

11-25-2002

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Recommended Citation

Ullman, Doris (2002) "Prayer and Faith, Health and Healing: Reflections of a Family Physician," *Consensus*: Vol. 28 : Iss. 2 , Article 3.
Available at: <http://scholars.wlu.ca/consensus/vol28/iss2/3>

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Prayer and Faith, Health and Healing: Reflections of a Family Physician

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Is prayer and faith helpful in healing? The connection between religious beliefs and health has always interested me, but it has not always been a clear or understandable one. In my work as a family doctor and my life as a Christian, I have certainly seen my share of healthy sinners as well as very sick saints. Life does not seem fair in some of these cases, but there is a palpable difference between religious and non-religious people when they are faced with a crisis in their health. They differ in how they view themselves and their illness, and how they cope with their situation. This difference is seen in a story that I recently came across about a woman named Mrs. Bernard.

Religion, Illness and Mrs. Bernard

Harold Koenig, in *Is Religion Good for Your Health?*,¹ tells the story of Mrs. Bernard, a patient who was referred to the psychiatrist. She had been admitted to the hospital four weeks previously because of a hip fracture. Her hospital stay had been prolonged by a lung infection and other complications. The surgeon had made a referral to the psychiatrist because he was concerned about Mrs. Bernard's coping after her discharge the following day. She faced not only her new physical challenges but also had many recent losses. Mrs. Bernard had lost her only son in a tragic car accident six months earlier. Not long after that, her husband had died suddenly from a stroke. While attending her husband's funeral, she slipped on the ice and fractured her hip.

When the psychiatrist walked into Mrs. Bernard's room, he found her reading her Bible. Mrs. Bernard welcomed the psychiatrist in a warm friendly manner. He shared the concerns of the surgeon about how she was handling the stress in her life. Mrs. Bernard openly talked about her husband and son and admitted being sad over their loss. However, she was thankful she still had a loving daughter and was planning to move nearer to her after she was finished with her rehabilitation.

Initially, the psychiatrist believed Mrs. Bernard might be in denial. (A state of denial occurs when the mind pushes stressful experiences out of consciousness. Denial can often help people to cope with severe stress in the short term. However, if a person remains in denial, they will become emotionally, and even mentally ill.) As the psychiatrist spoke longer with Mrs. Bernard, he came to realize that she was not in denial at all. She was thinking quite rationally and seemed to be handling the stress very well.

The psychiatrist was curious. He asked: "Mrs. Bernard, all things considered, you seem to be handling things fairly well despite these painful losses in your life. Most people would be pretty upset about all this. But you seem calm and accepting. What is your secret? What enables you to cope the way you do?"² Picking up her Bible, she said: "This is what helps me. Whenever I get to feeling sad and blue, I pick up my Bible and begin reading it, and somehow this calms me. ... It's the most important thing that's kept me going. When I wake up at night and feel alone or afraid, I read my Bible or talk to God. He's always there, even when my family and friends are not."³

In my years as a family doctor, I have cared for many patients like Mrs. Bernard. Some were facing a severe medical illness. Others faced a personal crisis. For others yet, it was the death of a loved one or their own death that confronted them. Many of these people talked with me about using some type of religious activity to help them make sense of their situation and to find comfort. Private contemplation, prayer, Bible reading, and pastoral visits were frequently used. Commonly, a severe illness or crisis proved to be a watershed in a person's life. Some, in the midst of their crisis, found themselves finally able to repent and reconcile for things that happened long ago. Others were newly inspired to return to a faith they had long abandoned. There were even some people whose personal crisis was the catalyst that allowed them, for the first time in their lives, to open their hearts to God, and be in God's Grace. In almost all of these patients, one thing stands out for me: those who held God as a benevolent force, at the centre of their lives, coped much better with their hardships than those who did not hold these beliefs.

I have, however, encountered one exception to this rule. This seems to occur in some very religious people who are suffering from serious depression or other mental illness. These individuals have often spoken of experiencing great inner turmoil and accepting their illness in the

context of their faith. They have strongly felt that their belief and closeness to God should be reflected as joy and happiness in their lives. Finding themselves in conflict with this tenet has sometimes resulted in questioning their relationship with God. For some, it has also resulted in a reluctance to accept medical treatment for their illness. This appears to be because they see the problem as being more spiritual in nature: 'If I am close to God then I should be happy; so if I am not happy then maybe there's something wrong in my relationship with God.'

