

Spiritual Forms of Creating Health and Healing: Do They Work?

Donald Miller, Pharm.D.

Professor of Pharmacy Practice, NDSU

Background

Case Study

- You know a person who has terminal lung cancer. When you ask about how they are coping with this diagnosis she says she and her husband rely upon their faith. They appreciate that their friends are actively praying for them, and their pastor visits regularly.
- Does faith or spirituality really make a difference? A difference in what?
- Can simply attending church keep you healthier?

Relevance of Spiritual Approaches

- Conceptions of full health include more than physical health but include mental, emotional, social, environmental, and spiritual health.
- Spiritual approaches to disease bring great comfort to many and help them cope with illness. All religions seek meaning in life and illness.
- Therefore a holistic view of health must consider spirituality as an aspect complementary to mainstream medicine that we should understand.
- In many medical traditions (e.g. Ayurveda, American Indian), the spiritual is impossible to distinguish from physical approaches to health and healing.
- All societies and cultures use religious/spiritual forms of healing, even though their specific beliefs differ.

Defining Spiritual Therapies

- This is a broad area to define, but for today will include any form of intervention or belief that invokes assistance from a deity or “higher power”, rather than a human intervention or a natural physical force.
- We need not make judgements about the existence of, or any particular conception of God in order to consider whether explicit appeals to a higher power actually influence health outcomes.
- We will look at whether participation in religious activity in itself, as well as invocation of a higher power, is related to better health.

Spirituality

- Spirituality is a very hard concept to define. Some people self-identify as being spiritual but not religious. This generally means they believe in a “higher power” (a spirit or divine power) and often feel a personal relationship with the divine, but do not participate in an organized religion or religious ritual.
- “A sense of transcendence beyond one’s immediate circumstances... purpose and meaning in life, reliance on inner resources, and a sense of within person integration or connectedness.”
- Spirituality transcends specific religious beliefs. Spirituality is considered by many an essential part of the human experience that encompasses religious and nonreligious perspectives. Some may find it through a connection to nature, music and the arts, a set of values, or a quest for scientific truth. <http://www.aafp.org/afp/2001/0101/p81.html>
- **These definitions are all vague and the ambiguity makes it difficult to study the effects of spirituality on health.**

Religiosity

- Religiosity is also difficult to define, as it overlaps with spirituality, but is broadly about religious orientations and involvement, and is thus more measurable. It includes experiential, ritualistic, ideological, intellectual, creedal, communal, doctrinal, moral, and cultural dimensions.
<https://en.wikipedia.org/wiki/Religiosity>
- Religion is *a social institution in which a group of people participate, and a set of doctrines*, rather than an individual search for meaning. As such religion is more about systems of practices and beliefs within which a social group engage.
- Most dimensions of religiosity are correlated, meaning people who often attend church services (practice dimension) are also likely to score highly on the belief and spirituality dimensions.
- People's religious ideas are fragmented, loosely connected, inconsistent, and context dependent, like in all other domains of culture and in life. The beliefs, affiliations, and behaviors of any individual are complex activities that have many sources, including culture.

Commonalities Among the Concepts

- Nearly all religions attempt to find meaning in life through a sense of meaning, transcendence, and connection to the truth and the sacred, whether it is a connection to a personal deity or a general connection to the universe.
- Religiosity is typically intended to be directed toward the *induction* of spirituality.
- Finding a sense of meaning is strongly associated with happiness <https://positivepsychologyprogram.com/perma-model/> so it is not surprising that practicing any religion can therefore increase health and happiness.

Testable Aspects of Religious/Spiritually Related Health

- **Mere membership and attendance at services or rituals (religiosity)**
- **Measures of general spirituality/religiosity**
 - Studying and measuring the above requires no appeal to extraordinary mechanisms, but likely just quantifies the effect of social, psychological, and physiological mechanisms.
- **Prayer (and recitations, mantras or related approaches)**
 - **Intercessory prayer**
- **Faith Healing**
 - The above *imply* a supernatural explanation of efficacy, although they may work through other means.

