

Chapter 5

DIVINE HEALING

Does God heal? This is a question that is as old as mankind itself or at least since his recognition of gods or God. Today in the Christianised countries of the West, there are in essence simply three views:

- there is no such thing as divine healing.
- Jesus in his life on earth healed, as did many of his early followers, but the purpose of these miracles was to point to the divinity of Christ and God no longer interferes in the workings of the world.
- God does heal today.

If God does heal, then evidence can be sought in two ways. The first approach uses quantitative statistical analyses of groups of people; this is a technique with which we are familiar and is the basic principle underlying this book. The second method is to seek and document completely unexpected healing in an individual as a result of prayer - in short, to recognise a miracle. Such an event is by its nature a very personal experience that may or may not be apparent to others.

Consequently, this chapter is divided into two sections. The first considers quantitative studies of the effects of religion on populations while the second is concerned with miraculous healing in individuals.

QUANTITATIVE STUDIES OF RELIGION

Over 100 years ago, an Englishman named Francis Galton penned the following words:

“It is asserted by some, that men possess the faculty of obtaining results over which they have little or no direct personal control, by means of devout and earnest prayer, while others doubt the truth of such an assertion. The question regards a matter of fact that has to be determined by observation and not by authority; and it is one that appears to be a very suitable topic for statistical inquiry... Are prayers answered or are they not? ... Do sick persons who pray or are prayed for, recover on the average more rapidly than others?”¹

Galton then went on to try to answer his own questions. Firstly, he collected the ages of

¹Galton F. *Inquiries into the human faculty and its development*, McMillan, London, 1883

death of men of various classes who had reached the age of 30 years between 1758 and 1843. In particular, he was interested in the ages at death of clergymen (who might be expected to pray the most), medical practitioners, and lawyers (who perhaps pray the least). The average ages of death were 66.4, 67.0 and 66.5 years, respectively. Next, Galton reviewed the life-span of kings and queens (whom he thought would be prayed for more than anybody else) and found no advantage for royalty. In the light of all of this, Galton concluded that prayer did not seem to influence longevity.

In recent years, others have taken up his theme. Several studies addressing questions such as these have appeared.

Do Christian ministers of religion live longer?

Although Francis Galton did not believe that clergymen in the eighteenth and nineteenth centuries lived longer, studies in the twentieth century seem to show that either he was wrong or that the situation has changed, at least in so far as American ministers of religion are concerned.

In 1971, Haitung King reported a study of white American Episcopal (equivalent to Anglican) ministers. He compared the numbers of ministers in various age brackets who died between 1951 and 1960 with deaths in the general population of white, male adult Americans (Table 1). For example, look at the group of Episcopal ministers aged 65-74. When the rate in the base population was used to calculate the number of expected deaths, the figure arrived at was 474; the actual mortality in this group of ministers was 378. Overall, there was a 28% reduction in the mortality rate in Episcopal ministers.² Similar results were found a few years later for white ministers of the American Baptist denomination (Table 1). This time, there was a 31% reduction in mortality in ministers compared with deaths in men of the same age and race in the USA. This reduced mortality was seen with practically all causes of death.³

The same sorts of findings have been found for Lutheran and Presbyterian ministers. On the other hand, Catholic priests and single women in religious orders have mortality rates little different from other single members of the population and tend to die younger than do married individuals.⁴

What are the explanations for this phenomenon? Suggestions have included social factors such as income, smoking, alcohol consumption and accident proneness. Secular commentators often seem curiously reticent to ascribe longer lives to spiritual influences and the intervention of a higher power.

²King H. Clerical mortality patterns in the Anglican communion. *Social Biology* 18: 164-177, 1971

³Locke FB, King H. Mortality among Baptist clergymen. *Journal of Chronic Diseases* 33: 581-590, 1980

⁴Anonymous. Born again and live longer? *British Medical Journal* 281: 1661-1662, 1980

Table 1. Number of deaths in groups of ministers of religion compared with other white adult American males.

Age	Episcopal ministers		Baptist ministers	
	Observed mortality	Expected mortality	Observed mortality	Expected mortality
20-44	30	56	7	24
45-54	103	141	34	65
55-64	160	245	64	125
65-74	378	474	139	234
75-84	433	642	259	333
?85	283	369	151	168

Do people who go to church have better health?

This important question seems to have been first examined in a systematic way by George Comstock and Kay Partridge from the school of hygiene and public health at Johns Hopkins University in Baltimore, Maryland in the USA. They analysed census data for approximately 92,000 people living in Washington County, Maryland and correlated church attendance with a number of indices of health.

The authors reported their findings in a paper⁵ entitled "Church attendance and health". Most of the population was Protestant and denomination did not seem to influence health. Table 2 shows the chances of getting certain illnesses for people who were aged 16.5 years or older in 1963 and attended church either at least once a week or less than once a week. For example, infrequent attenders were twice as likely to have heart disease and nearly four times as likely to develop cirrhosis of the liver whereas there was no increased risk of cancer of the bowel. Unfortunately, the researchers did not report overall mortality in the two groups. Rather cautiously, the authors concluded that going to church frequently may improve health. This study was criticised on the ground that ill people may not be able to go to church. On the other hand, it is also fair to point out that seriously ill people whose eyes are fixed on the next life may well increase their church attending habits.

⁵Comstock GW, Partridge KB. *Journal of Chronic Diseases* 25: 665-672, 1972

Table 2. Comparison of death rates various conditions in people who attended church frequently or infrequently.