Over time, I have come to accept that there are spiritual issues and dimensions to *every* serious illness or crisis. If we truly believe in treating the "whole person" then these questions must be addressed. A personal crisis can significantly affect one's beliefs, and conversely, one's beliefs can affect the outcome of a crisis.

Evidence for the Effects of Faith and Prayer on Healing

Statistics indicate that 96% of people in the United States believe in God, 92% are affiliated with a religion, 67% are members of a church or synagogue, and 60% view their religion as "important or very important."⁴ According to Gallup polls, 90% of Americans say that they pray, and 95% of these people believe their prayers have been answered.⁵ I have read that nearly 2/3 of people think that physicians should pray with patients who request it!

Has your doctor ever prayed with you? In my own practice, I have never been asked, although it is something I would gladly have done. I suspect that many doctors would decline such a request because 1) it takes too much time out of their harried schedule, 2) they didn't cover it in medical school, and 3) they can't bill OHIP for it! In spite of this, I believe that praying with patients would be at least as effective as some of our, so-called, "medical" treatments and would have the added benefit of being free of any side effects. Although I am a medical doctor by training, I have always been somewhat of a skeptic about some of the treatments we inflict on our patients. My beliefs in this regard have been influenced by the writings of Sir William Osler, who is considered by many to be the father of modern medicine. Osler recognized the power of faith in healing, be it faith in God, faith in little pills, or faith in a doctor. He wrote: "In all ages, prayer of faith has healed the sick, and the mental attitude of the suppliant seems to be of more consequence than the powers to which the prayer is addressed."⁶ Osler noted that these faith cure "can make of everyone...a good

physician out of Nature's grace."⁷ He further believed that the natural tendency of diseases was toward recovery, provided that the patient was decently cared for and not overdosed with drugs. One of my professors at medical school eloquently paraphrased Osler when he told us that "the physician entertains the patient, while nature works the cure."

The physician entertains the patient, while nature works the cure. No medicine or treatment can help a patient unless the forces of "nature", and the person's body, mind and spirit cooperate. There are cases where a patient "loses the will to live", and in spite of all the medically-correct treatments, he dies. We are left to wonder, what is this "nature" that works the cure? Could it have something to do with God? Can we influence God's power through our thoughts and actions; through faith and prayer?

The answers to these questions could have far-reaching implications for the treatment of illness. Unfortunately, not much time was spent at medical school discussing religion and health. Medical school taught that there was a relationship between a person's physical health, and their mental or emotional health. There was only the rare and cursory suggestion that spiritual health might fit in somewhere. Medical students were taught long lists of very personal questions to ask patients about their bladder, bowel, and bedroom habits. However, it was somehow considered too personal, and by some, irrelevant to ask about patients' religious habits.

Early in our training, one of our professors asked the class, "What is the single greatest cause of suffering in the elderly?" Needless to say, all of the eager first-year medical students came up with the statistically correct answer. "Cancer", said one. "Heart disease", said another. "No," he continued, "it is loss of meaning and purpose in life."

The single greatest cause of suffering in the elderly is a loss of meaning and purpose in life. That statement has stayed with me throughout my medical career. The more patients I cared for, the more I saw its truth, not just for the elderly but for all people. Without a source of meaning in life, the world becomes a lonely, unpredictable, unfair, unsettling, and downright frightening place. When I began my private medical practice, I had to get to know a large number of new patients. At the initial visit, I gathered information about them by asking all the usual health questions. This was usually a pragmatic and quantitative exercise. But when I added the question, "What gives

meaning to your life?”, I was rewarded with the kind of *qualitative* information that left me thinking that I really knew the person. I often learned more about the person from the answer to that one question, than all the others combined. I also found that for those people who had a strong sense of meaning and purpose in their lives, it was almost always because of their religious faith.

I have no doubt that having a strong faith helps a person cope with illness and stress. But, can faith and prayer actually heal the sick? There is plenty of anecdotal evidence to support this thesis. There are many stories about individuals who firmly believe that they or loved ones were miraculously cured by God in answer to their prayers. As previously stated, 95% of Americans who pray believe that this can and does happen. Is this belief in God’s miraculous healing just desperate and wishful thinking or is there more to it?

It has only been in recent years that scientific research has started to study the relationship between prayer and healing. In this context, “scientific” has nothing to do with laboratories and test tubes. Rather, it refers to studies that are done by a very strict and prescribed scientific method, that is meant to avoid any biases in the outcomes that are being studied or measured. An example of bias would occur when a very religious person automatically attributes a cure to God’s intervention, in spite of medical treatments having been performed. According to scientific understanding, truth cannot be gained from a biased perspective and facts speak for themselves regardless of one’s standpoint.

