
Experiences and Attitudes About Faith Healing Among Family Physicians

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Background. Recent media attention has focused on patients who use faith healers to care for their medical problems. Many people who use faith healers also consult physicians. This study was done to learn more about how often physicians see patients who are involved in faith healing, and to learn more about physicians' attitudes about, and experiences with, faith healing.

Methods. A 1-page questionnaire was mailed to 1025 family physicians in seven states; 594 participated, for a response rate of 59%.

Results. Approximately one half (52%) of the physicians were aware of at least one patient in their practice who had had a faith-healing experience. Most physicians came in contact with such patients no more fre-

quently than once a year. Fifty-five percent agreed and 20% disagreed that reliance on faith healers often leads to serious medical problems. However, 44% thought that physicians and faith healers can work together to cure some patients, and 23% believed that faith healers divinely heal some people whom physicians cannot help.

Conclusions. These results suggest that family physicians are infrequently aware of faith-healing beliefs and experiences among their patients. Family physicians were divided in their views about faith healing, with a majority expressing skepticism about faith healing and a sizeable minority favorable toward it.

Key words. Religion and medicine; faith healing; alternative medicine. *J Fam Pract* 1992; 35:158-162.

Faith healing may be one of the most potent and dangerous types of alternative medicine used by patients today. Parents who have used prayer instead of medical care for their sick children, resulting in the death of the children, have received considerable attention in both the lay press and the medical literature.¹⁻⁷ Examples of the strong positive influence of faith healing can also be found; a study by Randolph Byrd showed decreased complications in a group of coronary care patients randomized to receive intercessory prayer.⁸ Many physicians consider such reports to be "extreme" and not relevant to clinical practice. However, people who use faith healers often consult physicians as well. One survey of patients in a rural family practice revealed that 21% of patients had

attended a faith healing service, and 29% believed that faith healers can help some people whom physicians cannot help.⁹ Among inner-city patients in Kentucky, 10% had attended faith healing services and 8% (80% of those who attended) stated that they had been healed.¹⁰

Whether physicians are aware that their patients are participating in faith healing is an important question, since such activity can have a profound and possibly dangerous effect on their patients.¹¹ Some physicians are aware of unique group beliefs, such as the Jehovah's Witnesses' refusal of blood transfusions, but they do not routinely explore religious beliefs.¹³⁻¹⁵ It would be helpful to know more about physicians' experiences and attitudes about faith healing, particularly whether they are aware of patient involvement in faith healing activities.

To provide a perspective about this issue, we conducted a survey of family physicians. On the basis of previous discussions of the medical aspects of this issue,^{10,11,14} we hypothesized that physicians would have little awareness of faith healing among their patients, and that many would have negative attitudes toward faith healers.

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Methods

A 1-page questionnaire was mailed to a random sample of 1025 family physicians in North Carolina, New York, Florida, Illinois, Texas, Colorado, and California in October 1990. These states were chosen because they are populous, regionally dispersed, and include both urban and rural areas. The random sample was provided by the American Academy of Family Physicians (AAFP) from a mailing list of members involved in direct patient care or teaching. Two follow-up mailings were sent following the method of Dillman.¹⁶

The questionnaire included items about age, sex, race, and practice location (rural or urban). Questions about religious preferences, religious beliefs, and frequency of attending religious services were based on items in a 1990 national population survey.¹⁷ Physicians were also asked about their awareness of faith-healing practices among their patients and their attitudes toward faith healers. Attitudes were assessed by 13 statements about faith healing, which the respondents rated using a 5-point Likert-type scale. "Faith healing" was defined in a cover letter as involving "religious leaders who pray for a person's healing at a public meeting, often accompanied by touching the person while a leader prays," or "a person privately seeking the help of a religious leader and using prayer as a method of being healed." Respondents were encouraged to provide additional comments regarding the questionnaire.

Relationships between variables were examined using cross-tabulation, analysis of variance, correlation, and factor analysis of attitude questions. A statistical power analysis conducted before the survey determined that the number of responses needed was between 434 and 564.

Results

A total of 594 physicians responded to the three mailings of the questionnaire for a final response rate of 59%, which is in line with other studies using questionnaires mailed to physicians.¹⁸ Most of the respondents were white and male (85%), with a mean age of 41 years. The demographics of the respondents were not statistically different from those of the overall membership of the AAFP in terms of age, sex, and practice location (A. Winker, written communication, AAFP, March 1991).

