



Prayers and Healing in the Christian Tradition

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Abstract *Receiving whatever one asks for by petitioning God through prayer was established in Christian tradition by statements in the Bible. Prayers for healing from illness are a significant part of this tradition. Scientific proof for the efficacy of prayers in healing is scant. Studies of remote intercessory prayers have failed to demonstrate an advantage to prayed-for patients.*

Key words: prayers, healing, Christian tradition

WCPRR Jul/Oct 2006: 147-151. © 2006 WACP
ISSN: 1932-6270

INTRODUCTION Prayer has many reasons, but the Christian tradition that comes directly from the New Testament often emphasizes asking God for something. Paul states it is 'kosher' to make all sorts of requests: "Be anxious for nothing, but in everything by prayer and supplication, let your requests be known to God" (Phil., 4:6). Among the most common requests are those for self-healing and the healing of others.

DISCUSSION Let's suppose that God-fearing, church-going, hard-working, devout parents pray in Jesus' name for the recovery of their child who is dying of leukemia. What is God supposed to do? The scriptures say, "Whatever things you ask in prayer believing, you will receive" (Matt., 21:22); "Ask, and it will be given to you" (Luke, 11:9); "Whatever you ask the Father in My name He will give you" (John, 16:23).

It would seem that God is obligated to save the child, but, more likely than not, the child will die. One could argue that God can't be expected to honor frivolous requests: "Lord, please don't let the Dodgers baseball team leave Brooklyn" (I tried that one as a child), or "Lord, please let me win the super-lottery" (I tried this one as an adult). But the life of a child hardly seems frivolous. Maybe the parents really didn't have enough faith or say the right words or pray long enough? Malarkey! These are heartless rationalizations. Fortunately for believers, the Bible comes to the rescue because there is another passage (there always is another passage if you search diligently enough) that explains things. When Jesus prayed in the garden of Gethsemane prior to his betrayal and capture, he said: "Father, all things are possible for you. Take this cup away from me, nevertheless, not what I will, but what you will." No one clearly understands what the cup is. It's a red herring; the meat's in the last phrase. God's will takes precedence over a person's will, even if that person is Jesus.

Whatever will be, will be, because whatever happens is God's will, a.k.a. divine providence. Should the dying child recover "miraculously," one can't suppose that the parents' prayers had anything to do with it. Miracles are a human convention and really are exclamations of

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Received July 17, 2006. Accepted September 1, 2006.

wonderment at unexpected changes in the course of events. From a providential perspective, what happens is what is supposed to happen and cannot be unexpected. Jesus couldn't change God's mind, so what chance has a mere mortal? If you ask, the Gospels notwithstanding, you won't necessarily receive unless God already planned for you to receive. But Jesus promised, you might argue. That's between you and him, I would answer.

Would our hypothetical, devout parents have had better luck by taking their sick child to a faith healer? Even the most narcissistic healers do not claim to be gods, at least not publicly, but rather claim to have special spiritual "gifts" that signify an ability to intercede with God or, things get a little murky here, to tap into God's will. MacNutt (1977), who at least tries to discuss the matter seriously, distinguishes between an ordinary Christian's prayer of petition and the gifted healer's prayer of command. The former involves speaking to God while the latter "already knows in some mysterious way the mind of God, and so can speak in his person ... Be healed. Amen. I see it being done ... It is as if the person praying were standing *with* God and speaking for him." Even if we assume that some healers actually do speak for God, they cannot assume God's power to heal, just as a press secretary can speak for the president but cannot assume presidential authority. The special connections of faith healers are either imaginary or gossamer things. The Christian God is not a puppet. Maybe the healers reflect God's will, but so can anyone. It's really quite simple: *whatever* happens must be part of God's plan.

What about those occasions when a disease process actually is changed following prayers for healing? A rational view would be that the timing of the prayer and of the disease change is coincidental. Not all diseases are progressive. In some, such as epilepsy, migraines, gastric ulcers, multiple sclerosis, and manic depressive illness, symptoms may remit for extended periods of time as the disease process become quiescent. Also, medicine has always recognized the rare spontaneous remission of some diseases, especially cancers. In fact, fourteenth-century Saint Peregrine is associated with cancer regression; the cancer in his leg bones supposedly regressed following his prayers and dream of a cure. He was spared an amputation and lived for sixty more years. Spontaneous cures of biological lesions do occur, however, both with and without prayer. Mental illnesses also often get better with or without prayer, although it is difficult to quantify or measure "lesions" in these cases.

