and healing" from its inception in the Bible until present practices. In the Old Testament God is viewed as the source of health and sickness. Following God's commandments keeps a person healthy whereas disobedience leads to sickness. But there are also exceptions from this pattern.

The New Testament delineates "teaching and healing" as the central approach of Jesus Christ's ministry on earth. In his teaching Jesus declares the arrival of the heavenly kingdom. Through his heavenly kingdom, people experienced forgiveness of their sins and the relief from their infirmities and suppression of evil spirits through a unique form of prayer. Jesus' death on the cross and his resurrection made forgiveness and relief



accessible for every person who decides to believe in him. Jesus commanded and empowered his followers to spread this message. They should heal the sick and free the spiritual oppressed in the same manner he had taught and demonstrated them.

The realization of his commandment varied through the epochs of Christianity. In the two centuries after Jesus' resurrection the Christians were eager to follow the advice of their master despite periods of persecution. With an emerging institutionalization of the church in the third century, a shift to formalism commenced and healing was left to members of the clergy. The recognition of Christianity by the Roman emperor Constantine marked a transition. Becoming and being a Christian was no longer a matter of faith in a threatening environment but beneficial. Secularism gained a foothold in the church, which led to a change in the healing ministry away from Jesus' model. Christian hospitals replaced prayer. Only some believers, viewed as saints, remained with the New Testament approach to healing. The latter is especially the case for the western church. While the Christians in the eastern part of the Roman Empire practiced and taught healing prayer, the thinkers in the western church spiritualized this aspect. Healing prayer was not part of an ordinary Christian life for more than a thousand years. For reformers of the sixteenth century spiritual healings played only a role in the time of early Christianity but were no longer necessary. A change in this attitude happened through John Wesley in the eighteenth century, and North American and European spiritual revivals in the nineteenth century. The number of healing claims through prayer grew rapidly. So-called Pentecostals and charismatic Christians were the driving force in the twentieth century and the present age in practicing and promoting healing prayer.

Looking at the Seventh-day Adventist church, healing prayers were practiced in its early years in the middle of the nineteenth century. Even though one of the founders, Ellen G. White, was known for her successful healing prayers, she herself later emphasized a healthy life-style and obedience to the ten commandments over supernatural intervention. Despite some exceptions, healing prayer does only play a minor part in contemporary Adventist teaching and practice.

Scientific interest in supernatural healing went up with the growing number of healing claims through prayer. Studies on distant intercessory prayers yielded ambiguous results. Studies which focused the relational of aspect intercessory prayers, which is closer to the New Testament model, showed more significant positive results. Nevertheless, it is not explicable what prayer really does. Because of that, even the amount of medical documentations on healing prayers is not able to convince skeptics.

A modern form of teaching and healing is proximal intercessory prayer, a term introduced by C. G. Brown. In many different variations it is practiced by Christians who are eager to reconnect with Jesus' teaching and healing line of action.

For the practitioners, healing through prayer encompasses various aspects: It is not only a healing of physical ailments, but foremost a restoration of people's relationship with God, followed by inner, emotional, and mental healing, and healing of relationships. Both total release from an infirmity and a partial improvement are viewed as a positive results of healing prayers.

In the view of many scientist, a healing experience related to God, lead and leads through all ages to various positive reactions. It strengthens people's faith in God and

Jesus Christ, often lifelong, and it fueled and still fuels the growth of the Christian movement.

This chapter leads to the conclusion that Jesus' model of teaching and healing through prayer is not only a written Biblical record or an ancient myth but practiced from the early church on through church history until the present time. The teaching content and the healing approaches differed, and the intensity of its application varied through times, but research shows that the impression of being healed through the power of the Biblical God elicited and still elicits positive reactions and feelings in people. Although modern science is not able to explain what a prayer approach like PIP really does, the perception of even partial improvement after being prayed for, releases various positive responses both by the healed ones, bystanders and even listeners of a healing testimony. Healing in that sense seems to bring many people in a closer relationship with God, and appears to be a strong driving force for growth in at least those churches and denominations that have this practice.

The research so far did not show whether the delineated reactions occur within a non-promoting environment for healing like the Seventh-day Adventist church of North-Rhein-Westphalia in Germany. A qualitative study within this region will shed light on the question what kind of influence a healing experience that follows the model of Jesus, like PIP, might have on people's relation to Jesus and the church they are in connection with, and whether this approach might be likewise an aid for church growth in this specific setting.

## Chapter 3: Methodology

### **Research Design**

#### Qualitative Research

The objective of this research was primarily to discover which kind of influence the approach of “teaching and healing,” which leads to some kind of healing experience, has on a person’s faith in Jesus Christ. Secondly, this research looked at a possible influence this approach of “teaching and healing” might have on a person’s connection to the Adventist church.

Having these goals in mind, the usage of qualitative research seemed, according to Creswell and Creswell (2017), the most appropriate research method since it “is an approach for exploring and understanding the meaning of individuals or groups ascribe to a social or human problem” (p. 4).

Qualitative research builds on a constructivist worldview, Creswell and Creswell explain, which believes “that individuals seek understanding of the world in which they live and work” (p. 7). In contradiction to quantitative research, the qualitative inquiry does not start with a theory to be tested but relies “as much as possible on the participants’ views of the situation being studied” (p. 7). The goal of following the qualitative path is to “inductively develop a theory or pattern of meaning” (p. 8).

#### Phenomenological Research Design

Qualitative research encompasses various types of approaches to a problem like narrative research, phenomenology, grounded theory, ethnography, and case study, to

name some (c.f. Alase, 2017; Creswell, 2013; Creswell & Creswell, 2017). Creswell (2013) recommends choosing one of the five mentioned methods of conducting and writing a research project (p. 279). For this particular study, the phenomenological approach seemed to be most appropriate.

Husserl (2012), who according to Alase (2017) “first conceptualized and theorized” this type of qualitative research, viewed phenomenology “as a way to understand the context of the ‘lived experiences’ of people (...) and the meaning of their experiences” (p. 10).

The research questions of this study build on such a ‘lived experience,’ which is a kind of healing, elicited by proximal intercessory prayer accompanied by a teaching on the person of Jesus Christ. Comparable with Helming’s (2007) doctoral phenomenological thesis, the present study did not only explore the phenomenon itself but wanted to detect whether the experience had (and still has) influence on the person's faith in Jesus Christ and on the relation to a local Adventist church. Helming, who wrote about "the lived experience of being healed through prayer in adults active in a Christian church," wanted to find out whether the participants could report about some kind of “spiritual transformation” (pp. 25-26).

The present paper follows Creswell’s (2013) guideline for phenomenological approaches: First, it has to be clarified that the problem of a study is based on several people who have a “common or shared experiences of a phenomenon” (p. 81) (which has been done in the introduction of this chapter). Thereafter, the researcher has to recognize and explain some of the philosophical assumptions of phenomenological methodology. Next, the participants of the study are identified and interviewed. The last steps deal with data analysis (pp. 81-82).

## Philosophical Aspects of Phenomenological Approaches

Phenomenological research rests for Creswell (2013) on three fundamentals: “the study of the lived experiences of persons, the view that these experiences are conscious ones (van Manen, 1990), and the development of descriptions of the essences of these experiences, not explanations or analyses (Moustakas, 1994)” (p. 77). To get to the essence of the phenomenon Moustakas (1994) introduces the Greek term *epoche*, which is “to refrain from judgment, to abstain from or stay away from the everyday, ordinary way of perceiving things.” *Epoche* is a way to view a phenomenon in a fresh and new way, unprejudiced and open-minded (p. 33, c.f. p 85). To reach this goal, the researcher has to “bracketing out one’s experiences” (Creswell, 2013, p. 80) to focus entirely on the investigated individuals. In referring to Husserl, the phenomenological researcher is, according to Creswell, aware of the “intentionality of consciousness;” which means that reality is “divided into subjects and objects,” and both “appear in consciousness,” thus “the reality of an object is only perceived within the meaning of the experience of an individual” (p. 78). These philosophical assumptions underscore the necessity of the *epoche*.

For *bracketing*, the researcher discloses his or her experience with the phenomenon under study (p. 193), which was already partly done in the introduction of the present paper. For completion, the author of this study needs to add some further aspects: After opening up for the healing element in the Biblical gospels, he started not only to pray for others, following Jesus’ “teaching and healing” example, but prayed for himself as well. He was, among other things, spontaneously freed from lumbago, stomach bug, and got rid of severe allergic asthma. Once, he detected an extensive

bleeding wound on his left shin. His eight-year-old son prayed for him in the evening, and on the next morning, his shin looked like nothing had happened the day before.

All these experiences strengthened the author's relationship with Jesus Christ. Jesus became more and more alive for him. His wish to follow Jesus and to serve Him in serving others, both with healing prayers and inviting them to befriend Jesus, grew and is still growing. Where ever possible he started small groups to train people in theory and practice about Jesus' model of "teaching and healing."

### **Participants and Sample**

In phenomenological study it is important to “purposefully select participants” (Creswell & Creswell, 2017, p. 185; c.f. J. A. Smith et al., 2009, p. 48) who have a similar experience of the phenomenon (Creswell, 2013), to "get a better gauge and a ‘better understanding’ of the overall perceptions among the participants’ ‘lived experiences’" (Alase, 2017, p. 13). Regarding the quantity of the sample size Alase (2017) talks about 2 to 25 (p. 13), Helming (2007) interviewed 20 people for her study on healing through prayer, and Creswell (2013) suggests 3 to 15 individuals (p. 78). The 9 participants of this study come from the working realm of the researcher, who is employed as a pastor within the Seventh-day Adventist Church in North-Rhein-Westphalia in Germany. One part of the participants is one way or another connected to the two established churches Köln Kalk, Bergheim (Erfurt), and a church planting project in Leverkusen, the researcher was responsible for until 2014. The other participants are members of, or acquainted with, the churches in Hamm (Westphalia), Soest, and Arnsberg; the researcher's present work realm. All of the participants had a “teaching and healing” prayer experience.

Creswell (2013) discusses the question of studying one's own organization's place of work. He cautions that such an undertaking might endanger the researcher's job when reporting unwelcomed data: Participants may "disclose private information that might negatively influence the organization or workplace", and it raises the question of blurring the data because of "power imbalance between the researcher and the individuals being studied" (p. 150-151). Nevertheless, the purpose of the present study is to evaluate the approach of "teaching and healing" within the researcher's work realm. In cases like this, Creswell's recommendation to deploy several "strategies of validation (...) to ensure that the account is accurate and insightful" (p. 151) will be taken up later in the validation part.

### **Data Collecting**

The basic method of data collecting in phenomenological studies is through semi-structured interviews with individuals who all have a shared experience of a phenomenon (Creswell, 2013, p. 78; J. A. Smith et al., 2009, p. 4). The primary "research questions are open-ended, evolving, and nondirectional," and start with words "such as what or how rather than why in order to explore a central phenomenon" (Creswell, 2013, p. 138). A number of five to seven sub-questions "refine the central question." While the researcher builds his interview on such a set of questions, he may change them or add new ones in the process of his research (p. 140).

The interviews with the participants of the present study were conducted face to face and audio recorded. In addition to interviewing Creswell (2013) advises the researcher to deploy more than one source of data collection (p. 147), and to utilize "newer, innovative methods" (p. 145). Supplementary data sources for this study were



the researcher's journal entries from the time of praying for the participants, and e-mails and short messages sent to the researcher by the participants. Besides, the interviewees were asked whether they had some written material like notes or journal entries they might supply.

Regarding the aspect of newer and innovative methods, the interviewees were asked to draw two pictures and to comment on them. One drawing was about the influence of the interviewees' teaching and healing experience on their relationship in the person of Jesus Christ and the other about the influence this experience had on their relation to the Adventist church. Eighteen crayons and a blank A4 (210 x 297 mm) card for each drawing were the means of this task.

The art therapists Weber and Michael expound that drawing exercises are known to bring forth "unspoken thoughts and feelings" in people. With that, they "offer a different kind of glimpse into human sense-making than written, or spoken texts do, because they can express that which is not easily put into words: the ineffable, the elusive, the not-yet-thought-through, the subconscious" (Weber and Mitchell cited in Kearney & Hyle, 2004, p. 362). For that reason, Kearney and Hyle deployed drawings when studying "the emotional impact of change on individuals in an educational institution" (p. 361). Guillemin (2004) let women in their menopause, and women with heart diseases draw their situation. Lev-Wiesel and Liraz (2007) compared in their study children whose fathers are drug abusers: one group of children was only interviewed, while the other group was encouraged to draw their situation prior to the interview.

Kearney and Hyle (2004) found that the activation of "different cognitive processes" through drawings elicited impressions and feelings in the participants, which

would not be touched by merely interviewing them (pp. 372-374). The thinking process of drawing “leads to a more succinct presentation of the key elements of participants’ experiences” (p. 376). These findings are in tune with Guillemín (2004), and Wiesel and Liraz (2007).

For the researcher, to get most out of these benefits, the participants’ additional explanation of their creations is essential (Guillemín, 2004; Kearney & Hyle, 2004; Lev-Wiesel & Liraz, 2007).

One question under discussion is whether it is more useful to let the participants draw before or after the interview. In the case of Lev-Wiesel & Liraz’s (2007) study on children, putting the drawing exercise first led the kids to open up for more verbal expressions (p. 72). Kearney & Hyle (2004) underscore the importance of putting the drawings first to get the freshest and most spontaneous results from the participants (p. 378). Guillemín placed her drawing at the end of the interviews to create rapport and make this unaccustomed exercise easier for the probands (p. 276). Nevertheless, both, Kearney & Hyle’s and Guillemín’s interviewees expressed feelings of discomfort before starting to draw, not so the children with Wiesel and Liraz.

For this research, the interviews were placed before the last two essential questions, which threw light on the research problem. In doing so, the researcher hoped to get the rapport benefit of the first part of the interview and the fresh participants’ expression when answering the new questions.

All three studies enhance the importance of using different colors because they offer a larger variety of expression. This advice was followed in the present study.

Both Kearny and Hyles, and Guillemin view drawings as an important and additional aid in combination with interviews. They enable persons who are more visual "to express their understanding in a way that best suits them," Guillemin (2004) complements (p. 287). Especially in combination with little structure, drawings help "to combat any preconceived biases of the researcher that might have otherwise been unintentionally imposed" (Kearney & Hyle, 2004, p. 378). Finally, Kearney and Hyle remark, drawings are an additional tool to validate the outcome of phenomenological research (p. 380).

While interviewing, Creswell and Creswell (2017) recommend the use of a protocol of several pages length, which offers ample space between the questions for handwritten notes in case the tape equipment fails (p. 190; c.f. Creswell, 2013, p. 164). Creswell (2013) suggest complementing the protocol with a "header to record essential information about the project and as a reminder to go over the purpose of the study with the interviewee," which includes a notice to give information about confidentiality and the consent form. The protocol should close with thanks to the individual for the interview and a request for possibly follow-up information if needed (p. 168). The protocol for this study is added in Appendix C.

The last question for this chapter is where to conduct the interviews. Creswell (2013) recommends a "quiet location free from distractions" (p. 165). To make their interview partners feel relaxed, Helming (2007) offered them various places like her home, the participants' homes, rooms in churches or schools, or even public places like cafés or restaurants (pp. 177-118). In the present study, the participants were asked to

meet at a place they feel most comfortable and which is free from distractions as much as possible (see Appendix A). All of them chose their home.

### **Data Coding and Analysis**

After the transcription of the interviews, Alase (2017) recommends the following three steps of data coding based on Smith et al. (2009). The researcher reads in a so-called "first generic cycle" several times through the transcripts and the other written material to develop "meaning units," which "are bunch of words or statements that relate to the same 'core essence' or ('central meaning') of the 'lived experiences' that the research participants are trying to convey through their responses" (p. 16). In a "second generic cycle," these units are condensed "into fewer words to move closer to the 'core essence' of what the research participants were actually expressing" (p. 16). With the "third and final generic cycle," the researcher tries to "to encapsulate (capture) the 'core essence' of the central meaning (meaning unit) of the research participants' 'lived experiences' in one or two words" (p. 16).

For data analyzing, Alase (2017) refers to Creswell (2013), who builds his pattern on Moustakas's (1994) steps of coding. First, the researcher develops "a list of significant statements", from the interviews or other data resources. All these "significant statements" should have an "equal worth" and lead to "a list of nonrepetitive, nonoverlapping statements" (p. 193).

Based on this material the researcher describes "'what' the participants in the study experienced with the phenomenon" (p. 193) Moustakas (1994), calls this a "textural description" (p. 47). According to Creswell (2013), this step must "include verbatim examples" (p. 193).

Then the researcher writes, "a description of 'how' the experience happened" (p. 193), which is called "structural description" by Moustakas (1994, p. 97). In the structural description, "the inquirer reflects on the setting and context in which the phenomenon was experienced" (Creswell, 2013, p. 194). Finally, the inquirer presents the "essence" of his phenomenological investigation in writing "a composite description of the phenomenon incorporating both the textural and structural descriptions" (p. 194). In pursuing the above steps, the present research used the program Nvivo as an aid for both analyzing and coding all gleaned data.

### **Credibility of the Research Study**

Like in quantitative research, qualitative approaches have to prove their validity and reliability. In qualitative research "validity means that the researcher checks for the accuracy of the findings by employing certain procedures, whereas qualitative reliability indicates that the researcher's approach is consistent across different researchers and among different projects" (Gibbs as cited in Creswell & Creswell, 2017, p. 199). The following will explain how this study will ensure both aspects.

#### **Qualitative Validity**

Creswell and Creswell (2017) recommend the use of at least one to multiple validity procedures "to check the accuracy of the findings" (p. 200) regarding "trustworthiness, authenticity, and credibility" (p. 199). As discussed above, when researching in the context of one's work-place strong validation is essential (Creswell, 2013, p. 151). For the validity of the present research, the subsequent methods were applied: triangulation, rich and thick description, clarification of bias, presenting negative or discrepant information, and peer review.

*Triangulation* is, according to Creswell (2013), the use of different sources of data to give “evidence to (...) a code or a theme” (p. 251). The various sources of this study are the transcribed interviews, notes taken during the interviews, journal entries of the researcher, e-mails, short messages and other written material provided by the interviewees, and the drawings sketched by the participants during the interviews.

A *rich and thick description* provides a detailed description of the participant's experience and makes the results for the reader "become more realistic and richer" (p. 200).

The *clarification of the researcher's bias* (p. 200) was already done both in Chapter 1 and in the bracketing at the beginning of the present chapter.

Real-life is diverse. Even though people might have experienced a similar phenomenon, they experience and interpret it differently. Concerning this aspect, *presenting negative or discrepant information*, and discussing it is a way to enhance the credibility of a study (p. 200). In cases where discrepancies occur in the present research, they were highlighted.

*Peer reviewing* was accomplished in this research through the almost monthly meetings of the researcher's learning group and the review of these papers through supervisors.

### Qualitative Reliability

Qualitative reliability is reached when a study is “consistent or stable” (Creswell & Creswell, 2017, p. 201). Creswell and Creswell refer to Yin when explaining how to uphold reliability: “qualitative researchers need to document the procedures of their case studies and to document as many of the steps of the procedures as possible.” A thorough

“case study protocol and database” that enable others to “follow the procedures” of the researcher is another aspect of reliability, Creswell and Creswell propose (p. 201). These two issues were taken up in the present study, especially through the application of the Nvivo software.

Additional ways to assure reliability, also suggested by Creswell and Creswell, and that are deployed in the present study are the carefully checking of the transcripts to avoid obvious mistakes and to assure "there is not a drift in the definition of codes, a shift in the meaning of the codes during the process of coding" (pp. 201-202). Again, Nvivo served as a tool for the latter aspect.

### **Ethical Considerations**

“Research involves collecting data from people, about people” Creswell and Creswell (2017, p. 88) remark; thus, in dealing with people, ethical issues arise, which will be taken up in the following. The goal is not to harm the participants, neither during the interview nor in working with gathered material, nor in a publication (Alase, 2017, p. 17). “Researchers need to protect their research participants; develop a trust with them; promote the integrity of research; guard against misconduct and impropriety that might reflect on their organizations or institutions; and cope with new, challenging problems” (Creswell & Creswell, 2017, p. 88).

Ethical issues should be considered at various points in a study: in preparation, in the beginning, during data collection, when analyzing data, and in reporting, sharing, and data storage (Creswell & Creswell, 2017).

Prior to a study, specific codes of ethics should be consulted, which was, for this case, the American Psychological Association (*Ethical Principles of Psychologists and*

*Code of Conduct*, 2017). In addition, the researcher had to gain the approval of the institutional review board of Andrews University. Furthermore, the participants were asked to sign an informed consent form, which contains the "identification of the researcher," the "identification of the sponsoring institution," the "identification of the purpose of the study," the "identification of the benefits for participating," the "identification of the level and type of participant involvement," the "notation of risks to the participant Guarantee of confidentiality to the participant," the "assurance that the participant can withdraw at any time," and the "provision of names of persons to contact if questions arise" (Creswell & Creswell, 2017, p. 92). For the informed consent of the present study, see at Appendix B.

At the beginning of an interview meeting, it is essential to disclose the purpose of the research (p. 92) and not to press the interviewees to sign the consent forms (p. 93). To fulfill this requirement, the participants received before the interview a written invitation, which contained the consent form. This approach was meant to help the interviewees to decide in advance whether they wanted to participate in the study. When meeting with the participants at their homes, the form of consent was read aloud, it was explained, and the participants were encouraged to ask questions to assure their understanding. After their approval, both the researcher and the interviewees signed the form.

Creswell advises giving the participants a benefit for their partaking (p. 93). In the present case, the researcher was not able to present a material benefit, and it seemed not be appropriate because of the work-relationship that exists between the researcher and the participants.



To avoid deceiving the participants, it is vital to clearly communicate the purpose of the study and the participants' role therein (p. 94). This requirement was covered with reading and talking about the consent form at the beginning of the interviews.

