

The 'Toronto Blessing': A Holistic Model of Healing

MARGARET M. POLOMA[†]
LYNETTE F. HOELTER[†]

National and regional surveys that have included items on healing suggest that a significant minority of Americans claim to have experienced a divine or miraculous healing. Many of them are involved in a Pentecostal or charismatic (P/c) approach to Christianity, a recent offspring of which is the 'Toronto Blessing,' a modern revival having its origins at the Toronto Airport Christian Fellowship. P/c Christians promote a worldview in which the power of God freely moves through and among believers and in which healing is regarded as "supernaturally natural." Using a model implicit in McGuire's qualitative research on P/c healing as a framework for multivariate analysis, the effects of ritual participation, physical manifestations, and emotional responses on four types of healing are explored in a sample of 918 Toronto pilgrims.

INTRODUCTION

A number of recent surveys have documented the relatively widespread belief and practice of religious healing in American society. Regional studies in Virginia (Bromley et al. 1986), Indiana (Trier and Shupe 1991), and Ohio (Poloma and Pendleton 1991) have demonstrated that over 10% of respondents have personally experienced healing from a *serious* medical condition as a result of prayer. Approximately 30% used prayer for healing and health maintenance (Trier and Shupe 1991), and some 30% reported having experienced a healing through prayer (Poloma and Pendleton 1991; Poloma 1993). A more recent national Gallup poll found that 21% of the respondents reported having experienced a "remarkable" physical healing and 22% affirmed they had received healing from "an emotional or psychological problem."

In related medical research, leading scholars, often gleaning the information from studies in which religion had been an underreported variable, have repeatedly demonstrated the relationship between general religiosity measures and various measures of health (see reviews by Craigie et. al 1988; Levin and Vanderpool 1991; Larson and Larson 1994; Larson, Milano, and Barry 1996). These findings have stimulated discussion, conferences and further research concerning the role of the "faith factor" in health and healing (Larson and Larson 1994; Benson 1984; 1996). *Medicine and Prayer*, for example, a newsletter published by the Santa Fe Institute for Medicine and Prayer describes its function as "promoting the return of the sacred to the practice of medicine." Popular books by physician-authors, including Deepak Chopra, Larry Dossey, Andrew Weil, and Herbert Benson, can be used to further illustrate how the impact of religiosity/spirituality on health is being more widely acknowledged in the general marketplace of ideas and practices.

[†] Margaret M. Poloma is a professor in the Department of Sociology at Southern California College and at the University of Akron, OH 44325-1905.

[†] Lynette F. Hoelter is a Ph.D. candidate in the Department of Sociology at The Pennsylvania State University, University Park, PA 16802..

As McGuire (1993: 146) has noted, however, very few studies of healing practices in America “document healing practices in any detail.” The focus of much existing research has been on a simple report of the incidence of spiritual healing beliefs and practices and/or the *relationship* between religious beliefs/practices and health/healing. While such research is foundational for future projects, much remains to be done. This article is a modest attempt to build on these basic findings in describing the *meaning* of healing and the *process* through which healing is believed to occur for a group of Spirit-filled Christians who have immersed themselves in an ongoing revival frequently called the “Toronto Blessing.”

McGuire’s (1988) qualitative study *Ritual Healing in Suburban America* has provided relevant categories of thought and meaning for the model of Pentecostal/charismatic (P/c) healing that will be explored through multiple regression analysis on a survey of Toronto pilgrims. Using a social constructionist approach, McGuire’s research has furnished valuable insight into similarities and differences found in the healing beliefs and practices among four types of healing groups: Christian, traditional metaphysical, Eastern/meditation, and psychic/occult. Her thick description is embodied within a theoretical framework and presents an insightful portrayal of how order (meaning) is ascribed to disorder (illness and disease), while challenging the reader to move beyond the Cartesian mind-body dichotomy to assess the healing process through more holistic lenses. Her astute observation of charismatic Christians has been particularly useful for developing the model that frames this analysis of responses from participants in the “Toronto Blessing.”

In order to provide some social context for understanding this revival that began at the Toronto Airport Christian Fellowship in January 1994, the next section will briefly trace the rise of the Christian healing in North America in relation to the P/c movement. Against that backdrop we will then describe the particular elements that comprise the healing model, followed by a description of our sample, measures, and results of the analysis.

CHARISMATIC HEALING IN SOCIAL CONTEXT

The “Toronto Blessing” is the latest wave of the P/c movement that can be traced back to the wedding of the nineteenth-century Christian healing movement with early twentieth-century Pentecostalism.¹ Although the P/c movement has traditionally been characterized by glossolalia or “speaking in tongues,” the belief and practice of divine healing may prove to be more central to its identity than is tongues. While speaking in tongues is accepted by most who are involved in the renewal (87% of the respondents had done so), the “gift of healing” has assumed a more salient role in the latest phase of the P/c movement.²

Although holiness and health enjoy the same etymological root, reflecting the ancient conviction that well-being and a right relationship with the deity go hand in hand, a separation from of holiness from health has a long history (MacNutt 1974; Kelsey 1988; Poloma, 1989; Bakken and Hofeller 1992; DeArteaga 1992). This dichotomy gained a strong foothold with Thomas Aquinas’s development of an Aristotelian theology, dividing person neatly into body and soul. Although spiritual healing continued in the folk religion of Catholicism, a more rational Protestantism was less inclined to permit any vehicles for spreading such “superstition.” This dichotomizing of “body” and “soul,” now reinforced by Cartesian philosophy, undergirded the cessationist position on healing which taught that “miraculous healing” was granted for only a short period of history to aid in the establishment of the early Christian church (Martin 1988).

It was the nineteenth-century Holiness movement which provided a theology that challenged the prevailing norms about spiritual healing in Christianity and laid the foundation for the Christian healing movement. Of the thousands of local independent Holiness congregations formed during the period of 1893 to 1907, many became part of the later Pentecostal movement birthed by the Azusa Street revival of 1906–1909 (Chappell 1988). It

should be noted that the Holiness-Pentecostal healing groups represented only one major stream of spiritual healing in nineteenth-century America but one which has had the most lasting and extensive influence. Healing was a significant feature in other sects, including the Shakers, the Mormons, Christian Science and other so-called "New Thought" groups (Larson 1985; Chappell 1988). Unlike the followers of the New Thought movement that gave rise to Christian Science and Unity School of Christianity, these early Pentecostals did not seek to make a systematic theology out of their experience. Their theology was relatively undeveloped and simple, tending to focus on the restoration of the early apostolic Church in which divine healing was reportedly a normative experience (Blumhofer, 1989).

