

Faith Healing in Christianity and Islam: A Comparative Analysis

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I. Abstract

This study explores the development and modalities of faith healing as manifested in Christianity and Islam. The purpose is not to inflame or take sides in the debates surrounding the phenomenon, but rather to enable each faith to learn from the experiences of the other. A further goal is to provide medical practitioners and others with a better understanding of faith healing, thereby enabling them to productively address the phenomenon within Christian and Muslim contexts.

Faith healing in Christianity is not the same as faith healing among Muslims. Despite their differences, however, the two varieties share certain core principles. Identifying these is a chief aim of this paper, and the contexts within which faith healers of both religions practice also will be examined. Grounded Theory is used to analyze prior academic work on faith healing with the aim of comparing how the phenomenon is manifested in Christianity and Islam, as well as in drawing conclusions about and implications of the phenomenon with respect to conventional medical practitioners.

Credible research assessing faith healing across social or religious boundaries is rare. Moreover, the academic landscape is not immune to bias and the lenses through which one might assess a work's objectivity can be opaque. Compounding the problem, some of what exists at the popular level has been written either by enthusiasts or skeptics, casting doubt on its objectivity and limiting its utility.

II. Declaration

I declare that the work in this dissertation was carried out in accordance with the Regulations of The Islamic College. The work is original except where indicated by special reference in the text and no part of the dissertation has been submitted for any other degree.

Any views expressed in the dissertation are those of the student and in no way represent those of The Islamic College.

This dissertation has not been presented to any other University for examination either in the United Kingdom or overseas.

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III. Introduction

Faith healing occupies a netherworld between religion, science, and magic. Its validity and efficacy long have been the subject of debate, and this study—while briefly examining the claims of proponents and opponents—does not take sides in the controversy. Rather, it explores the development and modalities of faith healing as manifested in Christianity and Islam and compares them with the aim of drawing inferences about commonalities and differences. These form the bases of conclusions suggesting what each faith can learn from the other with respect to faith healing and how conventional medical practitioners productively can address the phenomenon.

IV. Statement of the Problem

Owing to the controversy it engenders, faith healing rarely has been examined dispassionately; polemics, pro and con, have been the rule rather than the exception. Ethnographic studies have addressed faith healing modalities and the roles faith healers play within specific populations, often at the regional or local level. Some researchers have examined faith healing in specific cultures and belief systems, but few comparative analyses of the phenomenon across social or religious boundaries have been undertaken.

This study examines how faith healing developed and is manifested in Christianity and Islam, as well as the contexts within which faith healers in both religions practice. The purpose is to identify similarities and differences, thereby enabling each faith to learn from the experiences of the other. A further goal is to provide conventional medical practitioners with a better understanding of faith healing, permitting them to productively address the phenomenon when dealing with Christian or Muslim patients who wish to incorporate it into their treatment regimens.

V. Findings

A. Faith Healing in Christianity

American author Mark Twain (Samuel Clemens, 1835-1910) commented on faith healing in his book *Christian Science*: “The power which a man’s imagination has over the body to heal it or to make it sick is a force which none of us is born without. The first man had it, the last one will possess it.” Twain is not the only Christian to have regarded healing as at least a potentially universal ability, but the conviction that it is a gift vouchsafed to a few has been more common.

Many holding the exclusivist view cite the Apostle Paul, who spoke of “gifts of healing” as one of the recognized forms of the Spirit’s manifestation (Dods, 1900, p.172). Throughout Christianity’s history, healing powers have been attributed to saints and holy persons (Porterfield, 2005, Kindle reader locations 3219-3224, 3672). Within black Pentecostal and Baptist groups in the contemporary southern United States, spiritual prophets—many of which are women—claim to possess a gift from the Spirit enabling them to prophesy and heal (Baer, 1982, pp.330-341). Catholic Pentecostals similarly believe that the power to heal derives from spiritual gifts granted selectively by God (Csordas, 1988, p.125).

Origins

Faith healing has deep roots in Christianity, with practitioners and proponents tracing it back to the example set by Jesus. As Dods (op. cit., p.169) points out, it is apparent from Jesus’ practice and his words that he considered the healing of disease an important, or even essential, feature of his work. It thus can be argued that Christianity “came into the world as the religion of healing” (Foster, 1982, p.213).

The Gospel of Mark, the earliest of the four gospels, portrays Jesus as a renowned prophet, healer, and exorcist (Porterfield, op. cit., location 400). The Gospels of Matthew, Luke, and John build on this description, with the latter referring only indirectly to exorcisms (ibid.). All told, there are 72 accounts—covering 41 separate incidents—in the gospels of healings and exorcisms performed by Jesus.

In late antiquity, Jewish and then Christian values were advanced in opposition to the moral framework of Greco-Roman culture, wherein “euthanasia was offered to those requesting it, death was often welcomed and sought, and desperately sick and disabled persons were viewed as inferior weaklings, as unwanted ballast outside the boundaries of moral concern” (Foster, op. cit., p.213). By contrast,

Jesus's followers maintained that he had commissioned them to heal, rather than dispose of, the weak and afflicted (Porterfield, *op. cit.*, location 405). The Christian emphasis on the sanctity of human life eventually was adopted as the core value of medicine in the West (Foster, *op. cit.*, p.214). Sometime during the twelfth to the fourteenth centuries C.E., physicians working within the Christian context came to regard the prolongation of life as a moral obligation (*ibid.*).

Following the gospel writers' perspective, Christians believed sin was the root of sickness and misfortune (Porterfield, *op. cit.*, location 416). "Illness and disability clearly had spiritual implications, either as punishments from God or as manifestations of malevolent spiritual powers lurking about the cosmos" (*ibid.*). The association between Christianity and medicine and the values expressed by ordinary Christians and physicians remained indistinguishable until the beginning of the seventeenth century. Then, building on discoveries made during the Renaissance, Western thinkers and proto-scientists undertook determined efforts to understand the natural laws governing life and the phenomena of existence (Vanderpool, 2008, p.210). They began to view human beings as machines whose functions were determined by, and understandable in light of, these laws and phenomena (*ibid.*). Physicians moved from considering the body as a holistic entity to focusing on and treating its constituent parts (Greenberg, *op. cit.*, p.456).

Western medicine thus diverged from Christianity. According to Vanderpool (*ibid.*), the new, mechanistic understanding of life meant that medicine "could be explored and practiced without reference to divine influences and without discounting the importance of religion in other dimensions of human life." Christianity of course continued to explain why evil existed and why humans suffered from diseases, infirmities, and pain (*op. cit.*, p.216). Meanwhile, Western medicine, although unable—at least initially—to address the question of evil, offered naturalistic explanations for and treatments of an array of maladies (*ibid.*). As Vanderpool (*ibid.*) writes, "it boldly and directly confronts, overcomes, and seeks to mitigate many of the horrors that account for religious theodicies."

As the efficacy of medical treatments increased, disease came to be regarded as "a series of biochemical changes in the body that can be detected, diagnosed and treated based on scientifically tested and proven technological means" (Greenberg, *ibid.*). Sickness was understood as a physical rather than a spiritual problem, one that—with the right, scientifically proven remedy—could be solved. This shift in

perception effectively divorced Western medicine from its Christian roots, with profound implications for both doctors and theologians. Greenberg (*ibid.*) comments that, “[c]onventional medicine is characterized not just by how an illness is perceived, but also by who is authorized to treat the illness.” Christianity blinked; henceforth, the high priests of healing would be physicians, not clerics. Per Campbell (2010, pp.7-8), “[m]ost mainstream Christian traditions have come to the conclusion that the biblical passages in question cannot be understood as providing literal instructions to be followed in all circumstances with an assurance of healing and thus have made accommodation for professional medical treatment within their ideologies.”

Medicine and Christianity: How Compatible?

Despite medicine’s appropriation of the healing mantle, some scholars maintain that Christianity has continued to inform how medicine is practiced in the West. According to Vanderpool (*op. cit.*, p.209), “[t]he practice of medicine...is not ‘a science’ akin to biology, chemistry, or physics. Medicine’s therapeutic goals of diagnosing and treating disease, repairing injuries, easing pain, promoting health, and giving end-of-life care...center on benefitting patients, not merely on increasing knowledge.” He goes on to assert, “the concepts of disease and health inherent to medical practice” in the West are “culturally, morally, and even economically constructed and evaluated” (*ibid.*).