	Frequency of church attendance		Relative risk in infrequently attending adults
	? 1x/week	<1x/week	
Number of people	24,245	30,603	
Heart disease death rate / 5 years	8.52	18.12	2.1
Pulmonary emphysema death rate / 3 years	0.74	1.70	2.3
Cirrhosis of liver death rate / 3 years	0.21	0.82	3.9
Suicide death rate / 6 years	0.45	0.95	2.1
Cancer of rectum death rate / 5 years	0.54	0.56	1.0
Cancer of colon death rate / 5 years	1.11	0.91	0.8

In 1987, Jeffrey Levin and Harold Vanderpool reviewed 27 studies reported in the literature in which, at least in part, the relationship between religious attendance and health had been recorded. A positive relationship was found in 23 of these studies, a negative relationship in one, and no clear trend in the remaining four. The authors then spent eight or nine pages in which they identified “several pervasive epistemological, methodological, and analytical problems with these studies (which indicate) that there is insufficient information to conclude that religious attendance is positively and significantly related to health”.⁶ On the other hand, the authors apparently believe that religious attendance is beneficial for they also wrote “Nevertheless, the authors present a theoretical basis for expecting such associations”. I had trouble following the epidemiological jargon and gobbledegook in this paper. You may have better luck. What seems clear to me is that the evidence points to the fact that those who go to church more frequently are likely to be healthier than those who do not. This also was the view of the authors of recent

⁶Levin JS, Vanderpool HY. Is frequent religious attendance *really* conducive to better health?: toward an epidemiology of religion. *Social Science and Medicine* 24: 589-600, 1987

review.⁷

What are the effects of denominational affiliation on health?

If it is true that commitment to a religious group as indicated by church attendance is associated with improved health, the next question which arises is whether the nature of the group to which one belongs is important. George Jarvis and Herbert Northcott from the department of sociology at the University of Alberta in Edmonton, Canada have reviewed the literature.⁸ Unfortunately, the data are very patchy, particularly as religious affiliation is not recorded on the death certificate in many countries. Furthermore, in the popular, large denominations, the high proportion of people who have only a token religious involvement may dilute and obscure true interdenominational differences.

- *Protestants versus Catholics.* One investigation from Mannheim in Germany has suggested that Protestants have a higher overall life expectancy than do Catholics. On the other hand, several studies have indicated that the suicide rate is higher in Protestants. Clearly, more work ought to be done comparing mortality groups between these two major divisions of the Christian world.
- *Jews.* Studies in North America have suggested that Jewish males have lower rates of cancer than do Catholics and Protestants, but Jewish females have higher cancer rates with the exception of cancer of the cervix.
- *Seventh Day Adventists.* In North America and Europe, it appears that Seventh Day Adventists have a higher average life expectancy by several years compared with non-Adventists.
- *Mormons.* Similarly, Mormons also enjoy a longer life expectancy ranging from one to several years compared with the non-Mormon populations in the USA and Canada.

Does religion lower high blood pressure?

Hypertension, also known as high blood pressure, and its complications are described in the chapter on meditation. Suffice it to say here that it is very common and has potentially serious complications. There have been nearly twenty studies detailing the impact of

⁷Matthews DA et al. Religious commitment and health status: a review of the research and implications for family medicine. *Archives of Family Medicine* 7: 118-124, 1998

⁸Jarvis GK, Northcott HC. Religion and differences in morbidity and mortality. *Social Science and Medicine* 25: 813-824, 1987

religion on hypertension. These also have been reviewed by the afore-mentioned Jeffrey Levin of the University of Michigan and Harold Vanderpool from the University of Texas in the USA.⁹ They divided the various studies into two groups. The first examined the effects of religious commitment while the second assessed religious affiliation.

Religious commitment and high blood pressure

Religious commitment can be measured objectively by computing attendance at church or subjectively by people describing their feelings and views. Levin and Vanderpool reviewed seven studies; five revealed a protective effect of religion, the sixth showed a non-significant trend towards protection, while the seventh showed higher blood pressures in a religious population. The authors wondered whether in this last study the apparent result was spurious and could reflect patients having high blood pressure becoming more religious.

Religious affiliation and high blood pressure

Religious affiliation means the denomination to which people belong. Usually, studies have compared people in one denomination with everybody else. Two of the most popular groups for study have been Seventh Day Adventists and Mormons but there have been a number of other investigations. The outcomes in eleven studies are shown in Table 3. In sum, these researches suggest that blood pressure tends to be lower in various religious groups, especially if the adherents are highly devout and behaviourally strict.

The authors of the review concluded that religious people probably did have lower blood pressures on average. They advanced a number of explanations to explain this phenomenon. These included behavioural factors such as diet, smoking and alcohol consumption, psychological supports flowing from social interaction, religious rites and faith, and supernatural influences. Incidentally, Seventh Day Adventists and Trappist monks are vegetarians; Adventists had lower blood pressures but Trappist monks had higher pressures than Benedictines so it is unlikely that a vegetarian diet is a major factor.

What are the effects of prayer in patients with heart disease?

Dr Peter Kowey and his colleagues from the Medical College of Pennsylvania in Philadelphia, USA, described the effects of prayer in a patient who was troubled with an abnormal beating of the heart called atrial fibrillation. She was an 83 year old woman who had been ill for a long time and had failed to respond to a number of drugs. Consequently,

⁹Levin JS, Vanderpool HY. Is religion therapeutically significant for hypertension? *Social Science and Medicine* 29: 69-78, 1989

Table 3. Studies comparing blood pressures in various religious groups.