Religious Membership and Attendance

- A longitudinal study of 144 nuns matched to 138 lay women followed them for 30 years. Lay women had a substantial increase in systolic and diastolic BP, versus no change among the nuns (Blood Press 1997;6:81-7).
- A very large study by Li et al (JAMA Intern Med 2016;176:777-85) examined attendance at religious services from 1992 through June 2012, by a self-reported question asked of 74,534 women in the Nurses' Health Study who were free of cardiovascular disease and cancer at baseline.
 - Among the 74,534 participants, there were 13,537 deaths, including 2721 cardiovascular deaths and 4479 cancer deaths. **After multivariable adjustment for major lifestyle factors, risk factors, and attendance at religious services in 1992, attending a religious service more than once per week was associated with 33% lower all-cause mortality compared with women who had never attended religious services ($P < 0.001$).**
 - Depressive symptoms, smoking, social support, and optimism were potentially important mediators (e.g, social support explained 23% of the effect [$P = .003$], depressive symptoms explained 11% [$P < .001$], smoking explained 22% [$P < .001$], and optimism explained 9% [$P < .001$])

Attendance at Religious Services

- A prospective study of 5286 people in California followed persons for 28 years and examined relationships between attendance at church or synagogue and other behaviors and relationships.
- Frequent attenders had 36% lower mortality than infrequent attenders (HR = 0.64).
- Compared to infrequent attenders, subjects who reported weekly attendance were less likely to be smokers (74 vs 53%), to not drink heavily (92 vs 84%), to have a medical check-up in the last year (58 vs 50%), and more likely to see 3 or more friends or relatives monthly (68 vs 73%). Frequent attenders were more likely to stop smoking, increase exercise, have frequent social contact, and stay married.
- Thus religious attendance is highly correlated with positive social factors. Adjustment for these factors attenuated but did not eliminate the difference in mortality.

Attendance at Religious Services

- Another study used respondents (N = 18,370) aged 50 and older to the U.S. Health and Retirement Study who were interviewed in 2004 and followed for all-cause mortality to 2014. Exposure variables were religious attendance, importance, and affiliation. Other social determinants of health included gender, race/ethnicity, education, household income, and net worth measured at baseline. Confounders included physical and mental health. Health behaviors and social ties were included as potential explanatory variables.
- After adjustment for confounders, attendance at religious services had a dose-response relationship with mortality, such that respondents who attended frequently had a 40% lower hazard of mortality compared with those who never attended. Those for whom religion was “very important” had a 4% *higher* hazard (HR = 1.04, 95% CI 1.01–1.07); religious *affiliation* was not associated with risk of mortality.
- The negative effect of religious importance could reflect illness, physical decline, and a resulting need for comfort or consolation.
- Thus religious belief and activity is a complex social determinant of health (*PLOS One* 2017; 12:e0189134. <https://doi.org/10.1371/journal.pone.0189134>).

Attendance at Religious Services

- In a sample of 4,000 older adults followed for six years,[7](#) the effect was similar and was strongest in women.
- A survey[8](#) of more than 20,000 Americans found that whites who attended religious services regularly lived an average of seven years longer than those who did not, and blacks who attended regularly lived an average of 14 years longer than those who did not. After controlling for multiple covariates and explanatory factors, the risk of dying during the eight-year follow-up was 50 percent higher in persons who never attended religious services than for those who attend more than once per week.
- Lutgendorf and colleagues[9](#) prospectively examined religious attendance and interleukin-6 (IL-6) levels as they relate to mortality rates in 557 older adults. After controlling for multiple covariates and explanatory factors, frequent attendance of religious services reduced the risk of dying in the six-year follow-up period by 78 percent compared with nonattendance; this finding seemed to be mediated by decreased serum IL-6 levels, which replicated earlier findings.[10](#) High IL-6 levels are an indicator of immune system dysfunction and thus provide a possible biologic mechanism by which religious attendance may influence physical health.

More on Religious Involvement

- Although attendance at services is the most powerful predictor of health related to religion, it is not the only variable that predicts health outcomes. Studies^{[11](#)–[18](#)} show a connection between mental health, social health, quality of life, positive health behaviors, disease screening, continuity of care, surgical complications, use of health services, etc., and positive human traits (e.g., forgiveness, gratitude, meaning and purpose, optimism and hope, altruism). The physical health benefits of religion make sense given what is known about the effects of negative emotions on health outcomes and quality of life.
- Although studies that report **negative associations** between religion and health are not nearly as common as those with positive findings, studies have found associations between religion and obsessive-compulsive disorder in persons living in Italy,^{[19](#)} an increased risk of breast cancer among women raised in religious homes in California,^{[20](#)} poorer control of diabetes in Muslims in Leeds (U.K.),^{[21](#)} and reduced survival rates after hospital discharge among patients with religious struggles in North Carolina.^{[22](#)}
- Religion has been associated with poorer health in people who strongly believe in a harsh and punishing god. Religion involves some of the most deeply and passionately held human beliefs, and it should not be surprising that these beliefs affect health.

