

# HEALING THE FAMILY TREE

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Dr Kenneth McAll



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# Contents



<i>Foreword</i>	v
<i>Acknowledgements</i>	ix
1 Awakening	1
2 Breaking the Bonds	5
3 Christ's Healing	24
4 Freedom to Choose	39
5 'Suffer the little children . . .'	52
6 Laying the Ghost	65
7 The Dark World	78
8 'To the Lord in prayer'	98
<i>Prayers</i>	111
<i>Notes</i>	139
<i>Author's Postscript</i>	144
<i>Index</i>	148



## Foreword

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I consider it a great honour to be invited to write this Foreword to this new edition of Dr Kenneth McAll's ground-breaking book *Healing the Family Tree*. When it first appeared thirty years ago, it was described by Bishop Morris Maddocks as 'offering a lacuna of healing'. What Morris meant was that Ken was providing a resource for healing the disturbed that had been largely overlooked by the church. Like all pioneers, Ken was much maligned for his teaching and he suffered a great deal of rejection and misunderstanding as a consequence. Yet, around the world today, Generational Healing or Healing the Family Tree is accepted and practised not only in the older, established denominations but also in the new, emerging churches which are largely evangelical and charismatic in ethos.

At the core of Ken's teaching was the belief that some of the personal problems we face today are the inherited legacies of the wounded dead, and the route to healing lay in taking seriously the healing needs of the departed, so that the living can get on with their lives. The second pillar of Ken's teaching stated that the best context for praying for these issues lay in the celebration of the Holy Communion. This was because the Eucharist, among other things, proclaimed the good news that the death of Jesus is more powerful in its effects than the death of anyone else. The death and resurrection of Jesus meant healing, deliverance and release for all.

As you read through this amazing book you will notice certain themes which empower the process of healing family legacies and stories. The first is that at the heart of all healing is the need to surrender and bring all concerns to Jesus. Ken takes this truth an extra mile, underlining that Jesus has access to the departed in a way that we do not and should not. I have always been struck by the words of Matthew where Jesus tells his critics, ‘Have you not read what was said to you by God, “I am the God of Abraham, the God of Isaac, and the God of Jacob.” He is not the God of the dead, but of the living’ (Matt. 22.32). At first glance this statement seems flawed as Abraham, Isaac and Jacob are long dead so how can God be the God of the living in their context? It means that for God, and therefore Jesus, no one is dead and beyond his jurisdiction. This is demonstrated in the stories of Jesus raising people from the dead, an astounding miracle that is often preceded by Jesus addressing the dead, who hear his voice. In other words, Jesus has access to our departed to whom he can address the issues and concerns we bring to him. It is this truth that Ken utilizes in the Generational Eucharist. His book contains a wealth of stories about his patients addressing the departed through Jesus. They apologized to the dead for dismissing them as being of no importance, if they were miscarried or aborted children. Often such episodes included the giving of names to such children in an act of faith and recognition of their equal right to life. Others asked forgiveness of parents or others for damage they had done when they were alive. And there were acts of representational confession for the sins and grievances done by one group of people (related to the confessors) to another. A graphic example of the latter was Ken’s description of prayers of apology and repentance offered within

the infamous Bermuda Triangle for the sins of white slavers upon black slaves, many of whom were dumped into the ocean as excess baggage to save the slave ship from capsizing in a storm. No further disappearances of shipping or planes have since been reported in the Triangle in over forty years since this act of confession took place.

A second principle that Ken emphasizes is the need to cultivate a listening heart. He was challenged to learn to listen to the voice of God in his early development of faith, and like many of us discovered that he had reversed the prayer of the young Samuel to be ‘Listen Lord, your servant is speaking’, when in fact the actual words used were ‘Speak Lord, your servant is listening’ (1 Sam. 3.9). Ken sharpened his use of this listening dynamic, interpreting it as being able to listen to what God is saying about the healing needs of his patients, but more importantly to let God make us aware of the stories which still afflict the departed. These need to be heard and brought to Christ for liberation.

Finally, this listening may also be connected to locations such as houses and wounded places. This is strongly represented in the Bible; consider the words in Genesis which God speaks to Cain, the first murderer: ‘Listen! Your brother’s blood cries to me from the ground’ (Gen. 4.10). God calls us into partnership with him to listen to the lost voices of the wounded dead, in order that their stories and their worth may be recognized and their needs healed. As Christians, we are to be the new acoustic community, which through Christ hears and locates the wounds of the dead in order that they may be recognized, owned, confessed and healed.