Country of study	Religious groups	Group with lower blood pressure
Israel	Yemenite Jews vs other Jews	Yemenite Jews
Holland and Belgium	Benedictine vs Trappist monks	Benedictines
USA	Protestants vs Catholics + Jews	Protestants
USA and Canada	Benedictine vs Trappist monks	Benedictines
Australia	Seventh Day Adventists vs others	Adventists
USA	Mormons vs others	Mormons
USA	Baptist clergy vs laypeople	clergy
Australia	Seventh Day Adventists vs Mormons	Adventists
USA	Buddhists vs others	no difference
Japan	Zen Buddhist priests vs laypeople	priests

her doctors decided that they would try and fix the problem by giving an electric shock to her heart and admitted her to a coronary care unit for the treatment. However, something else happened first:

“On the morning before, the patient summoned her daughters and a Baptist minister, and a prayer meeting was carried out in her room. During direct supplication that “this evil rhythm leave her body”, the patient reported feeling as though “cats and dogs were running out of my chest”. A nurse with a direct view of a cardiac monitor reported that, at that moment, sinus rhythm (that is, normal rhythm) was restored. Atrial fibrillation did not recur.”¹⁰

Her doctors put this down to psychological factors affecting the nerves supplying the heart. No doubt, the patient and the other participants in the prayer meeting had a

¹⁰Kowey PR, Friehling TD, Marinchak RA. Prayer-meeting cardioversion. *Annals of Internal Medicine* 104: 727-728, 1986

Table 4. Comparison of the complications in patients in a coronary care unit depending upon whether or not they were prayed for.

Parameter	Prayer group	Control group
heart failure	4%	10%
need for diuretics to remove fluid	3%	8%
cardiac arrest	2%	7%
pneumonia	2%	7%
need for antibiotics	2%	9%
required artificial ventilation	0%	6%

different view.

Even so, this was a single case report. Are there data that can be analysed statistically? Dr Randolph Byrd from the cardiology division of San Francisco General Medical Center in California set out to collect some information on the effects of intercessory prayer, that is, prayer for the benefit of someone else. Over a ten month period, 393 patients admitted to his coronary care unit were studied. Patients were randomly allocated to receive or not receive intercessory prayer. Prayers for each patient were said by three to seven people outside the hospital. These intercessors were born-again Christians (defined in John 3:3) as manifested by daily devotional prayer and active Christian fellowship within a local church, whether Protestant or Catholic. The intercessors were told the first name, diagnosis and general condition of the patient and were given updates on their illness. Under the direction of a coordinator, each intercessor was asked to pray daily for a rapid recovery and for prevention of complications and death.

Dr Byrd reported his results in a paper¹¹ entitled "Positive therapeutic effects of intercessory prayer in a coronary care unit population". Twenty-six different measures were compared between the two groups. With no measure did the control group fare better than the group receiving prayer. On the other hand, the prayer group did better than the control group in six areas (Table 4). Moreover, when each patient's course in hospital was categorised as "good", "intermediate" or "bad", the patients in the prayer group did better than those in the control group (Figure 1). Dr Byrd concluded that intercessory prayer to the Judeo-Christian God has a beneficial therapeutic effect in patients admitted to a coronary care unit. When the effect of intercessory prayer on mortality was examined, it was found that 7% of patients in the prayer group died

¹¹Byrd RC. *Southern Medical Journal* 81: 826-829, 1988

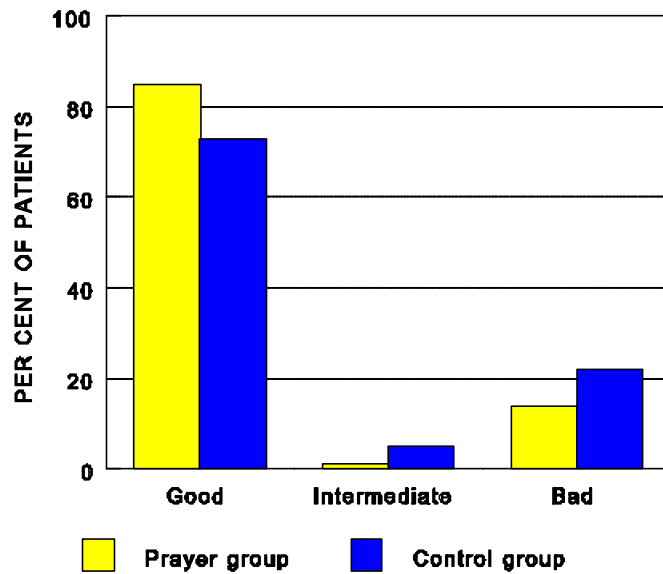


Figure 1. Progress of hospitalisation in the prayer and control groups when the course was categorized as good, intermediate or bad.

compared with 9% of those in the control group.

Further support for the value of prayer has been reported recently by Dr William Harris and his co-workers from St Luke’s Hospital, Kansas City, Missouri in the United States.¹² They studied 990 consecutive patients admitted to the coronary care unit. They were then randomised into two groups, one of which received intercessory prayer and the other did not. The patients did not know they were being prayed for and the intercessors (those who did the praying asking for healing) did not know and never met the patients. The intercessors were members of the local community. They could be of any Christian denomination but did agree with the following statement: “I believe in God. I believe that He is personal and is concerned with individual lives. I further believe that He is responsive to prayers for healing made on behalf of the sick.” There were 75 intercessors who were divided into teams of five with one of them being the leader. The intercessors offered prayer individually, not in groups. The first name of each patient was given to a team within 24 hours of admission then they were prayed for daily for four weeks.

The investigators used a scoring system to classify and quantify the course of illness

¹²Harris WS et al. A randomized, controlled trial of the effects of remote, intercessory prayer on outcomes in patients admitted to a coronary care unit. *Archives of Internal Medicine* 159: 2273-2278, 1999

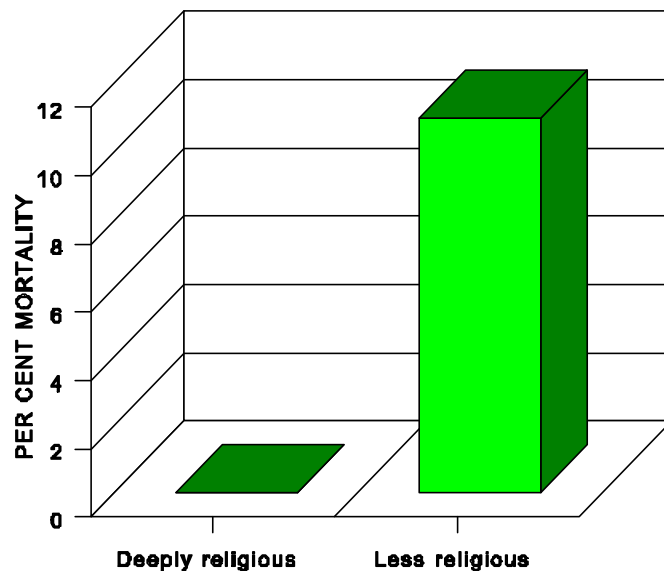


Figure 2. Per cent mortality 6 months after cardiac surgery inpatients who were deeply religious and those who were less religious.