Demoralized, sick persons who psychologically give up may accelerate their moment of death, but participation in a prayer-healing ceremony and prayers for healing foster hope and positive feelings that may help persons feel better. This in turn may energize a sick person's natural recuperative powers, perhaps by affecting the immune system or by increasing motivation to participate in a rehabilitation program. Prayers may help but not necessarily through a supernatural process. The only way to disprove the previous statement is to demonstrate that prayers can produce results when the sick person being prayed for has absolutely no knowledge of the event. Even those people who associate with the sick person must be kept in the dark, too, because they might act in a hopeful manner and influence the sick person's psyche. Such an experiment must also clarify if a total cure is the desired result, or perhaps a temporary improvement will do. "Healing" is a very ambiguous term that ranges from slam-dunk dramatic reversals of illness to a drawn-out process of barely perceptible gains.

A small number of prayer-at-a-distance studies have been carried out in which a group of prayed-for patients were compared to a similar group of control patients. The results generally have been negative, with a few equivocal. Studies of 18 leukemic children and of 39 patients with either "chronic stationary or progressively deteriorating psychological or rheumatic disease" demonstrated no advantage either to the prayed-for or control groups (Joyce and Welldon, 1965). Another study found that intercessory prayer by anonymous volunteers did not exert any beneficial effect on the consumption of alcohol by alcoholics (Walker et al, 1997). A poorly

designed, pseudoscientific-experiment popularized in the book *Prayer Can Change Your Life* studied 45 neurotic volunteers who were placed in either a psychotherapy group, a prayer for self-healing group, and a prayer therapy group (Parker and St. John, 1986). The prayer therapy group supposedly showed 72 percent improvement, the psychotherapy group 65 percent; the self-healing prayer group was a washout. Despite the impossibility of sorting out what variables were doing what, the experimenters could only claim a 7 percent advantage to the prayer therapy group. That's not very much to crow about.

Perhaps the best known study (Byrd, 1988), compared a control group (201 patients) with an experimental group (192 patients) who were prayed for by born-again Christians. All the patients were on the coronary care unit of San Francisco General Hospital. A good hospital course was reported for 85 percent of the experimental group and for 73 percent of the controls, and a bad course for 14 percent of the experimental group and for 22 percent of the controls. In addition to the author's religious bias (in the acknowledgements he thanks God for responding to the prayers), there is no information about either the psychological characteristics of the subjects or the treatment practices of the various health care teams. Any of these factors could account for the 12 percent difference in the good course and the 8 percent difference in the bad course. In order for strict scientific requirements to be met, no one involved with the study should have known which patients were in the control and prayed-for groups. However, the coordinator of this study not only knew the names of the patients in each group but also was responsible for keeping detailed records of all the patients. Additionally, the first version of the paper describing the study was returned with a request for a revision by the editor of the journal to which it had been submitted. The selection of criteria about what constituted good or bad hospital courses by the patients was reconstructed by the author after he knew which group each patient was in. Another coronary care unit study (Harris et al, 1999) involved 1013 subjects. Prayed-for patients scored 5 percent better than control patients on a combined scale of clinical variables but mean lengths of stay were identical. In fact, several prayed-for subjects had lengths of stay that were twice as long as any other patient in the study.

Some modern scientists attempt to displace the traditional prayer model with a rational-spiritual one. The new model, explicated in Larry Dossey's *Healing Words* (1993), holds that prayers don't need an external God as an intermediary: "If God is present to some degree in all individuals, the Divine Factor in prayer is internal, not external to everyone." Further, since prayers are inherently infinite in both time and space, they don't go anywhere, and yet they are able to affect not only the present and the future, but also the past!

The underpinning of the new model relies on observations made by physicists working in the bizarre field of quantum theory. I use the word bizarre because quantum physics often overturns the basic concepts of reality on which most people rely. In the quantum world effects don't necessarily need to have a cause; atoms can have either a location or a motion but not both; an observer generates atomic reality and can even influence the past; and alternative worlds exist in parallel to one another. No, quantum physicists are not psychotic, they just seem to be. In any event, the relationship between the quantum world and the world of everyday experience is unclear at best.

