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# contact

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## FAITH AND HEALING

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This issue of *Contact* on Faith and Healing is exploring a very important and timely topic with practical implications for both health workers and church workers.

There is an increased interest and understanding of the relationship between these two terms that had been strictly separated, at least in western philosophy and medicine, for centuries. But now we realize again that faith and spiritual practice can have a very positive effect on health.

In this issue of *Contact* the reader will find reports on how churches from different cultural settings are reaffirming 'healing' and how these can be evaluated scientifically.

China is a good example of the rediscovery of the healing ministry of the churches. In this country, churches are growing very fast with one of the main reasons for this phenomenon being healing experiences.

This issue also includes experiences from the African Independent Churches (AICs) where healing from physical and mental diseases through prayer and 'prophet healers' is a central element of their ministry.

The situation in a more secularized European country like Switzerland, with a well established and functioning health care system, is different but the strong relationship between spiritual practice and health is not less relevant.

The experience of the Elisabethen Church in Basle shows that people have health needs that are not covered by a health system that focuses one dimensionally on the physical aspects of diseases. Churches that offer services to address health needs more holistically, suddenly find that many people take refuge in such a setting and experience healing.

The interview with David Larson, the president of the National Institute for Healthcare Research in the USA gives us new and different insights. Researchers in this institute examine the causes and effects of several factors on the health of populations and groups of persons. Apart from many other factors such as the environment, human behaviour or social context, they are increasingly interested in factors related to religious practice and

the affiliation with religious communities. While researchers are trying to find correlations that are statistically significant and are open to interpretation for people with very different worldviews, for the members of a house church in China or a 'prophet healer' in Kenya; these methods might not seem to be very relevant. They certainly do not practise their healing ministry merely because they know that this might have beneficial effects for their followers in the long run. They believe in the power of God, and that He listens to the cries of His people.

Larson and his colleagues cannot prove or disprove the power of prayer although scientific studies have been done on the effects of intercessory prayer. But they can prove that a combination of various factors relating to religious practice has a beneficial effect on the health of people. Worship and prayer, mutual caring in times of illness, belonging to a community, having a strong sense of identity and meaning in life all contribute to this effect. When you read the stories from China, Africa and Switzerland carefully you will find that all of these elements are present. The lay Christians in China do pray for their sick brothers and sisters but they also visit them daily and bring them into their community of fellow believers.

The AICs certainly believe in the power of God to heal all kinds of diseases but they also care for the people 'holistically'. They look at the context in which diseases occur and respond to them in a way that resonates with the indigenous culture, probably much more so than western type hospitals or even mainline churches in the same countries.

We hope the articles in this issue of *Contact* will help practitioners of both religion and medicine to rediscover a common language leading to fruitful cooperation instead of antagonism.

Both should keep in mind that healing is a gift of God that is beyond our control. We would go a long way towards better and more comprehensive health if the spiritual and the physical dimensions were no longer separated.

**Christoph Benn**  
Guest Editor

There is an increased understanding today of 'healing' as opposed to 'curing'



Peter Williams/WCC

**Cover**  
Celebrating the Ecumenical Decade Festival in Harare Zimbabwe, 1998.  
Credit: Peter Williams/WCC

# THE SEARCH FOR 'SHALOM'

*Spirituality, even today, is treated as a non-medical issue and as a result medical practitioners often shy away from discussing religion with their patients.*

*David Larson's extensive research on this subject blows the lid off this myth. Instead, it establishes that there is a definite link between spirituality and health and it is time doctors and health workers paid heed to it. Excerpts from the interview with David Larson.*



David Larson

**Contact:** As a physician researcher, how did you get interested in the question of health and spirituality?

**David Larson:** During my psychiatry residency, I became intrigued with social factors that influenced my patients' lives. I noticed that in addition to family concerns, patients would often bring up religious issues. I also observed a patient's religious commitment often appeared to help them cope and seemed to give them added motivation in working in therapy.

But I was told that I should not address religious issues with patients even if they brought it up. This raised my curiosity.

For my Masters thesis I analyzed data on blood pressure from a community sample of white men from a rural country in the southern US. All of us on the research team were quite surprised at the findings.

Our study showed that men who attended religious services at least weekly and who also ranked spirituality/religion as very important to them had mean diastolic pressures significantly lower. It was almost 5mm lower than those men who rarely or never attended services and ranked spirituality/religion as unimportant in their lives. A decrease in a person's diastolic blood pressure by 2mm to 4mm, if generalized on a national basis, could significantly reduce cardiovascular disease by 10 to 20 per cent.

Peter Williams/WCC



A sister from the Orthodox Church visiting an old patient in Novosibirsk, Russia.

Research reveals that a majority of patients draw on their religious faith to cope with the crisis of their illness

We found from 1978 through 1982, under one per cent of quantitative studies included one or more religious commitment measures. Furthermore, in only three of the 2,348 studies was a religious variable the central focus of the study. Consequently, we discovered the field of psychiatry seldom studied spiritual/religious commitment.

