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Dimensions of belief about miraculous healing

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Abstract
Belief in divine intervention in illness or healing is related to religious belief in general (Furnham, A. (1994). Explaining health and illness: Lay beliefs on the nature of health. *Personality and Individual Differences*, *17*, 455–466; Mansfield, C. J., Mitchell, J., & King, D. E. (2002). The doctor as God's mechanic? Beliefs in the Southeastern United States. *Social Science and Medicine*, *54*, 399–409; Mitchell, J., & Weatherly, D. (2000). Beyond church attendance: Religiosity and mental health among rural older adults. *Journal of Cross-Cultural Gerontology*, *15*, 37–54). There has been little investigation of the nature of such belief among committed churchgoers and, in particular, whether or not belief in miraculous healing is a single or multi-dimensional construct. Scales measuring beliefs about miraculous healing were developed using a sample of 404 Anglicans drawn from a variety of traditions within the Church of England. Participants were asked to respond to various hypothetical scenarios such as a claim that prayer healed cancer, a claim of healing by Spiritualists and a failure to cure someone who had been prayed with for healing. Item scores were subject to an exploratory factor analysis to determine if belief about miraculous healing was multi- or uni-dimensional. Belief in miraculous healing showed at least four dimensions: (1) the possibility of such healing today; (2) the exclusivity of Christian faith healing; (3) the sovereignty of God over illness; and (4) the role of humans in the process. Scores on these dimensions were positively correlated with each other and with measures of conservative Christian belief. Beliefs about healing were strongly correlated with charismatic practice and less strongly to age, education, church attendance and church tradition. Beliefs about miraculous healing among regular churchgoers were complex and varied considerably, even within a single Christian denomination. Simple measures of religiosity and belief do not always adequately describe Christian beliefs about divine intervention in healing.

Introduction

The increased interest in alternative medicine at the end of the twentieth century has spawned a parallel interest among sociologists in the relationship of religion to health (Koenig, McCullough, & Larson, 2001; Levin, & Schiller, 1987; McMinn, & Phillips, 2001; Seybold, & Hill, 2001). The majority of work has looked for correlations between religiosity and health, and sought causal explanations for any links found (Levin, 1994). Religiosity is usually measured by indices such as the frequency of church attendance or prayer (e.g. Comstock, & Partridge, 1972), and sometimes by measuring attitude to religion or Christianity using summated scales (Lawler, & Younger, 2002). Measures of health in such studies have included physical indicators such as heart disease, strokes or cancer, psychological disorder or stress, or a more general measure of 'well-being' (Lawler, & Younger,

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2002; Levin, 1994). The results (reviewed by Levin, 1994; Levin, & Schiller, 1987; Thoresen, Harris, & Oman, 2001) indicate that people who are more overtly religious, who have high levels of personal spiritual practice or who have more positive attitudes to religion enjoy better health and lower morbidity.

Psychologists generally try to explain such correlations using the psychodynamic or physiological effects of religious behaviour and belief (Levin, 1994), rather than any divine intervention. A few studies (e.g. Byrd, 1988) have examined the link between intercessory prayer offered on behalf of ill patients and their subsequent health. Levin (1994) points out that the apparent positive effect of prayer reported by such studies has caused widespread debate among social scientists and psychologists (see also Chibnall, Jeral, & Cerullo, 2001, 2002). Levin refers to apparently supernatural effects as 'super empirical', which leaves open the possibility of natural explanations that are currently beyond the ability of science to quantify. People without religious conviction may rely on such notions to maintain a secular–scientific worldview in the face of possibly contradictory evidence. Those with religious convictions, and especially those not schooled in empirical research, would probably be much more likely to describe such effects as directly due to divine intervention.

