

SUMMARY OF REPLIES RECEIVED TO HEALTH AND HEALING QUESTIONNAIRE – SENT TO LICENSED CLERGY

150 questionnaires were sent out - 82 were returned (54.7%)

Q1 To what extent is the healing ministry a component in the ministry you/your parish/chaplaincy etc exercises

- 44.0% a great deal
- 53.6% a little
- 2.4% varying between a great deal and a little

Q2 When given 10 options to record what the ministry involved, the following responses were received:

- 85.4% visiting
- 80.5% home communion
- 74.4% laying-on of hands
- 69.5% eucharistic worship
- 62.2% counselling
- 47.6% prayer groups
- 41.5% sacramental care in confession/absolution
- 30.5% networking with other disciplines involved in healthcare
- 28.8% healing services
- 18.3% services/networking relationships with other churches

Q3

- 96.3% said the ministry was exercised by clergy
- 64.6% said the ministry was exercised by laity
- 31.7% said the ministry was exercised by a group
- 17.1% said the ministry was exercised ecumenically

Q4

96.3%	saw the ministry of healing as:	emotional well-being
95.1%	" " " "	spiritual well-being
93.9%	" " " "	psychological well-being
89.0%	" " " "	physical change, well-being
86.6%	" " " "	experiencing God's love
84.1%	" " " "	comfort/consolation to individuals
82.9%	" " " "	affirmation of God's presence
79.3%	" " " "	social well-being

Q5 In response to "What training has been given/attended in this area" a) by you and b) by others in your team the following comments were received:

N.B. 21 stated they had not received training of any type, quote "none other than in ordination training and previous experience in the nursing profession and my experience of ministry"

Clergy:

- Ongoing through example; some given by previous incumbent
- It is some time since I attended training - 'Dealing with the dying' was the last – York 1998.
- Very little

- *Attendance at healing seminars*
- *Christian Listeners/IST/via Chaplaincy team at local hospital*
- *Healing course held some years ago and encouragement to some to attend healing and spiritual direction courses*
- *One event at Victoria Hall*
- *Self-awareness in Christ*
- *From training incumbent as a curate*
- *Diploma in Psychodynamic Counselling (W.P.F.)*
- *Day conference 'Time to Heal'*
- *Several seminars/lectures over many years*
- *Living with Loss (CPAS course on bereavement)*
- *New Wine Healing Ministry Training Days given and attended. Pastoral Skills course given & attended*
- *Hospital Chaplaincy placement in training for ordination; hospital Chaplaincy work in curacy; parochial ministry*
- *I have given training to priests in training*
- *Acorn Christian Healing Trust, New Wine Network, Drugs Awareness and Alcohol training*
- *Ad hoc conferences/sharing of experiences*
- *The Healing Team meets approximately every 8-10 weeks led by myself and/or a Pastoral Worker to reflect on what has been happening and to gain increased understanding of what we are about. A number have been on the 1 day conference in 2003 and the evening conference in 2004*
- *Various*
- *Various training attended*
- *Local college (vicar) & days at St Thomas' Crookes*
- *Very little*
- *Acorn Listening, Cruise Counselling, team work, day courses and reading*
- *Group discussion/reading*
- *Hospital Chaplaincy courses etc (used to be part-time hospital chaplain – RNOH)*
- *Various courses etc over the years, being part of church healing ministry team*
- *Our special ministers of the Eucharist are also affiliated in the Christian Council for Ageing*
- *A little*
- *Little since curacy – training by experience*
- *Courses/college*
- *There is no ongoing training*
- *Various courses*
- *Acorn Christian Healing Trust 1993 etc*
- *New Cruise training and conferences*
- *We had a series of meetings/training sessions which still happen, though now infrequently.*
- *I have over 50 years lay and priestly involvement in parishes; before I retired, occasional seminars, mutual support groups, visits and lengthy discussion at the Centre at St Marylebone*
- *A lot over the years*
- *Regular Bible based teaching and discussion*
- *Ministry training*
- *Recently – a one day training course*

- *College, POT, Diocesan courses etc. Receiving the ministry of healing.*

Others:

- *We pray for lists of people and would like to hear how they are, especially if they have been helped*
- *We have been to training days and visited other churches that have healing services*
- *Various healing events/conferences*
- *Attendance at healing seminars*
- *I have a fully trained lay pastoral worker, upon whom I cannot rely at all: her own health is too poor to allow any systematic programme to be undertaken*
- *Saints in Healing – to 80 people in our house group in 1997 and 20 new members in 2003*
- *8/10 people have attended the one day conferences and every session that you mention*
- *2 people are doing the diploma in counselling at St John's Nottingham.*
- *About 12 people have attended courses on bereavement counselling by Revd Brian Cranwell*
- *Bereavement Group & All About God Group*
- *Spiritual Direction*
- *In-house bereavement/pastoral visiting training*
- *Diocesan Training Days etc*
- *Several seminars/lectures over many years*
- *Congregation taught by clergy*
- *Day conference at Burghwallis*
- *Church runs a Healing Ministry Training Day twice a year attended by churches from the Diocese*
- *Some of the team are ACC (Accredited Christian Counsellors)*
- *Pastoral training at another church (St Thomas)*
- *Acorn Christian Healing Trust, New Wine Network, Drugs Awareness and Alcohol training*
- *One Reader and one Church Warden trained as Counsellors*
- *Diocesan evening event*
- *Attending courses. Input from those with that gifting. Bereavement courses etc.*
- *Only a little from incumbent*
- *None at all*
- *Trained/experienced healers*
- *Training days, St Thomas Crookes*
- *Some have been to a day at St Thomas Crookes, others had some training before my time*
- *A lot over many years*
- *We had a series of meetings/training sessions which still happen, though now infrequently.*
- *Regular Bible based teaching and discussion*
- *Bereavement/social work training*
- *Bereavement counselling, counselling, Diocesan healing courses, nursing, receiving the ministry of healing.*

**Q6 What training/development would you require/like in this area
a) by yourself and b) by others in your team?**

N.B. Of the 82 clergy who completed the questionnaire, 43 did not answer this question, 6 said they did not know and 1 said he/she did not want training

a) clergy:

- *Regular refresher courses, i.e. one day events*
- *Occasional day course, possibly residential*
- *The chance to explore further developments*
- *Listening to God and the person seeking healing, discerning how to pray*
- *Updated information on current trends and practice*
- *Always good to hear from others in terms of a) good practice and b) experience*
- *Occasional updating and renewal*
- *CME style events, revisit the General Synod report/book on healing*
- *Spiritual direction – understanding healing*
- *Training for clergy*
- *It would be helpful to have the opportunity of experiencing more healing services*
- *Obviously training is required but the church are not health care professionals. What we have to offer is love and prayer – this is an organic thing – I am wary of it becoming another para-medical option rather than the love and power of God bringing healing through his people.*
- *We find that we are able to access training needs through existing networks*
- *Broad training with holistic approach*
- *Specific training on laying-on of hands, counselling, addiction etc.*
- *How to proclaim to the Diocese that healing has a political dimension*
- *Specialist input about drug/alcohol abuse, eating disorders, depression*
- *Healing Ministry in church services;*
- *on-going prayer ministry and pastoral support*
- *We see it as an all-member ministry needing to be exercised continually*
- *Diocesan courses*
- *Refresh/update*
- *Outside training*
- *Interaction with others who may be involved in it*
- *Refresher course*
- *Training courses, day events which I can attend if not too busy*
- *Broad issues – *expectations from those in need of healing *expectations from those offering the ministry of healing *psychological dynamics.*
- *Training that inspires confidence in the ministry of healing*
- *At the moment, we are just getting on with ministry in this area*
- *Looking at other healing ministries*

b) others in your team:

- *The last training event was apparently disappointing*
- *Listening to God and the person seeking healing discerning how to pray*
- *The chance to explore further developments*
- *Meetings of Christian healers*

- *Always good to hear from others in terms of a) good practice and b) experience*
- *Lay Communion Givers, Lay Bereavement Visitors*
- *Local, half-day or evening presentation*
- *Encouragement and confidence building training*
- *Orientation to ministry in hospitals, home communion ministry*
- *Diocesan training evening was not felt to be very good*
- *Specific training on laying-on of hands, counselling, addiction etc.*
- *Specialist input about drug/alcohol abuse, eating disorders, depression*
- *Healing Ministry in church services;*
- *On-going prayer ministry and pastoral care*
- *Refresh/update*
- *Outside training*
- *Refresher course*
- *More healing conferences*
- *Seminars in parish in May and teaching at Sunday worship (both planned)*
- *Training that inspires confidence in the ministry of healing*
- *By a cascade approach – discussion about what healing means to them. Generally, an ‘opening out’ of the theme*
- *More chance to be involved*