In other words, as Foster (1982, pp.245-270) observes, “[r]eligion and medicine can be separated only by a conscious and massive effort. That is because the religious dimension is inherently present whenever there is suffering or when finitude is made visible by life-threatening disease.” Foster concludes that Western medicine displays an “underlying dependence upon and penetration by religious culture” (*ibid.*). Vanderpool (*op. cit.*, p.216) adds that, “[f]aith empowers religious and medical healing and increases the success of doctors and religious functionaries who are doing the healing.”

Yet the relationship between medicine and Christianity is ambiguous, complicated by competing ideas about spiritual healing (Porterfield, *ibid.*, location 2846-2855). On the one hand, medicine’s limited availability in some areas, in addition to its association with issues related to reproduction and sexuality (such as abortion and birth control), have served to work against its acceptance (*ibid.*). On the other hand, some Christians themselves have discounted various forms of indigenous healing while investing certain procedures—curing blindness through corneal

incisions and the use of anesthesia during surgery—with the aura of spiritual power (ibid.).

What is clear is that a committed minority of Christians, clerical and lay alike, is suspicious of if not outright hostile to modern medicine. For them, medicine has manifested “religion-making characteristics”—including a comprehensive worldview, moral values, symbols, and rituals—establishing it as a competing faith (Vanderpool, *op. cit.*, pp.205-207). They maintain medicine as practiced in the West enshrines a naturalistic worldview that, consistent with the assertions of scientific materialists like Rockefeller Institute physiologist Jacques Loeb (1859-1924), reduces human beings to “chemical mechanisms” ruled by “blind forces” and chance (Loeb, 1964, pp.32-33). For these Christians, among the troubling implications of the mechanistic view of disease is that it limits who is authorized to treat the sick (Greenberg, *op. cit.*, p.456). They believe medicine, with the acquiescence of Western societies, has usurped the healing role of faith by purporting to be an authority on the totality of life experience and that, moreover, it is fallible and unreliable because of its association with a world marked by sin (Campbell, *op.cit.*, pp.13-14).

Christian faith healers claim that their practices derive from what Cawley (1954, p.48) called “the healing miracles, in which disease is cured by faith and prayer.” Inspired by the reference in the Gospel of Matthew (12:28) to Jesus casting out demons “by the Spirit of God,” some draw an analogy between the Spirit’s healing power and the activities of other unseen forces, such as gravity and electricity, in the natural world (Porterfield, *op. cit.*, location 3224). Viewing personal inspiration as “an expression of individuality and source of authority for social change” (ibid.), their criticism of the medicalization of healing accords with what Greenberg (*op. cit.*, p.452) has observed: “People who are coping with chronic or terminal illness, who are seeking control over their healing, or who are desiring emotional healing from their treatment strongly favor alternative medicine over conventional medicine.”

Studies conducted in the United States in the early 1990s support this contention: In one year alone, a third of Americans availed of some form of alternative medicine. The 425 million visits they made to alternative medicine practitioners exceeded the number of visits to conventional physicians (ibid.). More recently, a 2003 poll showed 82 percent of Americans believed in the healing power of prayer and 64 percent thought doctors should pray with patients who requested

them to do so (Schoepflin, 2003, p.1). Schoepflin comments that this apparently widespread support for faith healing “bears an uncanny resemblance to the emergence at the turn of the nineteenth century of mind healing, religious healing, New Thought healing, and most notably, Christian Science healing” (ibid.).

Mental Healing in Late Nineteenth-Century America

So-called mind healers spread out across the United States from New England during the 1880s (Schoepflin, pp.6-7). Many had been inspired by the principles of homeopathic medicine and some, like Warren Felt Evans (1817-1889), were the followers of famed Maine mentalist Phineas Parkhurst Quimby (1802-1866). According to Schoepflin (ibid.), Evans—who Quimby cured of a debilitating nervous disorder in 1863—“devoted his life to the refinement, dissemination, and practice of mental healing, exerting through commentaries such as The Mental Cure (1869) and The Primitive Mind Cure (1885) a formative influence on the development of what came to be known as New Thought.” Evans and his fellow New Thought adherents shared “a confidence in the power of the mind to cure disease and solve human problems and a belief in a quasi-religious, often idealist philosophy that seemed to explain the healing process” (ibid.). They supported and defended their worldviews by drawing on disparate sources, including the mystical writings of eighteenth-century Swedish philosopher Emanuel Swedenborg, Judeo-Christian and East Asian teachings, spiritualism, and science (ibid.).

Christian Scientists

The First Church of Christ, Scientist, founded by Quimby acolyte Mary Baker Eddy (1821-1910), represents the most prominent expression of faith healing in contemporary Christianity. The denomination’s theosophy derives from the concept that God is an infinite, divine mind (Sheikh and Sheikh, 1989, p.477). According to Christian Science doctrine, disease occurs because of sin (Greenberg, op. cit., p.455); deep prayer brings the power of the Divine Mind to focus on the disease, resulting in healing (Sheikh and Sheikh, ibid.). “Scientists,” as adherents call themselves, maintain that faith healing is the only effective treatment because conventional medicine fails to address the true source of illness: mental weakness (Greenberg, op. cit., p.453).

For Christian Scientists, faith healers trained and sanctioned by the church can cure the sick through prayer (ibid.). Humans err in believing in the existence of a material world; reality is completely spiritual and evil is only an illusion (Schoepflin, op. cit., p. 6). Christian Scientists hold that Eddy's "discovery" that all is mind, not matter—an insight she reportedly reached in 1866 after spontaneously recovering from a severe injury—negates the reality of sickness and death and represents the apotheosis of medicine (ibid.). As Campbell (op. cit., p.12) writes, "Christian Science prayer and healing practices are a necessary remedy for disease because of its focus on an accurate (spiritualized) understanding of reality...Medicine, because of its narrow focus on organic pathology, simply will be incapable of effectuating the necessary transformation at the spiritual level for healing to occur."

Eddy (1934, p.412) herself wrote of the transformative importance of imagination in the healing process: "To prevent disease or to cure it, the power of Truth, of divine Spirit, must break the dream of the material senses. To heal by argument, find the type of ailment, get its name, and array your mental plea against the physical. Argue at first mentally, not audibly, that the patient has no disease, and conform the argument so as to destroy the evidence of disease. Mentally insist that harmony is the fact, and that sickness is a temporal dream. Realize the presence of health and the fact of harmonious being, until the body corresponds with the normal conditions of health and harmony." As noted earlier, Eddy's belief that the ability to heal was a gift possessed by a select few was disputed by Mark Twain, whose bed-ridden and immobile future wife, Olivia Langdon, was cured by a faith healer he referred to as "Doctor" Newton (Aspiz, 1972, pp.132-133).

Although faith healing is central to Christian Science, the church—which has nearly 3,000 congregations worldwide—does not mandate strict adherence to spiritual cures for physical maladies (Greenberg, op. cit., p.455). This is far from unusual; faith-healing communities generally accept dental work, eyeglasses, hearing aids, and the professional setting of broken bones by rationalizing that such interventions constitute the restoration of function or the prevention decay rather than healing in a religiously meaningful sense (Campbell, op. cit., pp.13-14). However, Christian Science's moderation is the product of series of struggles—legal and theological—with U.S. authorities over whether faith healing was primarily a medical or a religious activity. Early on, Christian Scientists—like osteopaths and chiropractors—attempted to persuade legislatures and courts in the United States to recognize their practices as

another form of alternative medicine (Schoepflin, op. cit., pp.3-4). They abandoned this strategy after concluding that medical licensing procedures would, as Schoepflin (ibid.) puts it, “corrode the spiritual essence of their healing.” They turned to lobbying for laws that would enable them to practice, without government interference or oversight, faith healing exclusively on themselves and their families (ibid.).

These efforts attracted a firestorm of controversy. Outraged American physicians, convinced they could save sick children while faith healers could not, railed about the public health threat posed by unchecked contagions (ibid.). According to Schoepflin (ibid.), Christian Scientists—“in a series of accommodations to quarantine and vaccination laws and to laws requiring the reporting of contagious disease...continued publicly to adjust their practices to a hostile world while working quietly behind the scenes for legislative relief.”

By 1917, it was apparent that the church had succeeded in creating legal space for faith healing. That year, the U.S. Supreme Court, in *Crane v. Johnson*, addressed whether faith healers had to comply with state medical licensing requirements (Greenberg, op. cit., pp.456-457). Crane, who Greenberg describes as “a drugless practitioner using faith, hope, and mental suggestion as forms of medical treatment,” was found by a California court not to qualify for the religious exemption of the state’s statute governing the practice of medicine. He argued that the state violated the Equal Protection Clause of the Constitution’s Fourteenth Amendment because it discriminated against drugless practitioners, who utilized faith and hope in their medical treatments, in favor of Christian Science practitioners, who used prayer (ibid.).