Although healing remained one of the Pentecostal charisms, it was sometimes threatened by Pentecostalism's struggle against the forces of charismatic routinization (Poloma 1989). By World War II, the second generation of believers was experiencing what Chappell (1988: 371) has called a "spiritual drought." Significantly it was a fresh healing movement that revived the Pentecostal movement. Between 1947 and 1958, dozens of healing evangelists crisscrossed America, including the famed William Branham and Oral Roberts. The healing movement with its ecumenical appeal has been credited with giving birth to the charismatic movement of the 1960s during which Pentecostalism was revitalized, mainstream churches were "pentecostalized," and independent charismatic churches were birthed (Wacker 1986; Chappell 1988).

The practice of divine or faith healing has had its greatest influence among the spiritual descendants of the Holiness and Pentecostal churches. Whether they now call themselves Pentecostal, evangelical, charismatic, full-gospel, third-wave, or currently "in renewal," healing remains widespread in the P/c movement, as belief, practice, and reported experience. Its influence now extends beyond the Holiness and Pentecostal denominations to those in Spirit-filled mainline, independent and newly emergent denominations, including so-called "third wave" congregations made up of evangelicals who eschew the label "charismatic" but who engage in charismatic ritual, including healing prayer and rituals (Wagner 1988).

The "third wave" has been spearheaded by the voice of John Wimber whose Association of Vineyard Churches is one of the forces at work in "reinventing American Protestantism" (Miller 1997). Wimber (1987) provided a voice for others in seeking to downplay the role of healing evangelists and healing crusades that were characteristic of the 1950's healing movement, emphasizing instead that the power to heal was available to all Christians. This democratization of spiritual healing, taking it out of the hands of a few and placing it in the reach of the masses, is the stance on healing taken by leaders of the "Toronto Blessing" renewal.³

The "renewal" (as the most recent phase of the P/c movement has come to be called), like its counterpart in contemporary non-Christian spiritually oriented alterative medical writings, is holistic, acknowledging the interdependence of spiritual, emotional, mental and material agents. Wimber and Springer (1987: 60-62) observe that "sickness may strike a variety of places in our lives with repercussions affecting the whole person." Healing is thus said to "come in the corresponding areas" of spirit (healing of spiritual sickness caused by sin); the effects of past hurts ("inner healing" or healing of hurtful memories and damaged emotions); demonization (influence of demonic activity); mental illness; physical illness; and even "dying and the dead" (comforting and strengthening the dying and, infrequently, the raising of the dead).

While accepting medical science as a "gift from God," this latest wave of the P/c movement is wary of any simplistic materialistic medical models. It moves beyond the newer mind-body paradigm which acknowledges mental faculties as powerful healing agents (cf. Benson 1996) to incorporate what Dossey (1989; 1995) has referred to as "Era III Medicine." The model of person explicitly presented in p/c healing theology is a triune one of

mind, body, and spirit (cf. Bennett 1979); its worldview incorporates nonlocal (e.g., healing at a distance through prayer) as well as local means.

Like most of the Christian subjects of McGuire's (1988) study of alternative healing practices, those involved in renewal accept and encourage the use of modern biomedicine but remain wary of nonwestern alternative medical practices, often regarding them as demonic in origin. The dualistic theological stance it espouses emphasizes the role of spiritual agents in the healing process, including the positive intervention of God and the negative opposition of demons (cf. DeArteaga 1992; MacNutt 1995). In its break with Enlightenment thought and Cartesian dualism that has undermined the practice and belief in faith healing, the P/c approach toward healing is decidedly *nonmodern* in its curious blend of elements of premodern, modern, and postmodern thought.

TOWARD A MODEL OF CHRISTIAN HEALING

As with most other groups who accept alternative healing practices, P/c Christians have a holistic image of health (McGuire 1993). It is impossible to separate their attention to physical health from their concerns about eternal salvation of the soul, emotional and mental well-being, and social relationships. Reflecting this holistic approach, the model of healing tested here is multivariate and employs measures of spiritual, emotional, and bodily responses to ritual activity. It includes three independent variables, one intervening form of healing, and three dependent healing variables. Each of these component parts will be discussed briefly in light of McGuire's implicit model and then in terms of P/c ideology, practices, and experiences.

Healing Ritual, Somatic Manifestations, and Emotions

Although discussions of religious ritual are often linked to beliefs and myths (cf. Roberts 1995), ritual may perhaps be better described through the study of somatic activity and emotional responses. Due to its fascination with cognition, the sociology and psychology (and to a lesser extent, anthropology) of religion often has been remiss in its study of either the human body or human emotions. The open display of seemingly bizarre bodily manifestations and wide range of emotions at revival/renewal services make it impossible to separate ritual performance from human activity. They serve as a fresh reminder that "believers . . . are not merely disembodied spirits, but that they experience a material world through their bodies" (McGuire 1990: 294).

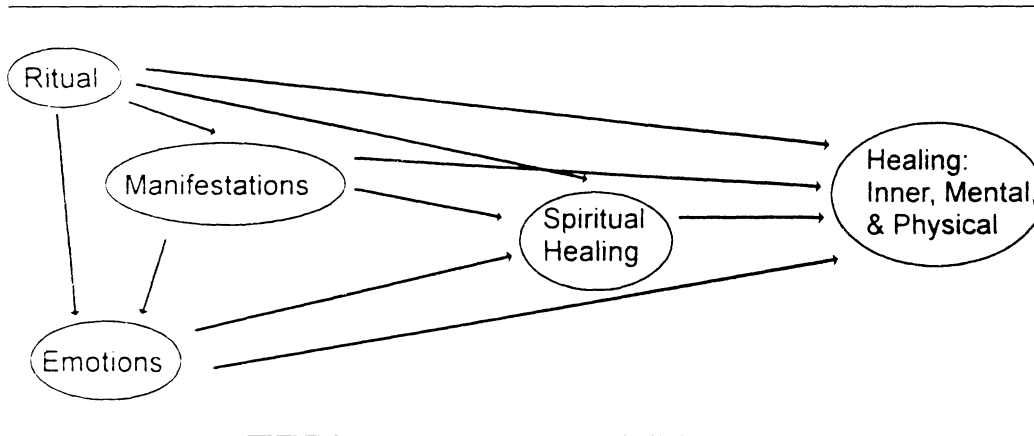
The general form of the ritual taking place nightly at TACF has been described elsewhere (Poloma 1997) and is a constant insofar as all respondents have attended and participated in these renewal services. Sufficient to say that renewal services include three and sometimes more hours of vivacious singing and dancing, listening to testimonies, and preaching, with opportunities for cathartic responses throughout the service. Individual prayer, offered by prayer teams at the close of the formal service, is often regarded as the time during which the Blessing is most likely to be bestowed; and it is this ritual element that has been singled out for inclusion in the model proposed in Figure 1.