A less common approach to religion and health has been to examine beliefs about health and healing among the general population or among particular religious groups. Study of a random sample of 350 adults in England indicated that beliefs about health and illness were related to political stance, religious belief and views on alternative medicine (Furnham, 1994). Belief in a link between the supernatural and health was unusual. This was not so for older people living in rural America (Mitchell, & Weatherly, 2000), nor in a telephone poll of 1033 adults in the same part of North Carolina (Mansfield *et al.*, 2002). In this sample, 80% believed that God acts through physicians to cure illness and 40% believed that God's will is the most important factor in recovery from illness. The authors produced an index of religious faith in healing, based on spiritual practices or beliefs related to healing and inclination to seek spiritual counsel over health matters. This index was higher in women than in men, higher in African-Americans than in Whites and higher in Evangelical Protestants than other denominations. There was a positive correlation with age and negative correlations with education level, income and health status.

These studies indicate that belief in miraculous healing is correlated with religious belief in general: it is more prevalent in societies that might be considered more religious, and within those societies it is found among people who generally show higher levels of religiosity. However, there are also indications that belief in miraculous healing may vary between religious people of different ethnic background or denominational affiliation. These studies have looked at divine healing in general without identifying specific beliefs about what divine healing is, how it relates to other types of healing and why some people are healed and others are not.

Often separated from this sociological interest in the subject has been a growth in the healing ministry in mainline churches. This has led both to theological thinking on the link between religion and health (e.g. Chirban, 1991a, 1991b; Lucas, 1997; McMinn, & Phillips, 2001; Ram, 1995; Watt, 1993) and to a growing emphasis on praying for people to be healed (Atkinson, 1993; Hollenweger, 1989; Maddocks, 1981; Payne, 1991; Pearson, 1995). In the Church of England this is often traced to the growth in the Charismatic movement from the 1960s, which spawned a number of waves of renewal. One of the most popular and influential has been the 'Signs and Wonders' movement associated with the Vineyard churches, and especially with the ministry of the late John

Wimber in the 1980s (Wimber, & Springer, 1985, 1986, 1987). Miraculous healing is an integral part of this movement, and many others like it, because such events are understood as being evidence of the work of the Holy Spirit. Healing is not only seen as a valuable gift from God in itself, but as a means by which people are enabled to come to faith. Charismatic healing has caused the Church of England to take the whole healing ministry seriously, and it has been the subject of several debates in the General Synod and a recent major report (Archbishop's Council, 2000). Mainstream Christian understanding of healing embraces the possibility of miraculous intervention alongside the notion that God works through many sorts of medicine to bring physical healing, or a wider sense of well-being, often referred to as 'wholeness'. If interest in healing in the Church of England is linked to the rise of the Charismatic movement then beliefs about miraculous healing should be stronger in practicing Charismatics than among religiously committed non-Charismatics.

There may be a wide range of beliefs about miraculous healing among Christians. This variation could include beliefs about the possibility of divine intervention in healing and its relationship to secular medicine, the nature of sickness and the ability (or otherwise) of God to heal. There has been little study of whether belief about divine healing is a single construct, or whether it has independent dimensions. Studies that have sampled the general population include participants with little or no religious commitment, who are unlikely to believe any notion of divine intervention in healing. Belief about divine healing is linked to religiosity in general (Furnham, 1994; Mansfield *et al.*, 2002), so differences of belief not related to level of religiosity can be easily overlooked. Against this background, this paper explores the notion of miraculous healing in a sample of Anglican laity, most of who were regular church attendees. The aim was to examine the different dimensions of belief about miraculous healing and relate them – church tradition, gender, age, education and the frequency of church attendance.

While most churchgoers might accept some link between spirituality and health, there may be considerable variation in how this is understood. Beliefs about miraculous healing span a number of interrelated areas, as follows.

