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STUDYING THE EFFECTS OF INTERCESSORY PRAYER ON HEALING: A THEOLOGICAL EXAMINATION

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This essay is an exploration of some of the implications for theology and for religious practice that might be drawn from experiments to determine the effects upon the sick of intercessory prayer offered on their behalf by others.

Introduction

In 1982, a San Francisco cardiologist began a clinical trial to test the effectiveness of a certain treatment method on a group of about 393 hospital patients.¹ The study reported to demonstrate empirically that the treatment method was effective. Despite the fact that neither the patients nor their doctors were aware of whether they had received the treatment, thus eliminating the possibility of a placebo effect, patients who received it experienced an easier recovery than a control group of patients who did not. The study, similar to thousands of other medical experiments carried out every year using the same procedures, was different in one significant respect: the treatment method tested was prayer.

Although this is the only significant study on prayer that has been published in a major medical journal, it has raised the possibility that the effectiveness of prayer in healing could be empirically demonstrated. While the link between a patient’s own religious beliefs and practices and his or her potential for recovery has been noted in clinical trials, there is a tacit assumption in the medical literature that this can be attributed to the patient’s mental attitude rather than to intervention by God.² If dozens of scientifically acceptable trials on intercessory prayer produced results similar to those in the San Francisco study, both doctors and theologians would be forced to confront their assumptions about how healing occurs. If prayer is effective whether or not the patient is aware of it, and if this effectiveness can be proven through standard scientific methodology, doctors would be forced to alter radically the way they do business. Theologians and others would then need to consider a number of important questions related to the ways in which this scientific evidence does provide, or can provide, information about God. Obvious questions arise. Does God cure illness? and if so, under what circumstances? However, an empirical study of the effectiveness of prayer could be designed to answer other critical theological questions. An outline for such a study will be described below.

Divine activity and the body

In certain respects, the body is an ideal testing ground for determining the activity of God in the world. The body is the means by which we are intimately connected to the material world, intruding, with its need for food, sleep, or sex, upon what we might sometimes imagine as our more central and spiritual selves. However, although the healing of physical ailments is experienced in this intimate manner, in many cases it is also scientifically verifiable and quantifiable in a way other “religious experiences” are not. Additionally, other sorts of suffering may be alleviated due to human actions (for examples, a donation of money or a proposal of marriage), which complicates the issue of whether God has intervened directly in response to a prayer. The actions of others
do not directly affect illness in this way. Whether we view illness as a punishment from God, a challenge to spiritual growth, or an arbitrary affliction (issues beyond the scope of this essay), our understanding of God’s role in treating illness has wider implications for our comprehension of God’s activities in the world, in general, and of the very nature of God.

History of research

There is a long history of anecdotal evidence for the power of healing prayer, but the idea of studying its effects systematically has attracted little attention from either the medical community or religious healers. An 1872 article by F. Galton first broached the subject, stating that it is a valid topic of inquiry, but indicating that prayer probably is not an effective treatment. Prior to the San Francisco study, only two small trials on the efficacy of prayer had appeared in the medical literature, and neither was considered conclusive.

The San Francisco study, carried out by cardiologist Randolph Byrd, attempted to remedy the problems found in the earlier studies by expanding the group tested and bringing the trial’s conditions into line with standard medical practices. In Byrd’s study, patients admitted to San Francisco General Hospital’s coronary care unit were randomly assigned to receive intercessory prayer, or not to receive it (control group). There were no statistical differences between the two groups at the time of admission. The intercessors, born-again Christians (as designated by Byrd) from local Protestant and Roman Catholic churches, were told to pray daily, outside of the hospital, for the selected patients. The hospital course after admittance—the degree to which the patient improved during the hospital stay—was classified as good, intermediate, or bad, based on an elaborate set of medical criteria. Of the patients in the prayer group, 85% had a good hospital course, 1% had an intermediate hospital course, and 14% had a bad hospital course. Compare to the control group: 73% good, 5% intermediate, and 22% bad. In his analysis of the study, Byrd concluded that these differences were statistically significant and demonstrated that intercessory prayer did indeed have verifiable therapeutic effects.