Q7 “What relationship does the ministry involve with other agencies”

Out of 82 responses, 18 did not offer an answer to the question and 2 recorded that it was “not applicable”. From the 62 remaining responses it was established that 115 relationships with the various bodies were already established, albeit some on an ad hoc basis, as follows:

- a) National Health Service - 35
- b) Counsellors - 22
- c) Other healing bodies - 17
- d) Social Services -22
- e) Others – 19

N.B. A large proportion of the NHS relationships were via chaplaincies and hospital visiting

Specific comments made:

- *If someone goes in for an operation or treatment, prayer can and does help the situation but people don't know it is happening. When they do, they often say how much it has helped (a)*
- *Embryonic at present (all categories)*
- *We liaise with all the different agencies*
- *We have NHS Chaplaincy (a) but very little contact with other agencies – perhaps potential for development.*
- *Very little (all categories)*
- *Our church fellowship contains practitioners from all fields, especially (a)*
- *(d) elderly people's homes, mental disability, residential homes and day care centre*

- Occasional referral to these (a)
- From 1992-2002 a retired vicar was a member of our congregation and saw many people for counselling. He was a member of a recognised organisation.
- All categories – as necessary in each individual case
- Postnatal depression support group is soon to meet on our premises (a)
- Not an area we have thought deeply about
- As seems appropriate to each situation – shared ministry/cooperation
- None specifically, but other agencies are consulted as required
- Visits to Brighton's St Luke's Day Centre (a) and (e) care homes
- a,b,c, & d – none. New Wine/Acorn Trust (e)
- Not sure, I believe it is part and parcel of being a priest. It's what we are called to be and do. We will contact as and when required anyway, I hope
- (b) potentially
- (a) Hospital visiting, good relationships with GPs and physiotherapists, (b) referral to Christian counsellors e.g. Rainbow Counselling, (c) specialist groups, e.g. for eating disorders, (d) for advice on child protection/family support issues and (e) Hospital Chaplains keep good communication
- (a) Plan to involve Christian doctors in healing services
- (a) Liaison with Hospital Chaplains
- All – referral when required
- At present very little. Some contact has been made recently with regard to bereavement with the Social Services
- no formal relationship with (a), (b) or (c). (d) only through involvement with particular cases
- (a) Contact with Hospital Chaplaincy, (b) referral & (e) contact with someone knowledgeable in physic/supernatural
- (a) Ordinary hospital visiting, (c) 2 private hospitals in parish (occasionally called in) & (d) occasional consultations with individuals
- (a) & (e) staff at residential/nursing homes and G.P.'s
- All on an informal and ad hoc basis
- Partnership with sector ministries, voluntary and statutory organisations is essential to ensure good knowledge base and understanding of how and where needs are met. Also, to ensure there are no repeat or contrary services working against each other
- (a) mainly through hospital visiting, (b) for more long-term psychological/emotional issues & (d) for parish's 'help' issues
- No formal links
- Only ongoing support/networking with local health service professionals
- (a), (b), (d) and (e) – mental health drop in centre
- (b) Occasional referrals to specialist counsellors
- (e) Nursing/EMI homes

Q9 What issues do you think the Diocese should be tackling to further the healing ministry?

NB 25 people (over 30%) failed to provide an answer to this question, 5 said they didn't know and 1 said "none"

- I have concerns about the personal qualities and abilities of some who involve themselves in vulnerable peoples' lives as counsellors. I would prefer careful selection and professional training/licensing for this sensitive area of ministry.