Religion and Suicide

- Many papers have been published on this as well, but the literature is not clear cut. This may be because both religion and suicide (ideation, attempts, completed suicide) are complex constructs.
- A 2016 review article found a generally lower risk of suicide with high religious attendance, but the association is weak after adjustment for social support and social functioning as confounders.
- Whether religious affiliation protects against suicide attempts may depend on the culture-specific implications of affiliating with a particular religion, since minority religious groups can feel socially isolated.

Religion and Models of Health and Happiness

- The PERMA model is :
 - **P**ositive Emotion – optimism, pleasure and enjoyment in life
 - **E**ngagement – fulfilling work and interesting hobbies
 - **R**elationships – social relationships, love, support
 - **M**eaning – having a purpose in life
 - **A**ccomplishments – achievements, ambition, pride in work
- Religion/spirituality obviously builds meaning, self-control, coping skills, social capital, and positive emotion, and so logically should correlate with health. <https://positivepsychologyprogram.com/perma-model>
- Supported by findings that belief in a harsh and punishing God does not correlate with good health.

Religiosity, Spirituality, and Depression

- Over a 10-year period among 114 adults, those who reported that *religion or spirituality was highly important to them* had about one-fourth the risk of experiencing major depression compared with other participants.
 - Religious attendance and denomination did not significantly predict this outcome.
 - The effect was most pronounced among offspring at high risk for depression by virtue of having a depressed parent; in this group, those who reported a high importance of religion or spirituality had about one-tenth the risk of experiencing major depression between years 10 and 20 compared with those who did not. The protective effect was found primarily against recurrence rather than onset of depression.

Spirituality and Pain Control

- The psychological meaning that people assign to a physical pain signal will determine whether they simply feel pain or experience suffering. Suffering results from the meaning or interpretation the brain assigns to the pain signal.
- Pain may be better controlled in patients who use cognitive strategies for coping with pain, such as mindfulness meditation, that detach themselves from the experience of pain. Prayer can be a strategy that generally improves quality of life in chronic illness.
- <https://www.practicalpainmanagement.com/treatments/psychological/spirituality-assessments-interventions-pain-medicine?page=0,1>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4768565/>

Spirituality and Pain Control

- We studied a consecutive sample of 50 Sickle Cell Disease outpatients and found that church attendance was significantly associated with measures of pain. Attending church once or more per week was associated with the lowest scores on pain measures. These findings were maintained after controlling for age, gender, and disease severity. Prayer/Bible study and intrinsic religiosity were not significantly related to pain.
- We conclude that religious involvement likely plays a significant role in modulating the pain experience of African American patients with SCD and may be an important factor for future study in other populations of chronically ill pain sufferers.

Spirituality and Pain Control

- Researchers gathered information from 61 patients seeking treatment at a pain management center. Most of patient were Caucasian women with fibromyalgia, arthritis, post surgical, and carpal tunnel pain. Patients provided a wide array of demographic data, 51 percent indicated that they were *moderately religious* and 30 percent reported that they were *very religious*. The participants also completed questionnaires concerning how pain, affected their lives, how they coped with the pain, the role and functional of religious faith and practice in their lives, their general mood, and outcomes related to their coping process.
- Religious and nonreligious coping were moderately related to pain outcomes after accounting for the influence of demographic variables. More specifically, the positive religious coping items were correlated with increased positive affects and a strengthening of religious faith and practice. Religious coping efforts were more helpful than nonreligious coping.