As the music begins to play again at the end of the formal service, people gather in the assigned locations to await individual prayer. Many appear to be in an altered state of consciousness — lost in quiet worship as they wait for a prayer team to come by and to pray with them. (The prayer teams are often said to act as spiritual midwives, to assist in the "birth" of the "new work" God has begun.) The prayer offered by the prayer teams — commonly used phrases are "Bless him, Lord," "Another drink (of the Holy Spirit)," "Increase," "Peace," "Go deeper"; "More fire" or "Fill him, Lord" — blends into a kind of ordered chaos where music offers a backdrop for the laughter and tears, jerking and shaking, pounding of

feet against the floor, or silent resting "in the Spirit" by those already lying on the floor. The larger ritual embodies a sense of a Durkheimian "collective effervescence" reflected in a communal experience that is also simultaneously individualistic. The more individualistic nature is reflected in the somatic manifestations that have come to be a hallmark of this renewal.

FIGURE 1

CONCEPTUAL MODEL OF HEALING



The somatic manifestations— shaking, laughing, jerking, crying, and even occasional "animal sounds"— are in evidence throughout the ritual but increase and intensify during the time of individual prayer. This array of unusual physical manifestations has accompanied other early American revivals, including the First Great Awakening and the Methodist Revival (cf. White 1987; Chevreau 1994; Dixon 1994; Campbell 1996; Riss 1997). Although some of the manifestations, most notably glossolalia and resting in the spirit, have been part of the P/c movement throughout this century, the diversity and intensity of the somatic manifestations appear to be heightened during this phase of the movement. One person may be convulsing with laughter, another shaking uncontrollably, a third screaming as if in deep pain, still another sobbing quietly, while still others quietly lay on the floor seemingly in the deepest peaceful rest.

The manifestations are commonly regarded as signs God is at work within those for whom prayer is being offered. The "work" that is believed to be underway is largely one of healing. This holistic healing includes being drawn closer to God, being able to forgive past injuries, improved personal relations, healing of emotional hurts, and sometimes healing of physical and mental health problems. While there have been some informal attempts to develop some schema for understanding which somatic manifestations are indicative of which blessing, the more accepted approach is to leave the manifestations as general signs of empowerment by God (cf. White 1988; Poloma, 1996b).

That the somatic manifestations in the healing process appear to be similar to some bodily reactions in psychotherapy (cf. Nichols and Zax 1977; Scheff 1979; Pierce, Nichols, and DuBrin 1983) is an issue that should be noted here. McGuire (1988: 50) has observed that Christian groups frequently cited "emotional causes . . . usually concomitant with spiritual causes" as factors in illness. She suggests a parallel between Christian reference to emotional aspects of illness as "memories" that needed healing and "psychoanalytic notions of repressed emotional responses." Our model thus posits that bodily manifestations are interdependent with emotional responses. "Emotion as lived experience," according to

Norman Denzin (1992: 307), assumes “the importance of the human body for the study of emotion . . . emotions are embodied experiences.”

Similarly, McGuire has noted in her work on alternative healing rituals that bodies and emotions are intimately interconnected. Individuals relate to health, illness and healing, not only in terms of cognition (as emphasized in modern research) but, “rather, meanings are subjectively engaged cognitively, emotionally, and by way of the senses” (McGuire 1988: 213). McGuire (252) further notes that it is the modern “civilizing process” that has sought to control emotions and then “try to apply formal rationalization to bodily and emotional experience and expression.” The “Toronto Blessing” thus offers a cathartic ritual where worshipers are encouraged not to fear their emotions and where permission is given for possible somatic reactions to the “move of the Holy Spirit.”

Types of Healing

Spiritual healing. Relationship with the Divine. Healing, as understood by those involved in the P/c movement, is somewhat different from a common understanding of the term. As McGuire (1988: 43) observed during her study of charismatic Christians in New Jersey a decade ago: “It is not necessary to have a medically diagnosable condition in order to experience healing. . . . More important, however, is that healing ‘works’ first and foremost as a spiritual experience; physical and social-emotional changes are hoped-for, but secondary, aspects.” According to McGuire, “. . . the key criterion of healing is the process of becoming closer to the Lord.” It is the removal of perceived barriers to divine intimacy, including personal sin and demonic influence, that is being referred to here as “spiritual healing.”

Following this important observation, spiritual healing (by definition) involves a closer relationship to God that has come about through the “Toronto Blessing” experience and is regarded as central to the model we are employing. The positioning of spiritual healing as central to our model is consistent with charismatic theology as well as some social scientific observations on healing. John Wimber (1987: 66), representing the P/c worldview, states unequivocally:

The healing of our spirit, in which our relationship with God is renewed and restored, is the most fundamental area of healing. Without doubt the healing of our spirit is the linchpin around which all other areas of healing revolve.

Although few researchers have attempted to study spiritual healing (as defined here) in its relationship to health, social psychologist Marvin Pollner (1989) did find support for the effects of a personal relationship with God and general well-being. Using NORC data, Pollner reported that participation in a relationship with the divine (“divine relations”) was the strongest correlate for four measures of well-being, surpassing in strength the usual predictors of race, sex, income, age and marital status.

Inner healing. Self-acceptance and relationships with others. The healing of emotions or inner healing (used interchangeably in P/c literature), is a term that has been employed in at least two interrelated ways in P/c writings: (1) as inner personal healing (e.g., increased self-acceptance and decreased self-denunciation) and (2) as healing of relationships with others (e.g., forgiveness and reconciliation). An important key to the process is said to involve a “healing of memories” from hurting and abusive treatment by others. Judging from testimonies given at renewal meetings, inner healing is commonly experienced at renewal meetings (see Poloma 1997b).