Another critical issue mentioned by Creswell and Creswell is the power imbalance that might occur between the researcher and the interviewee. The interviewer has to be aware of not to stress the interviewee, nor to misinterpret the interviewee's statements. For the latter, the researcher needs to be an attentive listener (Creswell, 2013, p. 166). Additionally, the interviewer has to consider "the consequences of the interview for the interviewees and the groups to which they belong might be" (Creswell & Creswell, 2017, p. 94). Finally, in case an interviewee discloses harmful information, it is crucial to protect the privacy of the participant (p. 94).

To secure the anonymity of the interviewees, all gathered material was anonymized through coding. All tangible material was stored in a locked cabinet, all digital material on a password-protected hard drive. Finally, the findings are fully reported regardless of whether they are in favor of or "contrary to the themes" of the study (p. 94).

### **Summary**

To tackle the research problem of the present study in a most appropriate way, the phenomenological qualitative approach is chosen. Nine people from the working realm of the researcher form the interview group. Data was mainly gathered through interviews. Writings from the researcher and the participants served to validate the interviews. To get even closer to the "lived experience" of the participants, they were asked to sketch and interpret two simple drawings. The data coding and analysis followed Alases' and

Crewell's guidelines for phenomenological studies. All ethical issues relating to the chosen approach were taken up.

The next chapter will present the findings of the interviews.

## Chapter 4: Results

### **Introduction**

The purpose of this phenomenological study is to discover what kind of influence the experience of teaching and healing has on a person's faith in the person of Jesus Christ and the relation to the Adventist Church. The teaching content in this context is drawn from the Bible and the prayer approach follows a biblical example which Brown (2012) named proximal intercessory prayer (PIP). The study was conducted in the author's church environment that is usually not practicing this approach.

To gain insight into this phenomenon, a total of nine adults were interviewed, who declared having experienced healing through PIP. Six of the participants were females, three males. Two further potential male candidates refused for personal reasons to partake in this study. All participants had some kind of connection to the researcher's work realm. Either they belonged to one of the churches under his responsibility, or had some kind of connection with them.

Seven interviews were conducted at the people's homes. Because of an upcoming worldwide pandemic and lockdown rules, two of the interviews were executed through a meeting platform on the internet, which enabled visible and audible communication.

As a part of the interviewing, all participants sketched two drawings on the influence of their experiences. Additional sources to these interviews were materials provided by the participants, such as journal entries, emails, messenger notes, and sermon scripts. With the permission of the participants, the material was supplemented by the researcher's journal notes. Before starting the interview, the researcher read together with

the participants the informed consent to assure their clarity about all essential ethical issues regarding the participation in this study. Everybody agreed and signed the printed form.

### **Description of the Participants**

In this section follows, based on the example of Helming (2007), a brief description of the participants, their ailments, and what kind of healing they experienced through prayer. To protect the participants' anonymity, everyone's real name was replaced with a fictitious name.

#### **Erik**

Erik is a male of 46. He became an Adventist more than twenty years ago. In 2015 he got heart problems which were diagnosed as myocardial inflammation and Prinzmetal's angina, which led to a half year lasting sick leave. The ailment caused heavy, painful aches. He experienced physical healing through PIP at the beginning of this period, which was confirmed by his doctors. However, he declared he needed the rest of the time, several additional prayers, and a six-week lasting stay in a rehab clinic to recover from the psychic disturbances his heart ailment had caused. Prior to the clinic stay, he experienced another spontaneous recovery through prayer, which enabled him to discontinue his medication and gave him back his physical strength. After full recovery, he has never had any more problems with this medically documented healing.

One and a half years later, he was spontaneously and constantly freed from varix in his lower abdomen. The varix is medically documented, but he did not visit his doctor afterward to get medical confirmation. At the same incident, Erik received prayer for an autoimmune disorder, which caused exanthema, but which was not healed at that time.

## Iris

Iris is a 48 years old member of the Adventist church. Five years ago, she experienced spontaneous and permanent relief from several weeks of long-lasting severe backache, which led to breathing difficulties. In the interview she described her situation like this:

I remember that I was in real pain. I can remember that I was also standing there - in the parking lot. And it was relieving to bend forward with the whole upper body. ... I don't know how long I had the pain. But it was so strong.

She was asked to classify her pain on a scale of zero to ten – zero meant no pain, ten unbearable pain – she sensed an eight. Even though she felt a great relief that day and never had these problems again, she had difficulties to remember details when she was interviewed for this study.

## Karin

In Karin's case, it was her two-year-old son who was prayed for. He was freed through prayer from a diagnosed celiac disease. His symptoms were diarrhea, which sometimes rose to the severity that he needed infusions at the hospital. His parents had tried to reduce the symptoms through a gluten-free diet. After the prayer, they gradually change the child's nutrition to regular food. The now nine-year-old boy is for several years able to eat any kind of food. To the astonishment of his doctor, he has no antibodies towards gluten in his blood anymore.

Prior to the healing prayer of her son, Karin participated in a prayer meeting in which the group prayed for an absent five-year-old girl who was diagnosed with large cancer in her brainstem. The physicians predicted that the girl would be mentally and physically disabled after the surgery. However, after the prayer, the surgeons found only

a benign cyst filled with water instead of a cancerous ulcer. The girl developed normally. It appeared during the interview that this healing experience had an even stronger impact on Karin than her son's curing. Very soon past these incidents, Karin became an active and leading member in an Adventist church plant and was baptized later.

#### Lisa

At the age of 61 years, Lisa constantly felt tired and weak. Her doctor measured a high blood sugar level. After a clinical, medical examination, she was diagnosed with type 2 diabetes. Her liver was too fat, and her pancreas did not function properly. First, she needed insulin injections. Lisa's blood sugar value was 320 ml/dl. The level of a healthy person on an empty stomach is about 100 ml/dl. Her long-term value was 12%, normal is a level below 6.5%.

After having started with daily walks, the doctors shifted her medication to highly dosed tablets. Saturday after a seven-day lasting hospital stay, she was prayed for in her church. During the prayer, she felt physical sensations within her body, which gave her back physical power. For her, this was the turning point of her ailment.

Nevertheless, she kept on walking every day and continued with the diet-advice of her nutritionist. Her blood values were constantly improving. Within three month they fell back to almost normal values of 100 ml/dl and 7% long-term value. In consultation with her diabetologist, she halved the drug dose. At the next quarterly routine examination, her values were back to normal at 116 ml/dl and a long-term value of 5.9%. Since then she has not needed to take any more medication. After that she still went to the regular check-ups. Five years have gone since this incident, and her physical condition is still excellent.

## Michael

The list of ailments of the 69-year-old Michael is long. Many of his infirmities lasted for years and even decades, accompanied by endless visits to doctors, various medical treatments, and surgeries. A significant issue has been his chronic stomach problems. For the first time he experienced a hundred percent relieve after a short prayer in 2015. He was freed from all symptoms until he felt a relapse after two years. A second prayer led again to a spontaneous relief for another two years. Feeling symptoms after this period again, Michael prayed for himself and has no more problems with his stomach ever since.

Later Michael was prayed for because of his house-dust allergy and his sinusitis for which he had undergone various other therapies and even surgery years before. It took eight days after the prayer until he had no symptoms anymore. This condition lasted for about six weeks, and then he was back to his former state. For a while, he received prayer every three months until he finally prayed for himself and was permanently healed.

Other ailments, from which he experienced total freedom, were gastritis, a carpal tunnel syndrome and rhizarthritis of his left thumb, problems with his neck and ribs as a result of a traffic accident in the early 1990s, inflammation in one of his knees, lumbago, and very low blood pressure. As with his headaches, which were common in his past, he prayed for himself in many of these incidents and experienced quite often spontaneous total relief, while at other times it took a short time, or the prayer intervention of others to free him of the symptoms. The only thing he still has trouble with are his sleep disorders.

## Nicole

The 57-year-old woman was added to the interviewees because another participant pointed out that Nicole had been spontaneously healed through her prayer from a pelvic obliquity, which caused a slightly shortened leg. Nicole confirmed this story and told that she had removed her orthopedic arch support out of her shoes and had started to jog regularly after this incident. Having no problems anymore, she felt no necessity to visit her orthopedist for another checkup.

During the interview, she told about an earlier, even for her “more spectacular” healing experience: she was freed from heavy three days lasting migraine attacks she had suffered from for three years. A unique aspect of her healing story is that when first being offered a healing prayer, she refused it. Pondering on her reaction, she realized what advantage the disease had given her: “I need the migraine because I can't say no” and “it gets me a timeout.” Her attacks enabled her to withdraw from her “inner instigator” and everybody else’s expectations from her. Concomitantly, people expressed sympathy and compassion when she suffered under her quarterly attacks. But even though she was “derided” by her family, they at least “left her alone.”

Nicole did not seek direct prayer for her migraine, but when she witnessed a healing prayer for another woman, she decided to claim this prayer likewise for herself and “not to need” her “migraine anymore.” Even though she always claimed to be entirely healed, she realized during the interview and when reading her journal that her healing was only partial. She still has quarterly sufferings, but they are not as fiercely as before her decision to seek a healing prayer. Sometimes she feels limp without being plagued by a headache. Only vomiting remained but not with the severity it used to be. It



seems that she still needs these symptoms to get rid of a feeling she “defined” as “everything is too much.”

### Ruth

Ruth (50) had depressions from childhood on. In 2009 they got so intense that she had no power to get up any more. Being a baptized member of the Seventh-day Adventist Church was of no help for her. She believed in God and the Bible but fought with her incapability to keep “the laws”, a teaching about the ten commandments, strongly emphasized in her local church: “All can do it, me not. I am the only person in the entire world who is not able to keep the commandments.” She felt abandoned by her church and wanted to become an atheist.

At the beginning of 2012, some weeks before the day she received prayer, Ruth visited a psychologist for a preliminary talk about therapy. At the end of the meeting, her doctor's comment was, "This is going to be much work." Instantaneously and completely freed from her depression through prayer, she revisited her psychologist three months later. This appointment was meant to be the starting point of her therapy, but it did not, because it was no longer necessary. The doctor was “over the moon” about her condition, Ruth reported.

The first aspect Ruth realized immediately after her healing was that her digestive problems had vanished. With this started a process of incremental liberation from various other ailments that are altogether medically documented. First, she got rid of a cardiac valvular defect she was born with, and then various other ailments like general debility, teeth inflammations, alopecia, and endocrine disorder disappeared over a period of time

without any further medical treatment. Only neck pain occurs once in a while, but Ruth blames her lack of exercise for this.

#### Theresa

Theresa (21), a non-Adventist Christian, was for around half a year afflicted with urinary tract infections. Each time after she had had sexual intercourse with her newly married husband, she experienced a hard time with her disease. Up to three times a week, intense pain tied her on her bed. Her infections constituted a heavy burden for the young couple. The pain and limitations associated with the infection put a strain on both her married life and her studies. At times Theresa was unable to attend classes or take important exams. Furthermore, vacations with her partner and friends were anything but relaxing.

From her mother's experience, the exchange with her sister, who is a nurse, and searching the internet for her symptoms, she knew about what was going on with her. She tried to alleviate her pain with herbal medicines. Finally, after one prayer, she got totally rid of her ailment, which never occurred again. She never visit a doctor, neither before nor after that day.

#### Stephan

The twenty years old Stephan from a Free Church background constitutes an exception to all the other interview partners. Stephan was chosen to be interviewed to get another male perspective into this study since two men had refused to partake. Before meeting with him, the interviewer was not fully aware of all the details of Stephan's case. Anyhow, the decision was made to leave him in this study because the evening he received prayer marked a turning point for him in his improvement process. The

sentiments and thought he expressed regarding this initial prayer are very similar to those of the other people being interviewed for this study.

His problem was more about spiritual nature. He described it as “a temptation in his thoughts” of “giving his worship not to Jesus but to Satan.” Each time these temptations occurred, they stressed him very much and prevented him from sleeping. It took long until finally, he fell asleep. Another form of his "temptation" showed up when Stephan read his Bible. He said: "When I read the Bible, this name of the adversary dominated my thoughts. And distracted me so much.”

For a few days following the intercessory prayer, he felt free of his problems. Then they started again, and it took him around four months with Bible reading, listening to specific YouTube sermons, and another prayer intervention by the researcher, to get utterly rid of his "temptations."

## **Analysis of the Interviews**

### **Introduction**

The data analysis has three objectives: First, it wants to focus on the participants’ healing and teaching experience itself. The answers to questions one to four (see Appendix C) built the basis of the participants' PIP healing experience and the accompanying teaching information on the person of Jesus Christ they remembered. The fifth interview question sheds light on the primary research question of this study, namely, which influence the teaching and healing experience had on the participants’ faith in the person of Jesus Christ. The sixth and last question of the interview helped to detect what kind of influence the teaching and healing experience had on the participants’ relationship to the local Seventh-Day Adventist Church they have contact with. In

contrast to the first four questions, the interviewees had first to sketch their answers on a blank paper and then to explain the meaning of it to answer questions five and six. All participants were willing to do so.

For the evaluation of all the material, the researcher followed Alase's (2017) proposal and read several times through all the transcripts and the written content provided by the interviewees. With the help of the computer program Nvivo, "meaning units" were formed that were more and more condensed to detect the "core essence" of the "lived experiences" in a few words (Moustakas 1994). Out of this material, a "textural description" was formulated, which answers to the question "what" the participants had experienced, and a "structural description" was framed to capture the "how" of their event (p. 97). Finally, a composition of these two descriptions will merge them into one "essence" (Creswell, 2013, p. 194). The textural and structural descriptions are illustrated with "verbatim examples", as Creswell (p. 194) suggests, and supplemented with a selection of meaningful drawing examples.

## The Lived Experience of Healing Through PIP Accompanied by a Teaching about the Person of Jesus Christ

### **The What of the Healing Experience**

The question of the "what" of the healing experiences has already been addressed in detail in the presentation of the study participants. Here we will now only summarize the essential aspects.

All nine participants of this study stated to be healed through proximal intercessory prayer. Five of them declared to be spontaneously freed of one or several

ailments, through prayer. Five had experienced healings incrementally or healing in a process whereby this process could span over days, weeks, months, or even years.

In the case of the two-year-old boy who suffered from celiac disease, his parents did not know whether he was immediately healed or not. Only later, the annual blood test proved that he was free of antibodies. Gradually, over months and years, the parents changed his diet to normal without any negative bodily reactions of their son.

Two of Michael's cases are unique compared to the others. After being promptly healed from his chronic stomach problems for two years, he suffered a relapse. He was prayed for another time and right after felt relief again for two years. After a second relapse, he prayed for himself and has been symptom-free ever since. His house dust allergy and sinusitis took a similar course of healing. Healing prayers showed effects only after seven days, which then lasted for six weeks at a time. He asked to be prayed for several times and had the same experience until he finally prayed for himself and has had no problems since then.

Except for Nicole's migraine of which she realized during the interview that it only was partly healed, all nine participants could report permanent relief of at least one or several ailments until the day of the interview.

Four participants had visited their doctors before and after their healing. In five cases, the interviewees did not seek medical corroboration of their recovery, and four participants had never visited a doctor with regard to their impairment and nor its healing.

Only two of the study participants took medication during the healing process. Because of the lack of symptoms, their medicine was gradually reduced in consultation with their doctors.

## **The How of the Healing Experience**

Every person is unique, and so are the maladies people have; thus, the healing experiences and what the people remembered about them displays a kaleidoscope of aspects. Three major characteristics appeared about the healing prayer itself and three facets of the participants' reaction to their healing. The three components of the healing prayer experience were *astonishment and unbelief*, secondly *laying on of hands*, and thirdly *spiritual experiences*.

Regarding the participants' reactions to their healing, four aspects occurred, namely, a *positive impression of God* and a relation to him, *testifying* to others about this experience, *praying for other people's healing*, and changing to a *healthy lifestyle*. In the following, we will have a more detailed look at the characteristics of the healing prayer and the reactions to it.

### Characteristics of the healing prayer

**Astonishment and unbelief.** For seven participants, it was the first time in their lives that they got in contact with a proximal healing prayer intercession. They expressed their astonishment in various ways.

Iris explained: "To me, it was so unbelievable whether it will happen. Whether really something will happen. I didn't take it for serious that there really might happen something, that there really will take place healing." Ruth thought, when being offered healing: "Well, many had tried this."

Michael said: "What is that supposed to achieve"? and he added several times: "Nothing will come out of it." Michael needed more than a week to accept his healing:

And – then for eight days and eight nights, these thoughts didn't let me off ... I couldn't make sense of how at once healing and a hundred percent change – this is crazy. ... the eighth day – I thought: I will say now: Lord Jesus, I embrace this in faith.

In retrospect, Erik sees his initial unbelief with regard to the effectiveness of the healing prayer as the reason why he needed several prayer interventions until he finally reached a complete and lasting relief:

The trust in such a healing prayer was totally new. Once I have told this in a sermon to the church, that we often have discounted such things, also as Adventist church ... That we looked down on people who could heal – and we directly demonize many things. But there are these miracles. And we can read about them in the Bible. And - from that it was new to me – although I should have known. And today, it is understandable for me that I didn't believe in it at the first prayer, that it will lead to healing.

None of these people had asked for prayer but had been approached by the researcher. Only Theresa and Stephan had taken the initiative to solicit an intercession. They were the only ones that came with openness and expectation to healing prayers.

**Laying on of hands.** Six study participants reported a laying on of hands or some kind of physical touch when they were prayed for. Erik describes this aspect in connection with the prayer for his varicose vein as follows: "so we didn't lay on the hand, but you held my hand".

Lisa didn't remember the specific words that were spoken when she was prayed for, but she remembered how she was touched during the prayer: "Anyway - laying our hands on my stomach and - praying."

Ruth described that she had intense olfactory sensations when the researcher and her friend were each at her side. Even if she did not say it explicitly, that was the moment when hands were laid on her: "And then this prayer. I can only remember that on one side stood B. On the other side was you. I think on the right side there was you - from me. And the only thing I noticed was a great smell of strawberries."

Karin had a somewhat vague memory of how hands were laid on her son during the prayer which can be deducted from her utterance in the interview: "To be honest, I don't know if we laid our hands on his blanket. I suppose we all laid our hands on his blanket." According to the researcher's diary entry, Karin had the at time when the prayer was spoken a clear impression of how hands should be laid on her child:

So we watched together what you, Jesus, are doing with the boy. Karin could see how Jesus stood at his little bed, and how he put his left hand on his head and his right hand on his stomach and said: "Be well!" Since before, I already had the impression that M. should heal his son, I asked him to do what Karin had seen and heard. We went into the child's room and acted and prayed like this.

Iris also needed the researcher's diary entry as a reminder: "And A. said - she was there when we prayed for you - she had put her hand on the place and it had become very warm." When this passage was read to Iris, she recollected the situation and replied: "hm (affirmative), hm (affirmative) that's right, I can also remember. That's right."

In connection with laying on of hands Stephan gave the most detailed description:

And then you laid hands on us and prayed for us. I think you did that well. You asked if you could put your hands on us if that's ok with us. Which I think is totally positive because for some people it wouldn't be ok.

The prayers in connection with laying on of hands were mainly a command to the disease to leave the person or sometimes for renewal of the afflicted body part. Even though the researcher had notes from that time in his journal about the content of the



prayers, most of the participants remembered the laying on of hands but not the words that had been spoken by the intercessor. Merely Erik was well aware that he was prayed for a replacement of his heart. He still could remember what he had told around ten weeks after the healing prayer, which the researcher's journal entry shows:

Yesterday I was on the phone with Erik. He told me again that the thing with his heart is still a huge miracle for him. The doctors ask him if he used to be an athlete. His heart is absolutely in top shape. When he sits on the ergometer for a stress ECG, his pulse goes back very quickly from 175 to 80, just like a trained athlete.

In summary, it can be said that the interviewees could remember the laying on of hands to different degrees. This seems to have been partly dependent on the other side effects associated with this practice, as was apparent in the case of at least three participants: Ruth reported a smell of strawberries, and Erik and Lisa had additional intense physical sensations as we will see in the next section.

**Spiritual experiences.** All nine interviewees reported some kind of spiritual experience in their prayer process. Many of these impressions were related to the way in which the healing prayer was performed. Manly, three different approaches were used by the intercessor. The first one followed Jesus' explanation in John 5:19.20 in which he expounds how he had conducted the healing of the man at the pool of Bethesda. Jesus said that he only did what he saw his heavenly father doing. Emulating Jesus' example, both the intercessor and the people in need tried to sense Jesus' presence and behavior concerning their ailment.

How this prayer approach worked out in relation to Karin's son has already been described in the section which dealt with the laying on of hands. There you can see how the attempt to identify what Jesus is doing with the sick person resulted in Karin's

husband putting his hands on his son's head and belly during the prayer. For Karin, this attempt to perceive Jesus' actions triggered yet another long lasting impression, as she said:

And for weeks afterward I had this picture that Jesus is sitting beside my son's bed when he is sleeping. And that he plainly has a peaceful sleep. And my son simply sleeps guarded by Jesus.

Talking about her healing prayer, Iris remembered the impression of Jesus standing at her side, laying his arms around her. She described her feelings regarding this inner picture like “a cocoon or being warped in cotton wool”.

The second healing prayer course of action is based on the invitation in 1 Peter 5:7: “Cast all your anxiety on him because he cares for you.” The most detailed memory of this procedure was given by Stephan:

You led us therein. You said ... we should close our eyes. And we should open our right hand or both hands and to put that in it. ... Then wait a moment. We shouldn't go any further for now. And then your request was - exactly - to throw this from our right hand to Jesus or to hand it over to him. And then to ask him what he is doing with it. ... My impression was, ok. he simply tramples it under his feet. And then you continued and asked: ok. What does Jesus want to give you? And I know at the moment that I said two things. I think mine was: Peace. And that was something, what I all the time thereafter [had in my mind] – somehow because it was simply important to me. Jesus gives me peace.

