

Family Practice Patients' Experiences and Beliefs in Faith Healing

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Faith healers have become more visible as an alternative to traditional medicine because of the growth of television evangelism. The extent to which patients engage in alternative therapies such as faith healing, however, is not fully known. To further explore patients' involvement in faith healing, a cross-sectional survey was administered to 207 patients in one rural family practice. Most respondents (58 percent) reported that faith healers are "quacks," but 29 percent believed that faith healers can help some people who physicians cannot help. Twenty-one percent had attended a faith-healing service. Six percent stated they had actually been healed by faith healers, and 15 percent reported they personally knew someone who had been healed. Participation in faith-healing services was significantly higher among blacks ($P < .01$) and those with less than a high school education ($P < .01$). The finding that many patients embrace faith healing has implications for traditional family practice and may explain why patients sometimes reject medical treatment. Physicians need to be sensitive to patients' beliefs about "faith," and must determine the extent to which patients reject the scientific approach before physicians can become effective "healers."

The medical profession has been largely skeptical of spiritual faith healing as an alternative to traditional medical care.¹ This feeling is bolstered by reports of unusual religious groups who have avoided all traditional medical care and suffered serious morbidity and mortality.²⁻⁶ At the same time, however, there has been a movement in traditional medicine in recent years toward a more holistic and spiritual approach to healing.⁷⁻¹³ This movement toward holistic patient care has been partially in response to patients' demands for more attention to their overall health needs, including spiritual needs. Some patients may be turning to faith healers when these needs are not addressed by their physicians. Other patients may see a role for both faith healing and traditional medicine.¹⁴

In an effort to further explore these issues, a survey was conducted to ascertain patients' experiences and beliefs

regarding faith healing. It was hypothesized that a significant number of patients would reveal beliefs and experiences in faith healing while still maintaining a relationship with a traditional family physician. Characterizing these beliefs may help physicians more fully understand why patients turn to alternative therapies such as faith healing, and may also help physicians deal with patients who believe that medicine and faith work together.

METHODS

A one-page written questionnaire with fixed-format questions was administered to a cross-sectional sample of ambulatory adult patients and parents of patients under 18 years old in a family practice clinic in rural North Carolina during a two-week period in October 1987. Included in the survey were questions regarding age, sex, race, religion, and contact and attitudes regarding faith healers. Respondents were encouraged to add additional comments on the back of the questionnaire.

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TABLE 1. DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

Characteristics	Measurements
	Years
Age (mean ± SD)	41 ± 17 (range 18-93)
Education (mean ± SD)	11.9 ± 3 (range 0-22)
	Percent
Sex, female	77
Race	
White	53
Black	47
Religion	
Baptist	68
Other Christian	27
Other	5
<i>SD—standard deviation</i>	

Relationships between variables were examined using correlation coefficients. Significance tests were calculated using chi-square.

RESULTS

Two hundred twelve people were asked to complete the questionnaire; of these, five patients refused to participate. The demographic characteristics of the sample are described in Table 1. The respondents were middle-aged, predominantly female and Baptist, and evenly distributed between blacks and whites. The predominance of female respondents reflects not only that women outnumbered men in the practice but also that the responding parents of patients under 18 years were their mothers. The race distribution also mirrors the composition of the practice.

Contact with faith healers is presented in Table 2, which shows both overall results and those for blacks alone. Six percent of all respondents reported they had been healed by faith healers; all were women and all but one were black. Eleven percent of blacks and 7.5 percent of women reported they had been healed. Fifteen percent of all respondents knew someone who had been healed by a faith healer; 26 percent of blacks stated they personally know someone. Twenty-one percent had been to a faith-healing service, 13 percent several times or more, with blacks attending more often than whites ($P < .001$). Fifty-six percent of all respondents had watched faith healers on television; blacks watched more often ($P < .01$).

Attitudes about faith healers are presented in Table 3. Most respondents (58 percent) agreed with the statement that "faith healers are quacks." Twenty-nine percent, however, believed that faith healers can help some people whom physicians cannot help. Thirty-four percent stated that physicians and faith healers can work together. Blacks believed in faith healers more strongly than whites.

TABLE 2. CONTACT WITH FAITH HEALERS

Nature of Contact	Percent Overall	Percent Blacks	Significance by Race
Attended faith-healing service			
Never	79	66	$P < .001$
Rarely	8	10	
Several times	11	19	
Weekly	2	3	
Watched faith healers on television			
Never	44	29	$P < .001$
Rarely	38	38	
Several times	12	23	
Weekly	6	10	
Patient has been healed	6	11	$P < .001$
Patient knows someone healed	15	26	$P < .001$

The relationship between contact with faith healers and attitudes toward faith healers is shown in Table 4. As expected, more acceptance of faith healers occurred among patients with more contact with faith healers. Among patients who had attended faith-healing services several times, 68 percent agreed that physicians and faith healers could work together, whereas only 25 percent of those who had never attended held that belief ($r = -.42$). A similar relationship was seen between those who watched faith healers on television and those who believed that faith healers could help people that physicians could not help ($r = -.42$). These relationships were stronger among blacks than whites.

Education was inversely related to faith-healing acceptance and participation. Those with education beyond high school watched faith healers on television significantly less often than those who had only a 12th-grade education ($P < .01$). Fewer patients with college education reported they had been healed ($P < .05$), and fewer of them believed in faith healers ($P < .05$), than those who had not finished high school.

Fifteen percent of patients put additional comments on the survey sheets. Two patients commented about their strong belief in faith healers. Ten patients expressed avid faith in both physicians and God.