Dossey's new model also takes into account a strange experimental literature demonstrating the effect of prayer on fungi, bacteria, yeast, moth larvae, plant seeds, vegetables, enzymes, cells in test tubes, and various physiological tests in rats. He concludes that open-ended invocations such as "Thy will be done" or "Let it be" are prayers that might get results. "They are more like an invitation for prayer's effect to manifest and show up."

I am reminded of Mesmer's displacement of demonic forces by his concept of animal magnetism two centuries ago. Mesmer, however, was able to produce "cures" in humans, while Dossey can

only cite “changes” in seeds, germs, and laboratory rats. Unless a spectacular breakthrough comes along (doubtful), Dossey will have to be content with an interesting book.

The major problems in trying to *prove* anything that involves spirituality or the supernatural are that “god” is a limitless concept, and the human mind-set determines the interpretation of results. Let us suppose that a well-done experiment demonstrates an overwhelmingly high cure rate in a prayed-for group of patients and a low cure rate for a control group. The believer will say that the facts speak for themselves and that prayer works, while the non-believer will say that there must be a rational, scientific explanation, even if such an explanation is not readily apparent as yet. Reverse the results and the non-believer will stand on the facts, while the believer will say that the experiment was flawed, the prayers were not offered properly, God should not be tested, etc. Rational discourse cannot be applied to the supernatural and vice versa.

Control groups are really impossible to establish because one can never really know if unknown persons are praying for the subjects. Patients may pray for themselves and they may be prayed-for by family members or friends or hospital staff. This likely occurs in a large number of patients who should then be transferred to the prayed-for group but, since no one is aware, the patients remain in the control group.

The tension between the rationalist and the supernaturalist is nicely presented in *Divine Healing and Cooperation Between Doctors and Clergy*, a 1956 publication by the British Medical Association. The physician authors reported to the Archbishop’s Commission on Divine Healing that, “We can find no evidence that there is any type of illness cured by ‘spiritual healing’ alone which could not have been cured by medical treatment.” The conclusion of the Commission, however, stated that, “Scientific testing can be a valuable corrective of rash claims that healing, ordinary or extraordinary, has occurred and it may bring to light natural healing virtues in religious rites; but it is idle for the Church, or anyone else, to appeal to science to prove the reality of supernatural power or the truth of theology or metaphysics.”

CONCLUSION In 1883 Francis Galton asked important questions:

“It is asserted by some, that men possess the faculty of obtaining results over which they have little or no direct personal control, by means of devout and earnest prayer, while others doubt the truth of this assertion. The question regards a matter of fact, that has to be determined by observation and not by authority; and it is one that appears to be a very suitable topic for statistical inquiry [...] Are prayers answered or are they not? [...] Do sick persons who pray or are prayed for, recover on the average more rapidly than others?”

Galton tested this problem by comparing the longevity of prayerful people, such as clergy, and prayed-for people, such as kings and queens, with materialistic people such as physicians and lawyers. He discovered that the materialistic group had longer lives and, thus, concluded that prayer does not seem to provide temporal benefits.

Harold Koenig, who has established a Center for Religion and Health at Duke University, claims that prayer has a healing power. Healing is an ambiguous word that can mean anything from a total cure to a perception of feeling better. In personal conversation he has stated that he shies away from studies involving the mentally ill. In fact, the majority of the studies he cites related improvement in medical laboratory tests, such as a reduction in cholesterol levels, with church attendance. No two churches are alike so one might expect differences in findings among Catholics, Baptists, Evangelists, etc. These data are available but Koenig has not published them.

In my opinion, the evidence for the efficacy of prayer in “healing” is still problematic, especially since the mechanism has not yet been explained. Benson describes the mechanism by comparing it with the placebo effect. He reasons that since faith in a medical treatment can be therapeutic in up to ninety percent of common medical problems, then faith in God, “an invincible and infallible

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force carries even more healing power” (Benson, 1996). My own skepticism is covered by the chapter in my book, *PsychoBible*. The chapter is titled “Praise the Lord and Pass the Medication” (Favazza, 2004).

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