The healing of emotions or what we are calling “inner healing” in our model has a long and steady tradition in the P/c literature (cf. Sandford 1947; Tournier 1947; Scanlan 1974;

Stapleton 1976; Bennett 1984; Padovani 1987; Pyches 1987; Bartow 1992), particularly in the charismatic and independent streams of the P/c movement. Stapleton (1976) described inner healing and its relation to physical healing as follows:

When we speak of inner healing, we refer to the experience in which the Holy Spirit restores health to the deepest area of our lives by dealing with the root cause of our hurts and pain. In prayer for physical healing we are often concerned with the symptoms of the real need. Deep hurts and fears often manifest themselves physically as backaches, headaches, skin rashes, asthma, and other illnesses. When we pray for healing of physical symptoms we often see no change because we are praying for and expecting God to heal the symptom rather than to make us whole.

Both spiritual healing and inner healing reflect a transcendent quality of human beings that goes beyond the individual body or mind. As can be seen in the Stapleton quotation just cited, these forms of healing are interrelated with other more commonly-understood experiences of healing. Past hurts and emotional pain are believed to impact both mental and physical health.

Mental and physical healing. Although spiritual and inner forms of healing (as defined by the P/c worldview) have not been studied using quantitative measures, questions have been asked on local surveys (cf. Bromley et al. 1986; Shupe and Hadden 1989; Trier and Shupe 1989; Poloma 1991) about the incidence of mental and physical healings. Depending on how the question was worded to reflect the seriousness of the medical problem, anywhere from 10% to 32% reported having received a physical healing. More recently, a 1996 Gallup poll found that 21% of the respondents reported having experienced a "remarkable" physical healing and 22% affirmed that they had received healing from "an emotional or psychological problem." Although no question was asked in the 1996 Gallup poll to measure self-identification as a P/c Christian, there was an item inquiring whether the respondent self-identified as being "born-again." Born-again Christians, who may or may not be Pentecostal or charismatic, were significantly more likely to report having experienced a healing than non-born-again — 33% of born-again (as compared with 14% of non-born-again) claimed a "remarkable" physical healing and 32% (versus 15%) reported being healed from an emotional or psychological problem.⁴ In a follow-up of persons in the 1985 Akron Area Survey who agreed to a second interview and who had reported a physical healing from a life-threatening medical problem, 86% of the respondents self-identified as "charismatic or Pentecostal" (as compared with 13% of the original AAS85 sample) (Poloma 1991).

In sum, previous research, both medical and social scientific, has demonstrated a relationship between religion/spirituality and physical healing. McGuire's (1988) qualitative research suggests that for P/c Christians, who account for a significant number of those who believe in and practice divine healing, the relationship is complex. As reflected in P/c literature and McGuire's research, P/c healing is not limited to the curing of physical ailments. It involves a holistic perspective that posits an image of person as an interconnection of the spiritual, emotional, mental and the physical. Based on McGuire's research and P/c literature as reflected in Figure 1, we propose to test the following hypotheses:

1. Participation in religious ritual, bodily manifestations, and an individual's emotional responses, are positively related to the pivotal experience of spiritual healing.
2. The experience of a spiritual healing, along with the contextual variables, will be a significant predictor of other types of healing: inner (emotional), mental, and physical.

METHODS

Sample

The sample for this study was composed of 918 individuals who responded to a survey questionnaire about the "Toronto Blessing." After a pre-test using 34 members of a charismatic-Episcopal church in Akron, Ohio, who had visited the Toronto Airport Christian Fellowship, the questionnaire was included in the August 1995 issue of *Spread the Fire*, a newsletter published by the Toronto Airport Christian Fellowship (TACF) and sent to individuals worldwide who had visited TACF. The questionnaire was also included as part of the conference packet of materials given to attendees of two international conferences held at TACF in the fall, 1995. The surveys were self-administered and mailed back to the primary author. Additional comments, testimonies, and letters were welcomed; almost one-fourth (24%) of the respondents included some form of qualitative data with their survey responses. A total of 918 usable questionnaires was returned between May 1995 and August 1996.

While the returned questionnaires may not be representative of the larger population of those experiencing the "Toronto Blessing," or even of those attending the Toronto Airport Christian Fellowship, the sample is demographically diverse. (One notable bias is that the survey was designed and given only in English and a sizeable minority of those who experience the "Toronto Blessing" are not English-speakers.) Respondents from 20 countries are included in the sample. The countries with the largest representation are: the United States (54% of respondents), Canada (26%), and England (11%).

The sample also includes a wide range of religious affiliations, reflecting diversity albeit with disproportionate representation, similar to the distribution of denominations observed by the first author during her many visits to TACF. Of the over 40 denominations and sects represented in the sample, the largest single group (30%) was independent, non-denominational, or interdenominational. Pentecostal (17%), Anglican/ Episcopal (15%), and Vineyard (11%) affiliations, together with these "independents" made up 73% of the survey. With the exception of the churches in the Anglican communion [Anglican (Canada, England, Australia and South Africa) and the Episcopal Church (U.S.)], mainline denominations were greatly under represented. Only 6% of the respondents were Baptist; 3%, Catholic; 2%, Presbyterian; 1%, Methodist; and 1% Lutheran. An overwhelming majority of respondents (95%) self-identified as "charismatic, Pentecostal, or full-gospel," and many (40%) came from a church where 10% of the members had visited TACF.

In addition to being an American associated with a charismatic, nondenominational church, the average respondent was married, well-educated, female, and middle-aged. Seventy-one percent (71%) of the respondents were married and just over half (59%) were female. The average age of the sample is 45 years (with a median of 44 and a mode of 43 years) but ages ranged from 13 years to 89 years of age. The sample had an average formal education level of 15 years (median and mode of 16 years), or just short of a college degree. Thus, the individuals in the sample were, on the average, somewhat "settled" in terms of marital status, age, and education.

Measures

Ritual. A variable, VINPRAY, which measures the number of times one received prayer at the Toronto Airport Christian Fellowship, is being used in the model as an indicator of the ritual dimension. This variable represents the actual number of times the respondent reported being prayed for by someone at TACF. While this is not the only type of ritual involved in the "Toronto Blessing," it is the ritual activity for which the renewal has become

most noted. It is during this ritual, in which a corporate dimension is blended with mystical privatized experiences, that the Blessing is believed to be most often imparted.