Almost one half the respondents were Protestant, 27% were Catholic, 7% were Jewish, 7% other religions, and 10% professed no religious affiliation. A total of 42% were very strong in their religious beliefs, 37% somewhat strong, and 20% not very or not at all strong. Almost half the physicians stated that they attended

Table 1. Personal Faith-Healing Experiences of Family Physicians*

Variables	Have you ever attended a faith-healing service?	
	Yes (%)	No (%)
All responders	91 (16)	493 (84)
Religious preference ($P = .041$)		
Protestant (n = 282)	54 (19)	228 (81)
Catholic (n = 154)	21 (14)	133 (86)
Jewish (n = 42)	1 (2)	41 (98)
None (n = 55)	6 (11)	49 (89)
Other (n = 38)	5 (13)	33 (87)
Strength of religious beliefs ($P < .0001$)		
Very strong (n = 243)	60 (25)	183 (75)
Somewhat (n = 116)	26 (12)	190 (88)
Not very (n = 92)	4 (4)	88 (96)
Not at all (n = 29)	1 (3)	28 (97)

*Survey responses are expressed as percentages of total respondents ($N = 594$) or row percent. Some data for specific questions were missing because respondents did not answer some questions. Percentages were rounded.

weekly religious services. These figures were similar to national data about religion in the general population.¹⁷

Sixteen percent of the physicians in this sample had attended a faith-healing service (Table 1). Physicians with strong religious beliefs and Protestants were significantly more likely to have attended a faith-healing service. No significant differences existed by sex, state, or practice location.

Physicians did not usually discuss religion with their patients, with most (83%) doing so only sometimes or rarely. Just over half the physicians were aware of at least one patient in their practice who had had a faith-healing experience. Most physicians (91%) reported coming into contact with such patients no more frequently than once a year. Physicians who had strong religious beliefs and who were Protestant were somewhat more likely to discuss religious beliefs with patients and to say patients had told them about a faith-healing experience ($P < .01$). Physicians from North Carolina were more likely to know of a faith-healing experience, and those from New York less likely; there were no differences between physicians from urban and rural locations.

The attitude statements used for the questionnaire are presented in descending order by strength of agreement in Table 2. Physicians were most in agreement on the following positions: that they could help patients that faith healers could not help, that they should consider patients' spiritual needs, and that relying on faith healers leads to serious medical problems. For many of the other attitude questions, a large percentage of physicians were uncertain. Twenty-three percent of physicians agreed that faith healers can divinely heal some people. Most

Table 2. Physicians' Attitudes About Faith Healing* (Ranked by mean level of agreement)

Question	Responses on a Scale of 1 to 5					Factor Score
	Strongly Agree (1)	Agree (2)	Undecided (3)	Disagree (4)	Strongly Disagree (5)	
Physicians can help some people faith healers cannot help.	45	50	5	<1	<1	.24
Physicians should consider patients' spiritual needs.	36	57	3	2	2	-.35
Physicians' knowledge about faith healing can be used to help treat patients involved in faith healing.	8	59	22	8	4	-.41
Reliance on faith healers often leads to serious medical problems.	15	40	25	18	2	.58
Faith healers heal solely by inducing a positive state of mind which promotes recovery.	7	35	40	14	4	.34
Faith healers are "quacks."	13	26	37	20	3	.73
Physicians and faith healers can work together to cure some patients.	8	36	28	17	11	-.66
Physicians should ask patients about faith healing beliefs and experiences.	3	35	31	23	7	-.39
Physicians should actively discourage faith healing services and television programs.	9	18	30	35	8	.59
I discourage patients from faith healing.	10	25	21	33	11	.64
Patients' religion is none of my business.	14	23	9	44	10	.43
Faith healers divinely heal some people that physicians cannot help.	3	20	34	25	19	-.63
Discussing religion would turn patients away from my practice.	4	12	22	47	14	.39

*Percentage of total respondents (N = 594); percentages may not add up to 100 due to rounding.

physicians (61%) did not believe that discussing religion would turn patients away from their practice.