In his diary, Stephan described this event as follows “This day I met Jesus and he showed me that he takes our ailments and disperses them until the ends of the earth and personally tramples our temptations on the ground. He gives us new peace and joy”.

The third form of prayer was about guiding the person in need through Psalm 23. Erik describes this “tour” in the following way:

Yes, we immersed in the presence of God. Well, we go directly into the psalm and experience the written word - with our thoughts and so that we find ourselves physically in it in the end. Well, so we walk across the meadow and lie down in the grass and feel this water, the spring water. And the - clean air that is there - above all we do not walk alone in there. We are together with Jesus. In that place. And in the end, even with Jesus and the Father, God. And the interesting thing is that you can feel it. So I felt that I was there. And at the end of this psalm, when you stand before the throne of God. Well, then God is not someone who is passive in some far-off place, but God is actually close. And at that point, God put his hand on my chest and - I think he said: You are well again. And yes - I can't quite remember what he said. But somehow like that. That was like an experience. It was not a dream. That was an experience.

Compared to Erik, Karin's description is more sober when she tells about the evening on which a group prayed for her friend's daughter:

She was five years old at that time, had a brain tumor in her brain stem. And it was diagnosed so far. And this information came in these weeks when we had this prayer meeting with Psalm 23, where we walk through Psalm 23 to the throne room. And then we took this child with the brain tumor with us and brought it into the throne room. And we placed it before God and asked for healing – in the throne room.

But Karin's reaction to the encounter with Jesus and God she experienced in this prayer session is similar to Erik's. She said:

This was nothing that I ever had experienced in a church, nor was it something I heard someone preaching about it in a church. And it was so much closer to God than anything I had ever experienced before.

Encountering God in all of the three previously described ways made a strong impression on many of the participants. For instance, Iris commented, obviously touched by her memory: "When I think back ... I become very emotional somehow – this utter proximity, an utterly unconditional proximity."

But also independently of the three above-mentioned approaches to prayer, Erik for example reported about spiritual impressions. On one occasion, when he prayed

together with his family and the researcher, not only he but also all the others felt the presence of Jesus:

I know it was cloudy. And we were sitting outside. Actually, we wanted to enjoy the sun, that had been there right before – but now many clouds drew near. And now it was not cold but cloudy. When you started to pray, and we kept our eyes closed, it became light around us. And L. said afterward – there were only four of us – but there was a fifth person on the terrace. And this was quite a big experience which we made that day.

Erik perceived this experience as an important "spiritual healing" on his path of recovery: "And - just the fact that we had such a faith experience - there happens a lot of healing without the need of getting healthy, I'd say. It was spiritual healing that happened there." The healing dimension of an encounter with God in prayer was also emphasized by Ruth: "This is already an enlightenment, that God is my Father, that this is already a great healing."

A fifth spiritual phenomenon was reported by six participants, which is having physical sensation during the prayer. Iris's impression of being wrapped in wool and feeling like in a cocoon was already mentioned. Erik reported how he experienced "the power of God during the prayer like a flow of heat through his body." Another time he felt like "being charged up with positive energy. ... feeling instantly and palpably better." Being prayed for his varix, he described his sensations as followed:

I sensed it instantly in my body – we had – we didn't lay on hands, but you held my hand. And you started to pray. And immediately, I felt a pulling through my body, and pain relief – and, yes – I would say it was spontaneous recovery.

Lisa felt her inner organs being touched:

It was so overwhelming how God operated. I will never forget it: God touched me, my sick organs, the pancreas, the liver, I sensed a tingling and warmth there. I got such a power, so we drove to the lake in the afternoon and I could walk there for two

hours and I felt so good.

Michael reported a vigorous power dragging him to the floor:

Then I thought: What is happening now? Something is not right here. I felt like a strong power was dragging me to the floor. And this guy, he continues praying. He is keeping on praying run-of-the-mill, dryly. Shortly I will fall. I don't know what is happening to me.

Nicole had a special experience at a baptismal event to which she had been invited. After the ceremony she heard the preacher suddenly say a healing prayer for all those present: "A. prayed there for healing for all those who were there, who had any, no idea - anything, illnesses of any kind." While this was happening, Nicole suddenly felt a physical change in her leg, which she described like this:

What is happening to my right leg? Somehow – it is only half of a centimeter – or so – half of a centimeter had been the difference. You get inlays for shoes for that. Then I thought: My leg feels somehow like it is growing longer. And the next day in the bathtub – when I was lying, I realized that my hip was straight. And then I tried – I thought: The leg is equal. ... I don't have any problems with my leg anymore. I would have realized it when running, that it would be utterly awry.

Ruth sensed a smell of strawberries during her prayer, which meant a lot to her:

The only thing I realized was a strong strawberry smell – the smell of something I loved. And God did know it. But not you. And it was to me like: wow! So, I sense something that is not there. But it was the presence. And I realized – I am healed.

Five of the persons who reported these physical sensations during their healing prayer stated that they were immediately and completely healed.

#### Participants' reaction to healing prayers

As mentioned above, during the interviews, the participants did not only tell about their healing experiences but also what kind of reactions they had elicited in them. The

most prominent four were *positive impressions of God, testifying about their healing, praying for other people's healing, and starting or thinking about a healthy lifestyle.*

**Positive impression of God.** All participants agreed that their healing experience marked a turning point in their relation towards God or at least widened their spiritual horizon. Talking about her friend's child, who was diagnosed with brain cancer but finally only had a benign cyst Karin expressed how much this incident had influenced her view towards God:

That was actually this story with F, ... where I thought, God is real, really almighty, and he also listens when we want something from him. – What does this mean wanting something of him? - But we can pray like this. And praying moves something. Praying moves God. And God moves something. Yes, that was actually the story where I noticed most of all, or most likely the first time ever, I noticed that God intervenes. I didn't realize that before in my life: That God actually does intervene.

It was not only God's intervention that stunned her, but that he became so intimate for her “We didn't know before that God has a personal relationship with people.”

Ruth could not only feel the presence of God after being healed but also a kind of security that was new to her:

But it was the presence. And the awareness – I am healed. And then it opened a door for me, where I suddenly felt safe, so safe, so safe really, where I was not safe in my life, not safe with anything: God wants to do something with me. He healed me.

Theresa, who had already had a living relationship with Jesus the day she received prayer, realized for the first time in her live God's immediate supernatural intervention:

It was simply a very tangible situation, also with this outcome, just where I could really experience something. So that was really a really present healing for me. Not like in a way where someone say: Yes God helped me once out of it, or so. But where I really know the origin is really God. And I could conceive it with the fiber of my body. Yes, and that helped me a lot to change my perspective on Jesus ... and to make the healing comprehensible for myself.

**Testifying.** Six participants reported in the interview that they had testified about their healing to others. Karin said: “The story of our son, we told it endlessly to people.” For Lisa it was essential to inform her doctor about the reason for her complete recovery from diabetes:

And then I told the diabetologist: Jesus healed me, just as he healed in the past, so he does today. And I don't need these pills anymore. I don't take them anymore either. ...

And I, yes would tell it everybody who has this problem with diabetes. And I think it can be applied to anyone ... that Jesus actually heals everyone who comes to him. This is my conclusion – I would say it to anyone who has some kind of health problem.

Michael was so thrilled about one of his healing experiences that he had to tell an acquaintance he met on the street. "I couldn't keep it for myself", he expressed. Both Erik, Michael, and Nicole implemented their testimonies in a sermon. Ruth went beyond that and led many people to Christ. On top of that, she made her home an evangelistic base and has already baptized around 25 people.

**Praying for other people’s healing.** Ruth, the first person being interviewed for this study, mentioned several incidents in which she had prayed for others and had seen them being healed on the spot. Two of these healings occurred at a home worship service on Ruth's property. She was leading the service when she suddenly felt the impulse to pray for healing for everyone present. Her prayer had an immediate effect on three of those in the meeting as she reported:

And - I actually prayed during it somehow. And then a healing prayer came out of my mouth, although I had not planned it at all. So I prayed that everyone should be healed, each in his own way. And then two feedbacks came - and that is: The marriage of a couple present was healed there. And my friend and also sister in faith. She had - her pelvis was shifted ... And she then gave me feedback that during this prayer - she suddenly felt a movement in her pelvis. And where she just thought, first of all, that someone was pushing or something like that. ...and then she said: ...everything was gone. So, everything was straight. The feet, legs. And that

actually remained until now.

Ruth's remark aroused the researcher's curiosity, and the following interviews were extended by the question of whether the interviewees had prayed for other people's healing after their own experience. All of them confirmed this aspect. Seven of them reported about successful outcomes of their prayer interventions.

After his first spontaneous recovery through prayer, Erik felt encouraged to let others experience the same. He did so with colleagues at work, family members, and at church. Especially one incidence he mentioned:

But a very excellent example is the healing of B. where he was in the church, and he was so dizzy that he could only sit. And then we laid our hands on him. I said a prayer, and he said again: "I can stand again. That's just..." Well, that sort of thing strengthened it [Erik's belief]. A spontaneous, healing prayer we had there.

Michael and Lisa could also report similar occurrences. Michael went even several times out on the street to pray for strangers. Although his prayers for acquaintances were more successful, he saw at least people opening up after his prayer offer.

While Erik is convinced that Christians should not only pray for believers Karin, Nicole, and Stephan expressed their discomfort when thinking about praying for strangers. Karin encapsulated it this way: "Praying in the church is easy. Praying outside the church is difficult."

All of the participants had likewise seen that some of their prayers for others did not lead to any change, but this apparently not prevented them from continuing with this spiritual activity. Michael suggested why some people might not be healed: "You can't pray for someone who doesn't want to or doesn't believe." And he expressed why he



nevertheless felt healing prayers so important: “Experienced healings enliven the church and the spiritual life. And is by no means an end in itself.”

Ruth’s remark takes Michael’s last sentence up and extends it. For her, it was vital to emphasize that not the healing should be in focus when praying on behalf of others but Jesus. And that it is not the power of the intercessor that heals but the power of the Holy Spirit:

The healing shouldn’t be the focus either. Well, that’s the point, yes. That Jesus Christ himself is leading this. And it also happened to me that I prayed for something, and Jesus started somewhere else with the people. That it’s not in my power either, that it’s in the power of the Holy Spirit. I do nothing. I am only a tool.

**Healthy lifestyle.** Three participants realized that their ailments might have been caused by unhealthy customs or a lack of exercise. As a consequence, two of them changed their lifestyle habits after their healing experience. Lisa boiled her motivation to change down to this point: “What is the use of asking God for healing and he does, but I eat a bar of chocolate or lots of candy every day.”

While Lisa started to walk daily right at the beginning of her ailment, it took Iris several years to bestir. She felt already during the healing prayer urged by God to do something: “And I was totally happy about it [the healing], and I wanted to hold on to it. But I knew I had to do something for myself in the form of exercise. So like Jesus saying: ok, so that’s the deal.” This impression continued until she finally started to walk regularly:

I think it kept coming back, this one: Iris, you have to do something. Yes, you have to do something. You should move. That could have been the impression I had from Jesus ... but I was not aware of it; I didn’t realize it - ok. that’s now, that’s how you say Jesus now. I must move.

Ruth explained that she had prayed several times futile for her neck pain, but was aware of her own fault: “This has somehow, I think, also to do with myself. How I live, that I need more exercise. Which is part of it, probably.”

### **The What of the Teaching Input on the Person of Jesus Christ**

In comparison to the previous two questions, the answers of the participants with regard to the teaching about the person of Jesus Christ are much less substantial. Additionally, there is a difference between the teaching aspects the participants remembered and the researcher's journal entries written right after the healing prayers. Furthermore, it seems that at least some participants struggled more to remember the Jesus teaching than their healing experience. And finally, the researcher got the impression that some interviewees mixed later insights about Jesus' teaching on healing with those they were told at the time of the healing prayer. The main teaching inputs the participants remembered were *Jesus' willingness to heal the sick*, that *Jesus is real*, that *Jesus is able to heal*, and that *his disciples are empowered to pray in Jesus' name for healing*. The most outstanding of these aspect of Jesus' teaching the participants named was about *Jesus' willingness to heal the sick*. Karin put it this way:

So first of all, basically that God wants to heal, that Jesus wants to heal. Yes, that is not the question - whether he wants to heal, then yes, he does - but that he really just wants to heal. That is - that we can also assume that when we pray for it, that we really pray in his will.

Michael related Jesus' willingness to heal with Isaiah 53:4.5 and the gospel writer's application in Matthew 8:16-17, were both authors write that Jesus died on the cross for men's sin and diseases.

Connected with the first answer, the participants gave on the question about Jesus' teaching is their realization that *Jesus is real*. Theresa remembered Jesus being a "trustworthy person," "as someone who isn't somehow outside of the action - and just watching, or something. But someone who's really there. And - yes, who is really - yes - in us simply and there - is present." Erik agrees with Theresa when he is saying: "that Jesus is not one who is far away. But that he is actually there. So - Jesus is present. That's a lesson I draw from this. "

These two teaching aspects about Jesus' teaching are complemented with Karin's and Ruth's insight that *Jesus is able to heal*. For Ruth, it was a facet that opened her up for her first healing prayer session: "There was the first sentence I perceived from you: I know someone who can heal you." Karin formulated her insight this way:

For me, it's very important when I pray ... that God is really almighty, that he can do it, that he can override all natural laws. Yes, he has created them and he can override them again. He's just omnipotent. We can trust that he can, yes.

As a further teaching regarding the person of Jesus, Karin recalled that *Jesus empowered his followers to heal others through prayer*: "Then we talked about the power that God also wants us to pray for healing in his name, so that this will be implemented here on earth." This aspect also stuck in Michael's memory: "So it occurs to me that we can give this as a testimony ... of the gospel of Matthew chapter 10, verse 7, the following: Heal the sick, and so on and so forth." They were the only two who mentioned this point.

Two participants remembered being told some healing stories in general. Specifically, they recalled the woman who had suffered from a discharge of blood (Mt

9:20-22) because they could relate to it the most. The last teaching aspect mentioned by one person was that *Jesus healing methods varied from situation to situation*.

According to researcher's journal, the participants were taught about Jesus' teaching in connection with the healing of the lame man at the pool of Bethesda, especially John 5:19-20, that Jesus enables to break generational curses, and they were told many present testimonies about people getting healed through the power of Jesus. None of those aspects were mentioned by the interviewees.

### **The Impression (How) of the Teaching on the Person of Jesus Christ**

Since the answers to the question of what the participants could remember about the teachings of Jesus were quite limited, they could not add much to the part about the impression this teaching made on them. Partly their answers also overlapped with those of the first question. For three people, it *changed their relationship or perspective to God and Jesus*. Karin expressed her impression in the following way:

Also that he loves and sees every single person so much that he wants every single person to be healed or wants to make every single person healed. Yes, it is good to see God's omnipotence and to trust that he can really change things and can do things right and do them well. (...) So it already changes the relationship to God.

Stephan stressed the aspect of the presence of Jesus. His statement demonstrates that he related the teaching about Jesus more to his healing experience than to an accompanied theoretical instruction:

It's become important to me: So, in any case - a significant impression. Very positive. Because I become free when Jesus meets me. Not by you saying: ok so and so it is: you are free now, or whatever. And that you just say: Yes, Jesus do this and that. But that you have led me into an encounter with Jesus.

For Ruth, the teaching changed her entire perspective on Jesus:

And you were talking about Jesus. And this person Jesus is in my whole life - although I also come from an Adventist background, although I have heard a lot about Jesus too - I have become aware of who he is.

Karin mentioned that she felt *encouraged to pray for other's people healing* because of what she had learned subsequently about Jesus teaching on healing. Iris was not sure what she could remember of Jesus' teaching at all.

The more specific questions about the influence of the teaching and healing experience on the participants' relationship to the person of Jesus Christ and the local Seventh-day Adventist Church revealed some additional aspects that will be looked at below.

### **The Influence of the Teaching and Healing Experience on the Relationship to the Person Jesus Christ**

For this and the following question, the participants were invited first to draw their answers and then explain the respective questions using their drawings. At the end of their explanations, they were asked if they had any further thoughts about the questions, which were not included in their drawings.

All interviewees were willing to make the drawings. For some of them, the task was no problem. Others felt slightly overwhelmed. Nicole, for example, thought she could not paint at all but then nevertheless presented very detailed results for both drawing tasks. Karin sent an email after the interview in which she commented this part of the session as very helpful: "The drawing was exciting because you suddenly get to another level," she wrote.

When we now look further at the influence of the experienced healing on the participants' relationship with Jesus Christ, all agreed that it had improved. Only Iris is an

exception in this respect, in that, on the one hand, she expressed her insecurity about this question and, on the other hand, made and explained a very detailed drawing.

Essentially, the drawings and answers of the participants revealed four things in common, namely a *living relationship with Jesus*, the *experience of Jesus' love*, the *feeling of protection and security* through Jesus, and a (new) *orientation towards God* and Jesus. Moreover, there was one point that was mentioned by only one person in connection with this question, and that is *a unique spiritual closeness to God*, combined with special spiritual gifts. This aspect seems to be connected with the fact that many people have come to faith in Jesus through this person and is therefore given special treatment.

#### A living relationship with Jesus

Eight people shared how their relationship with Jesus had come alive in various ways. These changes showed mainly in three different manners, which will be explained in the following paragraphs: *From distance to proximity*, *walking with Jesus*, and *free dialogue with Jesus*.

**From distance to proximity.** The drawing by Erik (Figure 4) characterizes quite well what four of participants expressed within this aspect. Before his healing experience, Erik sees himself as the small figure on the left side of his drawing:

If I now start from the first healing experience, we had five years ago. I was just with my life of faith quite far away from where I am today. - And that's what it is supposed to represent - that's why - I believe in God, or I believed in God then. That's why this stick figure with the cross next to it which is supposed to remind the faith. But it was still much night. You've got the moon there - and a little bit of a shadow. Well, it's not necessarily the brightest day in regard to faith. That's what it's supposed to represent.



Figure 4: Erik's relationship to Jesus

At present, his life is changed. Jesus and the people that Jesus put at his side, like his family and the intercessor, helped him to come to the “tree of life.” This changed situation is illustrated by the two figures and the tree on the right side of the picture. “And now I am just not far from faith, but quite close,” he explained.

Lisa reported that her 50 years of faith were for a long time like a "barren spell" because she had had no experience with God: "Nothing happened". Through her healing this period had come to an end. Her live felt “just so much more alive now,” she expressed. Nicole, on her part, already had a living relationship with Jesus before her healing, but her relationship with Jesus became even more intense through this experience as we will see later in the subchapter about *the experience of Jesus' love*. Theresa in turn emphasized that she had explained the improvement of her relationship with Jesus exclusively in terms of her healing experience. She presented a drawing in three steps (Figure 5):

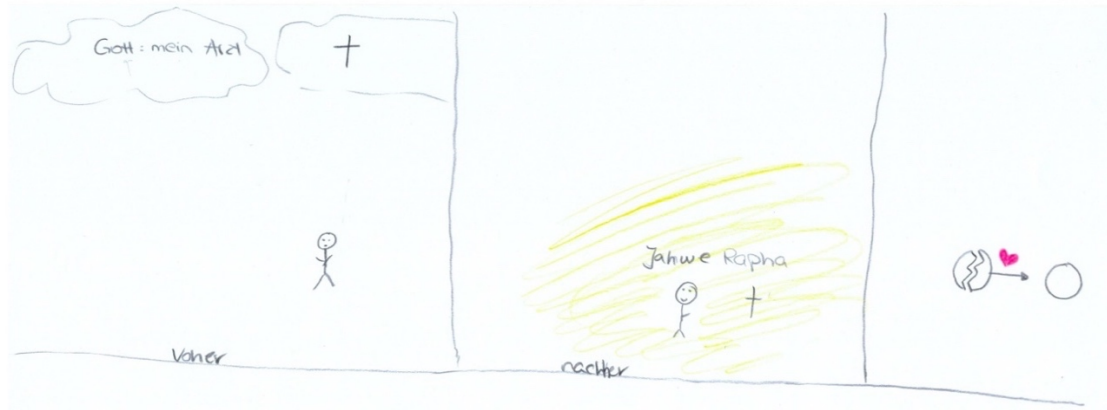


Figure 5: Theresa's relationship to Jesus

The left box is supposed to show that healing through Jesus before the event was not part of her experience.

As far as the topic of healing was concerned – which I have not yet experienced so much myself, or so. And that's why for me it was, like so distant somehow. And that Jesus also died 2000 years ago for illness and guilt. So that was for me as if in the clouds, I knew that that was there. But somehow, it had no application in my life. So it was not tangible for me.

The box in the middle shows how her attitude towards a healing God has changed completely. She explained her drawing in the following way:

Then after the prayer – and after I no longer had a bladder infection, I realized: Ok, I have to change the picture. I can't leave it like this. I have experienced something, and it was really hard for me. Because if you are somehow limited before that ... and that is then simply gone, like with a snap of the finger after a prayer. And it never comes back. That was really intense for me. Because I could suddenly accept that. Well, that's when I realized that God is not my doctor somewhere in the clouds, and maybe he's helping, maybe not – and I can come before him a thousand times and bring my request before him. But somehow it was then tangible for me... So really present and that I really – no matter what illness I have, I really should come to him. Because he takes this or can take this. And – exactly that he surrounds me. And that he really is my doctor. And then I painted myself as a happy smiley [laughs] who feels joy.

Ruth and Michael, in turn, perceived even more dramatically the change that the healing prayer brought about in their lives in relation to Jesus. Ruth described her life as “darkness or desert” from which Jesus “through this healing made a garden.” This



incident was for her the beginning of a completely changed relationship with Jesus of which we will hear about later.