and the treatment necessary including the use of drugs and surgery. It attempts to describe the outcome for each patient in a continuum ranging from excellent to catastrophic. The lower the score, the better the outcome. There was an 11% reduction in score in the prayer group (6.35 ± 0.26) compared with the control group (7.13 ± 0.27). The authors concluded that their study supports further investigations designed “to explore the potential role of prayer as an adjunct to standard medical care”.

Does religious belief and practice improve survival after cardiac surgery?

Many patients with severe heart disease require operations such as repair of coronary arteries (bypass grafting) or replacement of a diseased valve. Dr Thomas Oxman and his colleagues from the University of Texas Medical School in Galveston in the United States examined the influence of social factors on survival after such operations. They prospectively studied 232 patients who had heart operations.¹³

Various parameters such as psychiatric status, education and income were not

¹³Oxman TE, Freeman DH, Manheimer ED. Lack of social participation or religious strength and comfort as risk factors for death after cardiac surgery in the elderly. *Psychosomatic Medicine* 57:5-15, 1995

associated with survival nor was religious denomination; 9% of Catholics and 8% of Protestants died. However, 12% of patients who never or rarely attended religious services died compared with 5% of those who went to church at least every few months. Even more dramatic was the mortality in people who had a deep sense of religiousness; none of 37 such patients died compared with 11% of 195 patients who described themselves as not religious, slightly religious or fairly religious (Figure 2).

Does religion influence pregnancy and its outcome?

In a paper entitled "Prayer and health during pregnancy: findings from the Galveston Low Birthweight Survey", Dr JS Levin and his colleagues examined the relationship between a mother's perception of her own health and the frequency with which she prayed for her baby during that pregnancy. They studied 285 black or Spanish-speaking women who had a baby in Galveston, Texas in 1986 and 1987. Interestingly, almost half of the women (48.3%) prayed for their baby at least once a day. Perhaps not surprisingly, those who thought that their health was worse prayed more frequently.¹⁴ Unfortunately, the authors did not say what effects prayer had on the likelihood of delivering a healthy baby.

This question was addressed, however, by Dr DE King and colleagues from the department of family medicine at the East Carolina School of Medicine in Greenville, North Carolina in the USA. They reviewed the records of 1,919 patients whose babies were born in a university hospital. Mothers were categorised as being "mainline" Christians, "evangelical" Christians or as having no religious affiliation.

They reported their findings in a paper¹⁵ entitled "Religious affiliation and obstetric outcome". The rates of complications in the mothers during pregnancy and the admission rates of babies to an intensive care unit are shown in Figure 3. Mainline Christians clearly had the least maternal complications and there were more admissions to intensive care of babies of mothers who had no religious affiliation. These associations held even after possible influences which might have confused the issue such as smoking were taken into account. The authors concluded that patients with a religious affiliation had a better obstetric outcome than those who were not religious, and even though some of this seemed to be due to social factors, religiousness itself had a small positive effect.

A similar study was undertaken in Brisbane, Australia by researchers from the University of Queensland. They studied 8656 consecutive patients who attended one of two major obstetric hospitals. The women were divided into four groups. The first group (349) included those who belonged to one of 13 sects or smaller gatherings such as Jehovah's Witnesses and Pentecostals. The second batch (1,063) comprised Catholics and Protestants who attended church at least once a month. The third group (5,154)

¹⁴Levin JS, Lyons JS, Larson DB. *Southern Medical Journal* 86: 1022-1027, 1993

¹⁵King DE, Hueston W, Rudy M. *Southern Medical Journal* 87: 1125-1128, 1994

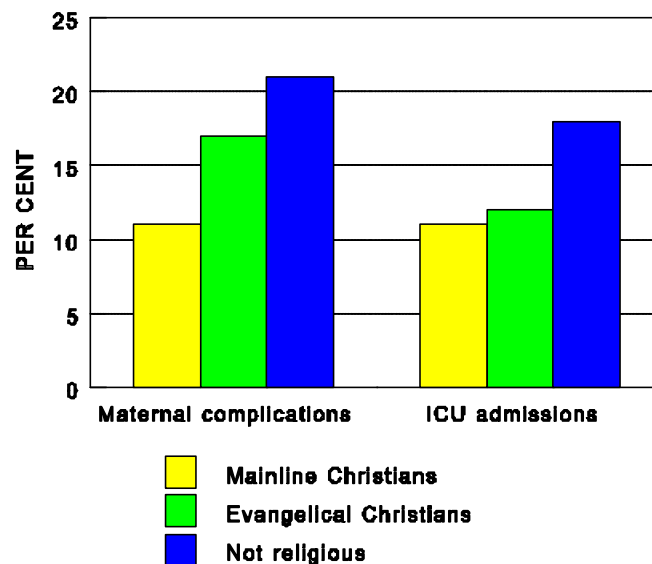


Figure 3. Percentages of women who developed complications during their pregnancy and of babies who were admitted to an intensive care unit (ICU) according to religious status.

attended church less frequently. Unaccountably, the authors excluded from analysis those women who professed no religion as well as a miscellaneous number of 296 in addition to those who did not answer the questionnaire. Nevertheless, for the first three groups, the average lengths of pregnancy were similar ranging from 39.3 to 39.6 weeks. On the other hand, babies of lukewarm Christians tended to be smaller (3.34 kg) compared with 3.49 kg and 3.44 kg, respectively for babies of mothers who belonged to one of the sects or who attended church frequently. The authors concluded that higher levels of religious commitment appear to be associated with more favourable outcomes of pregnancy.¹⁶

Are patients of Christian doctors and nurses better off?