DISCUSSION

Faith healing is a common alternative to modern medical therapy, with many patients attracted to its purportedly limitless potential and its promise of cure. Knowledge of the extent of patients' involvement in faith healing may provide insight into patients' expectation of physicians

TABLE 3. PATIENT ATTITUDES (PERCENT) ABOUT FAITH HEALERS

Attitudes	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Faith healers are quacks	33	25	17	24
Faith healers can help* some people physicians cannot help	11	18	20	52
Physicians can help some people faith healers cannot help	65	18	8	10
Physicians and faith healers** can work together to cure people	12	22	20	46

* Blacks agree more strongly ($P < .05$)** Blacks agree more strongly ($P < .01$)

TABLE 4. RELATIONSHIPS BETWEEN ATTITUDES ABOUT FAITH HEALERS AND CONTACT WITH FAITH HEALERS

Attitudes and Contact	Percent			
	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Physicians and faith healers can work together to cure people				
Never attended a faith healing service	5	20	23	52
Has attended a faith healing service	38	30	10	22
Faith healers can help some people physicians cannot help				
Never watched faith healers on television	2	10	21	67
Has watched faith healers on television	17	26	19	38

 $r = -.42$

and shed light on their occasional reluctance to accept their physician's treatment recommendation. The results of this survey revealed that most patients do not support faith healing. The data supported the hypothesis, however, that a significant number of patients would reveal beliefs and experiences in faith healing while still maintaining a relationship with a traditional family physician.

Recent medical literature has highlighted reports of tragic deaths as a consequence of reliance on faith healing alone, especially among people in isolated religious groups. A study of the Faith Assembly of Indiana,² a religious group avoiding all medical and obstetric care, showed significantly higher perinatal and maternal mortality rates than in the population as a whole; parents offered prayer without medicine and their doctrine forbade them from seeking medical attention. Elsewhere, a young boy died of meningitis while being attended by a Christian Science practitioner who offered only prayer.^{3,4} In another instance a man suffered injury at home after he stopped taking antiseizure medication on the advice of a faith healer.¹⁵

In contrast to these disturbing cases, the current study revealed a high level of participation in faith healing among family practice patients from mainstream Christian denominations. Participation was particularly high among blacks and those with less education. Thirty-four percent of blacks had been to a faith-healing service, and 12 percent of blacks claimed actually to have been healed by

faith healers. Among all patients, 28 percent believed that faith healers could help people physicians could not help. Many patients have clearly embraced faith healing to a significant extent. Since these patients were in a physician's office at the time of the survey, they clearly engage in faith healing and traditional medicine simultaneously. In fact, 34 percent agreed that physicians and faith healers can work together.

These findings have important implications for family physicians. Since many patients are involved to some extent in faith healing, it is important to develop strategies for dealing with alternative beliefs. These beliefs can have an impact on everyday practice and may explain why some patients miss appointments, stop medications, and reject treatments. Physicians may need to assess individually the nature of patients' beliefs in faith and faith healing, and the extent to which they reject the traditional medical approach.

A further issue is the physician's own attitude toward faith healing; some may totally reject the concept while others may have more willingness to accommodate various patient beliefs and practices. Those physicians who are advocates of the holistic approach to health may even be able to use the patients' belief in faith healing as a resource in treatment.

The rural and predominantly Christian sample for this survey limits the extent to which the findings may be gen-

eralized to other populations. The more positive attitude toward faith healing among blacks and those with less education implies that attitudes may be different outside the rural South.

The survey may have underestimated participation in faith healing, since some patients may have felt inhibited in the physician's office and would not have wanted to admit to seeing a faith healer. Further, patients who rely totally upon faith healers would not go to a physician and would not have been included in the survey.

Further research should investigate people's beliefs and participation in faith healing in other settings. Various ways of dealing with patients who reject traditional therapy also need to be explored. Perhaps most important, physicians themselves need to decide what role faith is going to have in their approach to the treatment of patients.

References

1. Complementary medicine. Exploring the effectiveness of healing. *Lancet* 1985; 2:1177-1178
2. Spence C, Danielson TS: The Faith Assembly. A follow-up study of faith healing and mortality. *Indiana Med* 1987; 80:238-240
3. Reiman AS: Christian Science and the care of children. *N Engl J Med* 1983; 309:1639
4. Swan R: Faith healing, Christian Science, and the medical care of children. *N Engl J Med* 1983; 309:1639-1641
5. Talbot NA: The position of the Christian Science Church. *N Engl J Med* 1983; 309:1641-1644
6. American Academy of Pediatrics Committee on Bioethics: Religious exemptions from child abuse statutes. *Pediatrics* 1988; 81: 169-171
7. Frank JD: The faith that heals. *John Hopkins Med J* 1975; 137: 127-131
8. Davies G: The hands of the healers: Has faith a place? *J Med Ethics* 1980; 6:185-189
9. Hiatt JF: Spirituality, medicine, and healing. *South Med J* 1986; 79:736-743
10. Davis TN: Can prayer facilitate healing and growth? *South Med J* 1986; 79:733-735
11. Berg EP: Faith healing. *Aust Fam Physician* 1980; 9:303-307
12. Kennison MM: Faith: An untapped health resource. *J Psychosoc Nurs* 1987; 25(10):28-30
13. Wright SM: The use of therapeutic touch in the management of pain. *Nurs Clin North Am* 1987; 22:705-714
14. Hamadeh G: Religion, magic, and medicine. *J Fam Pract* 1987; 25:561-568
15. Smith DM: Safety of faith healing. *Lancet* 1986; 1:621