Factor analysis of the 13 attitude items revealed that they formed one underlying attitude dimension that explained 84% of the variance among these items. Factor scores (Table 2) were used to calculate a scale measuring skepticism about faith healing, in which a positive score meant greater skepticism. Demographic analysis of the scale scores revealed that physicians who were women, older, urban, and Protestant were more skeptical about faith healing ($P < .05$ for each). Physicians with greater exposure to faith healing from their own ($P < .001$) or their patients' ($P < .01$) experiences were also more skeptical about faith healing.

Comments were provided by 18% of the physicians. Many explained their beliefs by making a distinction between "good healers" and "bad healers." Other comments often expressed a strong faith in God, but disdain for "commercial" healers and evangelists.

Discussion

This survey generally supports the hypotheses that physicians have little knowledge of experiences with faith healing among their patients and have negative attitudes about the use of faith healers. Most physicians were

aware only infrequently of a patient seeing a faith healer, and over half thought that reliance on faith healers could lead to serious medical problems.

Nearly one fifth of physicians had attended faith-healing services, and a similar number agreed that faith healers heal by divine power. The physicians' contrasting views were explained somewhat by comments on the returned questionnaires. The most common comment was that there are two types of faith healers: "legitimate healers" from established churches and "quack healers" who are considered fraudulent or commercial. Some respondents were reluctant to commit themselves to agree or disagree on the attitude questions, hence the large percentage of uncertain responses, because they had different feelings about the "good healers" and "bad healers." Physicians who expressed negative attitudes toward faith healers may have responded to the questionnaire with the thought of "commercial" faith healers in mind. Therefore, further examination of these issues is needed.

The data also revealed an interesting contrast between the strength of physicians' personal religious beliefs and the lack of inquiry into their patients' religious beliefs. Most of the physicians had strong religious beliefs and almost all believed that physicians should consider patients' spiritual needs, but only about one third of

physicians felt that they should ask their patients about faith-healing experiences. Some even expressed the opinion that a patient's religion was not any of their business. The lack of physician inquiry about patients' religious views is consistent with previous investigations.^{10,14}

The question of why physicians do not often inquire about faith healing may be explained by the popular belief that faith healing is only common in the rural South, and indeed the two prior studies of faith healing among patients were conducted in southern states.^{9,10} This notion is further supported by the finding that physicians who are most likely to be aware of patients involved in faith healing were in North Carolina while those least likely to be aware were in New York. However, faith-healing experience was not limited to the southern states; half of physicians in the other states also knew of at least one patient who had sought faith healing. There were no regional differences in physicians' personal experiences with or attitudes toward faith healing. This suggests that faith healing experiences are not limited to the South.

The lack of inquiry into patients' religious beliefs and faith-healing experiences is surprising in light of the growing data about the relationship between religion and health. Level of blood pressure,¹⁹ sexual dysfunction and dissatisfaction,²⁰ cancer mortality,²¹ mental health problems,²² response to life stress,²³ and general health and well-being in the elderly have all been found to be related to religious belief.²⁴ Koenig et al found that over two thirds of physicians believe that religion has a positive effect on the mental health of older people, and over 40% of physicians believe that it has a positive effect on the physical health of older people.²⁴

The attitudinal data revealed that most physicians were skeptical about faith healing. However, attitudes were related to experience with faith healing in an unanticipated way. Physicians with greater exposure to faith healing either from their own or their patients' experiences were more skeptical about faith healing, and physicians with less exposure appeared to give faith healing the benefit of the doubt. This finding suggests that experiences with faith healing have tended to be negative.

This study was limited to data about family physicians' views and experiences about faith healing that were gathered using a self-report questionnaire. Physicians in other specialties may have somewhat different experiences and attitudes. The sample from seven states may not represent physicians in other states, even though the data compared well with national data. Furthermore, the response rate of 59% may limit conclusions drawn from these data.

In conclusion, the majority of the physicians surveyed held negative views toward faith healing, although

a sizeable number believed that some faith healers offer legitimate services. Physicians were infrequently aware of faith healing in their patients despite the profound effect that reliance on faith healing may have on their patients' health. Further research is needed to explore physicians' attitudes about faith healing and other religious issues. More knowledge about physicians' and patients' religious beliefs may illuminate the patient-physician relationship and lead to more effective therapeutic approaches to patients' problems.

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