Beliefs about whether or not miraculous healing exists

Those who believe that miraculous healing is possible may see it as a direct intervention of God that brings about healing. Others may see the action of God as primarily working through 'natural' channels, thus making miraculous healing today redundant through the development of modern scientific medicine. Those who doubt the intervention of God at all might look for other explanations of so-called miraculous healing, such as people being deluded into thinking they are healed, or the possibility of healing coming through natural means that are as yet undiscovered by science. Such a 'super empirical' view of healing may look upon Christian healing as merely one manifestation of a wider phenomenon in which 'spiritual forces' can be harnessed to bring about healing. Such a view is quite different from the notion that the Christian God heals directly in response to prayer.

Beliefs about the exclusivity of Christian healing

Claims of supernatural healing are not confined to the Christian religion. Christians may respond to such claims at two levels: first by accepting or rejecting that healing takes place at all, and second by interpreting any genuine healing either as part of God's work

or as ultimately dangerous because it has been perpetrated by malevolent forces. These different views are often expressed in response to claims of healing by Spiritualists or 'faith healers' (Gasson, 1979).

Beliefs about the sovereignty of God over illness

Prayer for healing seems to be frequent in some groups (Mansfield *et al.*, 2002) but not always successful, at least in terms of physical healing. When prayer apparently fails to bring about healing, Christians are faced with questions about the ability or willingness of God to heal. Do people remain ill because God is unable to heal them, or because God is, for some reason, unwilling to act? Upholding the absolute sovereignty of God implies that God can always heal, but might wish someone to remain ill. However, this threatens God's loving character. Ways around this dilemma include seeing 'healing' in wider terms (e.g. a spiritual rather physical change or healing through death) or stressing the inadequacy of human prayer.

Beliefs about the role of human beings in miraculous healing

Some Christian writers stress the effects of sin on ill-health, implying (or stating specifically) that failure to heal is due to the sinfulness of those who are ill, or the lack of faith among those praying for healing (Pearson, 1995, pp. 48–72; Woolmer, 1999, p. 242). Others would strongly deny this, but would still blame humans rather than God for any failure to heal.

Beliefs about miraculous healing may be evidenced by responses to the general idea of miraculous healing or to belief about specific instances of people claiming to have been healed through prayer. Pilot work for this study indicated that many Anglican churchgoers tend to express their belief most clearly in response to specific encounters with claims of miraculous healing or failure to heal after prayer, rather than to just generalised questions. This study therefore assessed belief in response to four specific scenarios that churchgoers might encounter in real life.

Studying committed churchgoers, rather than the population at large should uncover differences in belief and practice that are not due simply to differences in religious commitment. The Anglican Church in England is a useful denomination on which to base this sort of study because it includes distinctly different traditions, united by roughly similar liturgical practice (Baker, 1996; Furlong, 2000). Some congregations are eclectic and tend to represent either more Evangelical or Anglo-catholic traditions, while others are rooted in the parochial system, where worshippers are united by geography rather than commitment to a particular tradition. Few Anglican churches would call themselves solely Charismatic, but charismatic belief and practice is found among individuals worshipping in all traditions, especially in Evangelical churches.

Data were collected as part of a wider study into biblical interpretation among Anglican laity (Village, 2003). Question items were produced after 26 open-ended interviews with Church of England members around Northampton, UK. Items were refined in three pilot studies and the final pool of questions was given to people from 11 churches in eight benefices. Churches were divided a priori according to tradition as given by incumbents and were classed as Evangelical, Anglo-catholic or Broad church. The latter were called 'traditional Anglican' or 'middle of the road Anglican' by members, and were the only parish churches in small towns.