In upholding the California court’s ruling, the Supreme Court ruled that the use of prayer made the Christian Science practice a matter of religion, not medicine. It contrasted this with the practice of drugless practitioners, whose extended studies and special skills were deemed sufficient evidence of medical vice religious practice, and thus within the state’s power to regulate” (ibid.). Today, most Christian Scientists consult only church-sanctioned faith healers when they and their families are ill, and some children die as a result (Schoepflin, op. cit., p.12). Nevertheless, what Schoepflin terms “an unsteady truce” prevails between the church and the medical community.

Methodists

A more mainstream example of faith healing in Christianity can be found in the history of the Methodist denomination. Its English founder, John Wesley (1703-1791), was foremost among those who, in the eighteenth and nineteenth centuries, sought to establish a relationship between religion and science (Porterfield, *op. cit.*, location 3282-3312). He believed religious claims about spiritual reality could be made to harmonize with scientific claims about nature, which were propelled by a flood of new discoveries about natural phenomena (*ibid.*).

Electricity was one of the forces that drew Wesley's attention. It had been studied by, among others, American revolutionary and inventor Benjamin Franklin in the eighteenth century. According to Porterfield (*ibid.*), Wesley—originally an Anglican cleric—viewed electricity as “a subtle form of fire pervading and animating the universe, enlivening the air, and running through the blood and nervous system.” An avid reader of anatomy and medical texts, Wesley examined how electricity affected the human body and promoted electric therapy to relieve pain and treat ailments ranging from muscle spasms to deafness (*ibid.*). He established several electrification clinics in England in the 1750s.

For Wesley, electricity represented “an elemental form of power, derived from God, working in and through nature” (Porterfield, *op. cit.*, location 3322). He regarded discoveries about it and other natural phenomena as complements rather than threats to Christian life (*ibid.*). His confidence that science could prove the efficacy of faith led him to enter the then-vigorous debates among Protestants concerning how the Holy Spirit acted. Conservatives argued that its influence on human hearts occurred exclusively through the mediation of biblical texts (*op. cit.*, location 3350-3359). Wesley and other radicals countered that the Holy Spirit inspired Christians directly and that the latter physically could sense when this occurred (*ibid.*).

Wesley strove to understand the “method” by which the Holy Spirit acted. Like the radical Puritans of the seventeenth century, he believed some people could serve as conduits for healing miracles, and he thus endorsed the laying on of hands described in the New Testament (*op. cit.*, location 3359). Conservatives, including many Anglicans, held that the working of healing miracles had been limited to Jesus's 12 apostles. According to Porterfield (*ibid.*), “[w]ithout denying God's power to intervene in nature to cause miraculous cures, they put more emphasis on the way

divine power worked through nature, in conformity with natural order and law.” This fundamental disagreement led Wesley to break from the Anglican Church and establish his own denomination.

Pentecostals

Pentecostalism, while affirming the Methodist perspective on faith healing and its accompanying physical sensations, took a far dimmer view than Wesley of science. The denomination arose in the United States in the early twentieth century as the culmination of various Christian revivalist movements (Porterfield, *op. cit.*, location 3515-3525). Participants in these had, as Porterfield (*op. cit.*, location 3467) writes, “become keenly aware of the dangers involved in allowing scientific thinking free rein in discussions of religious experience.” Disappointed by science’s failure to validate faith healings, they—like Wesley—broke with mainstream Protestantism. The example of flamboyant Pentecostal healer Aimee Semple McPherson (1890-1944), who in high school reportedly felt compelled to choose between being a Christian and accepting the tenets of evolutionary science, illustrates this conscious separation (Porterfield, *op. cit.*, location 3467).

Ironically, by distancing itself from conventional Christianity, Pentecostalism became a universalizing social movement, bringing together believers from disparate social, cultural, and religious backgrounds (Porterfield, *op. cit.*, location 3515-3525). Primarily an urban phenomenon, it found strong support in large U.S. cities including Los Angeles, Chicago, Denver, and Indianapolis (*ibid.*). According to Porterfield (*ibid.*), adherents included “immigrants from rural areas nostalgic for old-time religion and the intimate experiences of community characteristic of their previous lifestyles.” Pentecostalism helped them and others to “find themselves among the fast-paced and often brutal realities of the multinational cultures and economies of city life” as well as to forge “new ties of interpersonal and institutional support” (*ibid.*).

Pentecostalism has spread rapidly, from Seoul to São Paulo, Santiago to East London (*ibid.*). It provides believers with, in Porterfield’s description, “experiences of shamanic healing associated with indigenous cultures while at the same time promoting a strict behavioral code that enables migrants from rural areas to reorganize their lives and cope with the poverty, disease, loneliness, and other stresses of urban life” (*ibid.*). Indeed, the threat poor health poses to stressed families one accident, one missed paycheck away from abject poverty helps explain the appeal of

Pentecostalism. It replicates the rural dynamic “where doctoring, nursing, and other forms of health care were more informal, comforting, intimate, inexpensive, and ready to hand than in many cities” (ibid.).

Pentecostalism explosive growth in Africa has come in response to the natural and man-made calamities of the late twentieth and early twenty-first centuries (Porterfield, op. cit., location 3039). Its popularity reflects widespread fear spawned by famines, diseases, and conflicts, as well as the belief that faith—as manifested in the biblical stories highlighting the healing power of Jesus—can combat threats Porterfield (ibid.) characterizes as “beyond the rational order of creation.” The denomination’s healers call on the Holy Spirit to drive out demons, combat illness, and restore wellbeing in believers (ibid.). Yet Pentecostal faith healers in Africa are, like their coreligionists elsewhere, careful to emphasize that they are mere conduits for the Holy Spirit. Even the indefatigable McPherson downplayed her role in the faith healing process; according to Porterfield, she claimed her sessions were “99 percent salvation and 1 percent healing” and that she possessed no power of her own (ibid.).

Pentecostalism has given rise to a number of offshoots. One of these is the Followers of Christ, a congregation in Oregon. According to Campbell (2010, p.2), “[t]he Followers community historically has affirmed a belief in faith healing, including prayer, anointing with oil, and community vigils.” They assert they are acting consonant with the biblical Epistle of James (5:14-15), which reads: “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; and if he has committed sins, he will be forgiven.”

The Followers of Christ garnered national attention in the United States owing to the failures of their faith healing practices, including the 2008 death of 15-month-old Ava Worthington from bronchial pneumonia and a blood infection (Casey, 2009). Some 78 children in the Followers congregation died between 1955 and 2010, 21 of whom physicians claimed could have survived had they had received basic medical care (Campbell, op. cit., p.3). At least three mothers died in childbirth in the 1980s, and the congregation’s maternal death rate is 900 times Oregon’s average (ibid.).

In the face of such statistics, an elder of another Oregon faith healing congregation, the Church of the First Born, observed, “People die. God can’t cure

everyone. But he cures more than they do in the hospitals” (Campbell, op. cit., p.10). Faith healing advocates historically have asserted that more people die under the supervision of medical care and in hospital settings that die from faith healing practices (Campbell, op. cit., pp.9-10). There is some merit to their argument; according to Campbell (ibid.), a 2000 report in the *Journal of the American Medical Association* estimated that some 225,000 deaths in the United States annually could be attributed to iatrogenic causes—unnecessary surgeries, medication errors and adverse reactions, and nosocomial infections. He nonetheless goes on to observe that the claims of faith healers “have become increasingly difficult to maintain in the era of scientific medicine with increasingly precise diagnostic methods and effective curative processes” (ibid.).

Seventh-day Adventists

The Seventh-day Adventists are another Christian denomination emphasizing the importance of faith to physical health. However, its approach is focused more on prevention than on treatment of disease. Porterfield (op. cit., location 3582-3612) writes that the sect’s founder, Ellen G. White (1827-1915), promoted “the Christ-centered, Bible-oriented thrust of evangelical Christianity, combining it with investment in natural means of maintaining good health, including vegetarianism, exercise, fresh air, water cures, and abstinence from alcohol, tobacco, drugs, and excessive indulgence in sex.” White’s doctrines, a mélange of disease prevention, holistic treatment, and apocalyptic theology, inspired her followers to establish congregations and health care centers throughout the world (ibid.). The overall health and longevity of Adventists reportedly exceeds that of the general populations in countries where the denomination is found (ibid.).