Manifestations. A somatic manifestation scale was constructed to represent the diverse and intense bodily manifestations reported by respondents. These manifestations are said to be outward signs of an encounter with the power of God and are common among those experiencing the Blessing. Respondents were asked to check any of the following manifestations they had experienced before, during, or after their time at TACF: "Speaking in tongues, resting in the Spirit, roaring like a lion, holy laughter, dancing in the Spirit, jumping up and down, drunk in the Spirit, deep weeping, 'birthing,' uncontrolled shaking of an arm or leg, deep bending from the waist, rolling on the floor, thrashing on the floor, uncontrolled jerking of bodily limbs, and other." Dummy variables were set up for each manifestation (coded 1 if respondents had experienced it and 0 if they had not) at each time — before, during, and after. Only those manifestations experienced *during* one's time at TACF were included in the present analyses. Variables were scaled, using the results of a principle components factor analysis, in order to avoid possible multicollinearity problems in the multiple regression analyses. The resulting variable, MANIFEST, was an additive index of bending, birthing, being drunk in the Spirit, jerking, rolling, thrashing, and shaking. Although these manifestations are found in other historic revivals, they were not common in the more recent charismatic movement of the 1960s and 1970s and appear more distinctive of the Blessing. Other manifestations (e.g., speaking in tongues, resting in the Spirit, weeping) are widespread in the "Toronto Blessing" but they also have been widely in evidence prior to the outbreak in Toronto. The range for this variable is from zero to 12, and two-thirds (66%) of respondents had a score of one or higher meaning that they had experienced at least one "renewal manifestation."

Emotion. In order to construct an emotion measure for these analyses, a factor analysis was run on responses given by respondents who were asked to indicate which manifestation "had the most lasting impact." They were then asked to select from a list of possible emotions the ones they associated with the manifestation by checking whether each emotion was felt to be 'strong,' 'moderate,' 'weak,' or 'not felt at all' during the manifestation." An index of positive emotions (POSAFT), determined by a principle components factor analysis, was derived and included.⁵ The POSAFT index had an alpha coefficient of .91 and included the following emotions: happiness, satisfied, joy, love, love for God, gratitude, peace, cleansed, humbled, forgiveness toward self, strength, and compassion. The range for this scale is from zero to 36, with a score of 36 representing the strong presence of all 12 emotions.

Spiritual healing. Four healing variables were used in these analyses. The first, spiritual healing, the pivotal variable in our model, was measured by an index (SPHEALSC) representing healing in the divine-human relationship. This variable was an additive scale of responses to the following statements: "I received a fresh sense of God's forgiveness," "I recognized my sinful condition in a new way," and "I experienced deliverance from Satan's hold on my life." Each of these statements was scored by the respondents from 1, "Strongly Disagree" to 4, "Strongly Agree." The scaled variable had an alpha coefficient of .78. Following from the discussion above, the importance of spiritual healing in relation to other types of healing led us to include this scale as an intervening variable in the model.

Other forms of healing. The dependent variables for this study were three variables representing healing — inner (emotional) healing, healing of a mental disorder, and physical healing. The measure of inner healing, INHEAL, was a single indicator made up of responses to "I experienced an inner or spiritual healing." Almost 80% of the sample reported at least agreeing with the statement. Healing from a mental disorder, MENTHEAL, was operationalized by the statement "I experienced a healing from clinically diagnosed mental health problems" and PHYSHEAL by the statement "I have experienced a

healing of a physical health problem." About 6% of the sample reported agreement with the mental healing statement while almost 22% agreed with the one regarding a physical healing. All three healing variables were scored 1, "Strongly Disagree" to 4, "Strongly Agree."

Analyses. The model depicted in Figure 1 was tested using linear multiple regression (OLS) analyses. Groups of variables were added in blocks using a forced-entry method. Cases with missing values on given variables were excluded pair-wise rather than list-wise in an attempt to keep the sample size as large as possible. Preliminary bivariate correlation analyses were also conducted and are presented in the Appendix.

RESULTS

Manifestations

To test the hypothesized path model, it was necessary first to examine the relationship between the measure of ritual (prayer at TACF) and the experience of bodily manifestations. These results are presented in Table 1. It was found that prayer at TACF was significantly related to the experience of manifestations ($F = 28.124, p = .000, b = .029$), such that those who were prayed for more often were also likely to report a greater number of bodily manifestations.

TABLE 1
BIVARIATE REGRESSION FOR MANIFESTATION EXPERIENCE

Independent Variables	B (Beta)	t-ratios
Prayer at TACF	.029 (.182)	5.303 ^{***}
Intercept	2.628	23.126 ^{***}
Adjusted R^2	.032	

NOTE: * $p < .05$; ** $p < .01$; *** $p < .001$.

Emotions. It was hypothesized that the ritual and manifestation control variables would influence the emotions of the respondents during their experience at the TACF. The findings of these analyses are shown in Table 2. The results suggest that these variables do have an impact on positive emotions experienced with the manifestations at TACF. The combination of variables is significant ($F = 16.683, p = .000$) accounts for 4% of the variation in scores on the positive emotion index. The experience of manifestations was positively related to positive affect ($b = .78$): The more manifestations one experienced, the more likely he or she was to report positive emotions. The ritual variable just missed a .05 level of significance ($b = -.042, p = .054$); however, its relationship to positive affect is negative. This relationship seems contradictory, although causation might actually be reversed — people with more positive feelings may not feel a need to be prayed with multiple times. During the prayer ritual people are encouraged to "seek God" and to allow Him to minister to them without the aid of a prayer team. Those who are already experiencing positive affect may be following this counsel.

TABLE 2
MULTIPLE REGRESSION FOR POSITIVE EMOTIONS

Independent Variables	B (Beta)	t-ratios
Prayer at TACF	-.042 (-.067)	-1.927
Manifestations	.784 (.199)	5.706***
Intercept	21.342	37.855***
Adjusted R^2	.037	

NOTE: * $p < .05$; ** $p < .01$; *** $p < .001$.

Spiritual Healing

The next regression analysis tested the hypothesis that ritual, emotions, and manifestations would have an impact on the report of spiritual healing. The results of this regression support this idea (Table 3). The combination of variables did significantly predict scores on the spiritual healing scale ($F = 41.42$, $p = .000$). This combination of independent variables accounts for 13% of the variance in the spiritual healing scores. In addition to a significant combination of variables, all three variables independently predicted the report of a spiritual healing. The strongest predictor was positive emotions ($\beta = .262$), followed by prayer at TACF and the experience of manifestations ($\beta = .182$ and $\beta = .128$, respectively). These results suggest that those who experience positive emotions, more bodily manifestations, and are prayed with often are more likely to report a spiritual healing than are those who do not.

TABLE 3
MULTIPLE REGRESSION FOR SPIRITUAL HEALING

Independent Variables	B (Beta)	t-ratios
Prayer at TACF	.022 (.182)	5.388***
Manifestations	.097 (.128)	3.727***
Positive Emotion	.051 (.262)	7.670***
Intercept	7.065	40.540***
Adjusted R^2	.133	

NOTE: * $p < .05$; ** $p < .01$; *** $p < .001$.