Since the medical community has opened itself, however tentatively, to a discussion of the verifiable effects of intercessory prayer, every attempt should be made to determine how this topic could be examined aggressively, not simply to determine the best treatment approaches, but to learn answers to critical theological questions.

Designing a study

If enough reputable studies are done that provide empirical evidence for the idea that prayer works in this way, further studies would be called for to pinpoint the effectiveness of particular types of prayer or particular intercessors. In the San Francisco study, only Christians prayed; the prayers of adherents of other traditions would also need to be tested. Atheists could be asked to wish someone well silently, in order to test the effectiveness of positive mental energy (an idea discussed further below). Prayers could be tested by people outside of their tradition: Buddhist intercessors could use Christian prayers, and atheist intercessors could invoke the gods of African indigenous religions. Studies could also be run on the characteristics of effective intercessors—age, gender, degree of religious commitment, etc.—and on the effect of similarities or dissimilarities between patient and intercessor, or possibly even the doctor. The nature of the patient’s illness and the particulars of the recovery would also need to be examined.

The San Francisco study tested standard medical treatment in combination with prayer, against standard medical treatment alone. Additional comparative studies would also need to be run to include prayer as the sole treatment. Christian Scientists, for example, believe that people can heal themselves, or come to the realization that the illness is an illusion, with the aid of a practitioner. (It should be noted that while Christian Scientists have put forward much
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with the patient’s consent—on less serious ailments: for example, a minor infection could be treated with prayer and a placebo, rather than penicillin. Should the effectiveness of prayer alone be demonstrated on these sorts of cases, it could become ethically permissible to test this method on more serious illnesses.

Possible implications of the study

What would the results of such experiments say about the nature of God? Atheists or agnostics could say they mean nothing, unless a method could be developed to determine whether all prayers were working simply because of some sort of positive mental energy communicated by the intercessors (also, of course, impossible to track scientifically). On the other end of the spectrum, adherents of some traditions could argue that such successes reflect not God’s work but Satan’s; or that (if, for example, Buddhist intercessors were more effective than Christians) God is using these experiments to test the faithful, similar to the argument that fossils have been placed by

God to see if Christians will be lured by science into a false belief in evolution. Consequently, anyone using the results of the study would first have to assume the existence of God, and to consider these healings by prayer to be a true reflection of God’s activities.

Assuming these two things, then, theologians could learn from these experiments the following information about God: 1) whether God intervenes directly in the lives of individuals; 2) whether this intervention is consistent and therefore, perhaps, somehow “controllable” by human beings; 3) which religion and/or which group God favors, if any; 4) whether God is more concerned with practice or belief; and 5) whether God favors those who rely only on prayer, or heals as effectively or more effectively when medical science is used to complement it. All of these topics are enormously complex. The following discussion is intended only to give a sample of the sort of information that might be forthcoming as the result of a comprehensive prayer trial.

1. Divine intervention

A successful study of intercessory healing prayer could substantiate claims that God does intervene directly in the lives of individuals with respect to their physical health. This could have far-reaching implications for the discernment of divine intervention in other areas. Similar studies could be set up to test the impact of prayer on natural phenomena such as earthquake or drought, and on more complex situations involving free will—the rehabilitation of criminals, for example. This would clearly be an extremely fertile area for additional study.

2. Human circumscribing of God

Some would suggest that if God responds directly to prayers in a consistent and predictable fashion, the activities of God are somehow under human control: if certain conditions are met, God will auto-
matically respond in the desired manner. Even if God is the one doing the healing, people are the ones who somehow control it by opening up the channels through which it is carried out. However, a number of believers in healing prayer say this is not the case. According to Christian Science founder Mary Baker Eddy, humans are not healed because they ask God to do something and God does it; they merely are given the power to recognize the illusion of illness. Others have argued that God could have willed the prayers as well as the healing.

