

## **The Aims of Prayer Ministry**

The main aim of Prayer Ministry is to offer prayer to those who are feeling the need of a touch from God about a particular issue in their lives. These guidelines are for prayer ministry after or during a church service.

NB It is assumed that those participating in the church's ministry of healing do so in co-operation with their Incumbent and after appropriate training agreed by him.

### **1. General Principles**

1. The congregation should be made aware of the biblical principles of Prayer Ministry – through sermons/home group materials etc. The congregation should be aware of key Bible passages relating to the healing ministry, namely, the sending out of the 70/72 (Luke 10:1-24), James 5:14-16 and the healing miracles of Jesus and the early church. They should be aware that healing is about 'wholeness' and that physical healing may not be God's present will for an individual. They should be aware that not everyone in the NT was healed, so that Paul can speak of his 'thorn in the flesh' (2 Cor. 12:7-10) as having benefit, he can speak of Epaphroditus 'who was ill, and almost died' (Phil. 2:25-27) and can recommend wine for Timothy's 'stomach and ...frequent illnesses.' (1 Tim. 5:23). It is to be noted that sin is not necessarily the direct cause of illness/disability (John 9:1-3), though it may be (Mark 2:5). It should also be taught that we should see this life in the light of eternity and that death is the doorway to ultimate healing – i.e., resurrection (Rev. 21:4). It is to be noted that Paul speaks of 'gifts of healing' (1 Cor. 12:9) – and that we should therefore recognise a range of healing methods/styles (including affirming the medical profession as a channel of God's healing). Above all, we should pray with confidence aware that God is our healer and that when we offer him our 'spirit, soul and body' (1 Thess. 5:23-24) good will always result. Healing best takes place within an atmosphere of expectancy.
2. Prayer ministers should be authorised by and accountable to their Incumbent (and possibly PCC too) and they submit to his/her authority.
3. Before someone becomes a prayer minister, training should be offered which covers the areas of:
  - Boundaries
  - Confidentiality [to those who are praying and to the Incumbent]
  - Supervision of the ministry
  - Personal and corporate preparation for ministry
  - Child/ adult protection issues
  - Arrangements for follow up
  - CRB checks
  - Dealing with 'complaints' [first port of call is the Incumbent]

Ideally, there should be (a) a Prayer Ministry Team leader, (b) people should pray in pairs, and (c) someone of the same sex as the person requesting prayer should be in the partnership.

The DCHH would be willing to advise any churches that want help in organising such training or establishing a Prayer/Healing ministry in the church.

### **2. Prayer**

- A. It is suggested that the prayer ministers arrive in time to pray together and prepare for the time of prayer ministry. This will include praying for each other. It is important that those who offer prayer ministry are men and women who themselves take time for prayer and are respected by the community.
- B. When praying, introduce yourself and consider wearing a name badge. Ask for the individual's name and why they have come forward for prayer. Make sure you allow them time to explain their need, but do not get drawn into a lengthy conversation. As you are listening to them try to be listening to God at the same time. This is where praying in pairs is

- particularly helpful and one can 'listen' while the other prays. Check, if necessary, whether he/she considers him/herself to be a Christian. Recognise that the presenting problem may not be the real problem.
- C. The form of prayer then used will vary depending upon local churchmanship and tradition. For instance, at Burrswood the chaplains often come from very different church traditions and pray in slightly different ways for people. Some prayer ministers may feel more comfortable with a set liturgical prayer, and others would want to share particular words or pictures that they feel appropriate with the person. Ask the person requesting prayer whether they would prefer to kneel, stand, sit, (or even lie down). The important thing is that the person feels at ease. If anointing with oil is desired, then the priest should administer this.
  - D. Encourage the person being prayed for to become aware of the presence of God (possibly by inviting the Holy Spirit and praying for God's peace).
  - E. After prayer find a rounding off point that is gentle and acceptable to the person (check this with them).

### **3. Questions about Prayer**

1. **Laying on of Hands: Always** ask for permission from the person in need before you touch them and explain why you are doing it. If it is not appropriate to lay hands on the part of the body in need of healing, then the hands may be laid on the head or shoulder of the person, or the hand may be held near the body without actually touching.
2. **'Words of knowledge' (1 Cor. 12:8):** When the 'prayer team' meet together (before the service) some may feel that God has given them a 'picture' or a sense that there is someone present with a particular need. It may be appropriate for these 'words' to be shared with the congregation before healing prayer is offered. It is often found that such 'words' will encourage people to come forward for prayer. [See, however, the caution in 4. below]
3. **Speaking in Tongues:** Only use this if appropriate and the individual would feel comfortable with you doing so.
4. **Sharing your thoughts and impressions:** Always be gentle in offering your thoughts and impressions. Be clear they are your impressions and although they may be Spirit-directed be aware that they may not. Trust that God will make you aware of anything He wishes you to share with the person.
5. **Deliverance:** Be aware of possible manifestations of evil and possible mental health issues in the individual and encourage the individual to get support from an appropriate medical professional. If the need for exorcism should arise, this should be referred to the clergy. Clergy should be aware that they have a duty to consult the Bishop's Advisor on the paranormal on such matters.
6. **Forgiveness:** Whilst, as noted above, not all illness/disability is the result of sin, many who come for prayer are bearing a burden of guilt – pray in such a way that that guilt is lifted (John 20:23; this may include a formal absolution by a priest).
7. **Follow up:** Ensure there is a system for ongoing need to be brought to the attention of the team leader with permission of the individual, and that there is some system in place for picking up ongoing need and follow up. However, also be aware that it is ultimately the responsibility of the person themselves to seek further prayer if desired (James 5:14).

### **4. Finally**

1. Keep **confidential** all that was shared or experienced
  - All matters should be kept confidential to the people praying and the Incumbent. The pray-ers should always ensure that the Incumbent is aware of matters of concern.

2. Keep sensible time limits to avoid either the ministers or the individual getting over tired.
3. Maintain clear boundaries in the relationship of the prayer minister and those individuals coming for prayer.
4. If appropriate, advise the person being prayed for to see their GP or Priest.
5. If appropriate, refer matters of on-going prayer to the Diocesan Pray-ers.
6. **Never** advise a person to give up medication. If the individual wishes to do this they should seek the GP's permission and advice before doing so.
7. Keep yourself spiritually fresh with regular private and public prayer and worship.

*Developed by the Diocesan Council for Health and Healing  
in conjunction with Bishop Michael Nazir-ali and ACMT  
July 2007*