Healing

Inner healing. Given the pivotal position of spiritual healing (reflecting a “right relationship with God”) both in P/c healing literature and in the model derived from McGuire’s study, it was hypothesized that spiritual healing would be an important factor in predicting the other types of healing. For this reason, SPHEALSC was included with the ritual, manifestation, and emotion indicators as independent variables in the equation where inner or emotional healing (a single item which could reflect increased self acceptance or improved relationships with others) is the dependent variable. As shown in Table 4, this regression equation is significant overall ($F = 59.008, p = .000$). The combination of independent variables, explains about 23% of the variance in scores on the inner healing item. Again a profile of the type of person most likely to report experiencing an inner healing can be drawn from the variables which are significant net of controls. Positive emotion ($\beta = .086$), experiencing manifestations ($\beta = .104$), and receiving a spiritual healing ($\beta = .419$) were all independently related to inner healing. Again, those who reported having positive emotions accompanying their bodily manifestations were more likely to report an inner healing, as were those who had received a spiritual healing net of all else. The hypothesis that spiritual healing (being freed from impediments hindering a closer relationship with God) should be strongly associated with inner healing (improved self-image and/or relationships with others) was supported.

TABLE 4
MULTIPLE REGRESSIONS FOR HEALING

Independent Variables	Inner Healing B (Beta) t-ratio	Mental Healing B (Beta) t-ratio	Physical Healing B (Beta) t-ratio
Prayer at TACF	.001 (.022) .658	.001 (.050) 1.363	.004 (.070) 1.906
Manifestations	.039 (.104) 3.143**	.008 (.041) 1.112	-.144 (-.039) -1.058
Positive Emotion	.009 (.086) 2.564**	.001 (.029) .782	.006 (.067)
Spiritual Healing	.213 (.419) 12.276***	.041 (.168) 4.449***	.060 (.122) 3.220***
Intercept	.830 5.524***	1.57 19.873***	1.098 6.905***
Adjusted R^2	.234	.039	.025

NOTE: * $p < .05$; ** $p < .01$; *** $p < .001$.

Healing from mental disorders. It was similarly hypothesized that spiritual healing, in addition to ritual, manifestations, and emotion, would be related to one’s experience of healing from a *clinically diagnosed* mental disorder. It should be noted at the outset that a relatively small percentage (about 6%) of the sample agreed that they had experienced such

a healing. This should not be seen as a problem, however, as the number of clinically diagnosed mental disorders is probably much smaller than the number of physical disorders in the larger population. In addition, spiritual and inner healings can be viewed as overlapping the "territory" of mental healings, with clinically diagnosed disorders usually representing more severe cases. The results of the regression analyses using MENTHEAL as the dependent variable are also found in Table 4.

The results of this regression analysis provide evidence for the direct effect of spiritual healing on the healing of mental disorders. The combination of variables was again significant ($F = 8.77$, $p = .000$) and these variables accounted for 4% of the variation in scores on the mental healing item. Only the SPHEALSC measure remained significant ($\beta = .168$, $p = .000$) in its relationship with mental healing once ritual, manifestations, and emotions were held constant.

Physical healing. The final analysis was conducted using physical healing as the dependent variable, following the same format as that presented for the experience of an inner healing or a healing from a clinically diagnosed mental disorder, and the results are also presented in Table 4. The direct effect of a spiritual healing on a physical healing was tested, controlling for ritual, manifestation, and emotion variables. The results were similar to those presented above. Once again, a relationship was found such that the overall regression equation was significant ($F = 5.995$, $p = .000$) with an explained variance of 3%. Spiritual healing was, again, the only independent variable to retain statistical significance net of controls ($\beta = .122$, $p = .001$). Ritual and emotions just missed significance at the $p = .05$ level, ($\beta = .070$, $p = .057$ and $\beta = .069$, $p = .066$) but their relationship to the measure of physical healing was positive. It is likely that those who were prayed for often and those experiencing positive emotions were also more likely to report a physical healing than were those who did not.

SUMMARY AND CONCLUSIONS

It is clear that its wide application in the Gospels indicates that the Christian concept of healing and the Christian concept of salvation overlap to a degree which varies in different situations, but are never completely separable. Healing of the body is never purely physical, and the salvation of the soul is never purely spiritual, but both are combined in the total deliverance of the whole man, a deliverance which is foreshadowed and illustrated in the healing miracles of Jesus in the Gospels (Wilkinson 1980: 33).

The results of our analyses support the need to employ a holistic model when studying Christian healing. At the center of the model is a relationship — namely a relationship with the divine — that must be in "right order" before other forms of healing ordinarily can take place. Becoming aware of one's sinful condition, deliverance from demonic strongholds, and receiving a fresh sense of forgiveness for the P/c Christian are means of deepening the relationship with God. 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" (Poloma 1996a).

Without fail, measures of spiritual healing were significantly related to the measures of inner, mental, and physical healing in our analyses. These associations held even when ritual, experience of bodily manifestations, and positive emotions were held constant. The model explains the most variance for inner or emotional healing, suggesting an interdependence of divine and human relationships. Inner healing is understood to involve healing of distorted self-perceptions, the forgiving of wrongs inflicted by others, and experiencing a release from the bondage of hurtful memories of personal injury. It includes growing in a healthy love of self as well as a love of neighbor. Although spiritual healing

accounts for less of the variance in cases of clinically diagnosed mental health problems and physical problems, it is statistically significant and warrants further investigation.

The control variables representing ritual, bodily manifestations, and emotional responses also speak to the need for a holistic model in understanding P/c healing. All were related to the "linchpin" of spiritual healing. The "Toronto Blessing" has provided a place and ritual where bodily and emotional responses are accepted and even encouraged. These soma-emotional responses appear to have similarities to many reports found in both psychoanalytic and shamanic healing literature, suggesting the significant role that "primal responses" may have in the healing process.

It is our hope that this study of Spirit-filled Christians representing Pentecostals, charismatics, and "third-wavers" in diverse congregations and denominations will serve as an incentive to develop and test other models of religiously based holistic healing. Although our sample does not allow for generalizations to any larger population, the significance found throughout the analyses warrants future research to test a similar model with a more representative sample. Our findings suggest that healing is a multifaceted phenomenon, with different forms being interrelated. The social understanding of healing and health, being socially constructed, moreover, may be somewhat specific to the particular group under investigation, calling for comparative research between and among alternative healing groups. Future efforts should include the development of more precise indicators, particularly ones that will replace single-item measures with reliable indices. Conceptualization of component items of the model need to be further sharpened. For example, the healing we have called "inner or emotional" should be broken down to distinguish the inter-related yet distinct components of "self-feelings" from those of "feelings about others." Finally, research methods should move beyond the self-reported measures of surveys to experimental and quasi-experimental designs that could better test the dynamic process of healing. While the social context of the Toronto Blessing offers but one backdrop for the healing process, our attempt to construct and test a healing model provides important insights that transcend this particular movement.