It was Ken’s lifelong passion that this ministry of Generational Healing of the Family Tree would become a

*Foreword*

normal part of the church's healing ministry. This has to a large degree been realized, due also to the hard work of the members of the Generational Healing Trust which Ken helped to found. I would like therefore to pay tribute here to a number of those members to whom Ken entrusted his legacy, and who have worked faithfully both alongside Ken and since his death. They are Stephen and Ruth Baker, Revd Peter Hancock and his wife Jean, Lloyd and Margaret Williams and Dr David Wells. They deserve our thanks, as does Ken, and in special memory of him I can think of no better conclusion than the words of Naomi who, when rescued from poverty and distress, said 'The Lord bless him! He has not stopped showing his kindness to the living and the dead' (Ruth 2.20).

The Revd Dr Russ Parker  
Director  
Acorn Christian Healing Foundation



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# 1

## *Awakening*

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Fresh from the protected world of Edinburgh University's Medical School, I was eager to begin a planned, predictable career bringing health and healing to the physical and spiritual ills of the world. Coming from a family of Congregational missionaries, it seemed quite natural that I should start in China, but it was a country already embroiled in the cruelties of the Sino-Japanese war.

My first 'practice', with some ten million potential patients, ranged over a vast area, much of which was infested by fanatical guerrilla groups. Many times I was arrested on suspicion and held for questioning, once I even stood trial on a spy charge and was condemned to death by a military-style court. A surgeon in a war-torn country is like money in the bank, however, so I was reprieved and allowed to carry on with my work. Four years later, the Second World War broke out and I was trapped.

One evening as the sun was setting I was tramping along a dusty road past the deserted fields in the North China war zone, taking medical supplies to a hospital in an outlying village. This was one of my regular treks, which often involved walking for three days at a time, sleeping rough, being pounced upon by bandits or being taken in for questioning. Suddenly, I was surprised by a man dressed entirely in white, who came up behind me. Pointing to a

village away along a track at right angles to the road we were on, he told me that there were many wounded people there needing my help. At first, I thought he was just a misguided farmer returning home late, but his urgency persuaded me to change direction and I went with him to his village. The gates were thrown open and I was pulled inside, but the man was nowhere to be seen. The villagers told me that I had narrowly avoided a Japanese ambush, as the hospital which had been my destination was now overrun. They questioned me closely about my change of direction and knowledge of their wounded and insisted that no one from the village had been outside the walls that day.

I remembered that the white-robed stranger had spoken to me in English and I was certainly the only foreigner within miles. I knew then that it was Jesus who had appeared to me. My mocking tolerance of the implicit belief of the Chinese in ghosts and the spirit world was gone. I understood, too, that the spirit world holds both good and evil influences and I realized that my daily prayer for protection had been dramatically answered. I knew that, however disturbed one's environment might be, a person who had committed his life to Jesus Christ would be safe.

The war meant internment for my wife, also a doctor, and myself – four long years in a Japanese camp, with 1,200 prisoners herded into a factory building, the windows patched with newspaper against the freezing winter. At first, it was each man for himself, jealously guarding his own possessions, fearful of what his neighbour might steal. Then, secretly, a few of us began to meet each morning in a dark cupboard to pray, to seek God's guidance for the camp as a whole and for the special needs of individuals. As more and more people joined our daily meetings,

the atmosphere in the camp changed. We all pooled our resources, shared our knowledge, put on plays and concerts, helped each other, and no longer fought over food and clothes. It was the difference between existing and living and, for the first time in my life, the power of prayer to heal in the absence of medicines became a reality.

My wife and I eventually came home to England, weary in mind and body, each of us weighing little more than six stone. Thankfully we settled into a peaceful partnership in an ordinary general practice and for the next seven years tried to pick up the threads of a normal life. But I was troubled. The many inexplicable things I had seen and heard and experienced in China could not be brushed aside. I was particularly troubled by the memory of a 'devil mad' or *feng kwei* man who had been 'cured' of his madness by the intervention of an ordinary woman with a prayer. The man was berserk. In the West it would have been accepted that his 'breakdown' had been occasioned by the intolerable pressures of modern society, but in that remote village on the northern plains of China the people just knew that something evil had taken possession of him and that it had to be cast out by any means.