If divine healing is operative in this world, then one might reasonably expect that patients who are looked after by Christian practitioners may do better than those who are patients of non-Christians. Christian doctors and nurses may pray for or with their patients. A Christian surgeon might pray that he be given a sure and steady hand. A Christian

¹⁶Najman JM, Williams GM, Klepping JD, Morrison I, Andersen MJ. Religious values, practices and pregnancy outcomes: a comparison of the impact of sect and mainstream Christian affiliation. *Social Science and Medicine* 26: 401-407, 1988

psychiatrist may have a different approach to dealing with an anxious, depressed or guilty patient. Certainly, one may anticipate that Christian care-givers are motivated by compassion and practice honestly and with integrity. Indeed, many have given a lifetime of service in difficult and demanding circumstances. Unfortunately, I do not know of any studies that have attempted to examine health outcomes in patients of Christians and non-Christians. Such research is likely to be extremely difficult to carry out, but any information that could be obtained would be fascinating.

Conclusions

In 1994 Dr Jeffrey Levin, who at that time worked in the department of family medicine and community medicine at the Eastern Virginia Medical School in Norfolk, Virginia, USA published a review of the literature. He entitled his paper¹⁷ "Religion and health: is there an association, is it valid, and is it causal?". The short answers to these questions were, he believed, "yes", "probably" and "maybe". In his review, he took into account the problems of chance, bias and other potentially confounding influences. These included the possible roles of heredity, behaviour, social supports, psychological directives and the placebo effect of religion. He also postulated that there may be "superempirical" effects. By this he meant that religion might tap some pantheistic force or power (variously given names such as *prana*, *chi*, orgone, life-force and so on) which cannot currently be measured by science. It did not seem necessary to Dr Levin to consider the possibility that God, in a manner outside and above nature, might influence or determine a person's health (although he did concede this "for the sake of completeness" in an earlier paper⁸ on high blood pressure).

Nevertheless, others are not so circumspect. The *Journal of the American Medical Association* put it bluntly and took up the practical points when it asked whether doctors should prescribe prayer or more frequent attendance at church for their patients.¹⁸ It answered this rhetorical question by indicating that some doctors, chaplains, pastoral workers and sociologists would say "yes", and quoted the words of Dr Dale Matthews of Georgetown University School of Medicine in Washington, DC, USA:

"There is at work an integration of medicine with religion, of spirituality with medical practice, the guardians of healing through the ages."

Thus, depending upon the perspective and beliefs of the individual, religion can be regarded as a form of alternative medicine or as a complement and support to orthodox medicine.

¹⁷Levin JS. *Social Science and Medicine* 38: 1475-1482, 1994

¹⁸Marwick C. Should physicians prescribe prayer for health? Spiritual aspects of well-being considered. *Journal of the American Medical Association* 273: 1561-1562, 1995

MIRACLES

Is there such a thing as miraculous healing? Before we can attempt to answer this question, we need to know what we mean by the term “miracle”. A miracle can perhaps best be thought of as a marvellous event exceeding the known powers of nature and involving the intervention of a supernatural agency. So here we come to our first point of demarcation. CS Lewis, the great British commentator on Christianity observed that there are two sorts of people, the naturalists and the supernaturalists.¹⁹ The naturalists, also called materialists, believe that nothing exists except nature or matter. Consequently, such individuals do not believe in miracles. Naturalists may also be rationalists, that is, they believe that for every human problem there is a rational explanation. So there is no need for divine providence. Supernaturalists, on the other hand, consider that there exists a power above and beyond nature. Christians call that power God. He has produced the framework of space and time and the events that happen within them.

If you are a naturalist you will not believe in miracles and may not wish to read on. If you are a supernaturalist, you may or may not believe in miracles. Christians are by definition supernaturalists and the rest of this chapter is largely restricted to a consideration of the Christian view of miraculous healing. I have labelled this phenomenon “divine healing” as it indicates the source of healing. Others call it “faith healing” to describe the means by which healing is achieved.

Let it be said at the outset that there is a wide spectrum of opinion among Christians as to whether or not a Christian can expect healing by God in this day and age. Countless books on this subject have appeared over the past few years. Only a small sample can be reviewed here. Some authors reject divine healing on either medical or theological grounds. A few examine both sides of the question. Others embrace it enthusiastically.

The cynics

Some doctors believe that claims of miraculous healing are really due to a misunderstanding of the facts. They cite a number of possible explanations, particularly with regard to cancer. These include removal of the whole tumour at the time of diagnostic biopsy or at subsequent surgery, the occasional spontaneous regression of a cancer, the biological behaviour of a cancer which is very slowly growing, misdiagnosis, or

¹⁹Lewis CS. *Miracles*. First issued, 1947. Re-issued by Fount Paperbacks, London, 1974

misunderstanding of the pathology report or what the doctor says.^{20,21}

Another example of those who do not support the existence of divine healing is Dr Louis Rose, a medical practitioner in the United Kingdom, who investigated both Christian and non-Christian (paranormal) claims to healing.²² He actively solicited reports of faith healing and followed up cases of miracle cure reported in the media. He gathered nearly 100 cases and wrote “after well over 15 years of work, I have yet to find one ‘miracle cure’ and ... I cannot be convinced of the efficacy of what is commonly called faith healing”. Nevertheless, Dr Rose retained an open mind and continued to be receptive to new evidence.