NOTES

¹ The "Toronto Blessing" is but one stream of a worldwide revival that is often traced to Latin American origins. Its North American roots go back to the early 1990s and the crusades of a former South African evangelist, Rodney Howard-Browne, who has recently founded a church in Tampa, Florida. It was Howard-Browne who prayed for and "empowered" Randy Clark, the Vineyard minister from St. Louis who launched the Toronto revival. The Toronto services, in turn, sparked a revival at Holy Trinity Brompton Anglican Church in London, and it was here that Pentecostal evangelist Steve Hill received the Blessing. Hill is presently conducting an ongoing revival at Brownsville Assembly of God in Pensacola, Florida, a Pentecostal version of the Toronto revival. For a comparison and contrast of the Toronto and Pensacola revivals, see Poloma (forthcoming).

² Pentecostals and charismatics (both independents and those in mainline denominations) can be treated as two distinct sociocultural groups, despite similarities in their acceptance of a worldview that is "naturally supernatural," with glossolalia, miracles, prophecies and healing. Green et al. (1996) found in their survey of over 4,000 randomly selected respondents, 12% indicated that they were P/c Christians: 4.7% claimed to be "Pentecostal only"; 6.6%, "Charismatic only"; and 0.8%, "both Pentecostal and Charismatic." The Toronto Airport Christian Fellowship, home of the "Toronto Blessing," has been an integrating force, attracting independent and mainline charismatics as well as Pentecostals, both of which are well represented in the survey. While each may retain favored nomenclature, in nearly 20 years of research among both Pentecostals and charismatics, the first author has found little evidence to suggest there is a difference in healing beliefs and practices between the two groups. Contrary to McGuire's suggestion (1993:143), the vast majority of Pentecostals have abandoned their antipathy toward biomedicine, embracing both divine healing and medical science, just as their newer charismatic cousins.

³ Until its ouster by the Association of Vineyard Fellowships in December, 1995, the Toronto Airport Christian Fellowship (then known as the Toronto Airport Vineyard) had been part of John Wimber's movement. TACF and the

"Toronto Blessing" retains its Wimber-like "third-wave" flavor while continuing to attract a diverse group of other P/c oriented Christians.

⁴ A related finding exists in the data the senior author collected from a random sample of Akronites in 1985 in which respondents were asked both about being "born again" and (after affirming that they understood the meaning of the term) whether they would identify as "charismatic or pentecostal." Forty-two (42%) self identified as being "born-again" and 14% claimed to be "charismatic or pentecostal." Both variables ("born again" and "P/c") contributed to explaining the variance in having reported a physical healing (R square = .18), with "born-again" showing a beta of .26 and P/c, a beta of .25).

⁵ The analyses presented here were also run using a scale of negative emotions; feeling angry, anxious, cheated, confused, depressed, frustrated, and manipulated. The results of the multiple regression analyses were almost identical to those presented here, albeit with negative rather than positive correlations. It seems that the experience of emotion, positive or negative, is related to healing. The scales were not used together because of multicollinearity issues.

REFERENCES

- Bakken, Kenneth L., and Kathleen H. Hofeller. 1992. *The journey toward wholeness: A Christ-centered approach to health and healing*. New York: Crossroad.
- Bartow, Donald W. 1992. *Bartow's healing handbook*. Canton, OH: Life Enrichment Publishers.
- Bennett, Dennis and Rita Bennett. 1979. *Trinity of man*. Plainfield, N.J.: Logos International.
- Bennett, Rita. 1984. *How to pray for inner healing for yourself and others*. Old Tappan, N.J.: Fleming H. Revell Company.
- Benson, Herbert. 1996. *Timeless healing: The power and biology of belief*. New York: Scribner.
- . 1984. *Beyond the relaxation response*. New York: Times Books.
- Blumhofer, Edith L. 1989. *The Assemblies of God: A chapter in the story of American Pentecostalism*. (Vol. 1). Springfield, MO: Gospel Publishing House.
- Bromley, D. G., D.M. Johnson, and J.S. Williams. 1986. Religion, health and healing: Findings from a Southern city. *Sociological Analysis* 47: 66–73.
- Campbell, Wesley. 1996. *Welcoming a visitation of the Holy Spirit*. Orlando: Creation House.
- Chappell, P. G. 1988. *Healing movements*. In *Dictionary of Pentecostal and Charismatic movements*, edited by S. M. Burgess and G. B. McGee, 352–73. Grand Rapids, MI: Zondervan.
- Chevreau, Guy. 1994. *Catch the fire*. England: Marshall Pickering (Harper Collins Publishers).
- Craigie, F. C., I. Y. Liu, D. B. Larson, and J. S. Lyons. 1988. A systematic analysis of religious variables in *The Journal of Family Practice, 1976–1986*. *The Journal of Family Practice*, 2: 509–13.
- DeArteaga, William. 1992. *Quenching the Spirit: Examining centuries of opposition to the moving of the Holy Spirit*. St. Mary, FL: Creation House.
- Dixon, Patrick. 1994. *Signs of revival*. Eastbourne (U.K.): Kingsway Publications.
- Denzin, Norman K. 1992. Emotion as lived experience. In *The cutting edge: Advanced interactionist theory*, edited by J. Johnson, H. Farberman, and G. Fine, 303–19. Greenwich, CT: JAI Press.
- Dossey, Larry. 1989. *Recovering the soul: A scientific and spiritual search*. New York: Bantam Books.
- . 1993. *Healing words: The power of prayer and the practice of medicine*. New York: Harper San Francisco. New York.
- Green, John C., James L. Guth, Corwin E. Smidt, and Lyman A. Kellstedt. 1996. *Religion and the culture wars: Dispatches from the front*. New York: Rowman & Littlefield.
- Kelsey, Morton. 1988. *Psychology, medicine and Christian healing*. San Francisco: Harper & Row.
- Larson, David, Mary Greenwold Milano, and Constance Barry. 1996. Religion: The forgotten factor in health care. *The World & I*. February: 293–327.
- Larson David B., and Susan S. Larson. 1994. *The forgotten factor in physical and mental health: What does the research show?* Washington, D.C.: National Institute for Healthcare Research.
- Larson, Martin. 1985. *New thought or a modern religious approach: The philosophy of health, happiness and prosperity*. Philosophical Library. New York.
- Levin, Jeffrey S. 1996. How prayer heals: A theoretical model. *Alternative Therapies*. (Vol. 2, No. 1: January).
- Levin, J. S. and Vanderpool, H. Y. 1991. Religious factors in physical health and the prevention of illness. *Prevention in Human Services* 9(2): 41–64.
- McCullough, Michael E. 1995. Prayer and health: Conceptual issues, research review, and research agenda. *Journal of Psychology and Theology* 3(1): 15–29.
- McGuire, Meredith B. 1988. *Ritual healing in suburban America*. Rutgers, N.J.: Rutgers University Press.
- . 1990. Religion and the body: Rematerializing the human body in the social sciences of religion. *Journal for the Scientific Study of Religion* 29(3): 283–96.
- . 1993. Health and healing in new religious movements. In *Religion and the social order*. (Vol 3, Part B), 139–55, edited by D. G. Bromley and J. K. Hadden. Greenwich, CT: JAI Press.
- MacNutt, Francis. 1974. *Healing*. Notre Dame, IN: Ave Maria Press.
- . 1995. *Deliverance from evil spirits*. Grand Rapids, MI: Baker Book House Co.