Michael's simple drawing brings his change to the point (Figure 6). Before his healings through Jesus, his "life of faith" was for "decades" "on the ground." It was marked by an outward piety where he "must make a pious appearance", and "which places great emphasis on teachings such as the Sabbath." The latter, he went on to explain, resulted in a rejection of Christians who do not recognize the Sabbath: "This is our sign. And - all others, they are the whore of Babylon and her helpers and accomplices." But now, Michael can no longer share this attitude. Today he views himself as "standing", "alive", living a life which is "focused on Jesus" and the "guidance" of "the Holy Spirit".



*Figure 6: Michael's relationship to Jesus*

For Karin, the first healing prayer evening was a "turning point" experience, of which she says: "Meeting Jesus and - also seeing him intervene and heal has really changed my life".



*Figure 7: Karin's relationship to Jesus*

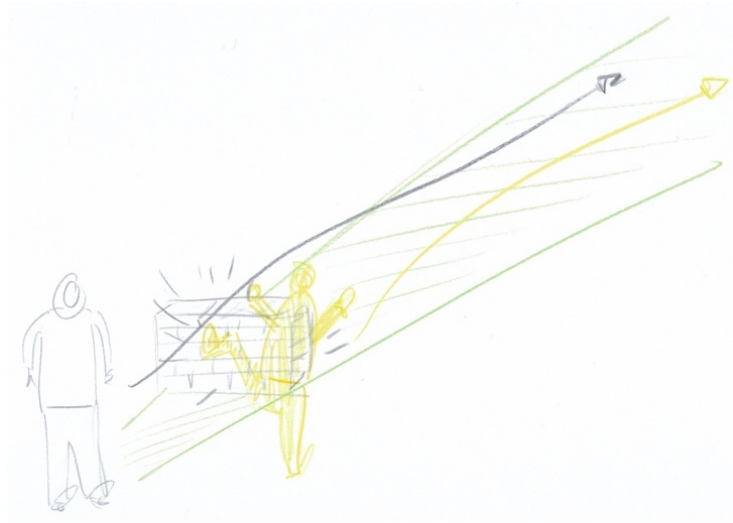
In her drawing (Figure 7) she describes two aspects in particular that became important to her at that time: That Jesus is the king and that he turns in his love from the cross towards mankind:

I have [seen] Jesus' glory and Jesus' light and his love, his devotion to people - I thought at some point - I see how he leans and turns towards people from the cross. But in the end, it is actually that he is the king. What I did not know before. And what changed my life.

In the further course of this chapter we will see in what many ways Karin's life changed. Among them was the deepening of her enthusiasm for Jesus in baptism.

**Walking with Jesus.** Three participants also used the image of a way to describe the vitality of their relationship with Jesus. These included Erik, as we saw in the previous section, but also Ruth. As her life changed from a "desert" to a "garden", a path also began for her, of which she says that "I have begun to walk with him", that is Jesus. Stephan, the third one who drew a path, had a living relationship with Jesus even before his healing prayer. He describes Jesus as his life companion. In his drawing (Figure 8), he presents his spiritual attacks as a wall that Jesus removed for him by kicking a Kungfu,

which enabled him to walk on with him as he expounds: “A wall on a path. A path that Jesus and I walk together - and an obstacle that stands there. And that he kicked in for me. So that we can go over it and continue on our way together.”



*Figure 8: Stephan's relationship to Jesus*

**Free dialogue with Jesus.** This point deserves special attention because it deals with the subject of prayer. However, the term itself was hardly used by Ruth and Erik, but they described their relationship with Jesus as a kind of living dialogue. Erik's "silent time" with Jesus had added a new dimension for him that went beyond mere healing prayers, as he said in the interview:

This was much more than just prayers for healing. Also that we talk with God, that is also part of it. When we have time for silence, we even dedicate ourselves to God, and he also dedicates himself to us, above all, that goes far beyond the experience of healing.

Ruth added how in her everyday life, on her way with Jesus, she is repeatedly in a lively exchange with Jesus. She says: "He speaks with me. I can tell him everything. So my path has ... many niches, with benches where I can always sit down, in between, and talk to him."

## The experience of Jesus' love

In the previous point it was already indicated that for some participants the love of Jesus was an important part of their healing experience in relation to him. Interestingly, this point was only mentioned by women. Of the six women participating in the study, just one did not mention the subject of Jesus' love.

For Theresa, Jesus and God seem to be closely connected. When asked what influence her healing experience had on her relationship with Jesus, she explained how her view of God and healing had changed. From her perspective, “God” her “doctor” made her life through the demonstration of his “compassion” and “love” “free of complaints”, and “restored it.” This connection is shown in the third box of her drawing (see Figure 5).

Lisa and Nicole said of themselves that through the healing experience they felt the love of Jesus in a new way. In concrete terms, this means for Lisa (the tall figure in her drawing; Figure 9) that her "awareness" of Jesus' love has increased and that she now feels "stronger and bigger," "happy and cheerful," and that in her life "the sun always shines". Something that she would like to share with her fellow human beings.



*Figure 9: Lisa's relationship to Jesus*

For Nicole, love was at the center of her experience with Jesus, as can easily be seen in her drawing (Figure 10).



*Figure 10: Nicole's relationship to Jesus*

She describes her illustration as follows:

I see myself in the picture. As the little man and Jesus as the bigger man. We are connected through the heart. This heart which he gives me - which I am allowed to accept. And we both are connected in the big heart anyway. With a lot of love.

Nicole, like Lisa, also connects her healing with a lot of "joy of life." And as already mentioned under the point "From distance to proximity" Nicole too explained that her relationship with Jesus has intensified because of the healing experience. This is the reason why she had drawn the "thick heart around" her and Jesus. "Before that event" she "would have made the drawing without this heart", she emphasized in the interview.

For Karin and Ruth, their healing experience brought Jesus into their consciousness in a completely new way. Karin drew Jesus with oversized hands (Figure 7) to show his "devotion to people, his love, these big hands that do and do so much for people. Yes, and his love". Likewise the three big hearts in her picture symbolize his

"overwhelming love for all people." The small hearts represent the comparatively much less love of the people who respond to the love of Jesus and in comparison to him "only creates a little bit."

For Ruth, through her healing experience, a mighty door was opened by the love of Jesus into a colorful world (Figure 11). For her it was the beginning of a completely new and intensive love relationship:

And that's when it started. And then it got me interested in the Bible. About Jesus. I suddenly realized: Wow, I, I love that guy. He's like no one else in the world to me. Someone very close to me. Someone who really loves me. And that love that Jesus gave me, that was something that made me feel like a princess. And I could feel this great - it was like a bomb inside me - this love, this ability, it was gonna explode.



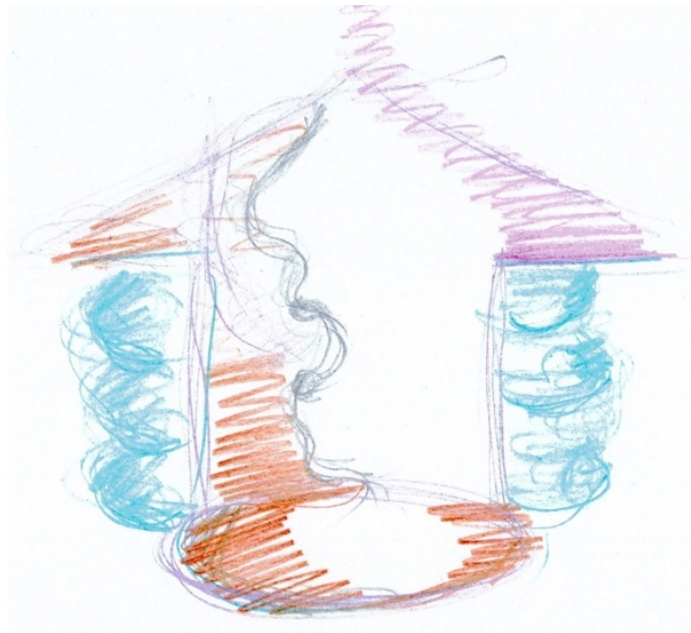
*Figure 11: Ruth's relationship to Jesus*

The feeling of protection and security

Closely connected with the experience of the love of Jesus is the feeling of security and protection for two participants. Nicole's big heart that frames her and Jesus

(see Figure 10) symbolizes this special feeling of “protection” and “preservation” that intensified with her healing experience. The forest in the garden, which is visible through the open door of Ruth’s picture (see Figure 11), represents for her Jesus' special protection: "Somewhere in the Psalms it says that when we live in the shadow of the Most High we have protection. So I see trees as protection by transferring this to Jesus. So it's his protection."

Iris, on the other hand, was not quite sure whether her healing experience had really been the starting point for her feeling of protection with regard to Jesus, yet something had changed for her in the time after that, which she depicted in her drawing as "blue cotton wool", which “wraps” and "protects" her from "left and right" (see Figure 12). This description fitted the already above mentioned spiritual impression she had made at the time of her healing experience. Namely, that during the prayer she has had the feeling that Jesus "stood before her on two sides and put his arm around her."



*Figure 12: Iris' relationship to Jesus*

## Orientation towards God and Jesus

Three participants described that their healing experience has focused their view upwards towards God and Jesus. These included Michael, Karin and Iris. As you can see in Iris's drawing (Figure 12), the strongest motif is a large arrow pointing upwards. This arrow was the element with which she had started her drawing, she emphasized. For her, it is directed towards God and means: "Honor God, because that is why it is directed upwards. In everything I do, give glory to God, praise God. Hence this arrow."

Inside the arrow she drew the profile of a head exhaling upwards, which for her is supposed to represent "contact upwards". The orange ellipse, according to her, depicts "her secure footing".

Michael, who drew himself after his healing as a standing figure (Figure 6), sees himself in it as one who "has already turned his gaze upwards, towards Jesus." Karin, in turn, emphasizes several times how her healing has directed her view entirely towards Jesus: "Jesus has given my life a meaning and a goal and a direction", and that this is for her the "decisive ... core" of her new orientation.

## A unique spiritual closeness to God and Jesus

For Ruth, her experience with Jesus represented a turning point in her life beyond the description of the other participants. She reports that since then she has had intensive, spiritual encounters with Jesus and God again and again. She describes such an incident she had after a bad experience in the interview:

But then God came very close to me, God the Father. Where I was in bed in the evening, practically crying, and said I wanted to go back to the beauty. And suddenly a melody came to me. And I sang it. It was wonderful. I started to cry. And Jesus was



in front of me. And I was like in a warm bathtub. It was so nice. And I asked him: "Please don't go away. I always want to stay there." And it must have taken ten minutes. And it went, went, went, everything. And - Then suddenly he wanted to leave, to the side. And I wanted to claw at him - said: "Please come! Don't go away! I don't want you to go." And in that moment: "I have to", he said, "because someone else is coming". And in that moment - I had the father before me. Where at that moment I could say: "Wow, daddy." Now I still have to cry. Because it was so strong. "Daddy, you're here, you're here. You're so good. And you never let me fall" [while Ruth tells it, she cries] - this closeness, this, this was so - overwhelming [Ruth whispers with emotion and cries]

In connection with this closeness to Jesus, he gave her special spiritual gifts, according to her account. In her drawing (see Figure 11), the lake at the upper right edge of the garden symbolizes the Holy Spirit, who equipped her with a large "indoor cinema", she described. When she prays for people, she receives "beautiful images for the person (sometimes also warnings) and thus messages that can bring the person to Jesus and enable a deep experience with Him." As a result of this kind of prayer she says, she experiences "the most beautiful miracles of healing and deliverance that Jesus does to these people".

The large, fruit-laden tree in her drawing, which is placed in the left frame of the open door, symbolizes the many gifts she has received from God. Gifts that she is to use in ministry for other people, she declares. The flowers to the left and right of the path that she has drawn represent a very special gift: They mean "people whom Jesus cares for." Ruth says she often sees which flower suits a person, especially when it comes to women. For further explanation, she reports about an experience in which she had seen a "sister in faith" as a "withered rose." In connection with this inner picture she described many other additional impressions she had received for her. All these she had told this "sister of faith" and experienced that she was healed from depression just like she was.

## **The Influence of the Teaching and Healing Experience on the Person's Relationship to the Local Seventh-Day Adventist Church**

The participants were asked how their healing experience had influenced their relationship with the local Adventist church. The answers that were given were affected by how close or distant the participants were from the local church and how open the local church was to the topic of supernatural healing and spiritual gifts. Therefore, for some, their experience improved their relationship with the local church and for others it worsened. Only one person stated that he could not see a connection between his healing experience and his relationship to his local church.

The following issues emerged from the participants' responses: *becoming active* in church, a *positive relationship* with the local church, *no influence* on the relationship with the local church, *deteriorating relationship* with the local church, and an *improved attitude* towards the Adventist church. In addition, there was the topic: *Jesus at the center*.

### Becoming active

Four of the participants showed that their commitment within the local church has increased enormously after their healing experience. Iris was already a member of her leadership team before her healing and as such responsible for the children's service. In the time after this event she became part of a discipleship group, participated even more actively in the social and spiritual life of the church and has now initiated a discipleship group herself.

Lisa was hardly visible in the church in the time before her restoration through prayer. She was "rather passive", as she put it herself. Now she is involved in many areas of her local church, she works in the leadership team in the area of diaconia, is regularly involved in the refugee café, and also leads Bible groups in church services.

Karin had her healing experience at the very beginning when she came into contact with the Adventist Church. For her it was the first step into it. Experiencing Jesus in the church became a central theme for her. This applied to all areas of church life, such as Bible study, scout work, adult and children's worship and praise. For her, church and fellowship with people who follow Jesus and are connected in prayer, worship and praise was a deep need:

Corporate worship - so these are all things that only go in community - I think. You can also read the Bible on your own. But it also needs an exchange. You can also do worship alone, but it needs community, it needs worship, it needs community. Prayer needs community. That is why one needs community. That's why we then had - it was clear to us that we needed a community.

For Karin "the congregation should reflect the kingdom of God a little bit". Her passion for Jesus and fellowship with him in the church finally led her to become a very active member of the local Seventh-day Adventist Church. Karin saw a clear connection between personal experiences with God, like her healing, and a commitment to the church: "Through personal experiences with God, one is certainly much more willing to invest in and support the church - and to participate more. And also to plan your time differently and to take time for it," she remarked.

This statement of Karin also applied to Ruth. Before her healing event she had not appeared at all in the church. In the time shortly after her healing from her depression and many other illnesses she took over the cleaning of the church building and became the

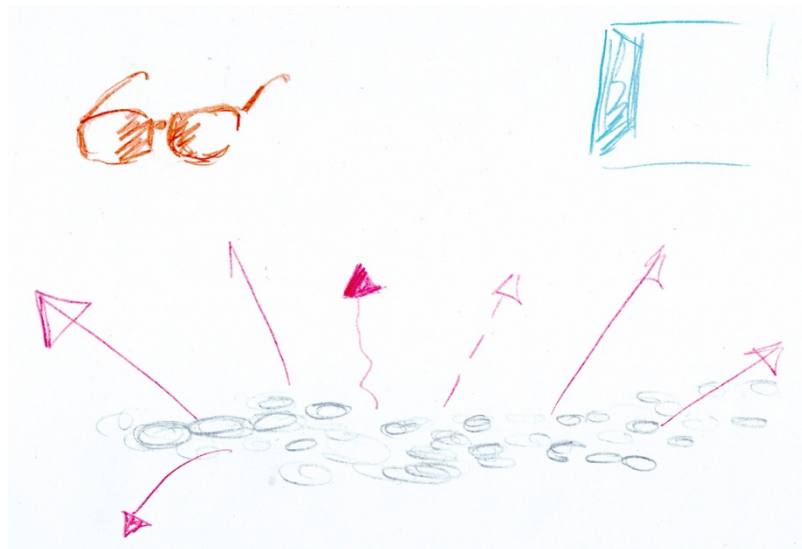
head deaconess in her small local congregation. She actively shaped church life in the local board and in worship services.

Common to all churches with which these participants were in contact is a positive and open atmosphere towards people and faith. At least in the beginning some of the churches were also very well disposed towards the topic of healing through prayer.

### Positive relationship

Three participants emphasized that as a result of their experience they also changed their attitude and relationship with the members of the church. From Karin we already saw not only how the activity within the church and the building of God's kingdom by the church played a big role, but also that for her this spiritual community with the other members is a totally important value in itself.

The positive change Iris felt with regard to the people in her church she describes very vividly in the explanation of her drawing (Figure 13):



*Figure 13: Iris' relationship to her local church*

The grey ellipses in the lower part of the picture symbolize the “stones in the parking lot” of the church, where at that time they prayed for her healing. The various arrows that emanate from there are representative of the “many relationships” she “cultivates” with the “members of her church.” The open window (right in the picture) and the glasses symbolize the church building and her "changed view" in relation to the individual people she meets in it. She describes her new attitude as “more open” and “warmer” in general and also particularly towards those people with “edges” and who appear “a bit rough” to her. This “change view” is the reason why she deliberately chose the color orange for the glasses.

Along with her healing, Ruth again experienced not only a restoration of her mental and physical health, but also love for her church members, which in her view also led to a change within the church:

I felt love for my brothers and sisters at once - in the church. No matter how they were. But there was love in it. And I know that I started when - I was cleaning the church. And the bathroom - I always put flowers there in the bathroom. And I've seen the congregation blossom, even with this.

Even though Ruth's love for her fellow human beings continued to grow, there was ultimately a far-reaching change in her relationship with her church which fundamentally altered her situation in relation it, as we will see below.

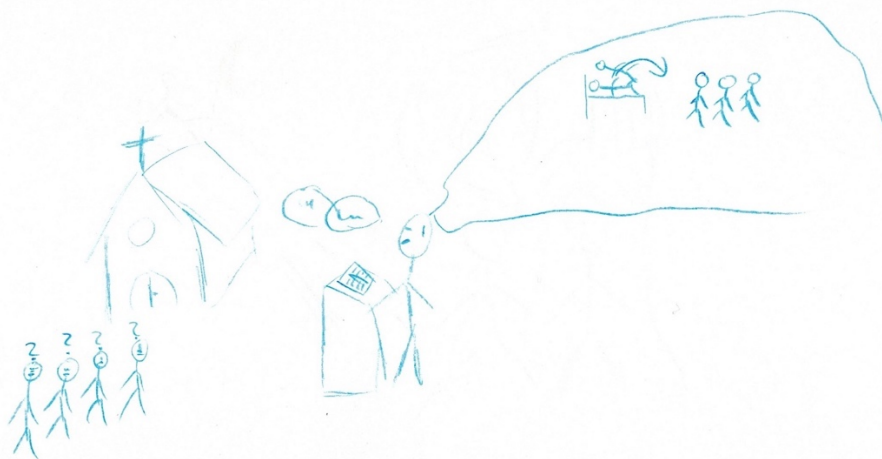
No influence

Erik makes it clear that from his point of view he cannot see a direct relationship between his healing and his local church, in saying:

I admit that when I was sick I did not think much about the Adventist Church. So the thing is that this healing and these prayers have not affected my life or my

relationship with the Adventist Church at all during that time.

Nevertheless he drew very detailed how something changed for him later on. His church belongs to those in which many members have a positive attitude towards healing. From Erik's point of view, he noticed an increasing interaction between the members in the church, which in turn influenced his attitude towards the others. In his drawing he shows how his healing experience and his changed perception of the church situation came into contact with each other some years later (Figure 14).



*Figure 14: Eriks relationship to his local church*

From his point of view, the Adventist Church in general has a basically skeptical or negative attitude towards "people who can heal". And he adds: "we immediately demonize many things. Miracles do happen. And we can read about them in the Bible." For Erik there is much "unbelief", "ignorance" and "disinformation" about the issue in the church. Here he would like to do "educational work", and help the members (stick figures with the question marks over their heads) have "experiences with healing" by showing them how "people in the church get healed and get well." He himself (the stick figure at the pulpit on the right) has done both in actual practice, by telling his own stories and

preached about healing several times before the church, as well as actively approaching people inside and outside the church to pray for their healing.

#### Deteriorating relationship

Three participants have seen their relationship with their local church gradually deteriorate. They all felt a partial or complete *estrangement* from their local church. The main reason they all gave for this was the *legalism* they perceived in their churches and the resulting *rejection of the healing issue* they encountered. Two of them said in the interview that they had *considered* the idea of *leaving the Adventist Church*.

**Estrangement.** Ruth and Nicole both belonged to the same church when they had their first healing experience. Supported by the local pastor, they found some like-minded people who studied and practiced with them in a Bible study group on topics such as the Holy Spirit and healing. In retrospect, Nicole could only remember it weakly. For her, the rejection she experienced from some church members regarding the topic of healing, but also her personality, was in the foreground. Both of these things intensified after the departure of the pastor, which finally led to a complete break with the local church.

Very significant in this context is also the drawing she made with regard to the connection to her original local church:



*Figure 15: Nicole's relationship to her local church*

Nicole takes up the motif of her drawing in connection with her relationship with Jesus (Figure 10), but she places it away from the building that symbolizes the local church. “Yeah, well, for me the Adventist Church has moved away a little bit,” she explains the arrangement of her picture elements, and adds a little later: “Yes, the door is closed for me in” in this church. That is why, she explains, the path she has drawn from her heart in the direction of the church “just passed the door.” Her old local church is no longer a home for her. Even though she still feels “connected with the people in it.”

Because of her own spiritual experiences, Ruth began to become increasingly interested in the subject of healing. As she found little theoretical and practical help in the Adventist Church, she sought support in non-Adventist literature and charismatic churches. “But many could not handle it”, Ruth commented, and she felt it was condemned by the others as “heretical.” On the one hand, the congregation “thought it was good that I had been healed,” but, Ruth continues, “I was always advised not to continue on this path. Not by everyone. But by many. And they always said: Caution, caution, caution! This is not from God, this is not from God, this is not from God.” The



congregation rejected her spiritual impressions and especially that she had started baptizing people in contrast with the church rules. The final break came when she baptized her husband. In her view, this situation triggered a "total catastrophe". At this point she realized: "Now I have to get out. It is not accepted." Her attempts to find a solution failed: "I would like to talk to you about it," she addressed the members, to "explain how I came to this decision." But Ruth found that her efforts to talk were not being taken seriously, for she experienced how "this subject was quickly off the table" and instead "there was a dispute about songs." From that moment Ruth felt "nothing will grow here anymore." It became the highpoint of her alienation.