The same perhaps cannot be said for some theological commentators. For example, Richard Mayhew²³, a teacher in a theological seminary in the United States, argued that Jesus healed in order to attest to his divinity and glorify God but that miraculous healing no longer occurs. He then proceeded to castigate well-known American evangelists and faith healers such as Kathryn Kuhlman, Oral Roberts and Benny Hinn. In fact, he and others have canvassed a variety of reasons as to why many Christians do not accept divine healing; these are summarised in Table 5.

Some authors pull no punches. One critic wrote: “Neither Scripture nor medical experience encourages the belief that miraculous signs and wonders should be expected as a normative phenomenon in the church of any age. The current emphasis on healing encourages a neuroticism that focusses attention on the outward, the visible and the temporary to the neglect of the inward, the invisible and the eternal. It distracts us from the positive value of suffering.... It undermines the assurance of those who remain unhealed.”²⁴

The waverers

Then there are books which try to examine both sides of the question. Perhaps one may say that they sit on the fence. Thus, Harold Taylor marshals the arguments of proponents and opponents of divine healing.²⁵ John Goldingay, as part of a series of volumes entitled “When Christians disagree”, brought together a number of protagonists and antagonists within the one volume.²⁶ Books such as these may be intellectually articulate and once I

²⁰Lammes FB. Miraculous cures in gynaecology. *European Journal of Obstetrics & Gynecology and Reproductive Biology* 29: 191-195, 1988

²¹Peschel RE, Peschel ER. Medical miracles from a physician-scientist’s viewpoint. *Perspectives in Biology and Medicine* 31: 391-404, 1988

²²Rose L. *Faith healing*. Victor Gollancz Ltd, London, 1968

²³Mayhue R. *The healing promise*. Harvest House publishers, Eugene, 1994

²⁴May P. In Goldingay J (editor), *When Christians disagree: signs, wonders and healing*. Intervarsity Press, Leicester, 1989

²⁵Taylor H. *Sent to heal: a handbook of Christian healing*. Order of St Luke the Physician, Ringwood, 1993

²⁶Goldingay J (editor). *When Christians disagree: signs, wonders and healing*. Intervarsity Press,

Table 5. Reasons why some Christians do not accept divine healing.

- they simply do not want to have anything to do with it
- they have not met anyone who has been healed
- there are benefits in suffering
- they consider that miracles were only necessary to get the early church started
- miracles are viewed as not really taking place and are just a primitive way of expressing reality
- God expects us to use medical services
- being a Christian does not make one immune from accident or illness
- we all age and have no grounds for exemption from the ravages of time
- we all die
- healing is considered a distraction to the more important work of evangelism
- Christ did not heal everyone in the Roman Empire
- the term “divine healing” is not to be found in the Bible
- Paul had a persistent “thorn in the flesh” and some of his assistants were ill

would have agreed with them. Now I find them rather sterile and somewhat spiritually repressive.

The believers

Not that I necessarily go along with all of those on the other side of the fence. Some of the personal stories of divine healing are unconvincing for me. For example, Dr Christopher Woodard²⁷ claimed that his two year old son was cured of meningitis by divine healing as did the Rev Selwyn Hughes²⁸ in regard to his own pneumonia. Neither man seems to have given sufficient credit to the antibiotics that were administered. Still, personal feelings and convictions are very difficult to analyse and ought not to be arbitrarily dismissed. On the other hand, I find many of the examples recorded by Kathryn Kuhlman^{29,30} in several of her books difficult to explain in any way other than by divine healing unless they are complete fabrications (which I do not believe to be the case).

There are also quite convincing cases that are occasionally reported in the medical

Leicester, 1989

²⁷Woodard C. *A doctor heals by faith*. First published 1953; re-issued by Hodder and Stoughton, London, 1959

²⁸Hughes S. *God wants you whole*. Kingsway Publications, Eastbourne, 1984

²⁹Kuhlman K. *I believe in miracles*. Prentice-Hall, Englewood Cliffs, 1962

³⁰Kuhlman K. *God can do it again*. Prentice-Hall, Englewood Cliffs, 1969

literature.^{9,31,32} In a similar vein can be taken reports of miraculous healings in pilgrims to the shrine of Lourdes in France. All such cases are examined by the International Medical Committee of Lourdes and only patients with objective evidence of physical illness are considered. If you are interested in how this is done, it is well-described by Dr St John Dowling, himself a member of the committee.³³ About 4 million pilgrims visit Lourdes every year and about 65,000 of these are registered and documented as being sick. It is estimated that about 2 million sick pilgrims have visited Lourdes in the past 150 years. By 1984, about 6,000 people claimed to have been cured. Of these, 64 were recognised as miraculous cures by the Catholic Church. Between 1954 and 1984, 19 cases were accepted as such by the medical committee and 13 were acknowledged by the church. Follow-up over a number of years showed that only one of these patients had relapsed and died. You will have to make up your own mind whether or not you think this is a very good success rate. Bear in mind though, that only dramatic, almost instantaneous cures are considered for certification as miracles. As will be seen later, many people are healed progressively by degrees.

So where do we go from here? I would like to draw your attention to three books that may well be read with profit.

The Healing Light

The first book is a classic written nearly 50 years ago by Agnes Sanford.³⁴ She was born of missionary parents in China and married an Episcopalian minister in the United States. Her basic thesis is that God does nothing except by law, that he has provided enough power within his law to do anything that is in accordance with his will, and that includes miracles. She believed that our task is to release God's power by becoming channels of his love. She used the analogy of an electric circuit with love being the wiring that connects our souls with God, and faith being the switch that turns on his power. Faith is worked through prayer. In Mrs Sanford's view, healing may take time and patience, especially if the complaint is serious and chronic. Furthermore, she recognised that physical healing sometimes does not occur even though spiritual renewal may be enabled.