Prayer

- To ask God earnestly, to beseech, implore.
- At its most basic level, it is the manifestation of hope in human beings, our ability to say that we don't know everything, that there is something or someone larger and wiser than we are that can guide our lives. http://1stholistic.com/Prayer/hol_prayer_what_is.htm

Evidence of Efficacy for Prayer

- “Prayer has been used as a healing tool for centuries. And now, the scientists have proof that it really does work”.
 - New York Jets defensive end Dennis Byrd is paralyzed after breaking his neck during a football game, and doctors tell him he will never walk again — yet today he does.
 - A clinical psychologist in California is diagnosed with non-Hodgkin's lymphoma; the cancer spreads even after surgery, but months later a CAT scan shows no evidence of disease.
 - A 10-month-old boy is dying of pneumonia after undergoing a liver transplant; doctors give him just two days to live — yet within 24 hours, his fever is gone and he is on the path toward full recovery.
- The football player, the psychologist, and the child have something in common that explains their recovery against all odds. In each case, while medical care certainly played a role, ultimately it was prayer that brought their remarkable recovery.
- Invoking divine intervention has been a standard approach to healing across cultures for thousands of years. Medical researchers, reluctant until recently to acknowledge a link between faith and recovery, are now concluding that, indeed, praying may make sick people better. A team at the National Institutes of Health (NIH) reviewed more than 250 studies published since the 19th century and found a positive connection between prayer and healing for nearly every kind of cancer, cardiovascular disease, hypertension, colitis, and enteritis.

http://1stholistic.com/Prayer/hol_prayer_intro.htm

Prayer

- “There is ample proof that prayer works. Many scientific studies have been conducted that validate this observation”.
- A 1993 Israeli survey following 10,000 civil servants for 26 years found that Orthodox Jews were less likely to die of cardiovascular problems than "nonbelievers." And a 1995 study from Dartmouth College in Hanover, N.H., monitoring 250 people after open-heart surgery concluded that those who had religious connections and social support were 12 times less likely to die than those who had none.
- In an attempt to understand the depression that often accompanies hospitalization, Duke University researchers assessed 1,000 hospital patients from 1987 to 1989; patients who drew on religious practices, including prayer, were found to cope far better than those who didn't.
- The University of New Mexico in Albuquerque is studying the power of prayer to heal alcoholics. And there is a prayer-and-healing study in progress at Bastyr University in Seattle, Washington, the nation's leading naturopathic-training institute. Certainly, following a spiritual or religious lifestyle might lead to better health; the devout may be less likely to succumb to the hazards of smoking, drinking, and sleeping around.

http://1stholistic.com/Prayer/hol_prayer_proof.htm

Mantras and Prayer

- Dr. Herbert Benson of Harvard University and author of 'Relaxation Response' conducted experiments to determine efficacy of prayer or mantra. He taught people to meditate using the word *one* or any other phrase they felt comfortable. He studied Christians and Jews who pray regularly. He asked Catholics to use their mantra phrases such as, "*Hail Mary, full of grace*" or use the *Jesus Prayer*. Jews used the peace greeting, "*Shalom*" or "*Echad*," meaning *one*. Protestants used the first line of the Lord's Prayer, "*Our father, who art in heaven,*" or "*Lord is my shepherd,*" the opening of the twenty-third psalm.
- Initially, all these mantras worked equally well in invoking the relaxation response and stimulating the healthful physiological changes in the body as a result of it. But Benson also found *that those who used the word one or similar simple phrases that had no particular spiritual meaning did not stick with the program whereas those who used prayers continued because of their belief*. It has also been shown that to be effective, the person using the prayer or mantra has to have an unqualified faith (intrinsic belief) that it will work. Thus, belief may be needed before the full benefits of spiritual healing can be realized. http://1stholistic.com/Prayer/hol_spiritual_healing.htm
- So apart from any intervention from a deity, *prayer* probably acts to relax, comfort and reassure a person in the same way that meditation, mantra recital, and other mind-body techniques do.

Islamic Prayers/Recitations

The Effect of Holy Qur'an Recitation on Depressive Symptoms in Hemodialysis Patients: A Randomized Clinical Trial. J Relig Health. 2017 Feb;56(1):345-354

Patients with advanced renal failure often face considerable sociopsychological stress as a result of lifestyle changes due to the disease and its treatment. The aim of the present study is to examine the effect of the Holy Qur'an recitation on depressive symptoms in hemodialysis patients. In this clinical trial, 54 hemodialysis patients were randomized to either an experimental (n = 27) or a control (n = 27) group. Patients completed the Beck Depression Inventory-II (BDI-II) at baseline and at 1 month after the intervention.