Method

Sample

A total of 404 questionnaires were received from the 11 participating churches, which were all in central or southern England. The overall sex ratio (62.5% female, $n = 400$) was similar to the most recent figures for the Anglican Church at large (61% quoted in Brierley, 1999, Table 4.9.1). Median age (50, measured to nearest decade) was higher than the mean age of Anglicans (46) recorded in the 1998 English Church Attendance Survey (Brierley, 2000, p. 117), mainly because of a higher proportion of people aged 30–60 in the present study (75% versus 52%). Average church attendance was higher than the national average (81% attending at least weekly versus 46% from Brierley, 2000, p. 80), possibly reflecting the relatively high numbers of responses from Evangelical churches, which had more people aged 30–50 and more regular attendees than in other traditions. Over half the sample had higher education qualifications, which was probably a higher proportion than in the Church of England in general. Despite these possible biases, the final sample included a wide range of people in terms of age, educational experience and church attendance and probably embraced much of the variation in traditions within the Church of England.

Instruments

Scores were produced from Likert-type items (Likert, 1932) that were presented after one of four scenarios:

1. *Imagine that you meet someone who says that, after being prayed for at their local church, God healed them of a cancer that doctors said was incurable. What do you think about these statements?*
2. *Imagine someone who is seriously ill goes to a Spiritualist (or NON-CHRISTIAN Faith Healer) and comes away claiming to be cured. What would you think about these statements?*
3. *Some Christians claim that they can do what Jesus did and heal the sick by prayer. What do you think about these statements?*
4. *Imagine someone is seriously ill. They have been prayed for, but show no signs of recovery. What do you think about these statements?*

After each scenario, subjects were given statements that presented beliefs about each situation and asked to circle a response that ranged from 'strongly agree' to 'strongly disagree' on a five-point scale. The location of items depended on the relevance of the scenario: those relating to exclusivity of Christian healing were given only after scenario two, whereas items relating to the sovereignty of God were mainly after scenario four.

Church attendance was measured on a four point scale: 1 = monthly or less, 2 = twice a month, 3 = once a week, 4 = more than once a week. The index of educational experience was based on highest qualification achieved (0 = no formal qualification, 4 = postgraduate). Charismatic experience was assessed using five forced-choice questions relating to the frequency of charismatic experience summing responses to give the charismatic score.

Scales measuring conservative-liberal beliefs about the bible, morality and religious exclusivity were created from the same dataset (see Village in press for more details). The BIBLE scale (12 items, high score = conservative belief in the bible) contained a variety of items related to the truth, inerrancy and authority of the bible. Two short scales measured how dogmatically conservative or liberal views were held (DOGMATIC CONSERVATIVE: 5 items, high score = dogmatic conservative attitudes; DOGMATIC LIBERAL: 5 items, high

score = dogmatic liberal attitudes). These scales used extreme statements to support or refute conservative or liberal views. Conservative and liberal attitudes were also assessed with respect to morality (MORALITY: 6 items, high score = conservative belief about marriage, sexuality and abortion) and religious exclusivity (RELIGIOUS EXCLUSIVITY: 5 items, high score = exclusive attitude toward Christian faith).

Data analysis

Data were analysed using SPSS for Windows 10.1 (SPSS Inc. 2000). Scores for all items were examined by an exploratory factor analysis (Kim, & Mueller, 1978a, 1978b; McKennell, 1970) in order to identify common factors that could explain the pattern of responses. Extraction was by a maximum likelihood method and the rotation was oblique, allowing for the possibility of correlation between factors. Items grouped into factors were used in summated attitude scales tested for internal reliability using Cronbach's alpha coefficient (Cronbach, 1951).

Results

Factor analysis of item scores

The initial extraction used an eigenvalue of 1.0 as the criterion for identifying factors. This produced six factors from the pooled items. The first four were related to belief or unbelief in miraculous healing (12 items), exclusivity of Christian healing (six items), human influence on healing (four items) and the ability or otherwise of God to heal (five items). The other two factors were based on two and one item each. Analysis was repeated with an eigenvalue of 1.1 (see Kim, & Mueller, 1978a). This produced four factors that formed the basis of four scales (Table I).