Black Folk and Evangelical Healers

Faith healing figures prominently in the practices of black churches in the southern United States. According to Snow (1974, p.83), the black folk healing system is “a composite of the classical medicine of an earlier day, European folklore regarding the natural world, rare African traits, and selected beliefs derived from modern scientific medicine. The whole is inextricably blended with tenets of fundamentalist Christianity, elements from the Voodoo religions of the West Indies, and the added spice of sympathetic magic...It is a coherent medical system and not a ragtag collection of isolated superstitions.” Many of its practitioners work in the

context of Pentecostal congregations as well as in Holiness, Baptist, and Spiritual sects (Baer, 1982, p.330).

Black folk healers, many of whom are women, are referred to as spiritual prophets (Baer, op. cit., pp.340-341). They claim to possess a gift from the Holy Spirit enabling them to prophesy and heal (ibid.). In addition to treating physical ailments, they address a wide variety of socioeconomic and psychosocial problems that blacks, particularly the poor, experience in their daily lives (ibid.). Their methods include the reception and sharing of “readings” from the Spirit, the reciting of prayers or scriptural passages, the provision of magical items and substances such as candles and holy water, and the prescription of rituals and natural medicines (ibid.).

Black evangelical healers often are the pastors or prominent members of their congregations (op. cit., p.342). They practice healing through the laying on of hands, anointing with oil, and giving their clients prayer cloths and holy water (ibid.). In contrast to the folk healers, most do not provide “readings.” However, as Baer (ibid.) notes, “many offer advice to their clients on how to solve problems of living.”

Catholic Pentecostals

The Catholic Charismatic Renewal movement, which began in 1967, is characterized by the incorporation of Pentecostal elements into Catholicism (Csordas, 1988, pp.122-123). These include prayer accompanied by the laying on of hands, practices intended to relieve physical, emotional, or demonic illness (ibid.). Called Catholic Pentecostals by some, the movement illustrates what Csordas (ibid.) calls “the late 20th-century shift among Christians from emphasis on suffering and self-mortification as an imitation of Christ, to emphasis on the possibility and benefit of divine healing as practiced by Jesus in the gospels.”

Drawing an overt connection between healing and spiritual growth, movement members regard illness as an obstacle to spiritual growth and, by the same token, maintain the latter is essential for healing (ibid.). They conceive of their healing system as holistic, integrating the three essential elements of the person: body, mind, and spirit (ibid.). Healing similarly is understood as a tripartite concept: physical healing of bodily illness, inner healing of emotional illness and distress, and deliverance from the adverse effects of demons or evil spirits (ibid.). According to Csordas (ibid.), “[p]hysical healing is the simplest in form, in which laying on of hands and, in some instances, anointing with blessed oil accompany prayer.”

Although it is common for priests and members of religious order to practice faith healing within the Catholic Charismatic Renewal movement, many healers are laypersons (op. cit., pp.125-126). Movement members believe the ability to heal derives from spiritual gifts, known as “charisms” in theological parlance, granted by God (ibid.). Among these is discernment, a heightened sense of intuition cast as a divinely inspired ability to understand people, problems, and situations (ibid.). Inner healing and deliverance are made necessary by the activities of evil spirits named after emotions or behavioral problems; they include Anxiety, Depression, Lust, and Rebellion (ibid.). According to Csordas (ibid.), movement members hold that these spirits attack individuals at their most vulnerable points, “whether these be the propensity for committing a particular type of sin or the lasting effects of traumatic experience.” No one, they insist, can be completely possessed by Satan absent a conscious decision or pact (ibid.).

B. Faith Healing in Islam

Islam, the third great monotheistic faith to arise in the Middle East, posits a reality possessing both material and spiritual dimensions. These are to some extent co-dependent: Tests humans undergo in the material realm, including illnesses, can have spiritual origins and cures; they also can precipitate spiritual crises and progress. Ultimately, however, the spiritual realm—wherein it is believed the soul will continue after the body has perished—is the more important. As Rahman (1998, p.88) puts it, faith healing in Islam derives from “the presupposition...that the constitution of the universe is basically spiritual and moral and that therefore the material existence is palpably under the impact of this spiritual reality.” Islam seeks to awaken humans to this realization.

Faith, the essence of this mission, is understood within Islam as the key to both physical and spiritual health. Jurist and theologian Ibn Qayyim al-Jawziyya (1292-1350), who took a deep interest in medicine, wrote that, “When man’s heart becomes attuned to the Lord of the world, the creator of ailments and remedies, who governs nature according to his will, other medicines become available that cannot be experienced by an unbelieving and indifferent heart” (op. cit, p.43). It thus is no surprise that almost all Muslims, practicing and non-practicing, engage in some sort of healing prayer (Yücel, 2010, p.xi). The advent of modern medicine has not diminished Muslims’ belief in faith healing.

Origins

Faith healing has been a feature of Islam from the beginning. Like Jesus, Muhammad was a healer, and various *ahādīth* (sing. *hadīth*), narrations of the Prophet's words and deeds, attribute to him miraculous cures.¹ *Ahādīth* scholar Imām al-Bayhaqī (d. 1066) reported that the Muhammad's cousin and son-in-law, 'Ali, once was so ill that he could not help moaning (op. cit., p.xiv). While he was praying for a cure, the Prophet appeared and said, "O my Lord, heal him!" He then said to 'Ali, "Stand up!" and nudged him with his foot. 'Ali instantly was cured (ibid.). According to one of Muhammad's Companions, Abu Abdurrahmān al-Yamānī, the Prophet routinely restored sanity to insane persons by placing his hand on their chests (ibid.).

The Qur'an, too, is regarded as a source of healing in Islam. It refers to its own charismatic and medicinal properties, known as *khawāss* (Zadeh, 2009, p.464): "And We reveal of the Qur'an that which is a healing and a mercy for believers" (Q 17:82). It speaks of healing in several other verses: "He will heal the breasts of folk who are believers" (Q 9:14); "We heard his prayer and saved him from the anguish" (Q 21:88); "And when I sicken, then He heals me" (Q 26:80); and, "For those who believe it is a guidance and a healing" (Q 41:44). In the *surah* (chapter) titled "The Bee," it endorses the consumption of honey: "There comes forth from their bellies a drink diverse of hues, wherein is healing for mankind" (Q 16:69). According to Rahman (op. cit., p.18), "so far as a person's situation vis-à-vis God, nature, and fellow humans is concerned, Islam offers a cohesive outlook on life, at the center of which stands human well-being."

After the Prophet's death in 632 C.E., hundreds of *ahādīth* emerged that elaborated an Islamic approach to maintaining health and treating illnesses. One universally accepted *hadīth* quotes Muhammad as stating, "God has sent down a treatment for every ailment," or "There is a medicine for every ailment such that if a right medicine hits a corresponding ailment, health is restored by God's permission" (op. cit., p.34). Scholars have been chary of others, many of which proffer advice on eating and drinking and hence are preventive in nature (ibid.). For example, Ibn

¹ There are a number of *ahādīth* compilations, with *al-Kutub al-Sitta*—"the six books" (Mālik's *Muwatta'*, *Sahīh al-Bukhārī*, *Sahīh Muslim*, the *Sunans* of Abū Daūd and al-Nasā'ī, and al-Tirmidhī's *Jāmi'*)—generally regarded as the most reliable (Siddīqī, 1993, p.73). Scholarly debates continue over the authenticity of individual *ahādīth* and the reliability of their transmitters.

Khaldūn (d. 1406) wrote in his *Muqaddima* that, “it is improper to regard any medical material that has gone into genuine Hadīths transmitted from him as forming part of the Sacred Law, since there is nothing to indicate this” (op. cit., p.33). He went on to comment, “if someone uses them (such medicines) by way of seeking God’s blessing and with firm faith, they will have a palpable effect” (ibid.). His point is theological: Even the most appropriate medicine or treatment derives its effectiveness from God’s will.

The work of generations of Muslim theologians and physicians who sought healing cures and divinely inspired ways to maintain health, medical *ahādīth* are of two basic varieties: those that elaborate faith healing procedures for treating spiritual and physical maladies, and those encompassing the preventive and palliative practices embodied by *al-tibb al-nabawi*—medicine of the Prophet (op. cit., p.34). Islamic folk medicine, which may only loosely (if at all) draw on the authority of the Qur’an or *ahādīth*, represents a third corpus of remedies combining Islamic and pre-Islamic remedies and superstitions. The boundaries between all three are ill defined and fluid, shifting constantly in response to the religious, social, and political sensitivities that may be involved in particular cases.