³¹Gardner E. Faith healing. *Australian Family Physician* 9: 303-307, 1980

³²Gardner R. Miracles of healing in Anglo-Celtic Northumbria as recorded by the Venerable Bede and his contemporaries: a reappraisal in the light of twentieth century experience. *British Medical Journal* 287: 1927-1933, 1983

³³Dowling St J. Lourdes cures and their medical assessment. *Journal of the Royal Society of Medicine* 77: 634-638, 1984

³⁴Sanford A. *The healing light*. First published, 1949. Republished by Daystar, Geelung, 1990

Healing

The second work was written by Francis MacNutt, a Catholic Benedictine priest who more recently has been associated with the Christian Healing Ministries in Florida, USA.³⁵ MacNutt reacted to the traditional Catholic teaching that suffering is primarily redemptive, that is, sickness is a cross either sent or permitted by God to chastise us or bring us to our senses. In the words of CS Lewis, “God whispers to us in our pleasures, speaks in our conscience, but shouts in our pain; it is His megaphone to rouse our deaf world”.³⁶ Father MacNutt concluded that overall, sickness is destructive and asserted that divine healing rests upon two solid foundations - scriptural teaching and personal experience. He recognised that taken individually, many claims of divine healing are not definitive as proof, being possibly explained in a variety of ways. Nevertheless, for him, the accumulated body of evidence points in the direction of divine healing since many more healings occur than can be explained by chance.

He then asked two questions. The first is how should we regard sickness? Is God’s ordinary will sickness - or is it health? Secondly, if it is health, does God heal our bodies with a power beyond the natural resources of medicine? He concluded that God’s general desire is for us to be well. Therefore, since he has the power to do all things, he will generally respond to prayer for healing. It is obvious that there inevitably comes a time for each one of us to die and we need to determine whether or not that time has been reached. MacNutt used a helpful analogy. He remarked that it is normal for an apple to drop to the ground in the autumn after it has spent the summer ripening to its full richness and growth. But if a green apple falls off in summer, something has gone wrong. Thus we can ordinarily assume that we should pray for desperately sick young people.

The key to such prayers is faith, either on the part of the sick person or someone else, in which the petitioner turns to God in complete trust that God knows best and leaves the results to him. Further, MacNutt believes that there are four basic kinds of sickness, all of which may be healed by faithful prayer:

- sickness of the spirit caused by sin (dealt with by a prayer of repentance)
- emotional sickness (prayer for inner healing or healing of the memories)
- physical healing (prayer for physical healing)
- demonic oppression (prayer for deliverance or exorcism).

Thus, before praying for healing, we need to ask what is the basic sickness, what is the cause and what kind of prayer is required.

It is a common practice amongst many Christians for those praying for a sick person

³⁵MacNutt F. *Healing*. First published, 1974. Reissued by Hodder and Stoughton, London, 1989

³⁶Lewis CS. *The problem of pain*. First issued 1940, re-issued by Fount Papebacks, 1979

to lay their hands upon that person. Sometimes those praying or the person being prayed for may feel something like a gentle electric current, a glow of warmth, or a sensation of vibrations or trembling. Concern and love are communicated more by touch than by words alone. On occasions, the injunction of the apostle James (see later) is followed and the sick person is anointed with oil as a spiritual symbol of the prayer of faith.

Like Mrs Sanford, Father MacNutt recognised that healing often may take a long time and happens in a series of steps as one log after another in the logjam which impedes the flow of life is removed from the stream. Even so, sometimes healing does not take place. We cannot understand the way healing happens nor why some people are healed and others are not.

Your Healing Is Within You

The third book was written by AJ Glennon.³⁷ The title is perhaps a little misleading as you may think that it implies that you can heal yourself. On the contrary, it is a powerful exposition of the Holy Spirit working within a person to bring about healing. Of all the books that I have read, and I have read this one four times, it is the one that has been most helpful to me. Perhaps this is because it was given to me by a neighbour in my hour of need. More important, however, is that it all seems so logical. It makes sense to me.

Jim Glennon was formerly a canon of St. Andrew's Anglican cathedral in Sydney, Australia and for over 30 years was responsible for the weekly healing services in that city church. He begins his book with two portions of scripture:

“He (God) has granted to us his precious and very great promises” (2 Peter 1:4; Revised Standard Version)

“Is any among you sick? Let him call for the elders of the church and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of faith will save the sick man, and the Lord will raise him up; if he has committed sins, he will be forgiven.” (James 5:14-15)

The translation in the New International Version is even more clear-cut: “the prayer offered in faith will make the sick person well”. What is this prayer of faith? But one cannot pray the prayer of faith unless one has first made peace with God by repenting of one's sins and claiming the forgiveness that is available through the death and resurrection of Jesus Christ. Healing is received when you pray the prayer of faith and this will be helped if you ask another Christian to pray with you. The prayer of faith means that you believe that you have received the answer to your prayer and you do not doubt in your heart. This represents the quality of your faith and means that you thank God before it happens.

The Bible defines faith as “the assurance of things hoped for, the conviction of things

³⁷Glennon J. *Your healing is within you*. Hodder and Stoughton, London, 1978

not seen" (Hebrews 11:1). If you find this difficult to come to terms with, then the promise of Jesus may help you: "I tell you, whatever you ask in prayer, believe that you receive it and you will" (Mark 11:24). Take on board the exhortation of the apostle James, the brother of Jesus: "Ask in faith, with no doubting" (James 1:6).

Whereas the healings of Jesus as recorded in the gospels were instantaneous, Glennon observes that with most of us, healing does not usually come all at once. His experience is that a minority of those who are prayed for are healed at once, the majority are healed gradually, some are healed partially, and there are some who are not healed physically but have a healing of the spirit. Glennon compares the severity of illness to the size of a mountain. Jesus said: "If you have faith as a grain of a mustard seed, you will say to this mountain 'Move hence to yonder place', and it will move; and nothing will be impossible for you" (Matthew 17:20-21). Of course, if our faith were equal to the task, we could move big mountains. But usually our faith is small and the mountain is big so our faith is not equal to the task of immediate healing.