Participants in the experimental group listened to recitation of the Holy Qur'an, while those in the control group received no intervention. The mean BDI-II score at baseline was 33.6 (± 6.7) for the experimental group and 29.3 (± 9.0) for the control group; at the end of treatment, BDI-II scores in the experimental and control groups were 14.5 (± 4.8) and 31.6 (± 9.2), respectively. Results from the repeated-measures general linear model controlling for baseline differences indicated a significant treatment effect ($p = 0.004$). Holy Qur'an recitation has a significant effect on lowering depressive symptoms in hemodialysis patients. Holy Qur'an recitation is an easy-to-implement and cost-effective strategy that may be used to supplement the treatment of depression in this setting in Iran.

How Does Prayer Work?

- While the most obvious explanation is that God listens to and acts upon prayers, some new age Hindu proponents have invoked quantum mechanics to explain how human consciousness can control physical reality (the idea of “non-local activity of consciousness”). This may be a misinterpretation of wave-particle duality.
 - Popular literature often says that quantum mechanics find an object is either a particle or a wave, depending on what you measure. Since measurement is an act of human consciousness, then thought processes determine reality, and reality is subject to human thought.
 - In reality, all experiments detect particles (or quanta). There is not a dual reality in which one reality is transformed into another by the act of measurement or human thought. In addition, quantum mechanics applies only to subatomic particles, not the macroscopic scale of human experience (BMJ 2004;329:1444-6).
- Prayer activates different brain regions depending on the type of prayer. It can increase brain levels of serotonin and endorphins. Thus prayer may essentially activate reward centers in the brain and help one cope with illness like meditation and other cognitive-behavioral therapies.
<https://www.medicalnewstoday.com/articles/322539.php>

Intercessory Prayer (praying for the health of another)

- “In one of the most widely publicized studies of the effect of intercessory prayer, cardiologist Randolph Byrd studied 393 patients admitted to the coronary-care unit at San Francisco General Hospital. Some were prayed for by home-prayer groups, others were not. All the men and women got usual medical care. In this randomized, double-blind study, neither the doctors and nurses nor the patients knew who would be the object of prayer”. (South Med J 1988;81:826-9)
- The results were dramatic and surprised many scientists. The men and women whose medical care was supplemented with prayer needed fewer drugs and spent less time on ventilators. They also fared better overall than their counterparts who received medical care but nothing more. The prayed-for patients were:
 - Significantly less likely to require antibiotics (3 patients versus 16)
 - Significantly less likely to develop pulmonary edema-a condition in which the lungs fill with fluid because the heart cannot pump properly (6 versus 18).
 - Significantly less likely to require insertion of a tube into the throat to assist breathing (0 versus 12).
 - Less likely to die (but this difference was not statistically significant).
 - But average length of hospital stay was not different. Only six positive outcomes amongst 26 specific problem conditions.
- The citation below goes on to claim (with no references) that prayer also consistently affects the activity of enzymes, mutation rates of bacteria, etc. http://1stholistic.com/Prayer/hol_prayer_proof.htm

Intercessory Prayer

A randomized, controlled trial of the effects of remote, intercessory prayer on outcomes in patients admitted to the coronary care unit. Arch Intern Med. 1999 Oct 25;159(19):2273-8.

OBJECTIVE: To determine whether remote, intercessory prayer for hospitalized, cardiac patients will reduce overall adverse events and length of stay.

DESIGN: Randomized, controlled, double-blind, prospective, parallel-group trial at a private, university-associated hospital.

PATIENTS: Nine hundred ninety consecutive patients who were newly admitted to the coronary care unit (CCU).

INTERVENTION: At the time of admission, patients were randomized to receive remote, intercessory prayer (prayer group) or not (usual care group). The first names of patients in the prayer group were given to a team of outside intercessors who prayed for them daily for 4 weeks. Patients were unaware that they were being prayed for, and the intercessors did not know and never met the patients.

MAIN OUTCOME MEASURES: The medical course from CCU admission to hospital discharge was summarized in a CCU course score derived from blinded, retrospective chart review.

RESULTS: Compared with the usual care group (n = 524), the prayer group (n = 466) had lower mean +/- SEM weighted (6.35 +/- 0.26 vs 7.13 +/- 0.27; P=.04) and unweighted (2.7 +/- 0.1 vs 3.0 +/- 0.1; P=.04) CCU course scores. Lengths of CCU and hospital stays were not different.

CONCLUSIONS: Remote, intercessory prayer was associated with lower CCU course scores. This result suggests that prayer may be an effective adjunct to standard medical care.