We also found studies that looked at religious commitment factors like religious participation, indicated that about 84 per cent showed benefit to mental health, 13 per cent showed harm and three per cent no effect. This degree of benefit was quite the opposite of the harm I had been taught in my residency.

Regarding physical health and spiritual/religious commitment, we reviewed all studies published in 10 years in the *Journal of Family Practice* and found similar percentages: 81 per cent benefit, 15 per cent no effect and 4 per cent harm. For mental and physical health fields to remain open and objective, we

felt opportunities awaited for further researching this promising, but nearly forgotten, health factor.

**Contact:** Has research indicated a need among patients to acknowledge their spirituality as a part of their health care?

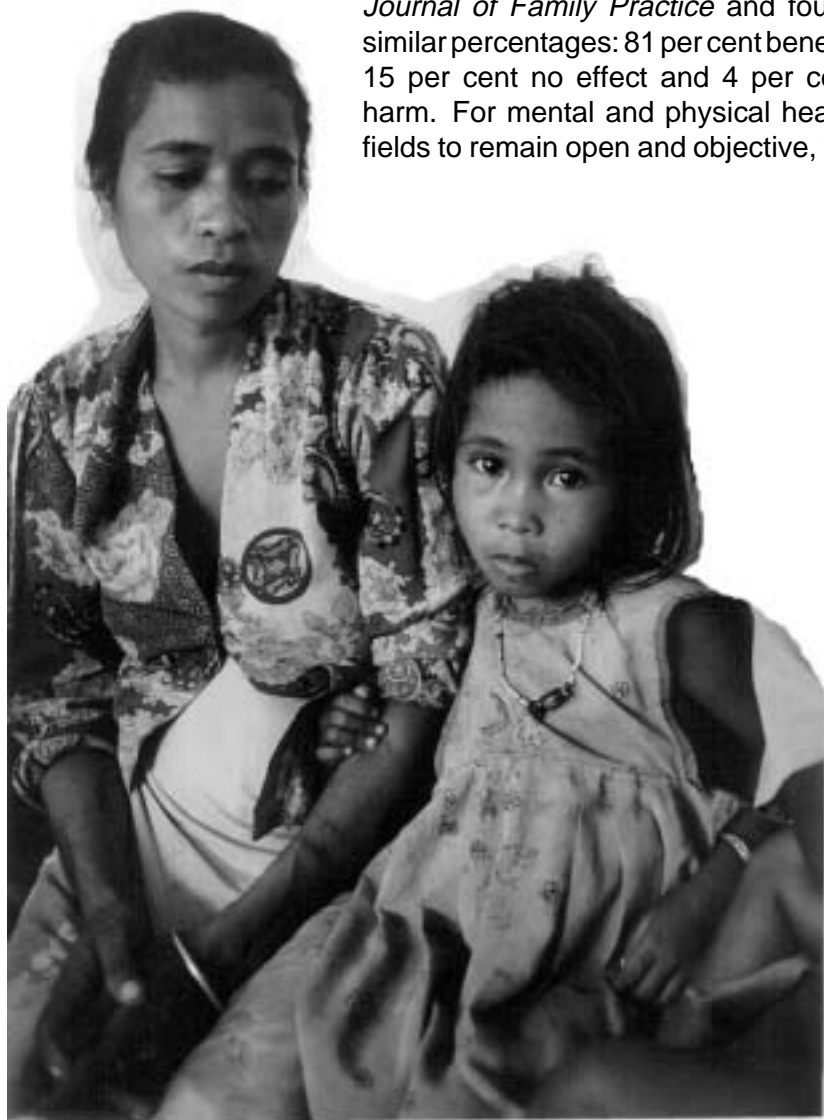
**David Larson:** Research reveals that a majority of patients draw on their religious faith to cope with the crisis of their illness and would welcome their physicians' inquiry into the role of spirituality in their lives. But, only a few physicians are actually inquiring.

A survey published in *The Journal of Family Practice* of over 200 in-patients, found 77 per cent indicated that physicians should consider patients' spiritual needs, and nearly half — 48 per cent — wanted their physicians to pray with them. A national poll conducted by *USA Weekend* found that 63 per cent felt doctors should talk to patients about their spiritual faith, but only 10 per cent of their physicians had done so.

Although a few healthcare professionals have argued that religious/spiritual issues have little place in medical care and call spirituality a “non-medical agenda,” for those patients for whom spirituality and religion are significant, the ethical responsibility suggests the importance of paying appropriate attention to spirituality. The physician could refer patients to chaplains or clergy to discuss in greater depth their spiritual concerns.

**Contact:** How extensive is the research investigating links between spirituality and mental and physical health, and what do findings indicate?

**David Larson:** The Oxford University publication *Handbook of Religion and Health* summarizes more than 12,000 published studies. This comprehensive review, identifies potential beneficial links of spiritual/religious commitment with health outcomes. The areas which showed a marked improvement include recovering from surgery, preventing high blood pressure, improving immune functioning, reducing depression, coping with serious physical



Peter Williams/WCC

A traumatised East Timorese family after the 1999 conflict.