Faith-healing practices themselves can be divided into two types. Those that are Qur’an-centric, overt, sanctioned by the local religious establishment, performed by male healers, and avail of remedies associated with *al-tibb al-nabawi* are referred to as the “great tradition” (Popper-Giveon and Ventura, 2009, p.37). Those that rely less on the Qur’an, are covert, frowned upon or forbidden by the local religious establishment, performed by women, and avail of remedies associated with folk medicine are identified as the “little tradition” (ibid.). The latter are more controversial and potentially expose practitioners to accusations of magic, witchcraft, and sorcery.

The Great Tradition

The Qur’an’s *khawāss* is the basis of “great tradition” Qur’anic faith healing in Islam (Zadeh, 2009, p.464). Sanction for the holy book’s use in healing stems not only from its own verses, but from a widely accepted *hadīth* related by Abū Sa‘īd al-Khudrī, one of the most prolific narrators of *ahādīth*.² It describes how one of the Prophet’s Companions treated the chief of a less-than-hospitable tribe for snakebite

² A-Khudrī, a Companion of the Prophet, narrated 1,170 *ahādīth* (Siddīqī, op. cit., p.18).

(or a scorpion sting) in exchange for a flock of sheep. The Companion did this by reciting “The Opening,” the Qur’an’s first *surah*, while gathering his saliva and spitting at the bite (or sting). Presented with the flock upon the chief’s recovery, the Companion was unsure whether what he had done was lawful, and so he consulted Muhammad before accepting the sheep. The Prophet smiled, asked the Companion how he knew “The Opening” was a *ruqya* (charm, spell, or pious formula; pl. *ruqā*), and permitted him to take the flock (Yücel, op. cit., p.19).

The use of Qur’anic verses as *ruqya* features prominently in the “great tradition” form of Islamic faith healing, and Muslims believe that prayer has both physical and spiritual benefits (op. cit., p.xv). According to one report, 80 percent of psychiatric patients in the Arabian Peninsula—before consulting mental health professionals—seek out healers who offer prayer (*du‘a*) along with natural remedies (op. cit., p.3). In a separate survey of the Arab world, 90 percent of respondents indicated that they would recommend Qur’anic services or prayers as ways to improve one’s health (ibid.).

Recourse to *du‘a* for healing appears particularly common among those who maintain that illnesses have spiritual origins. Some Muslims attribute sickness to black magic, bad omens, and curses and rely exclusively on prayer rather than seeking conventional medical treatment (op. cit., p.39). According to Callans (2007, pp.333-334), “People distinguish between doctors’ illnesses and mullahs’ illness, the former a biomedical cure (Western, homeopathic or herbal), the latter a supernatural illness—sorcery or spirit affliction—requiring treatment by a mullah or another healer who practices non-biomedical methods.” According to Schimmel (2010, p.208), “[f]aith in a religious formula pronounced by an alleged saint is often, in rural areas, much greater than the trust in a Western-trained physician.”

An incident I witnessed testifies to the belief among at least some Muslims that prayer is superior to conventional medicine. In 2000, a young male passenger suffered an epileptic seizure aboard a Saudi Arabian Airlines domestic flight. The aircraft’s copilot, trained as a paramedic, rushed to the passenger’s seat, cleared his airway, and prevented him from injuring himself. Meanwhile, a fellow passenger—an imam from Riyadh—prayed loudly from across the aisle. The young man recovered and when the plane landed in Jeddah it was the imam, not the quick-thinking copilot, who was lauded for saving a life (Caudill, 2006, p.76).

Medicine Sacred and Profane

The Qur'an mentions human health in a general sense while the ahādīth contain numerous sayings of the Prophet dealing with specific diseases and treatments. Leprosy, pleurisy and ophthalmia are mentioned, and remedies including cupping, cautery and the use of honey and other "home remedies" are proposed. The body of traditions involving medical questions was systematized by later Muslim writers and became known as al-tibb al-nabawi, the medicine of the Prophet (Johnstone, 1998, pxiii). Foremost among these compilers were al-Jawziyyah, Muhammad Ibn Ahmad Al-Dhahabī (1274-1348), and Jalal al-Dīn al-Suyūṭī (1455-1505) (Yücel, op. cit., p.xiii). According to Johnstone (ibid.), it is a specialized field and can only be practiced by physicians steeped in Islamic theology and philosophy.

Many similar remedies exist within the realm of Muslim folk medicine, which—being derived from popular practice—does not possess the sanctity attached to al-tibb al-nabawi. In an era of ever-greater travel and communications affecting the lives of Muslims in even the remotest locales, folk medicine, according to Gaffney (1992, p.50), is fading: "Popular Islam as a set of distinct practices and beliefs continues...to change. The old ways are marked by folkloric rituals with their aura of magic around localized devotional centers have long been giving way, albeit at times reluctantly, to patterns of observance more in conformity with the sunna." Yet folk medicine persists, sometimes in unexpected settings. Yamani (1986, p.173) describes how close relatives provide women giving birth in Saudi hospitals with a special chicken broth called maslūqa. The new mother is to drink it for 40 days after the child is born so that she may regain her strength (ibid.).

Healers utilizing the Qur'an in their practices almost always are men. Describing their research among Palestinian women healers in Israel, Popper-Giveon and Ventura (op. cit., p.41), note that women healers are constrained by social norms: "[N]o woman, not even an extremely powerful woman healer, can serve as a Koranic healer. This title is dependent upon acquiring religious knowledge and obeying strict rules of ritual purity and is thus limited to men." Comments of a young Palestinian woman in Lod reflect the prevailing view: "[T]he woman always possesses some degree of impurity, more than the man. The man's character is always stronger than that of the woman" (op. cit., p.28). Men healers are considered part of the religious

establishment and as “emissaries of God” (op. cit., p.37). Women healers, by contrast, are seen as “representatives of the feminine, popular, and oral traditions that deviate from the official written ideologies” and therefore are considered inferior and marginal (ibid.).

Some orthodox clerical and lay Muslims who closely follow the *sunna* (traditions) of the Prophet hold that Qur’anic treatment may only consist of reciting or listening to the Qur’an and chanting pious formulas (*adhkār*, sing. *dhikr*) such as the names or attributes of God (Kruk, 2005, p.63). Other traditionalists, primarily religious scholars, believe *ruqya*’ [meaning] may be used to counter the evils brought about by magic, which they unanimously condemn (op. cit., pp.50-51). They maintain, for example, that the Qur’an and *ahādīth* sanction as treatment the ingestion of water over which the Qur’an has been recited or in which Qur’anic texts have been dissolved (ibid.). These scholars cite scriptural approval for adding salt, rose essence, oil of black caraway, or leaves from the lotus (*sidr*) tree to the water, and also for fumigating patients with sandalwood (ibid.). According to Kruk (op. cit., p.63), a Qur’anic healer—before reciting a *ruqya*—must say, “I take refuge by God from the damned Satan, from his proddings and whisperings and inspirations, in the name of God the Merciful, the Compassionate.”

The process of exorcism in response to illness brought on by demonic possession illustrates the range of practices employed by a Qur’anic healer working in the “great tradition.”³ First, he prays and then communicates with the demons (*jinn*) in order to identify those responsible for the patient’s suffering.⁴ “He demands an explanation from the bothersome demon (Why does it hurt the patient?), subdues it, and finally, banishes it” (Popper-Giveon and Ventura, op. cit., p.36).

Qur’anic readings and drumming accompany this procedure and, if the *jinn* proves recalcitrant, the healer may physically beat the patient (ibid.). In some cases the healer may step on the patient’s body and forcefully massage him while spitting on him so the power of the Qur’an may be transferred from the healer’s mouth to his hands. In others, the healer may sacrifice a chicken or a goat, the flesh of which is

³ The Prophet once was approached by members of his tribe who, perplexed by his persistent assertion of monotheism in the face of Mecca’s prevailing polytheism, suggested that he was possessed by a spirit and should see an exorcist (Rahman, op. cit., p.85).

⁴ In Islam, spirits and demons are identified with *jinn*, invisible beings God created “smokeless fire” (Q 55:15) that inhabit the earth alongside humans. Endowed, like humans, with intellect and free will, some of them tempt people to give in to their base desires; Satan (Iblīs), originally an angel, is a *jinn* (Glassé, 1999, pp.210-211).

eaten by those present, or require the patient to spend the night in his home so he can read Qur'anic verses over him during the night (ibid.).