Intercessory Prayer

- A 3-year study of 750 patients in nine hospitals employed 12 prayer groups from around the world, including lay and monastic Christians, Muslims, and Buddhists. Names of patients awaiting angioplasty for CAD were randomly sent to a prayer group which prayed for complete recovery of the patient. The trial was double-blinded. No significant differences in outcomes were found (BMJ 2004;329:1444-6).
- <http://www.is-there-a-god.info/life/ipstudies/> Through 2010, 21 studies listed, 14 positive and 7 negative. Three reviews found the overall impact of prayer was positive, whereas 2 found no overall effect.
- Another summary at https://en.wikipedia.org/wiki/Studies_on_intercessory_prayer

Intercessory Prayer

The efficacy of "distant healing": a systematic review of randomized trials. Ann Intern Med. 2000 Jun 6;132(11):903-10.

PURPOSE: To conduct a systematic review of the available data on the efficacy of any form of "distant healing" (prayer, mental healing, Therapeutic Touch, or spiritual healing) as treatment for any medical condition.

DATA SOURCES: Studies were identified by an electronic search of the MEDLINE, PsychLIT, EMBASE, CISCOP, and Cochrane Library databases from their inception to the end of 1999 and by contact with researchers in the field.

STUDY SELECTION: Studies with the following features were included: random assignment, placebo or other adequate control, publication in peer-reviewed journals, clinical (rather than experimental) investigations, and use of human participants.

DATA SYNTHESIS: A total of 23 trials involving 2774 patients met the inclusion criteria and were analyzed. Heterogeneity of the studies precluded a formal meta-analysis. Of the trials, 5 examined prayer as the distant healing intervention, 11 assessed noncontact Therapeutic Touch, and 7 examined other forms of distant healing. Of the 23 studies, 13 (57%) yielded statistically significant treatment effects, 9 showed no effect over control interventions, and 1 showed a negative effect.

CONCLUSIONS: The methodologic limitations of several studies make it difficult to draw definitive conclusions about the efficacy of distant healing. However, given that approximately 57% of trials showed a positive treatment effect, the evidence thus far merits further study.

Retroactive Prayer

- Prayer done for 3393 adult patients AFTER they left the hospital apparently reduced the length of hospital stay and duration of fever from bloodstream infections (BMJ 2001;323:1450-1) *although it was presented in a light hearted way to illustrate apparently chance findings.*
- Mortality was 28.1% in the intervention group and 30.2% in the control group (p=0.4), length of hospital stay and duration of fever were shorter in the intervention group.

Criticisms of Prayer Studies

- Pro-prayer:
 - RCT approach is too artificial and does not reflect how people really pray.
 - Most patients in the studies were probably being prayed for by family/friends anyway, thus little additional effect could be expected from additional prayer.
- Skeptical
 - Possible publication bias.
 - The most methodologically rigorous studies failed to produce significant findings for actual healing of disease.
 - Does a perfect God who already has a plan for everyone really change his plans when imperfect humans ask Him to? Does God need reminders to help and comfort His followers?
 - The positive effects observed are very small. If God regularly intervenes to make a difference (performing miracles) the observed effects should be more dramatic.

<https://sciencebasedmedicine.org/the-power-of-faith-and-prayer/>
<http://www.gpposner.com/prayerstudyinprog.html>

Faith Healing

- Faith healing is the practice of prayer and gestures (such as laying on of hands) that are claimed to elicit divine intervention in spiritual and physical healing, especially the in charismatic/Pentecostal Christian churches. Believers assert that the healing of disease and disability can be brought about by religious faith through prayer and/or other rituals that, according to adherents, stimulate a divine presence and power. https://en.wikipedia.org/wiki/Faith_healing
- Undoubtedly, a strong but temporary placebo effect may be elicited in true believers.
- Miraculous cures are often claimed. However, Louis Rose, a British psychiatrist, investigated hundreds of alleged faith-healing cures. As his interest became well known, he received communications from healers and patients throughout the world. He sent each correspondent a questionnaire and sought corroborating information from physicians. In *Faith Healing* [Penguin Books 1971], he concluded, "I have been unsuccessful. After nearly twenty years of work I have yet to find one 'miracle cure'; and without that (or, alternatively, massive statistics which others must provide) I cannot be convinced of the efficacy of what is commonly termed faith healing."
<https://www.quackwatch.org/01QuackeryRelatedTopics/faith.html>