Michael belongs to the same church as Lisa. Even though he is motivated by her to work in the refugee café and also attends a Bible study group, he feels alienated from the Adventist Church in general and his local church in particular. This is related to the following points: "legalism" and "rejection of the issue of healing".

**Legalism.** A central reason for the alienation from their local congregations was the perceived legalism of their brothers and sisters. Nicole summarizes this experience from her point of view as follows: "Many legalists were there. I think that's really one of the things about Adventists - they are very legalistic. And I'm the deliberately opposite to that."

From Michael's point of view, everything in the Adventist Church is about the Sabbath and lifestyle issues, and the Holy Spirit is misinterpreted: "They understand the Holy Spirit only as a keyword that I realize I have to keep the Sabbath. I am not allowed to eat pork. And then they say: This is a great enlightenment."

Ruth presented her view of perceived legalism in the Adventist Church in her complex picture (Figure 16):



*Figure 16: Ruth's relationship to her local church*

The left side represented the Adventist Church, which she describes as follows: "There is just the cross. And above the cross there is nothing. It is just a dry cross. And above it are the laws. And that's how I see my church, unfortunately."

The symbols under the cross are supposed to represent "drawers." They depict to Ruth that the church has "limited God to the law" and has not understood the "freedom" of faith at all; though she does not want that freedom to be misunderstood as arbitrariness as she explains with the right side of her tripartite picture. The flowering rosebush stands for churches that "preach only love, without repentance", churches that have a lot of "potential" but do not bear fruit of "salvation" and ignore God's "justice." For her, they also do not lead people on the right path either.

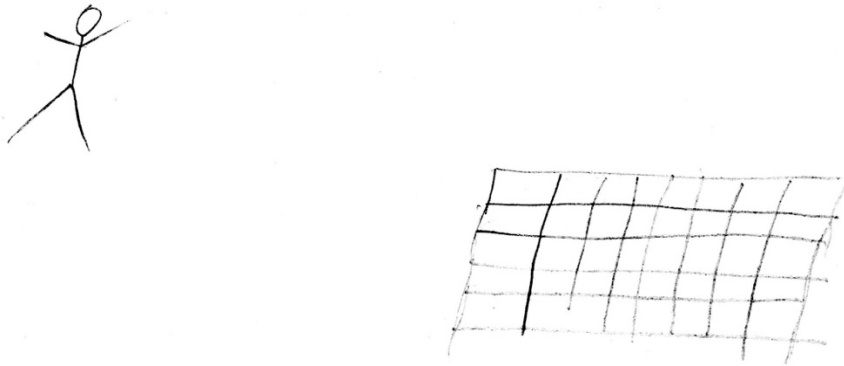
**Rejection of the healing issue.** All three persons reported that they found little openness in their churches regarding the topic of supernatural healing. Ruth for example expressed, that she would have liked to pray for more healing in her church and also to take up other spiritual topics. But she felt there was no room for this:

My idea was: I go to them and pray with them in faith in healing, in these things, deliverance, whatever. ... And I wanted to use that. But I couldn't, because many people couldn't handle it. And that was heretical for them.

Nicole repeatedly encountered negative criticism and rejection when she addressed the topic of healing in her church:

I wouldn't have wanted to talk about it with anyone - except A. (...) Because I have the feeling no one wants to hear that. According to the motto: For ... that which must not, cannot be. They are critical towards this issue.

For Michael, the aspect of rejection and lack of understanding of healing was so great that he made it the central theme of his drawing (Figure 17).



*Figure 17: Michael's relationship to his local church*

He sees himself "standing above, full of joy" and the church "like a wall". The stones in the wall represent the people in the congregation, who "listen silently" and without "response" to his healing experiences, because "they cannot relate to it", or "have a critical view," and whose thinking "revolves mainly around the Sabbath", but who "are not open to the work of Jesus."

**Considering about leaving the Adventist Church.** The alienation, the legalism and the rejection of the spiritual issues that were important to them led to practical consequences for Nicole and Ruth.

Nicole brought up the subject of leaving the Seventh-day Adventist Church as a denomination most clearly in her interview. For although she said that leaving the Adventist Church was just as out of the question for her as separating from her husband, just because he does things she doesn't like, the very fact that she brought up this idea herself shows that she had already considered it:

I wouldn't be looking for a new church right now. Let's put it this way: in my marriage there is also my husband - there are situations where I think about a spontaneous divorce ... because I have the feeling that I do not know this person. But I'm still staying with him. So I don't see why I should say I have to find a new church.

Nicole knows a lot of people within her denomination and that is why she stayed in it. Nevertheless, she took the consequences of her negative experiences and looked for another local church in the hope of being able to inspire others there for the healing message of Jesus:

Because I know too many people for that. I feel comfortable there, too. And I think: Others can also come on this way of healing. And then there are still open possibilities - in the future - near distant - whatever.

Ruth, on the other hand, has gone a step further, for she has basically left the Adventist church as a denomination. She no longer belongs to a local church and does not attend church services in any other. Nevertheless, she has not officially declared her withdrawal, "because she has not yet heard this from God for her," she explained

## Improved attitude

Theresa and Stephan both come from a free church background. Both knew little about the Adventist Church before their healing experience and were rather skeptical. To see how the prayer of an Adventist pastor caused their spontaneous healing or at least initiated a decisive change in their healing process helped to change their attitude towards the Adventist Church. Theresa added, however, that experiencing the researcher himself as a representative of his churches also contributed to this positive result:

The evening where we met, that was the evening where we talked about some questions. And there I simply experienced you personally, and got to know someone from the community direction personally. And that was actually the decisive point. So this whole event actually played a key role.

Stephan, too, attributed his new, positive attitude towards the Adventist Church not only to the healing experience, but also to the regular contact with the researcher that had developed during this time.

I find it a little bit difficult to just point this out to the event because we are much more in contact with you than just the event. But I think that's a point, even when I talk to other people about you being our coach or something, I always say: Hey, that's a totally great guy. He loves the kingdom of God and he's burning for it and that's why we're fighting for the same thing together. I think that's totally awesome. That's why I think it fits quite well there.

## Jesus at the center

One aspect was emphasized by two persons, namely that the encounter with the living Christ in a church is the most important aspect for them. A living relationship with Christ, and to invite other people to it, stands for them higher than the attachment to a certain local church or the belonging to a concrete denomination. Karin expresses it this way: For her the church is "the place where one has experienced God and Jesus. And that

other people may also get to know this place where they can meet God and Jesus." For her, a church must have Jesus as "core" and "center".

For Ruth, this aspect is the focus of her drawing (Figure 16). The crown on the cross surrounded by a heart represents Christ for her. He forms the center above everything else. With his great loving arms and hands he tries to reach all people. The red heart in the middle symbolizes her. She is connected with Jesus through the Holy Spirit (the stylized dove above her) and sees her task in leading the longing people (represented by the green hearts below her) to the loving Christ. From her point of view the Adventist Church (left side of her picture) has correctly understood that Christ is "righteousness" but it has no love. Other denominations (right side in her picture) emphasize the love of Christ, but place it above the righteousness of Christ and the law of God: "these are the denominations that preach only love - without repentance." She sees herself as separated from both sides, which is represented by the large grey arrowheads on the left and right. Both parties appear to Ruth to be one-sided and to represent only a part of Christ. She got this thought by asking God what she should do about the situation: "Then God gave me this picture all of a sudden: The arrows are separations from the whole thing here from both sides to Jesus Christ. That means I should take something from both of them."

With regard to the one-sidedness of the Adventist Church, she illustrates this with an example: She had the feeling that the mission of her local Adventist church was primarily about "filling chairs". This attempt remained fruitless in her view because it missed the goal. For her it should be that

Jesus Christ is our everything. That he is the center of all that we experience. This is our life. Our center. Because he fills us with his spirit. God does not want legalism under any circumstances. He wants people, to have their hearts, their character. He

wants us to love him. That should be the first thing.

Karin was drawn to her local church for the very reason that Jesus and the living connection with him was central. With Ruth it was exactly the other way around, because her church had left this center from her perspective, she no longer felt at home there.

### **The Essence of the Teaching and Healing Experience**

As different as the people are, as different are their illnesses and the way they experience their healing through prayer. To reflect this diversity, the attempt to formulate an essence from the interview results of this chapter takes these nuances into account.

Thus, if one summarizes all the results of the interviews, the following picture emerges: People experience from their point of view a healing through prayer in connection with Jesus Christ. For some, this healing occurs immediately, for others it is a process accompanied by further prayers. For some people, after shorter or longer periods of time, there may be relapses, which through renewed prayer are healed again. Nevertheless, it may be that not all ailments are healed through prayer. But also a partial healing can be perceived by someone as a complete restoration and turning point in his relationship with Jesus Christ.

When people are confronted with a healing prayer for the first time, it arouses astonishment in many. Often this form of prayer happened in connection with physical contact. All recipients seem to have experienced in some way the closeness of Jesus during the prayer. Some had physical sensation which for most of them resulted in an immediate release from their symptoms.

The healing experience itself was much more strongly rooted in the memory than the teaching about Jesus that had been given to them in connection with it. At the center of the memory was the will of Jesus to heal, that he is real and also able to heal, and that his followers should and can pray for healing just as Jesus did for others.

The experienced healing left a very positive impression on many with regard to God and Jesus. Some started to share their experience in different ways. Common to all participants was that they themselves began to pray for other people. In doing so, they experienced both healings and no changes as a result of their prayers. On the other hand, for some of the participants such a healing experience seems to leave less lasting impressions.

The relationship with Jesus Christ became alive or more alive than it had been before for almost all participants. Being loved and protected by Jesus became more conscious, especially for the women.

Some participants began to orientate themselves even more towards God and Jesus. For some, the encounter with Jesus seems to trigger a very deep spiritual change in the wake of the healing experience, which connects them more closely with Jesus and let them to lead more people to Christ than others.

The influence that such a healing experience has on a person's relationship with the local Adventist church seems to depend very much on the extent to which the church is open to the phenomenon or how open the person experiences it. When a church is perceived as open, the relationship with the local church usually improves and people can become very positively involved in their church' activities, motivated by their healing experience.



In churches which are felt to be as legalistic and are opposed to this kind of healing through prayer, people can become alienated and even break with their local church. In this context, a living relationship with the person of Jesus Christ seems to be of greater value to these people than attachment to a particular local church or denomination.

For some, however, their healing experience seems unrelated to their local church. And finally, for Christians of other denominations, such a healing experience can greatly improve their image in relation to the Adventist Church. However, this does not seem to be due to the healing alone, but also to the relationship with the Adventist intercessor.

Condensing all these points together, the essence of the healing experience, from the point of view of the researcher, is as follows: To be healed through teaching and proximal intercessory prayer means to have an intensely felt encounter with the loving, powerful and risen Jesus Christ, which leads to an enlivened relationship with Jesus and the urge to share this experience with others in words and deeds.

## CHAPTER 5

### **Introduction**

This chapter offers an overview of the whole study. The core findings will be presented and discussed with the literature. Conclusions will be drawn from these parts, which will eventually be supplemented by recommendations for the practical application of the knowledge gained, and further areas of study.

### **Summary of the Study**

The objective of this study was to find out what influence a positively experienced healing prayer has on people. The focus was on two aspects in particular, namely on the one hand how such a healing through prayer affects the relationship with Jesus Christ and on the other hand what influence this experience has on the relationship of these persons to the Adventist Church they are connected to. The approach to prayer was based on the example of Jesus Christ, which is summarized in the gospel of Matthew as "teaching and healing". The intercessor and the prayer recipients were in direct contact with each other during the respective prayers. Brown (2012) coined the term "proximal intercessory prayer" (PIP) for this type of approach.

As research method a qualitative method was chosen. Nine people were interviewed who claimed to have experienced healing through the direct prayer of the researcher and others. In the evaluation, the phenomenon of healing itself was first considered, and the "textural description", the "what" of the phenomenon, and the "structural description", the "how" of the phenomenon, were worked out (Moustakas, 1994). Complemented by the answers to the two actual research questions, the essence of the healing phenomenon is summarized at the end of this chapter.

In addition to the transcribed interviews, the participants also provided their own notes, sermon drafts and diary entries. With the permission of the participants, the researcher's own diary entries that he had made regarding the healings were also included in the evaluation. To answer the central research questions about the influence of the healing experience on the relationship with Jesus Christ and the Adventist Church, each of the participants made two drawings during the interview, which they then explained.

The literature used for the study looks at the topic of healing through prayer from different perspectives. Since Jesus' approach serves as a model, the topic of healing is examined from a biblical perspective, with a focus on the healing reports of the four gospels. Furthermore, it is considered how the topic has developed in the course of church history. Because the study took place in the environment of the Seventh-day Adventist Church, this view is given special emphasis within this section. However, one important part is the current development and research on prayer for healing in Christian contexts. It was shown how proximal intercessory prayer is practiced in the present. The focus in all the above mentioned topics is on the reactions of people healed by prayer and how this experience influenced their relationship to the person of Jesus Christ and the Seventh-day Adventist churches to which they are related.

### **Core Findings of the Study**

Of the nine people - six women, three men - who participated in the study, five reported that they had been healed of various ailments through prayer. Four of the participants only referred to one healing. Five people claimed to have been immediately freed from their complaints through prayer. In five cases it took a period of time, which could last for days, weeks or months, or even longer, until complete healing occurred

after prayer. One person experienced relapses in relation to two of his illnesses, for which he then again requested prayer and which in the end disappeared completely. During the interview, it was found that one person was only partially healed in one area and completely healed in another. For eight people, their healing experiences were primarily related to physical complaints, while one of them also had an additional psychological ailment. One person was freed from a spiritual problem through prayer.

Looking at the participants' recollection of their healing prayer, it is striking that many reacted with astonishment and unbelief at a first confrontation with it. For several participants, the prayer involved physical contact in the form of laying on of hands or holding hands. Almost all participants reported that during prayer they experienced the closeness of Jesus very intensely, be it that they felt Him or even perceived Him as an inner imagination. This phenomenon was partly related to the intercessor's approach. He encouraged the participants to perceive Jesus' presence and action, for example, in reference to John 5:19.20. Or he helped them, according to 1 Peter 5:7, to throw their concerns onto Jesus, whom many then actually experienced as standing before them. A third type of prayer was a spiritual guidance through Psalm 23, where all the images contained in it came alive for the participants and Jesus became very real for them. Finally, participants also reported about physical sensations they had felt during their prayers, which led to an immediate release of their symptoms for a number of them.

The participants reported not only about the healing process itself, but also what it had triggered in them. For all of them this experience meant a turning point in their relationship with God or at least an expansion of their spiritual perspective. Two thirds of them continued to tell others what they had experienced. For all of them their own

healing had led them to start praying for healing for others. Even if their prayers did not always have the desired result, seven people reported that others had been freed from their ailments through their prayers. Two of the participants changed their lifestyle. They began to modify their diet and to do more physical activity. At least one person was aware that a complaint that plagued her even after prayer was related to a lack of exercise.

Compared to their healing experience as such, the participants could remember much less of what they had been told about the person of Jesus during their healing prayer. In part, their memories were also influenced by what they had been told in further encounters with the researcher after their experience, or what they had found out for themselves in their own studies. Nevertheless the following aspects concerning Jesus were mentioned by several participants: Jesus' will to heal the sick and that Jesus is a real person who is also able to heal. Furthermore, some could remember healing stories of Jesus. Others still had the memory that Jesus' healing methods varied. The last point mentioned by the participants was that Jesus empowered his followers to pray in his name for healing others. From the researcher's diary entries it was clear that he had also mentioned further aspects on the subject of healing at that time, but these obviously did not remain in the memories of the participants.

Looking at the answers of the participants to the core question of this study, it is striking that they named many additional aspects that were not mentioned in the first four questions of the interview. With regard to the question what influence their healing experiences and the associated teaching had had on their relationship with Jesus, eight persons stated that this had been significantly revived. Many described their relationship

before their healing through prayer as spiritual night, darkness, desert or lying on the ground. After their experience, they now felt more closely connected to Jesus, clearly focused on him, experiencing him and his love more vividly, and his healing power has become a real, self-experienced reality for them. One person was finally even baptized because of this intensively experienced relationship with Jesus.

As two further aspects of how their relationship with Jesus had become more alive through their healing, some participants described Jesus as a companion on their path of life, which they now consciously perceived. And two participants stated that their prayer life had changed towards a living dialogue with Jesus.

Another motive that was mentioned in relation to the change to Jesus was a new experience of the love of Jesus. It was exclusively cited by the female participants of the study. For all of them, the love of Jesus for them and the people had been brought into their consciousness more or less intensely. For some, Jesus' love had even become the central motive of their changed relationship with Jesus, through which their devotion to Him and their joy in living with Him had been significantly strengthened.

Two participants in the study felt even more protected by Jesus through their healing experience. One of these persons also claimed to have reached an extraordinary closeness to Jesus. She had received special spiritual gifts from Jesus, among other things that the Holy Spirit gave her images of Jesus and other people. These pictures contributed to the fact that other people found their way to Jesus through her and were also healed by Jesus.

While for all participants their relationship to Jesus through their healing experience had a positive effect in several respects, the picture is more differentiated with

regard to their relationship to the local Adventist church. Depending on how open or negative the local church was about this topic, or how the participants related to the local Adventist church, there was an improvement in their relationship or attitude towards the church, the experience had no influence at all, or it deteriorated dramatically in some cases.

Four people became much more active in church life and took on leading tasks in both practical and spiritual aspects. Furthermore, for a number of people their attitude towards the other members of their congregation improved, and spiritual and social fellowship with the others had become very important to them. This was also true in the long run for the person who stated that he could not see a direct connection between his healing experience and his relationship with his local church.

All persons who experienced a deterioration in their relationship with the local church described it as a process of increasing alienation. The reason for this was a very legalistic understanding of the faith of their local church, which expressed itself in a rejection of supernatural healings. In the end, for two of the participants this situation became so bad that one of them no longer attends church services in her local church and is now only a nominal member. Another person started to attend another local church and expressed that she had already thought about joining another denomination.

In this context it was significant that two persons stated that their living relationship with Jesus Christ had a higher priority for them than belonging to a particular denomination.

However, among the interviewees who were not members of the Adventist Church, their attitude towards it improved significantly. Both of them, though, connected

this not only with their healing experience, but also with the good personal and spiritual relationship they had developed with the intercessor.

## **Discussion of the findings**

### The What of the Healing Experiences

In the following section, the results of this study are compared and discussed with the current state of research. If one looks at the range of illnesses of the participants in this study, they fall primarily into three categories: physical ailments of all kinds, mental ailments, here depression was mentioned, and spiritual impairment. As a first result of these healings, some participants reported positive changes in their relationship with God and in their social environment. This experience coincides with the observations of other researchers and practitioners of healing prayers, as well as with the image that the Bible presents in relation to healing. Both Dawe (1955), Wimber (2009), and Poloma (2003; 1998) emphasize that Jesus had a holistic view of people with regard to healing. “God heals the whole person: body, soul, and spirit,” summarizes Wimber his “integrated model of healing” (p. 170). In her study of the Toronto Blessing, Poloma (2003) describes people who have experienced inner and emotional healing through prayer. Often these kinds of healings overlapped with the release of mental illness such as depression. Not only Ruth's own story falls into this area. She herself told how a friend was also freed from depression through her prayer.

A liberation from “demonic strongholds”, as Stefan experienced it, is a central component of Pentecostal and charismatic Christian healing. Along with the awareness of sin and the experience of forgiveness, it serves as an essential element for entering into a “deepening ... relationship with God” (Poloma & Hoelter, 1998, p. 269). In general,



according to Poloma's analysis, "spiritual healing", i.e. the healing of the relationship with God, seems to have a central influence on other areas, such as "inner, mental, and physical healing" (Poloma & Hoelter 1998, p. 269). This aspect was explicitly named this way by Erik and Ruth in the interview. And even if it was not specifically prayed for, for most of the study participants, prayer and the associated healing experience has significantly improved their relationship with God.

If we now look at the way in which the participants in the study experienced their healing prayer, we see that some were immediately freed from their complaints, while for others it stretched out over a more or less long period of time, or they only experienced partial healing, while again others reported no relief from their complaints in certain areas. This observation is consistent with C. G. Brown and William's analyses. Williams (2012) says that his and other statistics "seem to indicate that about one quarter of the people" he "prayed for ... were healed instantly, about half were healed gradually, and about one quarter were apparently asked to wait until the resurrection day" (p. 61). C. G. Brown (2012), again, recognizes that even a partial cure "can be interpreted as a sign of God's love" by those healed (p. 188). This in turn would help to explain in part why Nicole felt that her only partial healing of migraine played a greater role in her relationship with God than her full restoration of her pelvic obliquity.

In addition, C. G. Brown's evaluation of her findings states that people who have experienced only partial healing or no improvement through prayer seek other opportunities to be prayed for, as did some of the participants in this study. Hagin (2012) again knows healings that develop in steps after a prayer. But this has for him nothing to do with repeated prayers, which he rejects as a sign of unbelief, but in his opinion it

depends on the one hand “on the degree of healing power administered” to a person, and on the other hand “it is based on the degree of faith” of the prayer recipient “that gives action to the healing power administered” (Location No. 1781). As long as a person lacks faith in being healed, healing may be delayed or may not occur at all. Hagin's view is only partially consistent with the observations of this study, especially with regard to the Adventist participants. They had faith in God the first time they were prayed for, but little or no faith in healing. Nevertheless, three of them experienced how they were spontaneously and completely freed from their complaints. The closest match to Hagin is the story of Erik, who said of himself that he did not "believe one hundred percent" at the time of his first prayer. However, he says of himself that he just "needed several prayers" to continue to grow in faith and to achieve complete healing after half a year.