More conventionally, a Qur'anic healer may consult volumes containing spiritual prescriptions to find the correct *du'a* or *ruqya* for treating a particular ailment (Rahman, op. cit., p.88). Often, the healer will recommend the patient write a given Qur'anic verse on a piece of paper or on a water glass and, after immersing the verse, drink the water (op. cit., p.89). He may prescribe a certain time of day—before sunrise, for example—at which the patient is to perform this procedure (ibid). Occasionally, such treatments do more harm than good; some of the inks used to write Qur'anic verses or special prayers can, if ingested, produce an intoxicating effect (Yücel, op. cit., p.40).

Kruk (op. cit., p.51) comments that Qur'anic healing has become fashionable, even among the elite; in Cairo, for example, physicians—recognizing faith healing's psychological benefits—have begun incorporating it into their practices. The psychotherapeutic value of faith healing is obvious. Although the patient's belief in the efficacy of a Qur'anic treatment is the *sina qua non* for its success, it is reasonable to conclude that he or she also is helped simply by being able to talk about his or her troubles and by participating in simple, repeated rituals within a well-defined schedule over a certain period of time (ibid.).

The Little Tradition

Flueckiger (2003, pp.251-161) illuminates the “little tradition” of faith healing by examining the practice of Amma, a 60-year-old Sufi woman treating Muslim and Hindu clients in South India.⁵ Married to a *pīr* (a Sufi shaykh), himself a healer in the “great tradition,” Amma's uses incantations, prayers, and storytelling to relieve the suffering experienced by her exclusively female clientele. She fashions little slips of paper with Arabic writing into amulets to be worn by patients; her fever-reducing amulets are particularly prized (ibid.). She treats other maladies with the same Arabic-inscribed slips, directing clients to roll them into wicks, soak them in oil, and then burn them in the morning and at night (ibid.).

Amma's specialty is counteracting negative spells cast intentionally onto victims through black magic or unintentionally via the Evil Eye.⁶ Her first step is to

⁵ Glassé (op. cit., p.375) defines Sufism as “[t]he mysticism or esoterism of Islam.”

⁶ Belief in the Evil Eye, mentioned in the *surah* titled “The Daybreak” (Q 113:5), is well nigh universal among Muslims (Griffiths, 1938, p.69; Yamani, op. cit., p.175; Thomsen, 1992, p.40). Ibn Khaldūn

reassure her client: “Once you come to me, it will be cured. There is no question of ‘failure’.” (ibid). She then listens to what the client tells her about the condition, its circumstances, how and when it began, and the kind of pain or suffering it has produced. She may sit silently or, more often, interject with tales of her own relating the client’s experience to others’, thereby implicitly underscoring her familiarity with the malady as well as expressing empathy: The client feels understood and no longer alone (ibid.). Finally, Amma may—in addition to dispensing an amulet or wick—pray with the client or whisper a Qur’anic verse and then blow into a glass of milk or water to be consumed by the client (ibid).

Amma’s husband once took her to task for the apparently threadbare nature of her treatments and criticized her for “not doing anything.” A large crowd seeking her services had queued outside their home. Meanwhile, Amma sat inside, patiently preparing slips of paper while a client held forth at length about her troubles. It was the client, and not Amma, who rebuked the *pīr*: “She *is* doing something! She’s listening to me” (op. cit., p.161). As Fleuckiger (ibid.) explains, the act of caring itself can be therapeutic: “Complete healing is assured when Amma’s diagnosis gives reason to the patient’s story, and her prescriptions...give patients the power to change the direction of their stories. Amma authoritatively declares their conclusion: ‘The child *will* be healed’; ‘Your trouble *will* dissipate’.”

“Little-tradition” faith healing practices, like those of the “great tradition,” exhibit remarkable consistency across *dar al-Islam* despite cultural and sectarian distinctions.⁷ Palestinian women healers in Israel diagnose their clients’ ailments by using coffee-cup or palm readings and, more frequently than the male healers, they employ medicinal herbs for treatments (Popper-Giveon and Ventura, op. cit., p.36). Their most popular therapy, however, involves the use of amulets (op. cit., p.31). Like Amma in India, the Palestinian women healers prescribe amulets to treat

describes it as “[a]n influence exercised by the soul of the person who has the evil eye. A thing or situation appears pleasing to the eye of a person, and he likes it very much. This (circumstance) creates in him envy and the desire to take it away from its owner. Therefore, he prefers to destroy him. It is a natural gift...The difference between it and the (other) psychic influences is that it appears (and acts) as something natural and innate...It does not depend on the free choice of its possessor. It is not acquired by him” (Asatrian, 2003, p.100). According to al-Jereisy (2001, p.154), “the evil eye is a fact, and it can be cast by humans and by the Jinn.”

⁷ The most significant difference between mainstream Sunni faith healing practices and those performed by Sufis and Shī’īs is that the latter two permit intercessional prayers involving saints and other holy figures. The Deccan of south-central India, for example, utilize a rich devotional tradition dedicated to venerating and memorializing Fātima and the heroes of Karbala (Ruffle, 2010, pp.186-196).

problems caused by frustration, depression, anxiety, spinsterhood, childhood ailments, and problems related to economic stress (ibid.). The amulet is composed of a piece of paper with the name of the patient, her mother's name, and a combination of letters, geometric forms, signs, numbers, and verses from the Qur'an (ibid.). Often it is placed inside a leather or cloth pouch and hung from the patient's neck (ibid.). It also may be placed in her purse or bed, or—at times—the healer paper may direct the patient to burn the paper and inhale the smoke.

According to Popper-Giveon and Ventura (op. cit., p.40), some of the Palestinian women healers cross the boundary separating the “great” and “little” traditions: “The women healers frequently mention the phrase ‘to read’ and describe how they chant verses from the Koran over the patients and command them to swallow, inhale, or to anoint themselves with water in which the verses were dissolved.” Some of them also claim to use magic formulae written in special books; this is another practice ordinarily associated with male Qur'anic healers (ibid.). The therapeutic value of the latter may lie in its tangibility. Popper-Giveon and Ventura (ibid.) comment that, “[a]lthough these formulas are not religious *per se*, they enjoy the special value attributed to written texts.” Nonetheless, Palestinian women healers who stray across the boundary are careful to cast what they do as inferior to the “great tradition.” Their focus is on women patients and their concerns are the domestic realm and the female body (op. cit., p.41). Indeed, some claim to be merely “fortunetellers” or “diagnosticians” (op. cit., p.43).

C. Magic Versus Medicine

A danger inherent in faith healing is that some may associate it with occult practices, including magic and superstitions. The practice remains controversial among Christians, and some publicly have doubted whether it is compatible with belief in God. Author C.S. Lewis wrote in 1958 that, “[i]nvariable ‘success’ in prayer would not prove the Christian doctrine at all. It would prove something more like magic—a power in certain human beings to control, or compel, the course of nature” (Cohen et. al., 2000, p.43). Magic, as defined by Stark (2001, p.109) “deals in impersonal supernatural forces, often in the belief that such forces are *inherent properties* of particular objects or words—especially written or spoken formulae and

incantations.”⁸ According to Kruk (op. cit., pp.47-48), the attempt to control the forces of nature, either for good or evil purposes, is sorcery, which is forbidden according to orthodox Islam as well as Christianity.

The Catholic Church’s perspective on black magic has not changed: Sorcery exists, it is the work of Satan and his servants, and God has given Satan the power to possess human beings and use them for evil purposes (ibid.). During a meeting of the International Association of Exorcists, Pope Francis warned of a rise among Christians of Satanism and the occult (Squires, 2014).⁹ An Association spokesman told Vatican Radio that dabbling in the occult “opens the way to extraordinary demonic activity” (ibid.). He expressed concern over “the number of people who are turning to these practices, which are damaging psychologically, spiritually and morally” (ibid.).

With respect to sorcery in Muslim countries, Kruk (op. cit., p.48) writes, “[n]o one at all familiar with Islamic societies will doubt that magic and sorcery were, and are, a vital element of everyday life and practice. In spite of the negative attitude of official Islam, magic practices have over the centuries become intricately interwoven with religious elements and practices, and the line of demarcation between what is forbidden and what is allowed is so blurred that neither the practitioner nor the client often is aware of the transgressing the boundaries of orthodoxy.” Differentiation sometimes is accomplished by the practitioner’s intent. Outside of an exorcism performed within the “great tradition,” seeking the help of *jinn* is sorcery and considered *shirk* (polytheism) (Kruk, op. cit., p.63). Saudi Arabia and Nigeria are among those countries that forbid sorcery by law, and each year in both several people are executed after being found guilty of the practice.