Faith Healing

- Skeptics of faith healers point to fraudulent practices either in the healings themselves (such as plants in the audience with fake illnesses), or concurrent with the healing work supposedly taking place and claim that faith healing is a quack practice in which the "healers" use well known non-supernatural illusions to exploit credulous people in order to obtain their gratitude, confidence and money.
- James Randi's *The Faith Healers* investigates Christian evangelists such as Peter Popoff, who claimed to heal sick people on stage in front of an audience. Popoff pretended to know private details about participants' lives by receiving radio transmissions from his wife who was off-stage and had gathered information from audience members prior to the show. According to this book, many of the leading modern evangelistic healers have engaged in deception and fraud. The book also questioned how faith healers use funds that were sent to them for specific purposes.

https://en.wikipedia.org/wiki/Faith_healing

<https://www.quackwatch.org/01QuackeryRelatedTopics/faith.html>

Christian Science

- A number of religious sects favor prayer over medical care. Christian Science is probably the best known of these groups and is the only form of faith healing that is deductible as a medical expense for federal income tax purposes. Christian Science contends that illness is an illusion caused by faulty beliefs, and that prayer heals by replacing bad thoughts with good ones. Christian Science practitioners work by trying to argue the sick thoughts out of the person's mind. Consultations can take place in person, by telephone, or even by mail. Individuals may also be able to attain correct beliefs by themselves through prayer or mental concentration. "You can Heal," a pamphlet of the Christian Science Publishing Society, states that "every student of Christian Science has the God-given ability to heal the sick." Two weeks of class instruction are required to become a practitioner.
- The weekly magazine *Christian Science Sentinel* publishes several "testimonies" in each issue. To be considered for publication, an account must be "verified" by three individuals who "can vouch for the integrity of the testifier or know of the healing." Believers have claimed that prayer has brought about recovery from anemia, arthritis, blood poisoning, corns, deafness, defective speech, multiple sclerosis, skin rashes, total body paralysis, visual difficulties, and various injuries. Most of these accounts contain little detail, and many of the diagnoses were made without medical consultation.
- A study suggests that devout Christian Scientists, who rarely consult doctors, pay a high price for avoiding medical care. The study compared alumni records from Principia College, a Christian Science school in Elmhurst, Illinois, with records from the University of Kansas in Lawrence, Kansas, and published his findings in the *Journal of the American Medical Association*. Even though Christian Science tenets forbid the use of alcohol and tobacco, the death rates among those who had graduated from Principia between 1934 and 1948 were higher than those of their University of Kansas counterparts—26.2% vs. 20.9% in men, and 11.3% vs. 9.9% in women. A subsequent study comparing the mortality of Christian Scientists and Seventh-day Adventists (who also are admonished to abstain from cigarettes and alcohol) found even greater differences.

<https://www.quackwatch.org/01QuackeryRelatedTopics/faith.html>

Legal Aspects of Spiritual Healing

- Is it legal to use religious practices alone, while avoiding mainstream medical care?
 - Adults have full freedom to use any legal form of therapy, and to refuse medical care.
 - Children are protected by state welfare laws against abuse and neglect.
 - Thirty-four states have religious exemptions which allow parents to avoid medical care for children if care conflicts with religious belief (Minnesota has an exemption, ND does not).
 - While it is rare for a conflict to occur, the decision to charge parents with neglect in exemption states would depend on the specific circumstances, as well as the exact wording of the neglect and the exemption statutes.

Pastoral Medicine??

- One can get a credential in pastoral medicine, but what does that mean?
- <https://www.npr.org/sections/health-shots/2016/04/25/475165193/pastoral-medicine-credentials-raise-questions-in-texas>

Conclusions/Recommendations

- Since spirituality is a part of most people's lives, and is considered a part of holistic health, we should understand the role it plays in health and healing. Spirituality is used to help explain and cope with illness in all cultures.
- Spirituality and religious participation are factors influencing health behavior, social support, and adaptation to illness. They are clearly associated with positive effects on physical and mental health, and quality of life.
- Although data may not convince a person one way or another, the effects of intercessory prayer have not been demonstrated in any definitive way, and faith healing is often fraudulent or at least exaggerated in its claims.
- Cross-religion comparisons are not available, but might be interesting to distinguish whether all faiths are equally beneficial or a belief in one true deity is relevant.