Factor 1 produced the SUPERNATURAL scale (Cronbach's $\alpha = 0.92$, high score = belief in miraculous healing). This scale consisted of 12 items that centred on the notion of belief in miraculous healing in general and on explanations of apparent miraculous cures. Belief was associated with the idea of divine intervention that changes the laws of the universe, personal belief that God heals, the importance of prayer or faith and evidence of miraculous healing today. Disbelief was associated with other explanations for such healing, the cure being temporary or a delusion, and the redundancy of miracles in the face of modern medicine.

Factor 2 produced the HEALING EXCLUSIVE scale ($\alpha = 0.79$, high score = belief in exclusive efficacy of Christian healing), which had seven items centred on belief about the exclusivity or otherwise of Christian healing. Pluralist views included the notion that God acts through different channels and explanations of miracles that suppose a natural healing ability of humans channelled by prayer. Exclusivist belief was associated with the suggestion of someone being duped into thinking they are healed, or dangers associated with healing that comes from non-Christian sources.

Factor 3 produced the SOVEREIGNTY scale ($\alpha = 0.77$, high score = belief in the sovereignty of God over illness), which consisted of six items centred on the willingness of God to heal. Belief in the sovereignty of God was expressed as the notion that God could heal if he chose to; disbelief questioned the ability of God to change the natural order of things. Alongside these were three items that 'explained' lack of healing in terms of human imperfection, God's willingness to let some remain ill or healing through death. These were less well correlated with this factor than some of the other items, which might indicate a related but separate dimension to belief about the sovereignty of God.

Table I. Summated rating scales for beliefs about miraculous healing.

Item	Scenario†	IRC	FL
(a) *Supernatural scale*			
There must be another explanation*	1	0.77	0.78
They were almost certainly cured by God	1	0.79	0.75
The prayer was incidental: they would have got better anyway*	1	0.73	0.74
God would not intervene and change the natural laws of the universe*	1	0.72	0.71
There is clear evidence that God miraculously heals people today	3	0.73	0.66
Our prayers can bring about this kind of healing	1	0.72	0.69
Miracles do happen today where people pray with faith	3	0.72	0.66
I don't believe such miracles happen today*	3	0.72	0.65
God can certainly heal people like that if he wants to	1	0.72	0.61
The person has convinced themselves they are cured they may not be*	1	0.60	0.61
We don't need miracles today because of modern medicine*	3	0.59	0.53
The cancer will probably return*	1	0.54	0.56
(b) *Healing exclusive scale*			
God would never heal people through Spiritualists	2	0.67	0.75
Their 'healing' was by evil forces that will ultimately do them harm	2	0.60	0.66
God's healing comes through many different channels*	2	0.58	0.67
Non-Christian 'Faith-healing' is dangerous and should be avoided	2	0.60	0.59
Other religions can bring about healing through prayer*	2	0.44	0.48
Prayer can channel the natural healing power of our minds or spirits*	2	0.36	0.45
They have probably been tricked into believing they are better	2	0.33	0.39
(c) *Sovereignty scale*			
God could heal them if he chose to	4	0.73	0.78
God can heal anyone he wants to	4	0.70	0.70
Even God cannot always change the natural course of things*	4	0.57	0.58
For some reason, God must want them to remain ill	4	0.44	0.39
Christians are often imperfect channels for God's healing power	4	0.36	0.41
God might heal them by letting them die	4	0.31	0.32
(d) *Human scale*			
Those praying might have lacked sufficient faith	4	0.55	0.50
Perhaps they didn't really believe they could be cured by prayer	4	0.47	0.48
The person may need to confess their sin before they can be healed	4	0.42	0.41
They should find help from someone with a special healing ministry	4	0.40	0.36
Such healing would be more common today if people had more faith	3	0.37	0.48

Notes: IRC = Item-rest correlation coefficient; FL = factor loadings are for unrotated solutions using a Principal Component Analysis.
* These items were reverse scored.
† Indicates the scenario with which each item was associated. For a description of the four scenarios, see text.