#### The How of the Healing Experience

The last thought of the previous section leads to the question of how healings through prayer were performed by other users in comparison with this study and what reactions they triggered there among those who were healed. All participants of this study, who were confronted with healing for the first time, reacted with amazement and unbelief. In some cases this response even delayed their healing process, as we have already seen in relation to Erik's explanation of his healing process. If one compares the reactions of the participants with the healing reports in the gospels and the Acts of the Apostles, then according to Twelftree (1999) it is the people around the healed person who react with astonishment, but less so the prayer recipients themselves. If, on the other hand, we look at the subject of unbelief in connection with healings, the picture is somewhat more differentiated. In most cases, according to Twelftree, in the gospels, it is

the bystanders or law scholars who react with unbelief to a miracle of Jesus. In three incidents, however, the faith of the (potential) recipients of healing seems to have an influence on their healing process. In Nazareth, the unbelief of the people prevented Jesus from performing great miracles of healing here (Matthew 13:58; Mark 6:5). When the epileptic boy was delivered, it was the father who expressed his incomplete faith (Mk 9:24). The biblical story closest to the experience of those study participants whose recovery was gradual is the healing of the blind man from Bethsaida (Mk 8:22-26). In order to heal him Jesus “asked” the man “to dissociate himself from the town, which symbolized unbelief” (Location No. 1136). And then Jesus needed two attempts until the man was completely healed. Obviously for Twelftree, the boy’s unbelieving environment had prevented a direct healing at the first prayer of Jesus.

An incident that comes closest to the reaction of amazement and disbelief similar to that of the study participants is reported by Walker (2015). During a visit to a café he meets an unbelieving woman together with his brother-in-law and his family. Through prophetic impressions of the group and a healing prayer she finds faith in Jesus, but in the end is still very confused about what happened to her.

The next aspect six participants in this study remembered about their healing prayer was that hands were laid on them during the prayer. This practice of Jesus, is frequently reported in the synoptic gospels (Twelftree, 1999). At the end of the gospel of Mark it is said that a sign of the disciples is that "they will lay their hands on the sick, and they will recover" (Mark 16:18). This practice is also taught by Clark (Johnson & Clark, 2011) and Wimber (2009). While Williams (2012), the Adventist healing preacher, sees it as a faith support tool, Wimber (2009), Johnson & Clark (2011) describe that a power can

be transmitted through this touch. The reports of the participants in this study are differentiated here, whereas three did not explicitly say that they felt something, two persons reported strong physical sensations, feeling the "power of God" as a "flow of heat", or that their internal organs were touched in the process. This at least does not confirm William's view that the laying on of hands has an exclusively psychological character, although this physical touch in itself can also express solidarity with the person seeking help.

Whether with or without the laying on of hands, Wimber, Johnson & Clark, and C.G. Brown (2012) observe that physical and emotional phenomena are not uncommon during a healing prayer. In his "relational five-step prayer model" Clark (Johnson & Clark, 2011) explicitly points out that physical reactions should be taken into account as signs of God's work, such as "tremble or perspire, their skin may blotch, tears may fill their eyes or run down their cheeks" (p. 229).

Wimber (2009) reports even stronger physical manifestations during his healing prayers, such as "falling over, shaking, sobbing, laughing, screaming out", but also feelings of "joy and grace of God in a new way" that "reflect their newfound peace in relationship with God" (p. 212). Apart from the physical reactions caused by the laying on of hands in the case of Erik and Lisa, the feeling of no longer being able to stand in the situation of Michael, but also the physical and sensory sensations of Nicole and Ruth, would come close to the phenomena mentioned by Wimber and Clark. But also feelings like joy and peace of God were named by several participants as an important part of their healing prayer. This underlines once again what Poloma (1998) observes, that the healing of the relationship with God plays a central role in these prayers.

Overall, the approach of the researcher in his healing prayers was based on Clark's five-step model, but deviated from it in some points. While for Clark the "ministering for the person" (p. 228) is emphasized in prayer, and the person seeking help has primarily a receiving part, the researcher of this study tried to actively involve the participants in the prayer. In doing so, he used Walker's (2015) suggestions, to attempt, as we read in John 5:19.20, to perceive what Jesus wants to do for the person in need. The only difference is that Walker's advice refers to the person praying and not the person seeking help. Walker's second suggestion for prayer is quite different, namely to help the participants to give away burdening memories and feelings to Jesus, in order to then be free for the healing power of Jesus. In this kind of prayer Theresa and Stephan experienced for themselves the closeness of Jesus. Even if Clark and Wimber do not use Walker's approach, it is an essential part of their healing prayers to clear up in advance any burdensome aspects in the lives of those seeking help. On the one hand, they do this because, similar to Jesus' healing of the paralytic in Mark 2:5, the healing of the relationship with God is the most important aspect, and on the other hand, unresolved burdens might affect the success of a prayer. Wimber (2009) says in some cases "inner healing is needed before physical healing could happen" (p. 201).

Finally, to lead people to Jesus in prayer through Psalm 23 does not originate from a healing context, but from Jersak's book about hearing God's voice (Jersak, 2003). The fact that people experience healing in their relationship with God and also liberation from physical ailments confirms again Poloma's observations (1998): "Without fail, measures of spiritual healing were significantly related to the measures of inner, mental, and physical healing in our analyses" (p. 269).

The thought of coming into a closer relationship with God through the healing prayer will be further discussed later in this thesis when it comes to the influence of the experience of teaching and healing on the relationship of a person to Jesus Christ.

As a second reaction to their healing experiences, the majority of the interview partners stated that they had told others about it. This aspect can be found both in the biblical accounts and in contemporary literature such as C. G. Brown (2012), Williams (2012), Johnson & Clark (2011), and also in the annals of Adventist history (c.f. Adams, 1914; E. G. White, 1860). And even if very few of the participants in Helming's (1999) study experienced healing in the form that is described in this study, most of them had a "strong desire to share about it" (p. 192).

Without exception, all participants in this study also carried on their own healing by praying for others. This phenomenon is again found in the sources already mentioned. C. G. Brown summarizes her observations in this context: "One individual who experiences healing prays for another, who also experiences healing, who prays for another, and so on as the effects branch outward. Healings set off chain reactions" (C.G Brown, 2012, p. 283). These manifold "ripple effects of healing experiences" (p. 237), have contributed to a tremendous growth both in the church of the first century (M. L. Brown, 1995; Kelsey, 1995, Parker 1976), and have made the Charismatic and Pentecostal churches into rapidly growing movements (C.G Brown, 2012, Chappell, 1988). And also in Helming's (2007) study, which examined less PIP than more traditional intercessory prayer, some participants felt urged by their own healing experience to pray for the healing of others as well.

The third change that at least two persons in this study made as a result of their healing was to eat healthier food and/or exercise regularly. Another person was at least aware that one of her recurring physical problems was related to a lack of exercise. This aspect is emphasized by current healing preachers and is a major concern of Ellen White and the Seventh-day Adventist Church. Through Ellen White's influence, a healthy lifestyle plays a major role in the teaching, life and mission of this church (Szalos-Farkas, 2004; c.f. *Commitment to Health and Healing*, 2009). For White (1905), "to live in harmony with the law of God, both natural and spiritual" is a prerequisite before any healing prayer should be said. Otherwise there would be the danger that healed persons "continue to pursue the same course of heedless transgression of God's natural and spiritual laws" and God "would be encouraging sin" (p. 154). Wimber and Clark do not go that far. While Wimber (2009) points out that "organic disorders may result from lifestyle problems" (p. 130), he does not demand correction before praying for someone. Clark (Johnson & Clark, 2011), who builds on Wimber's "Five Steps for Healing Prayer", explains more clearly what Wimber only implies. Both Wimber and Clark try to find out the cause of the complaints of those seeking help in advance of the prayer, in order to be able to adjust to them in prayer and to achieve "long-term healing" (Johnson & Clark, 2011, p. 226). Among many other points, Clark explicitly names "lifestyle issues" here. This aspect is taken up again by Clark in his "post-prayer suggestions", in which he "encourages the person to make the necessary lifestyle changes to prevent the problem from returning" (p. 239; c.f. Wimber, 2009, p. 184). The question of lifestyle will be taken up again in the conclusions of this work.

## The What of the Teaching on the Person of Jesus Christ

After comparing the What and the How of the healings of the participants in this study with current research, we will now look at the results of this study in relation to the content of the teaching that was given to the participants in connection with their healing and discuss what influence this teaching had on them. It should be noted, as already mentioned in chapter 4, that there is a difference between the teachings that the participants could remember and what they had been taught. The following discussion, though, will focus exclusively on the participants' answers. Yet, there is a difficulty that only became apparent in the further course of this research: Although there are numerous studies and there is a lot of material relating to supernatural healings and their effects, there seems to be no investigation that specifically looks at what teaching content was imparted to the persons concerned in connection with their prayer for healing and what influence this teaching had on them. Brown points to the many healing conferences that Clark holds. Here he *teaches* and prays together with his teams for those seeking help. The researcher of this study has attended healing conferences not only of Clark, but also of Walker, Wommack, and others, at the end of which the participants were given the opportunity for a healing prayer. The teachings given beforehand were essentially the same as what these preachers had published in their books. Therefore, in the absence of other sources, the information given by the study participants is for the most part discussed with reference to the current literature of the evangelists active in the healing ministry.



The point raised by most participants, that Jesus clearly wants to heal people, finds its expression, according to Dawe and Twelftree, in the fact that in the gospels Jesus' preaching and his healing ministry are inseparably connected. Dawe explains that Jesus is presented in the Bible as someone who has "accepted the work of healing as a definite part of the divine plan of his mission on earth" (Dawe, 1955, p. 1). For Twelftree (1999) this aspect is most strongly expressed in the portrayal of Jesus by John the Evangelist, where the healings are "the centerpiece of the ministry of Jesus" (Location No. 3607). M. L. Brown (1995) also supports this view with his statement that "it is impossible to think of the ministry of Jesus and the early believers without thinking of miraculous healing" (p. 208).

For John Wimber, the leading figure in healing ministries of the recent past the will of Jesus to heal is the content of his "first guiding principle of healing" (p. 170). Johnson, who has the same opinion as Wimber, however, also summarizes in his remarks on the subject what Kelsey presents in great detail, namely that there was and is a change in the history of Christianity about the question whether the will of Jesus to heal still applies to the present proclamation of the gospel. However, this question only played a role for the participants in the study in so far that, as already mentioned: many expressed their amazement about their own healing. This is an indication that their view before the miracle must have been different. From Hagin's (2012) perspective, this wrong view is a great obstacle to the healing of a person, therefore it is "one of the main points that needs to be made with people. They must understand that healing is God's will", because "as soon as people start believing that it's God's will to heal them, they are released from wrong thinking, and in just a little while, they are healed" (Location No. 1256).

The second teaching that was recalled by several participants in this study regarding Jesus was the statement that Jesus is real. Similar accounts related to physical or spiritual healing can be found in stories by Wimber, Walker, and Cresswell.

Wimber's (2009) tells about his brother Doug who had accepted his invitation to attend one of his conferences. Doug had just quit his job as a pastor of a church and was totally dissatisfied with his life and his relationship with God. Following an altar call at the conference he went forward. Then he tells how his brother John asked the Holy Spirit to minister to the people. At that moment Doug reported, that he was "knocked over into the arms of a huge man." Although he didn't know him, this man spoke concrete words about Doug's life and current situation. During this encounter Doug felt "a warmth going throughout" his "body and for the first time in several years" he "experienced the joy and peace of God." In this moment he felt how God healed him of "anger, cynicism, and bitterness" he "had allowed to take root deeply in" his "heart and that were holding" him "back in" his "walk with God." This incident was formative for Doug, as he explains, "God were so *real* in my life." [Highlighting by the author] (pp. xx-xxi).

In the aforementioned story of Walker's brother-in-law Jim with a woman at Starbucks, Walker (2015) describes how Jim shared several spiritual impressions he had about the woman waiting beside him that completely astonished her. The woman couldn't believe all this because she said she was an agnostic. Jim responded to this by saying, "You used to be agnostic, but now you have seen evidence that God is *real* and that He knows you and He is calling you" [Highlighting by the author] (Location No. 398). Ultimately this, along with some prayer healings for her, led the lady to decide to entrust her life to the guidance of Jesus. And also Cresswell (2010) tells the visitors of her "Café

Life" in Blacon (North England) that Jesus is real and then prays for their diseases to demonstrate that this statement is true. With all these reports it is striking that the teaching that Jesus is real in all these stories has been connected with a healing experience. It was the same with the participants in the present study.

The third point that some participants mentioned in relation to the teaching of Jesus was that he is able to heal. For Twelftree (1999) this aspect is particularly evident in the report of the evangelist Mark about Jesus' visit to his home town. Mark's commentary on Jesus' rejection shows according to Twelftree that "Mark sees as essential faith in Jesus' not only being willing but able to perform miracles" (Location No. 1401). For Thomas (2012) who considers the healing instructions in James 5 the use of oil is among other things "a powerful reminder to the church that God was able to heal" (p. 16). Also the church fathers Origen and Tertullian, and the Christians of the first centuries had no doubt, "that he (Christ) is able to deliver man from every disease" (Dawe, 1955, p. 96, c.f. p. 169). For Clark (Johnson & Clark, 2011), Romans 1:16 expresses that God not only wants to save all people, but is also able to do what for him includes "forgiveness, healing, deliverance" (p. 75). Walker (2015) in turn discusses the question of whether Jesus is able to heal no more than Clark and Wimber, but explains with reference to John 5:19 "how He (Jesus) was able to work miracles" (Location No. 1817). And finally, Hagin (2015) recognizes in the story of the leper who comes to Jesus in Matthew 8:2, and says to him, "Lord, if you will, you can make me clean," his conviction "that Jesus was able to do it" (Location No. 4131). It seems that there is no question, both for the writers of the Bible and for those who successfully practice healing prayers, that Jesus is able to

heal, presumably because, like the participants in this study, they associate their healings with their prayers.

The last teaching concerning Jesus, which was mentioned by at least two participants, was that Jesus empowered his disciples to pray in his name for healing. Thomas (2012), Dawe (1955) share this view. Dawe puts it together like this: "It was this power, too, which was given to the disciples and enabled them to heal" (p. 3). Wimber, according to Poloma & Hoelter (1998), introduced a "democratization of spiritual healing", which meant that Jesus' authority was transferred not only to selected followers of Jesus, but to every believer. This opinion is also held by Johnson & Clark (2011). Warrington (2003), who represents a different opinion here, argues that even though today signs and miracles still happen in the power of Jesus, he doubts "whether a model of healing based on the practice of Jesus may be emulated by believers" (p. 68). In his opinion even the disciples were not empowered in the same way as their Master. However, this question did not play a role in the memory of the study participants.

#### The Influence of the Teaching about Jesus Christ

When it comes to the influence of the teachings on Jesus Christ on the participants of this study, it is striking that the answers are very sparse. What stands out most is that the teachings have changed their relationship to, or perspective, on Jesus and God, which will be further explored in relation to the first key question of this study.

Some participants felt encouraged by the teaching they remembered that Jesus had empowered his disciples to pray for the healing of others, to do so as well. Actually, all participants had prayed for the healing of others, but only two of them linked this with

the question about the teaching they had learned in connection with their prayer for healing and what conclusions they had drawn from it.

If we look again at which aspects of the teaching of Jesus have remained in the memory of the participants, it is salient that these reflect core aspects of their healing experience. In contrast, many of the teaching details that the researcher had noted in his diary entries, in the immediate temporal context of the healings, could not be retrieved by the participants. These two observations seem to point to something that Beard & Wilson (2013) state in their book on experimental learning, namely that an "effective and long-lasting form of learning is to involve the learner by creating a meaningful learning experience" (Location No. 259). This is what happened in the context of the teachings on Jesus and the experience of healing through prayer in the name of Jesus among the participants in this study. Their memorized learning content regarding the teachings of Jesus overlaps significantly with their practical experience. Perhaps they were only able to name a few, but central, theoretical details from their memory because they were so strongly linked to their practical experience.

#### Discussion of the drawing exercise

Before dealing with the two key questions of this study, we will take a look at the method used in this context. All participants were asked to first draw their answers to the respective questions and then explain them. In contrast to Lev-Wiesel & Liraz (2007) and Kearney & Hyle (2004), the drawing task was not placed at the beginning of the interview, nor at the end, as Guillemin (2004) preferred in her study, but between answering the first four and the last two questions. Thus the advantages of these two opposing approaches seem to have been combined. Although many participants

expressed a certain uneasiness about this task, as Kearney & Hyle and Guillemin also report, all of them were willing to go along with it. So there seems to have been enough confidence built up in the interview to get involved in this exercise. This "sense of rapport" (Guillemin, 2004, p. 277) led Guillemin to place her drawing task at the very end of the interviews in her study. However, even by placing the drawing in the middle, this study seems to have taken into account Kearney & Hyle's approach to "evoke powerful responses from some participants" (p. 378).

With the exception of one person, all participant used the wide variety of crayons on offer for their drawings. The number of 18 colors was quite sufficient. The majority of the participants got along with a choice of up to four possibilities. Only three people used more than five color variants. Kearney & Hyle had provided their study participants with 64 colors, Guillemin only 12. Nevertheless, just as with Lev-Wiesel & Liraz, Kearney & Hyle, and Guillemin, participants in this study had often made a very conscious choice of colors.

All participants needed only a few minutes to make their drawings, which is in line with the experience of von Kearney & Hyle, whose study participants usually completed their task after 6 - 8 minutes (p. 364). And similar to the three comparative studies mentioned above, the drawings in this study were not only explained by the participants but also required their explanation to understand them. As Kearney & Hyle (2004) put it: "the meaning of the drawings could only be fully understood with the participant's interpretation" (Kearney & Hyle, 2004, p. 367). Furthermore, if one compares the responses of the interviewees in this study to the questions of how they experienced their healing and the associated teaching with the answers to the question of

the impact of this experience on their relationship with the person of Jesus Christ, it is noticeable how many new and deepening aspects the task associated with the drawings brought forth. And also with regard to the relationship to the Adventist Church, the pictorial illustrations of the participants partly especially emphasize their verbal explanations. Kearney & Hyle summarize this observation in their study as follows:

The demonstrated ability of drawings to create a path to participant feelings and emotions, and to lead to succinct presentations of their experiences appeared to create the opportunity for more meaningful and honest verbal reports - arguably the methodology helped respondents reveal more than what may have been captured with only the unstructured verbal interview (p. 380).

Guillemin (2004) adds from the experience of her study, "that drawings offer a means of gaining further insight into the ways in which participants interpret and understand their world. ... The use of drawings as a research tool has enabled a broader and more in-depth exploration of" the participants' experience for her (p. 287). These two statements are fully supported in relation to this study.

#### Discussion of the Two Core Research Questions

Next, the key questions of this study will be compared with those of others. Here, too, similar to the question about the teaching that was given to the participants during their prayer for healing in relation to Jesus Christ, it is important to note that, according to the researcher's current state of knowledge, there is no research that specifically considers the influence of *teaching* and *healing* on a person's relationship with Jesus Christ. The same applies to the question of what influence such an approach has on a person's relationship with the church associated with him or her. For this reason, the insights

gained in this study can only be compared in a more general sense with similar phenomena in other research and literature.

### **Discussion of the Influence of the Teaching and Healing Experience on the Relationship to the Person Jesus Christ**

For all participants in this study, their relationship with Jesus has improved through their healing. Depending on how they related to Jesus before their healing prayer, this change showed itself in part or had a dramatic positive effect on this relationship. Something similar can be found in the New Testament of the Bible, as well as in current observations.

What the participants of this study describe, Poloma (2003) calls "spiritual healing." She defines "spiritual healing" as "a greater intimacy with God, reflected in a deeper sense of God's presence and love that is often accompanied by an awareness of personal sinfulness and a fresh sense of divine forgiveness" (p. 90). Although the themes of recognition of sin and forgiveness were not mentioned by the participants in this study, the other points listed by Poloma are fully valid. Poloma further explains that for Pentecostal and Charismatic Christians (P/C) healing is "more than the curing of physical ailments." Healing is not only about "the intricate interweaving of soul, mind, body, and spirit," but in the center is the "personal relationship" of a person "with God" (p. 88).

McGuire (as cited in Poloma, 2003) in her study on "charismatic Christians in suburban New Jersey" adds that healing through prayer is first and foremost "'a spiritual, experience', with 'the key criterion of healing' involving 'a process of becoming closer to the Lord'" (p. 88).



This inner healing, the relationship with God, which according to Poloma is experienced by many in connection with their healing prayer, has a long lasting effect. In her survey in 1995, 78 percent of the participants stated that they had experienced "an inner or emotional healing" during their visit to Toronto Airport Christian Fellowship (TACF). Two years later, Poloma notes that "vast majority", 94 percent of these people, "were able to report ... that the "healing" had staying power" (pp. 95-96).

For the participants in this study, their healing experiences were even up to nine years ago and still today show a significant influence on their relationship with Jesus Christ. Smith (2006), in his study of the influence of spiritual changes in a person, also states that "a strengthening of faith is the most common consequence" that follows a deliverance from disease through prayer (p. 283).

Getting closer to God, as many reported in the interview of this study, is also observed by Helming (2007) among her study participants. For example, Dylanleah tells "Doing that helped me really start looking at my religion, having God as my leader and somebody there I could talk to, and that's where I got a lot of my strength. I learned to pray. I prayed a lot. I read the Bible a lot" (p. 179).