If sorcery in Islam can be defined as the practice of black magic, then white magic represents the attempt to oppose the former. Mainstream religious scholars have produced many books focusing exclusively on countering black magic (Kruk, op. cit., pp.50-51). The measures they recommend are based on what they believe the Qur’an and *ahādīth* permit, such as *ruqā* (ibid.). Commonly used to ward off evil,

⁸ Muhammad initially forbade the use of amulets, fearing that believers would attribute healing to the words themselves and not to God (Yücel, op. cit., p.39).

⁹ As in Islam, Catholic exorcists begin by attempting to persuade the demon to relinquish its hold on the victim. If it does not, stronger methods—up to and including beating the victim—are employed in an effort to compel the demon to depart (Pry, 2014).

these are spoken at moments of risk or when the body is vulnerable to attacks from *jinn* (Kruk, op. cit., p.62).

White magic most often is associated within the “little tradition.” Women healers oppose the effects of black magic by casting stronger spells invoking supernatural entities to cancel or reverse the effects of the original curse (Popper-Giveon and Ventura, op. cit., p.36). Less controversially, women faith healers also prescribe pious formulas as well as ritual bathing to counteract negative influences, such as the Evil Eye (Kruk, op. cit., p.62). However, even these seemingly innocuous practices can lead to trouble. According to Kruk (op. cit., p.65), “[w]ith stricter and more intransigent forms of Islam everywhere on the increase, the attack on magic practices that used to be well integrated into Islamic life...obviously is gaining force.”

VI. Discussion

One Practice, Two Paths

There are similarities and differences in how faith healing is regarded and manifested in Christianity and Islam. Because Jesus and Muhammad were healers, faith healing has deep roots in both religions. Christians dispute whether the ability to heal is universal or a gift possessed by a few, with many who believe in faith healing insisting it is the latter. There is less disagreement among Muslims; most hold that the ability to heal through faith, in the “great tradition” as well as in the “little tradition,” is vouchsafed only to select individuals.

Faith healing is an expression of the moral values, particularly the sanctity of human life, upon which Christianity and Islam were established. Believers in each hold that faith produces results unobtainable by—and superior to—cures obtained through conventional medicine. However, where science explicitly diverged from Christianity, enabling medicine to be explored and practiced without reference to divine influences and physicians to supplant priests as primary healers, in Islam the relationship between physical and metaphysical healing is less dichotomous. Muslims often seek faith-based treatments before availing of conventional medicine, but the efficacy of one is not necessarily used to impugn or exalt the other. Medicine in Islam continues to operate within an implicit theodicy maintaining that God is the ultimate source of all healing, irrespective of the means by which a cure is rendered.

Both faiths adamantly are opposed to sorcery and regard magic as a dangerous endeavor potentially leading humans into spiritual trouble. But while the term “sorcery” for many Christians conjures a medieval worldview shared by few that do not practice faith healing or conduct exorcisms, it remains alive for Muslims; convicted sorcerers continue to be executed in Islamic countries. Muslims, particularly in the “little tradition” context, differentiate between white and black magic, viewing the former as at least potentially beneficial. Christians, despite warnings by the Vatican and others about the dangers of occult practices, are less credulous concerning magic in general.

Faith-based medicine in Christianity is limited to prayer, the laying on of hands, and anointing the sick with holy water and blessed oils. By contrast, Muslims have elaborated a corpus of treatments ascribed to the Prophet—including the use of honey, massage, and various herbs—for preventing and treating illness. Recourse to

al-tibb al-nabawi in Islam is not necessarily associated with “alternative medicine” in the way that acupuncture and homeopathic remedies are for most Christians. Only in exorcisms do the two faiths continue to exhibit similarities with respect to treatments graduating in severity from persuasive to commanding, depending on the strength of demonic possession in a given case.

Another factor distinguishing Islamic and Christian faith healing is the former’s regard for the Qur’an as an implement as well as a source of healing. Christian faith healers recite Bible verses. Muslims likewise recite from the Qur’an, but they also believe that the holy book’s material form itself possesses medicinal properties that can be imparted to substances (such as water) to help heal patients. Once again, only in the context of Catholic exorcisms is the physical Bible explicitly accorded healing vice merely inspirational powers (Pry, 2014).

The “Celestial Lab Rat”

Does faith healing work? The question, seemingly so simple, in fact is anything but. Two of its terms—“faith healing” and “work”—must be defined in order to derive an answer. This paper provides the contextual knowledge enabling one to understand the meaning of the term “faith healing” in both Christian and Islamic contexts. It then becomes possible to examine the term “work.” Common sense suggests rephrasing the question: Can it be demonstrated that faith healing, as manifested either in Christianity and Islam, is effective? In other words, does it achieve its stated goals?

Some have attempted to answer this question by recourse to medical science. In 1988, for example, cardiologist Dr. Randolph Byrd launched a randomized, controlled to investigate whether prayer was efficacious as a form of therapy (Cohen et. al., op. cit., p.41). He separated patients who had suffered heart attacks into two groups: those who received standard medical care and those who, in addition to the standard care, were prayed for by three to seven “born-again” Christians (ibid.). No one—not patients, staff, or Byrd—knew who was being prayed for and who was not (ibid.).

Byrd found that the patients who were the subjects of prayer did better than those who were not. They required fewer antibiotics, experienced less congestive heart failure, and were less likely to develop pneumonia (ibid.). Byrd concluded that, “intercessory prayer to a Judeo-Christian God has a beneficial effect in patients admitted to a coronary care unit” (ibid.).

Other physicians and scientists are skeptical of Byrd's claim and highlight flaws in his study. Among the most significant: There were no means by which investigators could ensure that one group was receiving prayer and the other was not because it is impossible to verify the presence or absence of prayer (ibid.). Believers all over the world, the skeptics point out, pray for the sick on a daily basis. They argue that, as in the tale of the alchemist who learned he could convert lead into gold if only he did not think of a hippopotamus, there is no way to coax believers into not thinking about and praying for those who are sick (ibid.). As Cohen et. al. conclude, "[t]he effort to test the efficacy of prayer is grounded in an impossibility: prayer is not the sort of practice that can be measured."

An even more notorious attempt to measure the impact of a presumed spiritual power at work in persons or in the world occurred in 2006. Led by Dr. Herbert Benson and the Mind/Body Institute near Boston, the \$2.4 million research project sought—by measuring the effectiveness of intercessory prayer—to assess the activity of God (Ellens, 2010, Vol.1, pp.109-110). The official results, not surprisingly, showed that intercessory prayer was medically ineffective (ibid.). Again, a flawed premise undercut the science. The assumption in this case, according to Ellens (ibid.), was "that spirituality is some kind of mental relationship with an object in the ghostly world, and a relationship that enabled them to access and make use of that other world." He asserts, "such research is misguided because there is no way to double blind God or any presumed transcendent power" (ibid.).

Ellens (ibid.) also takes to task Dr. Harold Koenig, "guru" of the spirituality and medicine movement—which "boils down to the addition of prayer and belief in God as a supplement to clinical medicine"—for perpetuating a positivist approach to religion. Ellens likens his message to that of a surgeon traveling about the country claiming that surgery is good for people (op. cit., p.112). Of course, surgery can be helpful and even life-saving in particular circumstances, but—depending on variables such as expertise, sanitation, and so forth—it also can prove harmful or fatal (ibid.). Thus, advises Ellens (ibid.), given that the blanket assertion "surgery is beneficial to health" demonstrably is false, it would be wise to approach the claim that "spirituality is beneficial to health" with caution absent further information about the variables involved.

Scientists equate insufficient attention to variables with the absence of adequate experimental controls, a common complaint of those criticizing studies

intended to investigate the efficacy of intercessory prayer. Shermer (2004, p.34), for example, writes that many experiments “failed to control for such intervening variables as age, sex, education, ethnicity, socioeconomic status, marital standing, [and] degree of religiosity.” Moreover, he adds they “ignored the fact that most religions have sanctions against such insalubrious behaviors as sexual promiscuity, alcohol and drug abuse, and smoking” (ibid.).