Factor 4 was less clearly defined than the other three, but produced the HUMAN scale ($\alpha = 0.69$, high score = belief in the importance of human attributes in the healing process). Most of the five items in this scale related to human ability or failure in the act of healing. Human ability was seen in an item about seeking help from a specialist in the healing. Human failure was evident through sinfulness or lack of faith. Two items about human ability (*'Our prayers can bring about this kind of healing'* and *'Christians are often imperfect channels of God's healing power'*) related more closely to factors 1 and 2 respectively.

Variables shaping beliefs about miraculous healing

The attitude-to-healing scales were all positively correlated with each other, though those relating to exclusivity and human involvement less strongly than the other two (Table II). Generally, people who believed that miraculous healing was possible today had a strong view of the sovereignty of God over illness and tended to see Christian

Table II. Correlation matrix of healing and conservative-liberal belief scales.

Scale	Religious exclusivity†	Morality†	Bible†	Human	Healing exclusive	Sovereignty
Supernatural	0.66**	0.49**	0.60**	0.33**	0.35**	0.65**
Sovereignty	0.51**	0.45**	0.44**	0.25**	0.25**	
Healing exclusive	0.57**	0.46**	0.50**	0.17**		
Human	0.30**	0.31**	0.33**			
Bible†	0.73**	0.58**				
Morality†	0.59**					

Notes: Pearson correlation coefficients based on a sample size of 399.
** $p < 0.01$, two-tailed.
†Bible, Morality and Religious exclusivity scales from Village (in press).

Table III. Analysis of variance of healing scales.

	Dependent variable							
	Supernatural		Sovereignty		Healing exclusive		Human	
Source of variation	*df*	F	*df*	F	*df*	F	*df*	F
Model	3	74.39***	4	24.07***	4	30.21***	2	24.71***
Tradition		NS	2	5.01**	2	24.16***		NS
Gender		NS		NS		NS		NS
Attendance	1	5.06*		NS		NS		NS
Education		NS		NS	1	9.59**	1	13.32***
Age	1	7.72**	1	5.27*		NS		NS
Charismatic	1	149.21***	1	39.71***	1	24.52***	1	39.70***
Residual	391	(37.90)	391	(11.82)	393	(14.63)	393	(7.73)

Notes: Values enclosed in parentheses are mean square errors. For each dependent variable, the Model row is the overall significance of the linear model based only on the significant predictor variables.
Two-tailed probabilities: NS = Not Significant (excluded from model), * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

prayer as the only valid or safe means of miraculous healing. They also tended to see the ability or failings of humans as being important in the efficacy of healing prayer, though this scale was less closely correlated to other beliefs about miraculous healing. The four healing scales were also positively correlated with the scales that measured the extent of conservative versus liberal belief in bible, morality and religious exclusivity (Village in press), indicating that positive belief in healing was mainly a characteristic of conservative Christians.

Charismatic experience was the best predictor of beliefs about healing (Table III). Older people had less belief in miraculous healing or the sovereignty of God over illness, while those with experience of higher education had more inclusive beliefs about miraculous healing and saw human input as less important in the healing process. Church attendance was positively correlated with the supernatural scale, but unrelated to the other three dimensions of belief about miraculous healing. There were significant effects of tradition on the sovereignty and exclusive scales (Table III): this was because people from Evangelical churches had higher scores than people from Broad or Anglo-catholic churches of a similar charismatic experience, age or education level. None of the four scales showed any gender difference after allowing for the other variables tested.

Discussion

Beliefs about miraculous healing among Anglican laity can be described by several distinct but correlated dimensions: belief about the possibility of miraculous healing in general, belief about the sovereignty of God over illness, belief about the exclusivity of Christian healing and beliefs about the role of human beings in miraculous healing. Belief in miraculous healing is strongly correlated with belief in the sovereignty of God, but less so with the other two dimensions. Whereas Evangelicals who have positive attitudes to miraculous healing tend to distrust other 'supernatural' sources of healing, there is more openness to this among other traditions. Non-Evangelical Anglicans tend to have less positive attitudes towards the idea of God healing people directly, but they are open to the idea that healing can come by means other than the prayers of Christians.