Probably the most radical change with regard to Jesus Christ is the decision to entrust oneself completely to the leadership of Jesus, as several participants in this study experienced. This reaction was also observed by C.G. Brown (2012). Once she was there when the severely limited vision of a Mozambican man named Michael improved significantly in a very short time through prayer: "Before PIP, Michael could not read the 20/400 line of the 16" chart with both eyes together. After ... several additional minutes

of PIP, he read the 20/40 line." Since there were other people being baptized nearby, he "announced that he wanted to be baptized immediately" (p. 220).

This observation corresponds to what Dawe (1955) and Twelftree (1999) state in relation to the New Testament findings. For all evangelists, the healing miracles of Jesus and faith in Him are closely connected. The clearest expression of this for Twelftree (1999) is the first conclusion of John's gospel, which states that "the signs were written to lead people to believe that Jesus is the Messiah, the Son of God, and that through believing readers may have life (20:30-31)" (Location No. 2832).

For five participants in this study the felt love of and for Jesus played a major role. This also seems to be the case with many other people who experienced healing through prayer. C.G. Brown (2012) states that "individuals interviewed recalled past healing experiences as defining life events through which they personally experienced God's love and power" (p. 283). Similar to this study, C. G. Brown found that such a sense of God can last for a long time. When Brown contacted one of her interviewees again after five years, she told her "to be newly aware that God loves her. She feels 'loved not only by family and friends, but by the Creator Himself'" (p. 270). Poloma & Hoelter's (1998) observations are consistent with Brown and the present study:

It is not without significance that 91% of the respondents claimed that one of the "fruits" of the Toronto Blessing was coming to know "the Father's love in new ways" and 89% said they were "more in love with Jesus than ever before in their lives" (p. 269).

Another influence in relation to Jesus Christ that the participants of this study attributed to their teaching and healing experience was the feeling of protection and safety. Even if no direct references to this experience could be found in the literature consulted for this work, there were indirect ones. Poloma & Hoelter (1998) quote in their

article Stapelton, who takes up the topic of "inner healing". In Stapelton's opinion a physical problem is in many cases only the symptom of an inner problem: "Deep hurts and *fears* [highlighted by the author] often manifest themselves physically as backaches, headaches, skin rashes, asthma, and other illnesses" (cited in Poloma & Hoelter, 1998, p. 263). Stapelton's statement implies two things: First, that physical healing can take place through prayer when the causes he mentions are out of the way, which includes fear; and secondly, a person freed from fear no longer feels insecure.

Further references to the subject of protection and safety in connection with healing and supernatural events can be found in the Bible. Twelftree (1999), points out how Jesus by saying "Do not fear, only believe! (Mk 5:36; Lk 8:50), in the story of the raising of the daughter of Jarius, seeks to give the father trust in His healing power and thus in His person. For Twelftree, the theme of safety in God is also evident in the calming of the storm on the Sea of Galilee. Here Jesus demonstrates to his disciples "His sense of security in God's care" (Location No. 895). Having a feeling of protection and security after a healing experience through prayer seems to be an obvious emotion in relation to Jesus.

The last aspect reported by one participant as a result of her teaching and healing experience was a unique closeness to God and Jesus. Together with her healing she said she had received spiritual gifts such as: a kind of inner perception of God, Jesus and other people, and also the gift of healing. Through these gifts she was able to pray successfully for healing for many people and lead them to Jesus Christ.

It has already been discussed that people start to pray for others after a healing experience, but that other spiritual perceptions or gifts can be connected with it was not yet an issue. The most comparable with this phenomenon is C. G. Brown's account on Chavda. At least in his story the themes of God's love, His direct speech to a human being, and the healings resulting from it, play a role:

“Now I was learning that the power of God was to be found in the love of God. When the Lord sent me to the State School, he did not say, ‘I am sending you as my ambassador of power’ or ‘of miracles.’ He said, ‘I am sending you as my ambassador of love.’ That was the way I saw myself and that was the way I prayed for the children: that the Lord would make his love real to them. The healings came almost as a by-product. I learned that only love can make a miracle (p. 258)

Based on C.G. Brown's research, the experience of Chavda is not an isolated case, but "one that recurs in a number of different healing narratives" (C. G. Brown, 2012, p. 258).

Even if there is probably no study that specifically addresses the question of what effect the approach of teaching and healing has on a person's relationship with Jesus Christ, it can nevertheless be stated in summary that there has been an improvement not only for the participants in this study, but also for many others.

### **Discussion of The Influence of the Teaching and Healing Experience on the Persons' Relationship to the Local Seventh-Day Adventist Church**

The answer to the question in how far the experience of teaching and healing has an influence on a person's relationship with the local Adventist church varies greatly. This is evident not only in relation to the Adventist church, but also in the context of other denominations. In general, the interviewees in this study had three main reactions

regarding the local Adventist church: the relationship improved, there was no change, or it worsened.

Of the participants in the study whose relationship with the local Adventist church had improved, three areas were identified: commitment and involvement, relationship, and attitude. The last area stood out in relation to two participants who had a different church background.

Four people reported how, as a result of their healing experience, their commitment within the local Adventist church as well as in missionary activities increased significantly or even began. Comparing this with the interview partners of Helming (2007) and C. G. Brown (2012) a similar picture emerges. One of Helming's study participants began to get involved in the hospice as a result of her healing experience, another became the leader of the missionary work of his church. C. G. Brown tells of Randy Clark, who became a preacher in his church as a result of his supernatural recovery from serious injuries after a traffic accident. Others of her interviewees had begun to give Bible lessons, started prayer and healing groups, or participated in international missionary healing ministries.

Comparing this study and the studies of Helming and C. G. Brown, it is noticeable that there is more similarity to Helming in terms of commitment, since they occur in the immediate vicinity of the local church. Many of C. G. Brown's participants, in contrast, are involved in healing ministries, some of which extend beyond their local church context. The difference with this study may be partly due to the specific questions posed for this study, but also because most of C. G. Brown's interview partners experienced their healing at interdenominational healing conferences. Although almost

all participants in this study were also trained in spiritual healing by the researcher, the respective church environment did not allow for the establishment of a healing ministry.

The second improvement that the participants in this study experienced for themselves was a positive attitude and a better relationship with the other members of their church. This phenomenon can also be found elsewhere. The topic "Healthy, supportive relationships with brothers and sisters in Christ" is one of Wimber's "guiding principles of healing", which for him is both "a goal of healing" and "an effective environment for healing" (2009, p. 172). About Blumhardt, one of the first Protestants to pray for successful healing, it is reported that as a result of his revival triggered by healings "marriages were restored" and "enemies reconciled" (Moore, 2018, p. 37). Poloma (2003) also notes that "healings of relationship" are an inherent element in the context of TACF healings, affecting "family, friends, and coworkers" and the majority of marriages (pp. 88; 98).

Two of the people interviewed in this study had a non-Adventist church background. Due to the positive experiences they had with the researcher, their attitude towards the Adventist Church has been positively changed by their healing. In the literature dealing with the topic of healing, such a result does not appear directly. However, from the large number of people attending churches that practice prayer healing, it can be concluded that this is the case for many people. C.G. Brown also states in her research: "The collective force of our research is that the single most significant factor that explains the growth of Pentecostalism is the frequency of the perception among both new converts and long-time adherents that they have received divine

healing" (C.G. Brown, 2012, pp. 13-14, c.f. Alexander, 2006; Chappell, 1988; ). A similar situation can be observed in early church history (Kelsey, 1995) and then again in the beginning of the 19th century with Blumhardt, which then continues up to the present. If people feel newly attracted to a church, it can be deduced that their attitude towards it must have improved.

There was no further reference in the literature to the fact that in some cases the relationship of a person to his local church does not change through his healing. This is probably due to the fact that such literature focuses primarily on the positive or negative effects of prayer healings, and a neutral attitude is of little concern. Such a neutral reaction is probably most likely to be expected in a church environment where healings are natural. This was not the case with the interviewee in this study. He simply could not see an immediate connection between these two aspects, although he later became more involved in the area of healing in his church, as has already been shown.

There are considerably more possibilities for comparison when it comes to the deterioration of a person's relationship with their churches. As many as three people in this study stated that this was the case for them. The alienation experienced with their local Adventist churches was so strong for some that they distanced themselves from it. This can always have several causes, as we will see. The Lutheran pastor Blumhardt, for example, was forbidden to continue praying for the sick, but he resisted (Chappell, 1983). The pressure from the church leadership, however, continued to increase, so that he finally bought the spa Bad Boll with the help of "generous ... friends and benefactors"

and continued his ministry on the fringes of the official church with the toleration of the church authorities (Moore, 2018, 38). After Pastor Clark had received the gift of healing through the laying on of hands and began to experience healings in his church, he also got into trouble. The official teaching of the Baptist church to which he belonged was that with the completion of the biblical canon, miracles ceased. Eventually the controversy became so great, "that Clark soon resigned and planted a new, smaller church that joined the Vineyard movement" (C. G. Brown, 2012, p. 238). In a subordinate clause Poloma describes that healing in "many mainline churches" after a "touch of charisma soon evaporated or was deliberately quenched by dissenters" (Poloma, 2003, p. 203).

But also in the context of the German Adventist Church there are already similar events from the past. In the 70s, 80s and 90s of the last century there were repeatedly individual, small charismatic breakthroughs and efforts, which in some instances led to considerable turmoil (Gäbel, 2011; Gattmann, n.d.). Hinrichs, one of the persons involved, mentioned in 1994 in an open letter to a constituency meeting some fundamental points from his perspective on which the Adventist Church was suffering and which had contributed to these tensions. The "legalism" felt by the participants in this study with regard to their congregations is at the forefront of Hinrichs' letter. He describes legalism as "a chronic illness" of the Adventist Church (p. 1), which lacks the "certainty of salvation", which proclaims obedience to the law instead of living Pauline "obedience of faith", and is thus marked by fear. This wrong attitude has the consequence that those who think differently are "suspected of lawlessness" and "rejected" (pp. 2-3). What Hinrichs presents here theoretically is reported by the interview partners in this study as practical experience.



The statement of the church leadership in a discussion paper of the same conference shows the complexity of the situation at that time (Rupp et al., 1995). On the one hand they find that there are people in the churches who with their "legalism" and their "encrusted thinking ... push people out of the church" (p. 9). On the other hand, they see that it can also "cause uncertainty when views and practices of the "Charismatic Movement" are brought into the church which seemingly or actually contradict a life and faith practice shaped by the Word of God" (p. 6). The observation that there were "mutual condemnations" that bore "traits of spiritual hubris and unspiritual arrogance" suggests that the conflict at the time escalated from both sides. It should also be noted that the conflict in the 1990s was more about charismatic phenomena in general, which began to influence parts of the Adventist Church, and the topic of healing through prayer played only a marginal role.

With regard to the perceived alienation of the persons in this study from their local Adventist churches, an excerpt from a talk given at an Adventist pastors' meeting in the 1990s in Germany comes very close: "Many sisters and brothers have left us, have gone other ways. I know that this has happened not only because they no longer wanted to be Adventists, but because they could no longer stand the constant pressure, the constant suspicion, being marginalized" (Lüpke, 1998, p. 4).

In summary, it can be said that the relationship of a person to a local Adventist church can be very different after a teaching and healing experience. Depending on how a person presents his experience in the church, how openly the church deals with it, it can lead to a significant improvement, and spiritual and missionary enrichment or even lead to a separation that is sometimes felt to be painful.

The last point emphasized by two participants regarding the influence of their teaching and healing experience on their relationship with the Adventist Church was that Jesus is central to them. One of the two persons experienced healing in the context of a church where this was the case and felt drawn to it. The other left her local church because, in her view, legalism had pushed Jesus out of the center. As discussed above, all participants in this study stated that their relationship with the person Jesus Christ had improved because of, and as a result of, their healing experience. And as already explained, the relationship with the divine, the "Father" and "Jesus," was also at the center of their healing experience for the Toronto Airport Christian Fellowship church (Poloma, 1998). Furthermore, the statement of C. G. Brown (2012) that "The overlapping networks that grew out of the Toronto Blessing reflect a shift away from the denominational organization of Christianity toward more fluid relational and institutional networks that embrace a global Christian identity" (p. 39), suggests that the attachment to the person of Jesus Christ plays a greater role in the context of healing than the attachment to a particular institution or denomination, at least for some people. For Medearis (2011), the fact that a church must have Jesus at its center, regardless of its denomination, is at the core of its mission. In his opinion the most important is to "simply follow Jesus" (p. 72). But where this simple truth is lost from sight, even missionary oriented people may get into fruitless "discussions about church planting, having a purposeful life, or the doctrinal differences between denominations" (p. 135).

When Karin, one of the participants in the study, presented the result of this study, she commented on this point again in a way that summarizes the core idea as follows: "Of course Jesus is more important than the denomination. This does not mean that one

rejects his denomination, but only that Jesus is more important than a man-made institution".

Now that all the results of this study have been compared with those of other research and literature, the next section will discuss a conclusion from all of this.

### **Conclusions**

The problem that this study wanted to consider is the constant decline in the number of members of the Adventist Church in the German federal state of North Rhine-Westphalia, especially in the churches that the researcher has been responsible for in the last ten to twelve years. The aim was to investigate, using a qualitative method, whether the approach of teaching and healing as summarized in the gospel of Matthew, which was applied by the researcher, could make a contribution to changing this trend. Teaching was mainly oriented towards the teaching content of the narrative texts of the New Testament and healing prayers were applied in the sense of Candy Brown's coining of the term proximal intercessory prayers.

Specifically, the question was first asked what influence the approach of teaching and healing has on the relationship of a person's faith to Jesus Christ, and secondly what influence this approach has on a person's relationship to the Adventist Church.

First of all, it was found that the relationship with Jesus Christ of all nine participants in this study has improved and deepened, in many cases both significantly and sustainably over many years. All participants experienced a vitalization of their relationship with Jesus, which for many was marked by a deepening and intimate love. One of the Adventist participants, who suffered from many physical and psychological

problems before her healing prayer, and was in the process of turning her back on the Adventist church, became a successful and passionate missionary for Jesus.

One of the three non-Adventist participants in the study became a supporting member in an Adventist church planting project and was baptized. The attitude of two other non-Adventist participants towards the Adventist Church improved significantly.

All participants of this study shared their powerful experiences by telling others and praying for healing. And finally, some participants also reported that they had gained a more positive attitude towards the other members of the congregation and felt more love for them, which ultimately contributed to a stronger sense of community within the congregations.

This consistently positive result with regard to the first question is not reflected in the answers to the second question. Whether and to what extent the relationship between the study participants and the local Adventist church improved was to a considerable extent related to how the local church dealt with the issue. In those churches in which the study participants experienced an openness towards, or at least no rejection of their experience and their own activity in this direction, they strengthened their involvement in the churches or they even just began to become actively involved. Almost all of the persons who became active have been involved in leadership, missionary and spiritual work in their congregations. And here we come to a point that becomes important for the churches, where the participants of the study did not receive a positive reception. Much has been lost to these churches. An environment that rejects the biblical concept of teaching and healing can do enormous harm to itself and to the work of Christ. As a result, churches may not only lose valuable, faithfully living church members, but also a

tremendous missionary potential. All study participants prayed for others, who in turn experienced healing. Among them were people both inside and outside a faith context. This study and the current literature have shown that a ripple effect can be created where people can find a living relationship with Jesus through such an experience and become active in mission. Ruth alone has led well over twenty people to faith in Christ, who now cannot enrich any of the existing churches of this study, because she herself is only a nominal part of them due to the experienced rejection.

It seems that where teaching and healing prayer is lived and practiced in a biblically sound and healthy way, this can make an important contribution to the inner and outer growth of the church. In the church of Soest this tendency has been most visible so far. While the church services of the congregation were attended by 10-15 participants (including children) at the beginning of this study, this number has now increased to 35-45 visitors (including children). Among the newcomers are two families from other congregations, the rest are new converts.

However, in order to achieve, as Wimber (2009) puts it, the "effects of a life-style of healing", namely "physically and spiritually healthy churches, with many people won into the kingdom of God" (p. 180), both a healthy teaching and a healthy approach to healing prayer are needed. If applied improperly, both can lead to legalism and deep injuries in people. The one without the other, however, can also lead to error. For a church in which the healing power of Jesus is not experienced can leave the life of individuals or even whole churches "on the ground" for decades, as Michael put it in his interview. Healing without being bound to the teachings of Jesus carries the danger of "not being able to discern the spirits carefully any more" and of "falling into the satanic

art of seduction" (Rupp et al., 1995). In both cases one-sidedness can lead a congregation on dangerous wrong paths. However, teaching and healing applied on the solid foundation of the Bible can be a great blessing for individuals, churches and people who have not yet come to know Jesus.

### **Recommendations**

From all the insights gained in this study, two areas emerge for further work with the New Testament theme of teaching and healing: On the one hand, there is the question of how the potential that came to light in this research can be made available to the Adventist Church. On the other hand, there is a need to discuss in which areas further study could be helpful for implementation and application in practice.

#### **Recommendation for the Transfer to the Church Practice**

If one considers the extent to which an approach of teaching and healing can be transferred from the New Testament example of Jesus and the first Christians to the practice of Adventist church work, there are several levels to consider. The first level concerns the researcher himself. He wants to further deepen his already gained and newly acquired knowledge in theory and practice. The second level is to work with the members in the churches who are open to further development. All of this should take place in a good exchange and cooperation with all members of the congregations in order to strengthen the community and avoid polarization.

In a next step, it could be looked at whether and to what extent the topic of this study could be raised to a higher inner-church level. Here it would make sense to present

and discuss the results of this research with the leadership of the association in North Rhine-Westphalia. From this and possibly further discussions, it would have to be considered to what extent it would be possible to offer training and coaching to interested members from other congregations in the North Rhine-Westphalian conference.

Here, from the point of view of the researcher, there would be some basic points to consider and observe. As already described in the discussions, in the last 50 years in Germany there have been smaller charismatic awakenings within the Adventist Churches, which have given rise to conflicts, some of which have been very intense, and which in the end have led to a marginalization of the members open to these issues. Most of these people are no longer members of the Adventist Church today. In order to avoid the mistakes of the past, it would be helpful to examine the events of that time more closely in order to derive constructive approaches from them. In addition, from the point of view of the researcher, the statements on charismatic phenomena in general and on the subject of healing that emerged at that time should also be revised. Some of these documents are more than twenty years old and require examination in the light of New Testament and practical theology. Findings from studies such as those of Poloma and especially C. G. Brown, but also of many successful practitioners of proximal intercessory prayer, should be included in the new considerations.

From the perspective of the researcher, the Adventist historical view of the topic of healing and prayer should also be reconsidered. One reason why the healing model of Jesus is so little used in the context of the researcher could also be the strong influence of the prophetically gifted co-founder of this community Ellen White. On the one hand White (1905) emphasizes that Jesus' "disciples in this time are to pray for the sick as

verily as the disciples of old prayed" (p. 151), on the other hand she conditions these prayers which seem to be based primarily on her own perspective, but which do not imitate Jesus' approach in the gospels, nor that of his followers in Acts. This concerns, for example, White's statement that to those "who desire prayer for their restoration to health, it should be made plain that the violation of God's law, either natural or spiritual, is sin, and that in order for them to receive His blessing, sin must be confessed and forsaken" (p. 152). The Adventist healing evangelist Williams (2012) points out that Jesus made no restrictions of such a kind. Wimber (2009), Johnson and Clark (2011), too, are of the opinion that in a prayer for healing not only the symptoms must be considered, but also the underlying causes must be tackled; but for them this is a part of their pastoral prayer and not a prerequisite for them to start praying at all. White's very radical statements would have to be reconsidered here.

Furthermore, White (1905) doubts whether it is really God's will to heal all those seeking help. Instead, people should rather ask God for support in their suffering:

If, therefore, it is for Thy glory and the good of the afflicted ones, we ask, in the name of Jesus, that they may be restored to health. If it be not Thy will that they may be restored, we ask that Thy grace may comfort and Thy presence sustain them in their sufferings (p. 153)

As already stated in this study, the question of God's will is seen differently by many. But the researcher's own experiences also contradict White's recommendation: In the past healing prayers that followed the pattern "Let it be done as you will, Lord" practically never led to an improvement in a person's condition. It was only when the researcher began to pray in the manner presented in chapter four that people experienced relief from their ailments.



Nevertheless, it should be noted that the belief that God wants to heal does not exclude the possibility that some illnesses will only be fully healed when Jesus comes again (c.f. Williams, 2012, Wimber, 2009).

Third, in praying for the sick, White primarily followed the instructions of James 5:14-16 (Bauer, 2014; Chappell, 1983), but less so the approach of Jesus and his disciples. Even in contrast, White completely rejects a commanding prayer for healing. (Bauer, 2014, Location No. 36817). This is all the more astonishing, because in her own experience she certainly did experience such healing prayers (e.g. E. G. White, 1860, p. 42).

Moreover, at least in the researcher's environment, church members seem to be influenced by statements of Ellen White that today we should no longer “work” in a supernatural way because “for Satan will exercise his power by working miracles” (E. G. White, 1932, p. 14). The context of this statement, which according to Bauer (2014) must be taken into account, seems to have been completely forgotten: In that regard, Bauer explains that Ellen White made this statement “in the context of early Adventism, when many miraculous healings occurred as a direct answer to prayer but those healed continued to practice the same unhealthful lifestyle” (Location No. 36807).

And finally, in addition to the previous mentioned aspects, White's shift of emphasis from prayers for healing to a healthy lifestyle is another factor (Chappell, 1983; Szalos-Farkas, 2004).

All this would have to be reconsidered in the light of other statements of White, and illuminated from a biblical perspective, if one wants to integrate the healing prayer anew into the life of the Adventist Church in the sense of the practice of Jesus and his

followers in Acts. From the perspective of the researcher, a balanced measure between an unconditional offer of healing prayer following the pattern of Jesus and a parallel support of healing and health by promoting a healthy lifestyle seem desirable and a wise approach to this issue.