The herbalist's sedatives and the witch doctor's white magic having failed, the means chosen were as barbaric as the diagnosis – the victim was chained to a wall to be stoned to death. The fact that he did not die quickly was interpreted as an indication that he could be cured, so a special sort of help was called for – not from the mission priest or doctor, but from one of the many untrained Bible women who devoted their lives simply to spreading practical Christianity, but who nevertheless believed in the Chinese superstitions of good and evil spirits. On this occasion, a fearless, pint-sized lady went

up to the battered, bleeding creature and began to pray a simple prayer of exorcism in the name of Jesus Christ. The man slumped in his chains, unconscious. The primitive villagers took this as a sign of his release from the 'devil madness' and washed, fed and cared for him until he was fit to take his place among them again. And he really had been cured.

At the time, I was sceptical. I dismissed it all as an outburst of collective violence and asserted smugly that, although I did not understand it, I knew that such practices could never happen in a civilized society. Now, in my safe English village, I realized that mind-sick, 'devil-mad' people could be found anywhere in the world – and that I had to help them, without knowing how. Was it possible that the same sort of exorcism that had restored the senses of the Chinese madman could also work for others? Or, perhaps, it had been simply the power of suggestion that had effected that man's recovery. Again and again I was being faced with the obvious, often disastrous influence of mind and spirit upon the body as I struggled helplessly with the psychosomatic illnesses of my patients.

Finally, I gave in. In 1956 I decided that I must investigate psychiatric diseases and discover for myself whether the accepted methods of treatment were indeed the best way of helping the sufferers. I went back to university, specialized in psychiatry and lived in mental hospitals, learning all I could about the mentally disturbed, sometimes violent people who are condemned to spend their lives in confined places, a race apart, existing without hope. There had to be a way to reach them, to steer them out of their private mazes. I had to find that way. My objective has always been the same: to help people to get in touch with God and learn to live completely under his direction.

## 2

### *Breaking the Bonds*

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When patients come to me, often after enduring years of unsuccessful medical and psychiatric treatment, they can be in a highly unreceptive state of mind, unwilling to co-operate and reluctant to trust yet another doctor. It is essential first to establish their medical history, to check previous diagnoses and confirm that all the obvious necessary medical tests have been carried out: nothing is taken for granted. When a mutual feeling of trust has been established, the patients are usually able to unburden themselves of the 'secrets' that have been the source of their illnesses.

Many emotional problems have their roots in a purely biochemical imbalance which requires medication, and this can be remedied easily enough when once identified, although it is not always easy to discover. But many deep emotional hurts need a different sort of therapy and the supportive love of a Christian community. We cannot ignore any means by which the full healing of an individual can be achieved.

An increasing number of the patients sent to me admitted that they suffered from the presence of 'spirits' or the intrusion of 'voices' from another world which were apparent and audible only to themselves and which psychiatry dismissed as madness. This was reminiscent of

the traditional Chinese superstitions about good and evil spirits that I had encountered so many times when I lived in the Far East. Gradually, I realized that the spirits and the voices were real and also that there was a distinction between them. Some seemed to be evil and often came as a result of occult practices, while others seemed to be neutral, harmless voices begging for help. Sometimes the patient could identify the voices as belonging to a recently dead relative but often there was no known connection in the patient's mind.

Who were these unbidden, unquiet spirits? Why and how could they hold living people in bondage? With careful and often painful analysis of the histories of my patients, by listening to them as they began to trust me, and by bringing them to trust God in the firm belief that he would lovingly listen to them and always forgive them, we were able to piece together the answer.

A relationship between two people, begun happily and voluntarily on both sides, may reach a point at which one partner becomes passive and totally dependent upon the other. Frequently the passive partner is unaware of the loss of his own identity and eventually is completely unable to break away from the other's control. This state has been termed the 'possession syndrome'.

Many of the patients referred to me over the past thirty years have suffered from this mental disease, which has meant them living their lives to a greater or lesser extent under the influence of someone else who might be alive or dead, known to the patient or unknown.

