

Divine healing: the Christian view

DIVINE healing is a form of alternative therapy that arouses strong emotions. It may present a particular dilemma for the doctor who, while subscribing to a rational scientific model of illness, is also a committed follower of a religion which includes divine healing in its tenets of belief. But, like other forms of alternative therapy, it is important for all doctors to examine what the healing process and the beliefs surrounding it can contribute to primary health care in the modern world.

Views about divine healing fall into three broad groups. Some people, doctors especially, regard all healing as a biophysical process and deny the possibility of any supernatural intervention. Where divine healing is claimed, any changes in a patient's state of health are assumed to be ultimately understandable in physical, psychological or social terms. Griffith and colleagues¹ reported that the experiences of a Black church in the USA could be explained by several factors associated with group psychotherapy. In a different setting Joralemon² described healing ceremonies in Peru using mescaline and attributed the effects of the ritual to 'autonomic system tuning'.

Another view, notably that of the International Medical Committee of Lourdes,³ appears to be that divine healing 'fills in the gaps'. Acts of healing which are not explicable in terms of our current knowledge of medicine are believed to have been mediated by God; unfortunately, as research closes the gaps in medical knowledge so God appears to be 'edged out' or at least to become less active. A case in point was a woman who was declared cured of the Budd Chiari syndrome by the Medical Committee of Lourdes at a time when the natural history of this syndrome was not known. She subsequently relapsed and died in 1970.

A third view of healing is that God does not have to be specially induced to act in selected cases but is continually involved, working through the laws of nature to bring about the healing process. Attunement with God through prayer is seen to provide a flow of energy to the patient.⁴ Doctors and clergy could work in partnership in everyday healing practice rather than concentrating on special healing services.⁵

God may be involved in healing but the question can be raised whether healing is always needed. Patients generally find it possible to adjust to their illness and eventually accept the limitations of their life. Some patients may even develop emotionally through the experience of illness and some families become more closely knit.⁶ Yet this is a different matter to declaring that a patient is cured. Most of the healing in the Bible is portrayed in terms of dramatic and sudden cures. Healing as the attainment of wholeness may be aided by psychological support and explanation.⁷ Physicians are often unwilling to talk about feelings when patients are facing major health problems such as cancer.⁸ This may be a situation where Christian ministration, sharing and prayer may promote well-being.

Many people believe that as divine healing has many meanings and is carried out by a variety of practitioners it is important for the process to be 'validated'; until then, doctors may find it difficult to get involved. Validation is carried out in various ways. Many of the churches in Britain validate the healer⁹ through a committee of the local church who judge whether the gift is genuine. The final decision is made by the bishop in the Anglican church and by consultative groups which are being set up in each presbytery in the Church of Scotland. In America, where divine healing is more formalized, validation is carried out by a professional organization, the Association of Christian Healers. Many doctors feel that validation is more relevant when it is the outcome of healing rather than the individual healer that is validated. There is some precedent for

this view in the Scriptures, when the healing of the congenitally blind man 'validated' Jesus' claim to be the Son of God (John 9: 25). Often a clinically verifiable cure is sought, as, for example, by the International Medical Committee of Lourdes.³ Many cures claimed by healers, however, are of self-limiting conditions which have a large psychosomatic element in their aetiology. Validation of the healing in these cases presents a problem. In Lourdes verification is concerned only with objectively identifiable morbidity. But the perceived health of individuals is an equally relevant measure, as it is this which governs the demand for medical services and the outcome of treatment.¹⁰ Subjective perceptions of health have been shown to be excellent predictors of mortality¹¹ and to be key factors in adjusting to major illnesses.¹² Thus, if divine healing is found to improve people's subjective perception of health — as other alternative therapies have been shown to do¹³ — and particularly if a valid and reliable indicator is used, then this is a useful validation of the procedure.

One of the problems with divine healing concerns healers who make exaggerated claims of curing patients with severe chronic or terminal illness. The deterioration and death of a patient following the pronouncement of a cure can cause much distress.¹⁴

Perhaps the most important contribution to general practice from those who believe in divine healing relates to the extension of whole person medicine into a fourth or spiritual dimension. General practitioners may come to consider a patient's health in physical, psychological, social and spiritual terms. This idea has led to the setting up of a working party of the Churches Council for Health and Healing and the Royal College of General Practitioners, which is considering the effects of extending patient care into the spiritual sphere and ways of encouraging this extension.

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References

- Griffiths EE, Young JL, Smith DL. An analysis of the therapeutic elements in a black church service. *Hosp Community Psychiatry* 1984; **35**: 464-469.
- Joralemon D. The role of hallucinogenic drugs and sensory stimuli in Peruvian ritual healing. *Cult Med Psychiatry* 1984; **8**: 399-430.
- Dowling St J. Lourdes cures and their medical assessment. *J R Soc Med* 1984; **77**: 634-638.
- Berg EP. Faith healing. *Aust Fam Physician* 1980; **9**: 303-307.
- Hamel-Cooke CK, Cope DHP. Not an alternative medicine at St. Marylebone Parish Church. *Br Med J* 1983; **287**: 1934-1936.
- Leiber L, Plumb MM, Martin L. The communication of affection between cancer patients and their spouses. *Psychosom Med* 1976; **38**: 379-389.
- Salmons PH. Cancer and the psyche. *Update* 1985; **30**: 747-752.
- Lee ECG, Maguire GP. Emotional distress in patients attending a breast clinic. *Br J Surg* 1975; **62**: 162.
- Anonymous. Spotlight on validation. *Health and Healing* 1985; **8**: 6-7.
- Hunt SM, McEwen J, McKenna SP. Measuring health status: a new tool for clinicians and epidemiologists. *J R Coll Gen Pract* 1985; **35**: 185-188.
- Singer E, Garfinkel R, Cohen SM, Srole L. Mortality and mental health: evidence from the midtown Manhattan restudy. *Soc Sci Med* 1976; **10**: 517-521.
- National Heart and Lung Institute. *Proceedings of the Heart and Lung Institute working conference on health behaviour*. Weiss SM (ed). Pub No. (NIH) 76-868. New York: DHEW, 1976.
- Struthers GR, Scott DG. The use of 'alternative treatments' by patients with rheumatoid arthritis. *Rheumatol Int* 1983; **3**: 151-152.
- Watson D. *Fear no evil*. London: Hodder and Stoughton, 1984: 110.