As predicted, all the attitude scales were strongly correlated with charismatic experience, and the latter is a good indicator of beliefs about healing. Belief in the ability and willingness of God to heal seems to be linked to the wider idea of God interacting directly with people through the power of the Holy Spirit. Among Charismatics, this is a very specific belief in the agency of God, rather than in some undefined 'super empirical' force that might act through a variety of human agents. Charismatics also rate the role of humans more highly that do non-Charismatics. It might be expected that a strong belief in the agency of the Holy Spirit and the sovereignty of God would make the perceived role of human players less important. However, healing in the bible is often associated with the ministry of specific individuals, such as Elijah, Jesus and Paul, and this may be a dominant role model for Charismatics. Furthermore, Charismatics have greater direct experience of praying for healing and of meeting people with specific healing ministries. Those who actively lay hands on others and pray with them to be healed are often acutely aware that healing may not always follow. Upholding the sovereignty of God in such circumstances seems to naturally turn attention to the sufferers or to those doing the praying as possible reasons for unanswered prayer.

Church attendance predicts the strength of belief in the possibility of divine intervention but not other dimensions of belief about miraculous healing. Fringe church members would, it seems, be less likely than regular worshippers to accept a claim of miraculous healing irrespective of their charismatic experience or church tradition. There was some indication that the effect of attendance was stronger in Evangelical churches, but the difference from other traditions was not statistically significant.

Gender had relatively little effect on beliefs about miraculous healing. Gender differences in religious belief may be mainly reflected in studies of the general population, which sample non-churchgoing men. Sampling among churchgoers suggests that, when men are religiously committed, their beliefs are generally similar to those of women. Studies on gender differences in religious belief would do well to bear this possibility in mind.

The negative correlation of the SUPERNATURAL and SOVEREIGNTY scales with age was an unexpected finding because some studies have suggested an increase in religious commitment (Argue, Johnson, & White, 1999), or belief in spiritual healing (Mansfield *et al.*, 2002; Mitchell, & Weatherly, 2000) with age. In this sample of mostly religiously committed adults, the age relationship with attitude to God's sovereignty perhaps reflects the triumph of experience over youthful enthusiasm. Alternatively, the strong association of healing with the relatively recent Charismatic movement may mean that older people have resisted both changes, though the age effect remained after allowing for charismatic experience.

Education did not have any effect on belief in miraculous healing as such. This is a different finding from Mansfield *et al.* (2002) and may reflect the different samples. They sampled the general population, where religious commitment in general may have been related to education level. Education levels in my sample were varied, but there were more people with experience of higher education than in the population at large. This reflected the location of some of the churches in a university town and near a research establishment. What these results do show is that people with degrees or post-graduate qualifications can and do believe in the possibility of miraculous healing.

In this study, more educated people tended to have less exclusive views about the source of healing, perhaps reflecting the general liberalising effect of education. There was an effect of tradition over and above that of education, and restricting miraculous healing to the Christian God may be a belief that is more closely aligned with conservative attitudes to morality and religious pluralism associated with Evangelical congregations in the Church of England. The negative correlation between the HUMAN scale and education level may have arisen because education makes people more sceptical of those who claim to have a healing ministry.

This study among the more religiously committed has indicated that there are significant differences in belief about miraculous healing even among people within the same denomination, albeit an unusually diverse one. Belief about miraculous healing is a subset of belief about health and well-being in general: it is a multi-dimensional construct that warrants more detailed study among a wider sample of committed Christians. Such beliefs are clearly related to wider attitudes to religion and to the nature and practice of prayer for healing; understanding them can help those who want to promote the Christian healing ministry in mainstream churches.

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