In 1960, Dr P. M. Yap, psychiatric specialist to the Hong Kong Government, described the possession syndrome in an article in the *Journal of Mental Science*.<sup>1</sup> His recommended treatment was electroconvulsive therapy (ECT)



but he did not record the subsequent progress of these patients. In those days ECT was performed without the benefit of an anaesthetic and the release felt by the patient was probably due not only to the concussion-like amnesia produced by the electrical shock, but also to the extreme stress situation becoming transmarginal, the result being interpreted as a cure. Recently, however, psychiatrists have found it far more beneficial to break the relationship between the controller and the controlled with the latter fully conscious and co-operative. If this break is brought about by transferring control through prayer to God this brings an acceptance of God's controlling power and gift of release.

It is essential to make a differential diagnosis in each case and to classify the possession syndrome into one or more of the defined categories. The bondage of the living to the living is the most obvious to diagnose. The bondage of the living to the dead, whether to ancestors, to those not related, to stillborn, aborted or miscarried babies, or to those who once inhabited a particular place now occupied by the living, can present considerable difficulties in diagnosis. The bondage of the living to occult control is, perhaps, the most dangerous evil to unravel.

Deliverance is no one-step miracle pill to be swallowed on impulse for an instant cure. It is, rather, a long course of treatment, sometimes painful, to be followed conscientiously and trustingly until a cure is effected, although often the final moment of release can happen suddenly and dramatically. First, it is necessary to cut the known bond to the controlling person, alive or dead, then to forgive wholeheartedly, finally, to transfer control to Jesus Christ, making any essential environmental changes to support these steps.

It can be traumatic on both sides to snip the thread which binds a man to his mother's apron strings, particularly when that thread is so strong that it can keep a son from his independent psychological development. Ruth, a widowed mother in her sixties, complained of 'heart trouble' for years. She had consulted many specialists, none of whom had found any actual disease and, therefore, no treatment had been prescribed. To gain relief from her symptoms, she had travelled from hospital to hospital, but to no avail.

I listened to Ruth's tale for several hours on the first day she came to see me and for several more on the second day. She talked incessantly and wildly about her son, never answering any of my questions directly. Finally I became very impatient and said, 'It strikes me that there must be something wrong in your relationship with your son!' The woman became distraught, flew into a violent temper and shouted, 'How disgusting!' She was gone, slamming the door behind her. Soon afterwards she telephoned from a nearby callbox to inform me of the serious complaints she had lodged against me. I felt that I had lost any further chance to help her.

Two days later, Ruth arrived at my front door. I did not immediately recognize her. She was neat and composed, with tidy hair and a calm smile. She asked if she could now tell me the full story which would explain her earlier behaviour. She showed me a letter she had just received from her son, Rufus, about whom she had talked so much. She had failed to mention that he was a schizophrenic, confined in a mental hospital some four hundred and fifty miles away!

She told me that, after storming out of my house on that Thursday morning, and then telephoning me, she had

walked about aimlessly for a long time. At the top of a hill, feeling breathless, she had entered a church to rest. As she sat in a pew, she heard a voice saying clearly, 'You have never cut the umbilical cord of your youngest child!'

'I thought it was you, doctor,' she said, 'who had followed me into the church.' Angrily, she had looked around, even under the altar, and found no one. Then she heard the voice again and, this time, she realized it must be God speaking to her. She fell to her knees and answered humbly, 'If this is true, Lord, I will do it now.' A strange feeling swept over her as though she had actually taken a pair of scissors and cut the umbilical cord. She was a changed woman.

The youngest of her five children, Rufus, now aged thirty-five, had been eight years old when his father died suddenly. From that time on, Ruth had ordered his entire life even to deciding his career and his choice of wife. His wife was now in a sanatorium, suffering from tuberculosis.

On the fateful Thursday afternoon, Rufus had felt a sudden surge of release. He wrote immediately to his mother, telling her that he 'felt he was himself again' and that he had asked the hospital for permission to spend the next weekend with his brother. Rufus was wholly cured. His wife, also, had felt unusually well on that same day and, after various tests had proved negative, was discharged from the sanatorium. Shortly afterwards, their baby came home from the foster home where he was being cared for. Twenty years later, Rufus and his wife are still fit and well and Ruth has had no recurrence of her 'heart trouble'.

The controlling bond in a family may skip a generation. Eighteen-year-old Carol was a shop assistant. She began