3. Religious or personal favoritism.

A study of this nature could settle many of the questions relating to God’s attitude towards and support of the various world religions. (In non-theistic belief systems, this relationship would be conceived of differently; for the sake of simplicity, “God” is used here.) If God answers the prayers of Jews but not of Christians, or vice versa, this would be an indication that one of these groups is on a more correct path. If, on the other hand, all prayers are answered with equal results, this could indicate that the differences between the world religions are insignificant—from God’s perspective. The results could also indicate that God pays attention to the prayers of certain individuals regardless of religion; the reasons for which God might grant favor to these individuals would have to be explored.

4. Practice vs. belief

If, for example, an atheist patient is prayed for by an atheist intercessor using a Christian prayer, and recovers better than a Christian patient who is not prayed for at all, this could indicate that God is more concerned with the performance of religious rituals than an individual’s beliefs. Given the stress of western Christianity on experiencing God personally, this could lead to a radical change in our views of the relative importance of these facets of religion. In some respects, God could then be viewed as the ancient Roman deities were, requiring acts of devotion rather than spiritual or intellectual commitment.

5. Degree of dependence

Another intriguing issue relates to the degree to which God intends people to rely directly on divine intervention in healing. There are three possibilities. A) If prayer alone is more effective than prayer in conjunction with standard medical treatment, God may be seen as rewarding those with a greater degree of dependence. Trust in God alone, to the exclusion of medical science, would then be given an extremely high value. However, a test of this sort would be skewed by the fact that the patient is unaware she is depending on God alone. B) If the two methods are similarly effective, God could be understood to be acting through both prayer and medical science. C) If prayer and medicine used together are more effective than either used separately, God may be encouraging people not to rely on prayer alone, but to look to their own abilities and talents in solving problems.

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Reliance only on prayer could be viewed as testing God rather than trusting God.

Conclusion

For many people, even those who believe in the power of prayer, experiments such as these may seem to be ridiculous or even sacrilegious. To attempt to quantify God’s activity in the world using mere human tools and methods, however “scientifically sophisticated,” may be perceived as inane. The above list of information, that could be yielded by healing prayer trials may read like a parody of both good science and good theology. Indeed, the medical journal articles on the subject, with titles such as “Positive Therapeutic Effects of
Intercessory Prayer in a Coronary Care Unit Population,” have a surreal ring, and seem to conflate oddly the authority of medical science and the authority of God. For some, God is absolute mystery, radically unknowable; the San Francisco study is a fluke, and no comprehensive study such as the one suggested in this paper could ever yield intelligible or useful results, and those who believe otherwise are simply delusional. For others, carrying out experiments such as these demonstrates a lack of faith in God or sheer presumptuousness. They may believe in God’s direct healing activities but also deem it inappropriate to test God in this way.

Nevertheless, many people have argued that the healing that God does in response to prayer is both real and reliable, and have put forth supporting reports. The Byrd study has been widely cited in the popular press and among the clergy, although usually without the precise statistics. (Byrd himself notes the relatively small differences in recovery evaluations between the prayer group and the control group, but says they may result from the fact that intercessors outside the study—such as family and friends—may have prayed for members of the control group.) If the effects of prayer are, in fact, real and reliable, they should be tested; and if the tests generate scientifically verifiable results, these should be used as a scientific basis for theological inquiry. If no scientifically verifiable information is yielded, believers, although they may still argue for the efficacy of prayer in healing, must acknowledge that it is not a consistent phenomenon. If religions are to use science as a confirmation of their beliefs, they must be willing to operate on science’s own terms, exploring all of the things that science can teach them, and carefully considering the consequences of those results.

**Works cited:**


**Endnotes:**

1See Byrd.
2See Marwick; Kowey, Friehling, and Marinchak.
3See Roland.
4See Joyce and Welldon; Colipp.
5See Rosner
6See Gottshalk.
7See Eddy.
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This essay was awarded an Honorable Mention.