In addition to this specific point concerning healing, there is one final essential aspect to consider in the context of a wider implementation of the New Testament strategy of teachings and healing prayers within the Adventist Church. It goes much deeper and concerns the tendency towards legalism, apparently deeply rooted in the DNA of the Adventist Church, which not only emerges in this study, but seems to be a common thread running through the history of Seventh-day Adventists. It reached a first climax at the Adventist General Conference in 1888 (Knight, 2000). Although Ellen White clearly spoke out against the legalism of her church at that time, she always emphasized in her writings obedience to the commandments of God and the observance of a healthy lifestyle. In the view of the researcher, it is precisely this emphasis that still bears the danger of producing fruits of legalism in people. In the author's view, however, the main problem in the relationship of human beings to God is not the breaking of divine commandments and health laws, but rather a break in the relationship between God and man. If the Adventist church would succeed in shifting its theologically dominant focus from keeping the law to a healthy and living relationship with God, a good fertile ground would be created in which the positive power of the Holy Spirit can work and people can experience spiritual, physical, mental, and healing of relationships.

## Recommendation for Further Studies

As has been shown in the course of the study, the two core questions of this work broke new ground. Since the number of respondents was limited to nine persons, a study on a larger scale would be advisable here, to examine whether the tendencies identified with regard to the influence of teaching and healing on a person's relationship to Jesus Christ and to the Adventist Church can be confirmed. At the same time, such an attempt could be made to find out whether new insights beyond the scope of this study are opening up and if so, what new insights could be gained. With regard to the second research question, namely the influence that such an experience has on a person's relationship with the Adventist Church, the horizon could be broadened even further. The diverse and sometimes contradictory nature of the answers given by the participants could also be further studied and compared in the context of both similar and different denominations.

It also seems essential to the researcher to look at the topic of teaching and healing from completely different perspectives, namely: What does a person experience and how does he or she react when he or she has been prayed for and has not experienced healing? How do churches experience it in which this procedure was not an issue before, when suddenly members in their ranks claim to have been healed through prayer? Especially if it happens it could also help to facilitate the introduction of this practice in churches, or help to deal constructively with emerging questions and resistance.

And finally, from the point of view of the researcher, this study showed that a further deepening of the connection between teaching and the experience of healing is absolutely necessary. The question that arises from this research is to what extent these

two aspects complement and influence each other. This study suggests that the practical experience of healing and the emotions associated with it have had a more lasting impact on the participants' memories and faith practice than the associated teaching. If this observation were confirmed, it would be a very important finding that could have far-reaching consequences for a church like the Adventist Church, which places a very strong emphasis on an intellectual approach to the divine.

## Literature

- Adams, J. B. (1914). Healed by Prayer. *Atlantic Union Gleaner*, 13(1), 8.
- Alase, A. (2017). The Interpretative Phenomenological Analysis (IPA): A Guide to a Good Qualitative Research Approach. *International Journal of Education and Literacy Studies*, 5(2), 9–19. <https://doi.org/10.7575/aiac.ijels.v.5n.2p.9>
- Astin, J. A., Harkness, E., & Erast, E. (2017). The Efficacy of “Distant Healing”: A Systematic Review of Randomized Trials. In R. Wiseman & C. Watt (Eds.), *Parapsychology* (1st ed., pp. 433–440). Routledge. <https://doi.org/10.4324/9781315247366-23>
- Bannister, J. W. (2015). *Exploring narratives in supernatural healing at Grace Church of God, Brooklyn, NY* [D.Min.]. <http://search.proquest.com/pqdtglobal/docview/1679446505/abstract/E3B8C97EB5E40C6PQ/1>
- Bauer, B. L. (2014). Prayer For The Sick. In *The Ellen G. White Encyclopedia*. Review & Herald Publishing Association. Amazon
- Beach, B. B. (1983). If God healed everyone in answer to prayer, there would be negative fallout. *Southern Asia Tidings*, 78(3), 5,12.
- Benson, H., Dusek, J. A., Sherwood, J. B., Lam, P., Bethea, C. F., Carpenter, W., Levitsky, S., Hill, P. C., Clem, D. W., Jain, M. K., Drumel, D., Kopecky, S. L., Mueller, P. S., Marek, D., Rollins, S., & Hibberd, P. L. (2006). Study of the Therapeutic Effects of Intercessory Prayer (STEP) in cardiac bypass patients: A multicenter randomized trial of uncertainty and certainty of receiving intercessory prayer. *American Heart Journal*, 151(4), 934–942. <https://doi.org/doi:10.1067/mhj.2002.122172>
- Benson, H., Sherwood, J. B., Lam, P., Bethea, C. F., Carpenter, W., Levitsky, S., Hill, P. C., Clem, D. W., Jain, M. K., Drumel, D., Kopecky, S. L., Mueller, P. S., Marek, D., Rollins, S., Hibberd, P. L., & Dusek, J. A. (2002). Study of the Therapeutic Effects of Intercessory Prayer (STEP): Study design and research methods. *American Heart Journal*, 143(4), 577–584. <https://doi.org/10.1016/j.ahj.2005.05.028>
- Blackaby, H. T., & Blackaby, R. (2011). *Spiritual Leadership: Moving People on to God's Agenda* (Revised, Expand). Broadman Pr.
- Brown, C. G. (2012). *Testing prayer: Science and healing*. Harvard University Press. Amazon

- Brown, M. L. (1995). *Israel's Divine Healer*. Studies in Old Testament Biblical Theology.
- Byrd, C. R. (1988). Positive Therapeutic Effects of Intercessory Prayer in a Coronary Care Unit Population. *Southern Medical Journal*, 81(7), 826–829.
- Cambell, M. W. (2014). Ecstatic Experiences. In *The Ellen G. White Encyclopedia*. Review & Herald Publishing Association. Amazon
- Casdorff, H. R. (1976). *The Miracles*. Logos International.
- Chappell, P. G. (1983). *The Divine Healing Movement in America* [Ph.D.].  
<http://search.proquest.com/pqdtglobal/docview/303145061/abstract/C32C894B69A644ECPQ/1>
- Chappell, P. G. (1988). Healing Movements. In *Dictionary of Pentecostal and Charismatic Movements*. Zondervan.
- Chilson, A. (1992). Pentecostalism in Early Adventism—Demonstrations both strange and wonderful visited the church of the 1800s. *Adventist Review*, 18–19.
- Commitment to Health and Healing*. (2009, October 14).  
<https://www.adventist.org/en/information/official-statements/statements/article/go/-/commitment-to-health-and-healing/>
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). SAGE Publications Inc.
- Creswell, J. W., & Creswell, J. D. (2017). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (5th ed.). SAGE Publications, Inc.  
<http://www.amazon.de>
- Dawe, V. G. (1955). *The Attitude of the Ancient Church Toward Sickness and Healing* [Th.D.].  
<http://search.proquest.com/pqdtglobal/docview/89246084/citation/E324816FC61E46BFPQ/28>
- Ethical Principles of Psychologists and Code of Conduct*. (2017). American Psychological Association. [www.apa.org](http://www.apa.org)
- Frerk, C., Schäfer, E., & Krause, M. (2018, August 10). *Religionszugehörigkeiten in Deutschland 2017*. <https://fowid.de/meldung/religionszugehoerigkeiten-deutschland-2017>
- Gäbel, S. (2011). *Adventgemeinde und Charismatische Bewegung in Deutschland*.

- Gaiser, F. J. (2010). *Healing in the Bible: Theological Insight for Christian Ministry*. Baker Academic.
- Gattmann, H.-E. (n.d.). *Hansa Conference*. Encyclopedia of Seventh-Day Adventists. Retrieved July 15, 2020, from <https://encyclopedia.adventist.org/article?id=7B1M>
- Guillemin, M. (2004). Understanding Illness: Using Drawings as a Research Method. *Qualitative Health Research*, 14(2), 272–289. <https://doi.org/10.1177/1049732303260445>
- Hagin, K. E. (2012). *Health Food Devotions*. Faith Library Publications.
- Harris, W. S., Gowda, M., Kolb, J. W., Strychacz, C. P., Vacek, J. L., Jones, P. G., Forker, A., O’Keefe, J. H., & McCallister, B. D. (1999). A Randomized, Controlled Trial of the Effects of Remote, Intercessory Prayer on Outcomes in Patients Admitted to the Coronary Care Unit. *Archives of Internal Medicine*, 159(19), 2273–2278. <https://doi.org/10.1001/archinte.159.19.2273>
- Hasel, G. F. (1983). Health and healing in the Old Testament. *Andrews University Seminary Studies*, 21(3), 191–202.
- Helming, M. A. B. (2007). *The lived experience of being healed through prayer in adults active in a Christian church* [Ph.D.]. <http://search.proquest.com/pqdtglobal/docview/304702010/abstract/294EBE35D1DA4261PQ/20>
- Hinrichs, J. (1994, October 3). *An die Schwestern und Brüder der außerordentlichen Delegiertenversammlung der Hansa-Vereinigung am 9. Oktober 1994 in Lübeck*.
- Husserl, E. (2012). *Ideas: General Introduction to Pure Phenomenology* (Revised ed.). Routledge.
- Jersak, B. (2003). *Can You Hear Me: Tuning in to the God Who Speaks*. Trafford Publishing.
- Johnson, B., & Clark, R. (2011). *The Essential Guide to Healing*. Chosen Books. Amazon
- Jung, F. (2004). American evangelicals in Germany: Their contribution to church planting and theological education. *Southwestern Journal of Theology*, 47(1), 13–24.
- Kasher, R. (2001). The Sitz im Buch of the story of Hezekiah’s illness and cure (II Reg 20,1-11; Isa 38,1-22). *Zeitschrift Für Die Alttestamentliche Wissenschaft*, 113(1), 41–55.

- Kearney, K. S., & Hyle, A. E. (2004). Drawing out emotions: The use of participant-produced drawings in qualitative inquiry. *Qualitative Research*, 4(3), 361–382. <https://doi.org/10.1177/1468794104047234>
- Kelsey, M. (1995). *Healing and Christianity: A Classic Study* (Revised). Augsburg Books. Amazon
- Knight, G. R. (2000). *A Search for Identity: The Development of Seventh-Day Adventist Beliefs*. Adventist Heritage.
- Kolenda, D. (2015). *Impact Africa—Demonstrations of the real power of Jesus Christ today*. Christ for all Nations.
- Krucoff, M. W., Crater, S. W., Green, C. L., Maas, A. C., Seskevich, J. E., Lane, J. D., Loeffler, K. A., Morris, K., Bashore, T. M., & Koenig, H. G. (2001). Integrative noetic therapies as adjuncts to percutaneous intervention during unstable coronary syndromes: Monitoring and Actualization of Noetic Training (MANTRA) feasibility pilot. *American Heart Journal*, 142(5), 760–769. <https://doi.org/10.1067/mhj.2001.119138>
- Lease, G. (1995). Reinhard Bonnke: German Missionary in a Strange Land--an Introduction to Contemporary Evangelization in Africa. *Journal for the Study of Religion*, 8(2), 59–73.
- Lev-Wiesel, R., & Liraz, R. (2007). Drawings vs. Narratives: Drawing as a Tool to Encourage Verbalization in Children Whose Fathers are Drug Abusers. *Clinical Child Psychology and Psychiatry*, 12(1), 65–75. <https://doi.org/10.1177/1359104507071056>
- Lewis, D. (1989). *Healing: Fiction, Fantasy or Fact?* Hodder & Stoughton Religious.
- Lüpke, H. (1998). *Geistliche Gemeindefarbeit in der Adventgemeinde*.
- Matthews, D. A., Marlowe, S. M., & MacNutt, F. S. (2000). Effects of intercessory prayer on patients with rheumatoid arthritis. *Southern Medical Journal*, 93(12), 1177–1186.
- McGuire, M. B., & Kantor, D. (1988). *Ritual healing in suburban America*. Rutgers University Press.
- Moore, C. E. (2018). St. Johann Christoph Blumhardt. *Lutheran Forum*, 52(4), 35–40.
- Moustakas, C. E. (1994). *Phenomenological research methods*. SAGE Publications Inc.
- Nolen, W. A. (1975). *Healing: A doctor in search of a miracle*. Random House.



- Paas, S. (2018). A Case Study of Church Growth by Church Planting in Germany: Are They Connected? *International Bulletin of Mission Research*, 42(1), 40–54. <https://doi.org/10.1177/2396939317738896>
- Parker, P. (1976). Early Christianity as a religion of healing. *Saint Luke's Journal of Theology*, 19(2), 142–150.
- Pöhler, R. J. (1991). Charismatik in früher STA. In *Der Heilige Geist und die Geistesgaben: Studienunterlagen zum Seminar für Prediger ; Bergheim Mühlenrahmede 4.-7. Februar 1991*.
- Poloma, M. M. (2003). *Main street mystics: The Toronto blessing and reviving Pentecostalism*. AltaMira Press.
- Poloma, M. M. (2009). Pentecostal Prayer within the Assemblies of God: An Empirical Study. *Pneuma: The Journal of the Society for Pentecostal Studies*, 31(1), 47–65. <https://doi.org/10.1163/157007409X418149>
- Poloma, M. M., & Hoelter, L. F. (1998). The “Toronto Blessing”: A Holistic Model of Healing. *Journal for the Scientific Study of Religion*, 37(2), 257–272.
- REMID – Religionswissenschaftlicher Medien- und Informationsdienst e.V. – Information – Analyse – Vermittlung. (2018, July 21). <https://www.remid.de/>
- Roberts, L., Ahmed, I., & Davison, A. (2009). Intercessory prayer for the alleviation of ill health. *The Cochrane Library*, 2, 76.
- Roxburgh, A. J. (2011). *Missional: Joining God In The Neighborhood*. Baker Books.
- Rupp, R., Eberhardt, W., Nelles, H. J., Weigt, H., Rahner, B., & Eiteneier, G. (1995, February 6). *Wie bewertet die Gemeinschaft der Siebenten-Tags-Adventisten im Norddeutschen Verband bestimmte Erscheinungen und Praktiken innerhalb der “Charismatischen Bewegung”?*
- Schäfer, K. (2003). Mission in secular and postmodern societies the example of Germany: An introduction to the German presentation at the Breklum consultation. *International Review of Mission*, 92(364), 40–44.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE Publications Inc.
- Smith, T. W. (2006). The National Spiritual Transformation Study. *Journal for the Scientific Study of Religion*, 45(2), 283–296.
- Szalos-Farkas, Z. (2004). *An exploration of the rise and development of seventh-day adventist spirituality: With special reference to the charismatic guidance of Ellen*

*G White, 1844-1915* [Ph.D.].

<http://search.proquest.com/pqdtglobal/docview/301657647/DC17B66F12D24A7DPQ/1>

*The Holy Bible, English Standard Version.* (2011). Crossway.

Thomas, J. (2012). *The Devil, Disease, and Deliverance.* CPT Press. Amazon

Twelftree, G. (1999). *Jesus the Miracle Worker: A Historical and Theological Study.* Inter Varsity Pr. Amazon

Walker, D. (2015). *Catching The Initiatives of Heaven: The Key to Accessing the Power of Heaven for Every Need on Earth.* Dunamis Publishing. [www.Amazon.de](http://www.amazon.de)

Weiss, S. A., & Kuhlman, K. (1992). *I Believe in Miracles* (Rev and Updated). Bridge Logos Publ.

White, A. L. (1972). White, Arthur L. Charismatic Experiences in Early Seventh-Day Adventist History (1972-1973). *Review and Herald*, 149(32).  
<http://archive.org/details/WhiteA.L.CharismaticExperiencesInEarlySeventh-dayAdventistHistory>

White, E. G. (1860). *Spiritual Gifts II.* Ellen G. White Estate, Inc.

White, E. G. (1863). *Manuscript Releases* (Vol. 1).

White, E. G. (1864). *Spiritual Gifts III.* Ellen G. White Estate, Inc.

White, E. G. (1905). *The Ministry of Healing.* Ellen G. White Estate, Inc.

White, E. G. (1932). *Medical Ministry.* Pacific Press.

White, E. G. (1980). *Selected Messages* (Vol. 3). Review and Herald Publishing Association.

Williams, G. F. (2012). *The Healing Power of the Holy Spirit* (Revised, Updated). CreateSpace Independent Publishing Platform.

Wimber, J. (2009). *Power Healing* (Reprint edition). HarperOne.

*World Christian Doctors Network.* (n.d.). Retrieved September 18, 2019, from <http://wcdn.org/en>

## **Appendix A: Cover Letter to the Participants**

Dear \_\_\_\_\_,

I hope you are well.

As you might know, am I presently involved in a master's program on leadership. My thesis will be about people who experienced healing through proximal prayer, accompanied by teaching about the person of Jesus Christ. I'd like to know whether this experience had an influence on your relationship to Jesus and the Seventh-day Adventist church you are in relation to. Since you have had such a healing experience in the past, I would like to conduct an interview with you to get to know more about your experience. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that you are free to decide not to participate or to withdraw at any time.

Being part of the study, you will be interviewed and asked to make two simple drawings. The meeting will last between 60 and 90 minutes. To understand best your healing experience, I will record the interview and transcribe it later. The drawings I ask you to sketch shall serve as an aid for the interview. In addition, I like to know whether you can provide any written or other material that might be helpful to enlighten your healing experience.

Do not hesitate to ask any questions about the study either before participating or during the time that you are participating in. I would be happy to share our findings with you after the research is completed and ask for your opinion about it. However, your name will not be associated with the research findings in any way, and only I will know your identity as a participant.

There are no known risks and/or discomforts associated with this study. The results of this study will help to cast light on this specific approach to people in a sophisticated way.

This letter contains a consent form in which you will get further information about the interview. Please read it to ensure whether you will participate in this study or not. In case you are partaking, we will go through the consent form again. In case of your agreement, I will ask you to sign it.

We might meet at your home, at your related church, or any other place of your convenience. Only, the place needs to be quiet enough not to spoil the audio recording. I will call you in a few days and ask for your decision.

Thank you very much.

God bless you,

Armin

## Appendix B: Member Assent to Participate – Form

ANDREWS UNIVERSITY  
DEPARTMENT OF LEADERSHIP

### MEMBER ASSENT TO PARTICIPATE IN THIS STUDY

*Title:* The Influence of Jesus' Approach to People Through "Teaching and Healing" on the Faith of Believers in Jesus Christ Today and on Their Relationship to the Adventist Church.

*Researcher:* Armin Danz, Feuerdornstr. 230, 59071 Hamm, Germany  
Phone: +49 173 83 747 34 (cell)  
Email: Armin.Danz@adventisten.de  
Student ID: 000204688

*Advisor:* Dr. Reinder Bruinsma / Email: reinder@bruinsmas.com

*Source of support:* This study is being performed as partial fulfillment of the requirements for the Master's degree in Leadership at Andrews University.

*Purpose:*

You are being asked to participate in a research that investigates the phenomenon of healing through proximal prayer accompanied by a teaching on the person of Jesus Christ. Furthermore, the effect of this approach on your relationship to Jesus Christ and your related Adventist Church shall be explored.

You are asked to share any written notes you might have about your healing experience. In addition, you are being asked to allow me to interview you and to sketch two simple drawings. The interview will be approximately 60 (maximum 90) minutes in length and will be audiotaped for purposes of transcription. Your drawings will be digitalized. These are the only requests that will be made of you.

*Risks and benefits:* There are no risks from participation higher than those encountered in everyday life.

*Compensation:* Participation in this study will have no direct benefit to you, but you contribute to the growth of Jesus' kingdom in general and the development of the Seventh-day Adventist church in particular.

Participation in the project will require no monetary cost to you.

*Confidentiality:* All data generated by this research will be secure and anonymous. No identity will be made in data analysis or reporting. All written materials, drawings, and consent forms will be stored in a locked file in the researcher's home. Audiotapes will be

stored in a locked file and destroyed after being transcribed. During transcription, identifiers of you or anyone you talk about will be deleted. This will enable the sharing of transcriptions and drawings with others, such as the dissertation chair, without compromising your anonymity. Texts you provide, and your drawings will be identified only by a code. All materials will be destroyed within three years of completion of the research.

*Right to withdraw:* You are under no obligation to participate in this study. You are free to withdraw your consent to participate in the study, or in answering certain questions, or not to participate in the drawing activity at any time. You will not be affected by your decision to participate or not participate.

*Summary of results:* A summary of the results of this research will be supplied to you, at no cost, upon request.

*Voluntary consent:* As a participant, I have read the above statements and understand what is being requested of me. I understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. I understand that data and drawings from me may be used in the dissertation manuscript and future publications. On these terms, I certify that I am willing to participate in this research project. I understand that should I have any further questions about my participation in this study, I may call Armin Danz at +49 173 83 747 34, Dr. Reinder Bruinsma at [reinder@bruinsmas.com](mailto:reinder@bruinsmas.com) / +31 6 10 88 15 15, or contact the Andrews University Institutional Review Board per e-mail at [irb@andrews.edu](mailto:irb@andrews.edu).

.....  
Date / Participant's signature

.....  
Date / researcher's signature

## Appendix C: Interview Protocol

*Interview Protocol Project: Phenomenon of PIP healing*

Time of Interview:

Date:

Place:

Interviewer:

Interviewee:

Age:

Sex:

Positions of Interviewee

(Brief description of the project)

### Questions

1. What kind of healing did you experience through proximal prayer?
2. How did you experience this healing through proximal prayer?
  - 2.1. How long did your healing last?
  - 2.2. Is your healing medically documented?
3. What kind of teaching about the person of Jesus Christ accompanied the healing prayer?
4. What kind of impression did this teaching have on you?
5. If at all, how did the experience of healing and the accompanying teaching influence your relationship and/or faith in the person of Jesus Christ? Can you draw a picture of the influence and explain it afterwards?
6. If at all, which influence did your healing experience and the accompanying teaching have on your relationship to the Adventist church? Can you draw a picture of the influence and explain it afterwards?

7. (Thank the individual for participating in this interview. Assure him or her of confidentiality of responses and potential future interviews.)