- Perhaps encouraging greater use of healing services
- Holistic therapy is missing – the role of massage, aromatherapy and other healing techniques/strategies, which many outside of the church are responding to. The significance of diet to people's sense of health and well being is not to be neglected.
- Strong encouragement to pray for the needy.
- All of them!
- Encouraging us all to think, pray and act with common sense in this area within the concept of faith in God.
- A wider understanding of the different approaches to this ministry, and where care should be taken. Help with teaching various congregations what it is about, so that healing services can be introduced.
- Put it on a biblical footing.
- Dispelling the superstition/magical element in popular thought. Bringing this into the mainstream sacramental ministry of the church.
- Encouraging us to learn from the charismatic and from the catholic (e.g. New Wine).
- Understanding and circulating information about the various agencies able/willing to teach and promote the ministry of healing.
- Formalised healing services, training courses, more publicity about counsellors available etc. More information about hospital Chaplaincy etc.
- Be open to ministry of the Spirit in this way
- Be prepared to tell the stories, especially positive ones – which are often lacking, also the bad stories too, so we can learn.
- Train and appoint priests and laity who are gifted to preach, teach, lead courses and support parishes
- Social and community aspects of healing
- A better understanding among "care professionals" of the church's role.
- Something to encourage people – some published case studies?
- 'A Time To Heal' needs to be continually worked on.
- For many, healing is seen solely as a physical health issue. Before we continued the healing ministry in the parish we had a long study on all aspects of healing and the service is very much about wholeness. We have had some wonderful results because of this approach.

- Not allow it to go to the fringe of church activity.
- Encouraging good practice and training for parishes which wish to get started. Facilitate networks within Diocese
- I don't know whether it should when it is split sacramentally within itself
- The issue of mentally ill people who are treated outside of hospital can be a pressing problem when these people turn for help to the church
- Abuse in healing ministries
- Practical training/licensing for lay ministers (often the clergy don't have time to train)
- Remove the understanding or image people have as a God who zaps certain people, but leaves the majority to suffer. A more holistic, organic, incarnational approach.
- Encouragement for parishes to look for the support of a Jesus-centred healing group rather than an individual charismatic healer.
- The Diocese should emphasise the role of the church in the whole community at every level, denying congregationalism!
- Bringing together those who are experienced in this field – from different traditions – promoting best practice.
- Difficult to see at the moment how much more can be done without adding to the workload that in itself is an issue for many.
- Don't see the Diocese as having a particular role other than to encourage and network as well as providing guidance for specialist/difficult areas.
- (1) Resisting "hype" (2) Seeing that clergy are equipped to minister to the dying (3) addressing the links between health and poverty, health and education, health and social position.
- I have heard of priests who have never exercised and celebrated these sacraments. Perhaps this could be an addition to P.O.T. if this is not already in hand.
- Training and release of lay people.
- Joined-up thinking, as in "A Time To Heal". How does the healing ministry affect the whole life of the church? Much more control/discipline on the wider more emotive elements.
- Question: If Bishop Jack consecrates the Oil of the Sick at the Chrism Eucharist (as he does) why is there no mention of this ministry/sacrament on this questionnaire? The link with the Bishop demonstrates that the WHOLE church is concerned with and involved with "healing"?

- Exploring a theology of healing
Building faith through testimony
Looking around the diocese for "good practice"
- a) More practical training in Doncaster area
b) More healing services at Deanery level
- General belief that "healing ministry" is confined to miracles of physical healing
- Professional support/supervision for those involved in this ministry. I pay for my own supervision as there are no financial resources
- Including healing ministry (including all the elements identified in Q2) in P.O.T. and perhaps giving over a diocesan conference to the healing ministry
- Higher profile that is not frightening or a turnoff
- Maybe encouraging deanery healing services?
- (1) Emphasise visitation
(2) Occasional training days
- Drug abuse – the physical and psychological effects
Alcohol abuse – the physical and psychological effects
The reluctance of the "ordinary Christian" to be actively involved in healing/laying on of hands
- Small cell groups where more people are able to speak to each other and help each other
More healing services
More healing slots during services, so that everybody knows healing is available at anytime
- Training days in hospitals/hospices/care centres/social services, i.e. hands on not another lecture/seminar/group work.
- Difficult question. Perhaps help clergy to make move into collaborative ministry
- Should seek to integrate the healing ministry as an integral and essential part of the Church's mission to proclaim Good News.
- Not sure that they need to do anything more. There are plenty of resources out there in the form of books, conferences and churches willing to help people.
- Sharing of good practice

- Listening and acknowledging those who have been helped and listening to their stories – get people to be thankful. Use general thanksgiving more often

Q10 Are there particular areas of concern that could be developed?

Please comment, i.e.