In the case of prayer and healing, such a scientific study was conducted by Randolph Bryd.⁸ Bryd wanted to see if prayer actually helped in healing. He studied over 1000 patients recovering from cardiac surgery in the coronary care unit (CCU). These patients were randomly divided into two groups, so that there were not significant differences between the groups in how sick they were, how old they were, how religious they were, etc. Then, one group was assigned as the treatment group, and each individual in that group had a set number of people praying for them each day. Each of those persons praying had a similar level of faith, and were sending the same message in their prayers. The other group was the control group. This control group was not assigned persons praying for them. Both groups also received normal medical care. To further avoid any possibility of bias, none of the patients nor their doctors knew to which group they belonged. All of this was done to try to make sure that absolutely everything about the

two groups was the same, except that only one group was receiving prayer from a distance. At the end of the study, certain outcomes were measured. These included length of stay in hospital, the need for medications, the number and severity of complications, etc. From all this, the study by Bryd found that those persons who received prayer from a distance had a slightly better recovery than those who did not. Another study by WS Harris and associated replicated the results of the Byrd study with the same coronary care population in St. Louis.

However, two other studies done with different populations showed no difference at all in the outcomes between the group that received prayer from a distance and those who did not.¹⁰ The conflicting results in these four studies leave the issue unanswered in terms of scientific research. That is discouraging for someone who believes in the power of prayer. It must be noted, however, that the use of scientific research applied to faith and prayer is very controversial. It has been criticized on a number of levels.

First of all, when assessing the results, one needs to question whether the two patient groups in those studies can really be called different. The assumption is that in one group, patients received prayer and in the other group, patients did not receive prayer. However, the research could not account for the near certainty that almost every patient in a coronary care unit has some relative or loved one praying for them. That factor cannot be controlled in a study. Also, the researchers could not possibly control whether a patient prayed for themselves. So it is likely that there was no difference in the outcomes because both groups benefited from prayer.

Secondly, on a theological level, why would a compassionate God who wishes the well being of all human beings, respond only to those who pray or are prayed for by others? In Isaiah 65:24, it says, "Before they call, I will answer." God knows our needs even before we ask. Maybe the very idea of doing such a study is misguided and flawed.

Then, there is the need to consider what we mean by healing, especially when examining divine healing. When someone prays to God for healing, the answer they usually hope for is a return to a state of wellness. A radically different understanding of healing was demonstrated by Theresa of Avila, who was a Carmelite nun and a respected teacher of prayer in the 1500's. She fervently prayed and meditated throughout her life and her long and painful illness. What she prayed for was, as one author wrote, "to embrace the realities of

pain with increasing joy and good humour.”¹¹ Through her deep meditative prayer, she eventually reached a state of what has been called “Suffering Aliveness.” In this state, a person is united in Christ’s suffering, which fills them with intense joy and awareness, and the beginning of true inner healing.

Such a view of healing would not appeal to many today. In fact it might be considered medical malpractice for a doctor to recommend it. It certainly highlights the need to keep an open mind about what an individual’s faith means to them. In *Healing through the Centuries*, the author makes a relevant commentary on the concept of divine healing, be it through prayer, faith healing, or other means.¹² He writes: “There are no formulas to assure that a miraculous cure will take place; there are no foolproof rituals or infallible places. In the end, one must acknowledge that healing arises out of one’s relationship with God. And that is enough.”¹³ In another part of the book, Blumhardt, the great German healer, is very aptly quoted: “If you are healed, it’s from God. If you are not, God will give you strength to bear it.”¹⁴

When a person experiences healing in response to prayer, it is often called a “miracle.” I suggest that this is a poor choice of terminology within a context of unbiased inquiry. The very word, “miracle,” conjures up ideas of magic and of direct causation. If we wish to examine the effects of faith and prayer on healing without prejudice, then it would be wise to use a term that is less emotionally loaded. The German word for miracle is “Wunder,” a word that simply means “amazing and unexplained.” If we could learn to see the amazing things that occur in our lives as simply “wonders,” we might be freed of the need to continually overanalyze. Some things need to be dissected and explained, but some only need to be embraced. The very essence of God and God’s works is that they very often do surpass human understanding.