Glennon uses the analogy of healing being like the growth of a plant when the seed is planted: "First the blade, then the ear, then the full grain in the ear" (Mark 4:28). It follows then, that as in several of Jesus' parables (Luke 11:5-10; 18:1-5), we can pray repeatedly, thanking God for progressive healing and asking him to increase our faith. The gift of faith is a mysterious surge of confidence in God that arises in a person faced with an insurmountable need or situation. Continue in prayer and thank God for any healing that you see for St. Paul wrote: "continue steadfastly in prayer, being watchful in it with thanksgiving" (Colossians 4:2).

Thus, as well as being qualitative, faith is both quantitative and cumulative. Jesus said: "According to your faith, be it done to you" (Matthew 9:29). Our prayers are answered in proportion to our faith. The effects are also dependent upon the magnitude of the problem. Just as it is more difficult for medicine to cure an advanced illness, so it is with prayer. The more severe the illness or long-standing the trouble, the greater the faith and persistence and diligence in prayer that is usually required.

Jim Glennon then considers the question of the will of God. Many prayers for healing include the words "if it be your will" or "not my will but thine be done". He believes that those who use such words cannot pray with undoubted faith. So Glennon then returns to his original quotation on the promises of God. He says that if we believe one promise, then we must believe them all, and that includes the scriptural promise of healing.

Like Mrs Sanford and Father MacNutt, Canon Glennon urges us to continue to draw on medical treatment as prescribed by our doctors and to do it with a clear conscience. Medical and spiritual interventions are complementary, not contradictory. But we ought not let the medical prognosis limit our expectation of faith. Rather, we should look past the treatment and prognosis to God and believe that with him all things are possible.

The mystery of it all

Every author accepts that there is a mystery in sickness and healing. Those who advocate divine healing believe that it is not so much a question of “God can heal but will he?” but rather a matter of “God wills to heal but can he?” These are problems for which there are no answers this side of the grave. Different authors have proposed a number of reasons why this may be so (Table 6). Most Christians are content to identify with the words of the 18th century poet and hymn writer, William Cowper.

“God moves in a mysterious way
 His wonders to perform
 He plants his footsteps in the sea
 And rides above the storm.

 God is his own interpreter
 And He will make it plain.”

Dangers

Are there any dangers in faith healing? Yes. Desperate and sincere people may be persuaded by enthusiastic faith healers that they must demonstrate their faith by abandoning medical help precipitously. Disasters have followed.

- Wesley Parker was an 11 year old boy who was a diabetic and needed insulin injections. His parents took him to a healing service at a church in California where the preacher pronounced him healed. They stopped giving the insulin injections. Three days later, Wesley lapsed into a coma and died.³⁸
- A young Englishwoman became psychotic (mad) when her thyroid gland failed to function. This was cured by treatment with thyroid hormone which, medical speaking, she needed to take indefinitely. She then attended a faith healing ceremony at her parish church and stopped the hormone replacement. She relapsed and required admission to a psychiatric unit. Six years later, she remains well while taking thyroid hormone.³⁹
- A 52 year old man suffered epilepsy for 25 years. He stopped his medication after consulting a faith healer. He was sent to his general practitioner by his employer because he had had a number of epileptic seizures at home and work, one of which

³⁸*The exorcist*. Newsweek, 10 September 1973

³⁹Coakley DV, McKenna GW. Safety of faith healing. *The Lancet* i: 444, 1986

resulted in injury. His electroencephalogram (which measures brain waves) was grossly abnormal indicating a relapse of his epilepsy. He lost his job as a machinist because it was not safe for him to work. One can just imagine what might have happened if he had had a fit while driving a car.⁴⁰

- Drs Asser and Swan from the department of pediatrics at the University of California at San Diego in the USA evaluated the deaths of children in families in which faith healing was practised in place of medical care in order to see whether those deaths were preventable.⁴¹ Over a 20 year period, 172 children were identified. In most of the children, survival rates for the condition they suffered from would have been over 90%. They concluded that many of these children died unnecessarily and that laws need to be revised to protect children from this form of medical neglect.

A practical approach

How then should we approach divine healing? This is definitely a situation where divine healing should not be called alternative medicine. Rather, it should be termed complementary medicine. God has many delivery systems. Our task is to discern which is the right one (or more than one) for us at a given time. There is no limit to what God can do but there is a limit to what we can do, humanly speaking. God does not change to suit us. We have to change to suit him. The following five steps may be a way for you to go if you are in need.

- consult your minister, priest or pastor or talk to a Christian friend
- set yourself right with God
- pray the prayer of faith
- tell your doctor what you are doing and continue to follow his advice. He will tell you when his services are no longer required
- thank God daily for the improvement that has already occurred and for the healing that is yet to come

If you do not know how to pray, then the following prayer written by Jim Glennon is a wonderful place to start:

“Loving Father, we praise your name that you have drawn close to us in Jesus Christ and revealed what you have provided for us and want us to have from your hand. Thank you for your promise to us that the prayer of faith will enable the sick person to be restored to

⁴⁰Smith DM. Safety of faith healing. *The Lancet* i: 621, 1986

⁴¹Asser S, Swan R. Child fatalities from religion-motivated medical neglect. *Pediatrics* 101: 625-629, 1998

health. We praise you that you have also revealed to us how we are to pray. Father, forgive us that so very often we have not prayed in the way that Jesus taught us. We would repent of that, and by your grace, so pray that your blessing may be given to us now and at all times. Father God, I now accept your healing for my need. I accept it humbly and gratefully and completely. I accept it so that it is *what* I accept and the way I think of myself. I thank you for it and rejoice that I am giving glory to you by exercising faith. I thank you now and will continue to thank you until faith gives way to sight. Show me what I can do to put faith into action. As my faith is small, I know you will not expect me to act upon my faith all at once, but I believe you are showing me the first step I am to take. Through Christ our Lord. Amen

It is indeed:

A matter of faith