- a) mental health (35 responses highlighted this as a concern)
- b) care for the elderly (30 responses highlighted this as a concern)
- c) bereavement care (36 responses highlighted this as a concern)
- d) counselling/psychotherapy etc (25 responses highlighted this as a concern)

NB 20 people failed to answer this question, one said he/she didn't know and one said there were no areas of concern. Detailed replies are as follows under each category.

- a)
 - Training and advice would be helpful in this area. There are many people coming to church (regular and one off) who we are not capable of handling – some are violent.
 - Promote Ely Diocese' video 'A Little Help From My Friends'
 - Stress reduction/coping strategies – self
 - The unhelpfulness of the more extreme and dramatic approaches to healing can send people off the rails. The importance of boundaries etc.
 - This is the most difficult area and one that seems to be getting larger.
 - This is perhaps an area where clergy can often feel overwhelmed.
 - The use of buildings for mental health "drop-ins"; the problem of the disproportionate number of people with mental health problems.
 - I am aware of the prevalence of mental health problems within and outside the congregation. SYHA has flats above our Parish Centre – we have some contact.
 - Significant concern – as a parish, especially as relates to addiction.
 - In conjunction with local psychiatrists/community nurses
 - Much of this should be done carefully and with properly qualified and professional involvement.
- b)
 - With an emphasis on 'youth and children', there is a danger the elderly can feel more marginalized by the church
 - Especially for those in residential and nursing homes (we have several)
 - There are a number of practical issues, from adequate funding and the lack of support by Sheffield Social Services to making elderly people feel a wanted, valued part of the community.
 - Preparing for death – i.e. culmination of a life, not a failure

- What is this doing here? The ill are just that, the ill. Old age is not an illness. So one area of concern might be the resistance of ageism
 - We sustain about 12 home communities monthly.
 - How the elderly can be encouraged to feel part of the church.
 - More visitations
 - Really, I feel this needs a shake-up nationally. But I think training courses on dealing with dementia and Alzheimer's would be extremely beneficial.
- c)**
- There is much 'befriending' going on at parish level.
 - Training for lay visitors/befriending in churches
 - Follow-up practices, sharing ideas, successes.
 - Plenty of secular courses, e.g. Cruise
 - Encouraging funeral follow-up.
 - We have visitors available
 - I should like to develop this with a team but don't know where to begin.
 - Visiting groups
 - More visitations
 - Definitely, but shortage of able, energetic, mature and willing people is a great difficulty. The only volunteers are those who are (speaking confidentially) not up to it.
 - Already covered in different contexts, e.g. Lay Pastoral Worker training – perhaps more integration with other training schemes?
- d)**
- This can be expensive for the poorest members of society and there are often long waiting lists.
 - Frank Lane (?) Groups in the area?
 - This must be a very difficult legal area for priests, who are not trained in counselling or psychiatry and who ought more probably to be concentrating on the priestly ministry.
 - Group dynamics etc. We could do with a network to (1) refer people to and (2) ask advice/help from.

- There are plenty of secular organisations with good training to be had.
- Sensitivity and skill in listening, plus making a human connection, is what is most needed – not psychotherapy.
- Possibly the link between this and spiritual direction.

Other specific areas of concern:

- Sexual abuse, child neglect and alcoholism
- Deliverance Ministry – though rare, it is vital this is covered
- Terminal illness – supporting carers
- Any one of the suggested issues could be developed in any parish. The problem is resources – not the lack of need.
- All issues – but problem of time and commitment. An A4 summary with bullet points would be useful – sent to recipients of Diocesan mailing. Also John Thomson's courses, CMC etc.
- Get people to realise the positive nature of the need "to lift up your hearts". Much more listening to the carers and encouraging people to believe in the possibilities

Q11 Would you support a Diocesan Network that would include:

- a) Annual Healing Service – *22 said yes*
- b) Training Seminars on the Healing Ministry – *54 said yes*
- c) Networking Group to disseminate information in this area – *28 said yes*
- d) Referral Group to assist in areas of uncertainty – *37 said yes*
- e) Quiet days of reflection focussing on healing/health – *40 said yes*
- f) Any others – see comments below

NB 5 people did not respond to this question

"Sorry, there are too many Diocesan Days that take us away from doing work in the parish"

3 said no to an annual healing service

3 said they would categorically not support a Diocesan Network and the diocese should not tackle any issues

One comment gave qualified support "If it seems a priority for us here, then yes, otherwise, not much".