- Martin, R. F. 1988. Gift of healing. In *Dictionary of Pentecostal and charismatic movements*, edited by S. M. Burgess and G. B. McGee, 350–53. Grand Rapids, MI: Zondervan.
- Miller, Donald. 1997. *Reinventing American Protestantism*. Berkeley: University of California Press.
- Nichols, Michael P., and Melvin Zax. 1977. *Catharsis in psychotherapy*. New York: Gardner Press, Inc.
- Padovani, Martin. 1987. *Healing wounded emotions*. Mystic, CT: Twenty-Third Publications.
- Pierce, Robert A., Michael P. Nichols, and Joyce R. DuBrin. 1983. *Emotional expression in psychotherapy*. New York: Gardner Press, Inc.
- Pollner, Melvin. 1989. Divine relations, social relations, and well-being. *Journal of Health and Social Behavior* 30: 92–104.
- Poloma, Margaret M. 1982. *The charismatic movement: Is there a new Pentecost?* Boston: Twayne.
- . 1989. *The Assemblies of God at the crossroads: Charisma and institutional dilemmas*. Knoxville: University of Tennessee Press.
- . 1991. A comparison of Christian Science and mainline Christian healing ideologies and practices. *Review of Religious Research* 32: 337–51.
- . 1996a. By their fruits . . . : A sociological assessment of the 'Toronto Blessing.' Paper presented at the annual meeting of the Society for Pentecostal Studies (The University of Toronto: March) published as *The Toronto Report*. Bradford-on-Avon (U.K.): Terra Nova Publications Ltd.
- . 1996b. The 'Toronto Blessing' in postmodern society: Manifestations, metaphor and myth. Paper prepared for The Globalization of Pentecostalism Conference (San José, Costa Rica: June). Forthcoming in *The globalization of Pentecostalism*, edited by M. W. Dempster, B. D. Klaus and D. P. Peterson. Regnum Books.
- . 1997. The 'Toronto Blessing': Charisma, institutionalization and revival. *Journal for the Scientific Study of Religion* 36(2): 257–71.
- . Forthcoming. The spirit movement in North America at the millennium: From Azusa street to Toronto, Pensacola and beyond. *Journal of Pentecostal Theology*.
- Pyches, Mary. 1987. *Set my people free: Inner healing in the local church*. Toronto: Hodder and Stoughton.
- Riss, Richard, and Kathryn Riss. 1997. *Images of revival: Another wave rolls in*. Shippensburg, PA: Destiny Images.
- Roberts, Keith A. 1995. *Religion in sociological perspective*. Belmont, CA: Wadsworth Publishing.
- Sanford, Agnes. 1947. *The healing light*. Plainfield, N.J.: Logos International.
- Scanlan, Michael. 1974. *Inner healing*. New York: Paulist Press.
- Scheff, T. J. 1979. *Catharsis in healing, ritual, and drama*. Berkeley: University of California Press.
- Shupe, Anson, and Jeffrey K. Hadden. 1989. Symbolic healing. *Second Opinion* 12: 74–97.
- Stapleton, Ruth Carter. 1976. *The experience of inner healing*. Carmel, N.Y.: Guideposts.
- Tournier, Paul. 1947. *The whole person in a broken world*. San Francisco: Harper & Row, Publishers.
- Triet, Kathy, and Anson Shupe. 1991. Use of alternative medical therapies in the heartland, USA. *Review of Religious Research* 32: 351–58.
- Wacker, Grant. 1986. The Pentecostal tradition. In *Caring and curing: Health and medicine in the western religious traditions*, edited by R. L. Numbers and D. W. Amundsen, 514–38. New York: Macmillan.
- Wagner, C. Peter. 1988. Third wave. In *Dictionary of Pentecostal and charismatic movements*, edited by S. M. Burgess and G. B. McGee, 843–44. Grand Rapids, MI: Zondervan.
- White, John. 1988. *When the Spirit comes in power*. Downer's Grove, IL: InterVarsity Press.
- Wilkinson, John. 1980. *Health and healing*. Edinburgh: Handsel.
- Wimber, John, and Kenvin Springer. 1987. *Power healing*. HarperSanFrancisco.

APPENDIX

CORRELATION MATRIX FOR VARIABLES IN HEALING MODEL

	Vinpray	Manifest	Posaft	Sphealsc	Inheal	Mentheal	Physheal
Vinpray	1.000	.1823 ^{***}	-.0309	.1971 ^{***}	.1178 ^{***}	.0892 ^{**}	.0846 [*]
Manifest		1.000	.1867 ^{***}	.2101 ^{***}	.2015 ^{***}	.0905 ^{**}	.0122 ^{**}
Posaft			1.000	.2804 ^{***}	.2080 ^{***}	.0822 ^{**}	.0936 ^{**}
Sphealsc				1.000	.4672 ^{***}	.1944 ^{***}	.1470 ^{***}
Inheal					1.000	.1416 ^{***}	.1879 ^{***}
Mentheal						1.000	.1198 ^{***}
Physheal							1.000

NOTE: * $p < .05$; ** $p < .01$; *** $p < .001$.