Like Ellens (ibid), Shermer (ibid.) sees erroneous or at least unconscious assumptions contaminating the research and asks pertinent questions: What type of prayer is being studied? Are prayers from all faiths of equal value? Who or what is being prayed to? What about the length and frequency of prayer? How many people are praying and do their prayers all carry the same weight? He ends by asserting that the investigators’ fallacy ultimately is theological, not scientific: “[I]f God is omniscient and omnipotent, he should not need to be reminded or inveigled into healing someone. Scientific prayer makes God a celestial lab rat, leading to bad science and worse religion” (ibid.).

VII. Conclusion

Beyond Medicine

Many believers, Christian and Muslim, likely would agree with Ellens and Shermer that scientific investigations of the efficacy of prayer fail because they seek to measure that which cannot be measured. Yet they undoubtedly also would rejoin that this does not mean that prayer is ineffective or that faith healing is a myth. These believers hold that there is such a thing as spiritual health that operates in conjunction with, and therefore can affect, psychological and even physical health. Ellens (2010, Vol.2, p.11) defines it thus: “Just as one can be seen as healthy by a high psychological capacity—the ability of the mind or self to emerge, take executive control, and direct the body—one can be seen as spiritually healthy by the capacity to respond to God.”

A comprehensive, 1987 study of 200 research reports supports this view, finding a generally positive correlation between religiosity and both physical and mental health (Cohen et. al., op. cit., p.44). Several studies suggest religious and spiritual beliefs are associated with improved mental wellbeing—reduced depression and stress—among patients (ibid.). Others link religiosity and spiritual beliefs with improved physical wellbeing, including lower blood pressure, reduced levels of pain, and a greater likelihood of surviving heart surgery (ibid.). According to al-Dhahabī, “[p]rayers often produce happiness and contentment in the mind” (Rahman, op. cit., p.44).

Regarding how faith helps, the act of believing may be the key in that it enables a confident expectation of a cure (Dods, op. cit., p.174). According to Dods (op. cit., p.175), “it is the expectation itself which brings the healing virtue and it seems to matter little how this expectation is engendered, whether by belief in a popular superstition, or in some wholly inadequate means employed, or in the skill of some person, or in God.” The patient’s confidence, arising out of assurance that someone—or something—cares, apparently optimizes the possibility of healing. As Yücel (op. cit., p.xvii) puts it, “[s]upplication relieves the feeling of suffering alone. The absence of such assurance, on the other hand, may hurt the recuperative process. Ellens (op. cit., Vol.1, p.110) notes that, “it has been shown that certain persons, especially children, fail to thrive when deprived of loving care.”

It appears probable that not all illnesses or conditions are equally responsive to faith. Dods (ibid.) remarks that, “[i]t is only a certain class of diseases which yield to the influence of a confident expectation of cure—diseases which result, directly or indirectly, from a disordered nervous system: hypochondria, hysteria, some forms of blindness and of lameness, and so forth. Diseases which required for their cure a strong mental stimulant find what they need in a renewal of hope.” Popper-Giveon and Ventura (op. cit., p. 28) quote a young Palestinian woman who, speaking in a Muslim context, describes the same dynamic: “If one is seated and the Koran is read for his benefit and he is prayed for, then he will be healed. He believes through these means he will be healed; through the ways of the Koran and prayers to God. Therefore, if the individual believes that he will be healed, then even without all the bullshit and all the other stuff, he will be healed.”

Learning from “the Other”

As detailed in the Discussion, above, Christianity and Islam manifest both similarities and differences with respect to faith healing. Each can learn from the experiences of “the other,” but only by engaging with minds open to the possibility of more than one valid spiritual path. Such an admission requires, in addition to suspending disbelief, both confidence and humility: confidence that one’s own path can stand up to scrutiny and criticism; humility in accepting that no single faith has a monopoly on “the truth.”

Christianity and Islam, evangelical faiths premised on “saving souls” by converting them, have not been particularly strong on either count. Each has exhibited a lack of confidence, notably by viewing one another as existential threats. Neither is known for its humility. Indeed, each continues to assert—in various ways—that it enjoys unique, divine sanction rendering all other dispensations obsolete, heretical, or both. Their long history of mutual recrimination makes open-minded discussion between them exceedingly difficult. Given that Christian and Muslim faith healers and their clients stress the importance of sect-specific tenets—belief in Jesus’s resurrection, for example, or in the Qur’an being the literal word of God—interfaith dialogue between them likely would be particularly fraught (Quinn and Taliaferro, 1999).

Were such a conversation to occur, however, each side would stand to profit. Christians could learn from Muslims that faith healing and conventional medicine are not necessarily antagonistic disciplines. As Campbell (op. cit., p.9) puts it, “the ethic

of exemplary healing does not by itself preclude medical professionals from engaging in healing; indeed, the theological context within which Jewish, Islamic, and most Christian faith traditions have understood medicine is that God has bestowed a portion of healing power on those who covenant to care for the sick and heal those who are ill.”

By the same token, Muslims could learn from the Christian approach to magic, sorcery and their attendant superstitions. Modern science has earned the enmity of some Christians by elaborating a non-theistic cosmology that functions as the mental lens through which many (if not most) inhabitants of “Christendom” view reality. However, it also has performed a signal service by loosening the grip of magical, irrational thinking on human minds, particularly in the West. Rational understanding leads to awareness and makes people less easily misled, and it is tempting to conclude that the persistence of feudal politics in *dar al-Islam* derives from leaders’ ability to play on ordinary citizens’ ignorance and superstitions (Dennett, 2006).

“God of the Gaps”—and More

Ultimately, Christian and Muslim faith healers and patients may be able to help conventional medical practitioners look upon theistic belief as a powerful ally in the treatment of illness. This does not mean that physicians must become advocates of faith healing or that they should attempt to assume a spiritual role vis-à-vis their patients, potentially antagonizing believers already suspicious of medicine. Indeed, both approaches would be counterproductive. According to Ellens (op. cit., Vol.1, p.112), the “new spirituality and medicine movement” exemplified by Koenig “is so dominated by physicians and nurses that one must wonder if it is not a covert attempt to diminish those who have actually studied religion seriously.” Some faith healers, particularly within Christianity, are convinced that medical science either marginalizes or dismisses spirituality.

Behind the hostility some faith-healing proponents have toward conventional medicine is what Campbell (op. cit., pp.14-15) calls the “God of the gaps” phenomenon: “[P]roblems that are emotional behavioral, relational, educational, and the like, as well as physical, are investigated through a narrow construct of biological pathology, disease, and health, and thus are transformed into health problems over which the medical profession has been vested with cultural authority.” He adds that, “[t]he critique itself is not uniquely religious; however, the specific reasons advanced

by faith-healing communities for objecting to medicalization are distinctive, namely, that in a world that looks to biomedical science and the medical profession as an authority on the preservation of life and its quality, the sacred and spiritual dimensions of life are relegated to relative insignificance” (ibid.).

Physicians, like faith healers themselves, would benefit from exhibiting greater confidence and humility. Confidence is not a quality that medical professionals typically lack, but in this context it means the willingness to tolerate spiritual perspectives and regard them as non-threatening to their expertise. Once again, open minds are required: Accustomed to being the experts in the healthcare realm, doctors and nurses and their staffs would need to adopt a “perhaps this could help us” mentality in order to accommodate themselves to patients who—in addition to conventional therapies—seek treatment from faith healers. Fortunately, there is precedent for this kind of forbearance: “Alternative medicine,” including acupuncture and chiropractic, increasingly is accepted by and integrated into mainstream clinical practices (Marchione, 2009).

Humility presents a more daunting challenge for physicians. It is difficult for them to admit, particularly when they are expected to be unerring, that they do not know something.¹⁰ In fact, however, much of what occurs in the healing process is unknown. It remains a mystery why some people recover from illnesses and others do not, how faith and hope affect rates of survival from cancer and other diseases, whether there is a God who in fact works through spiritual and physical healers.

The immensity of human ignorance in all fields, medicine included, is sufficient reason to adopt a humble—yet still inquisitive—approach. As Chochinov (2010, pp.1217-1218) writes, “to be humble means to appreciate the limits of your abilities, understanding and importance. For physicians, humility distinguishes between knowing what illness the patient has and what it means, and understanding how it feels to have it. Humility differentiates what is clinically indicated from what treatment choices patients deem appropriate; it also separates knowing what *should* happen within specified clinical circumstances from what *does* happen.”

¹⁰ Reinhardt (2010) put the cost of the U.S. medical malpractice system, including lawsuits and insurance, at \$55 billion.

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