Everyday Religious Practice and Health

Besides the drama of divine healing and so-called miracles, there is also the day-to-day religion practiced in the typical, normal lives of ordinary people. Does this ordinary religious practice affect their day-to-day health? Is such religion good for your health? The World Health Organization currently defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”¹⁵ This definition has remained unchanged since 1948, and

has acted as a guidepost to health organizations around the world for program planning and evaluation. But I wonder if this definition might be missing something important, that is, the element of spiritual health. In 1998, the Ontario Ministry of Health developed an expanded version of the WHO statement, in their "Manual for Long-term Care." They stated that health is "an optimum state of physical, intellectual, emotional, social and spiritual well being and not merely the absence of disease and infirmity."¹⁶ This more complete definition is one that can be used not only by government and health agencies, but by individuals in their everyday lives.

In examining the relationship between religion and health, there is a need for a clear definition of what is meant by religion. Early studies attempted to make a connection between religion and health by looking only at church membership or "religious affiliation." Many people who claimed such a membership or affiliation referred only to the church they were baptized in or the religion of their ancestors. This said nothing about their present and personal religious life. Not surprisingly, very few significant effects of religion on health were found. More recently, researchers have discovered what pastors have been preaching for centuries. It is not faith alone that makes a difference, but faith in action. Now, the new studies that look at people with active, committed Christian lives are showing a very positive effect of religion on health. This is especially true with mental health.

The type of religion that is most likely to be related to better measures of health includes five areas. First, there has to be a deep belief and commitment to God. Second, regular prayer must be part of the lifestyle. The particular style or method of prayer is not nearly as important as the mental attitude of the supplicant. Health benefits are more likely to come to the person who accepts prayer as a gracious gift from God, to be in God's presence. Those who see prayer pragmatically, as a thing you do to get what you want are unlikely to benefit. Third, there needs to be regular scripture reading. Fourth, regular church attendance is important. Here again, as with prayer, mental attitude is key. Just physically going to church is not enough. It has been said that "going to church does not make you a holy person, any more that going to a garage makes you a mechanic." The fifth decisive factor is the use of these beliefs and practices when coping with stress.

There may be a temptation to compare one's own practices up against this list of criteria. This should be done with caution and kindness.

Doing everything on the list does not guarantee good health to any one person. The research only indicates that a *group* of people who fit these criteria will, on average, be healthier than a *group* that does not. Good health is not guaranteed to those who meet the requirements. Secondly, as my childhood minister liked to say: “Some people are so heavenly, that they’re not earthly good.” In other words, a person can have a religion score of 5 out of 5 on that list, but if their faith is not put into action in the world around them, then they are missing the mark.

What are the health benefits of leading a religious life? First, people with a strong faith find comfort and relief from anxiety and despair, through their beliefs and practices. Second, those who are more religious are less depressed,¹⁷ less anxious, and have lower suicide rates.¹⁸ Third, when religion is combined with traditional treatments for depression and anxiety, the results are better than for traditional medical treatments alone (eg. antidepressant drugs, anti-anxiety drugs, and counselling therapy.) These factors alone would be grounds to recommend a religious life, but there are physical benefits to be gained, too.

Research has shown repeatedly that prayer, especially deep contemplative prayer, causes physical changes in people, that can be measured.¹⁹ Medical science has called these changes the “Relaxation Response.” This means that as the person prays, their blood pressure becomes lower, their heart rate and breathing slow down, and in some people, even their brain waves slow into a calm, regular pattern, called alpha waves. From my standpoint as a doctor, these changes indicate that praying can affect a person’s central nervous system, the system that literally controls all the body’s functions. Even though the research is still in its early stages, it would not be at all far-fetched to say that there are clear physical grounds on which to claim that religious practices can change how the body functions, both in sickness and in health.

There is also evidence that religious people might be healthier for other reasons. The religious teaching to respect one’s body, that the body is the temple of the Holy Spirit, may help religious persons to have healthier lifestyles. They have lower rates of alcohol and drug dependence, cigarette smoking, risky sexual behaviours, and other unhealthy activities. There may be an indirect way that religion might improve health through social support. Being an active part of a religious community gives a sense of purpose and belonging to people’s lives. This can have a powerful effect. In a 1989 study at Stanford University, 86 women with metastatic breast cancer (cancer that has already spread

to other parts of the body) were randomly divided into two groups.²⁰ Both groups received routine cancer care. However, only one of the groups attended weekly supportive group therapy. Ten years later, the groups were compared, and it was found that those women with the supportive group, on average, survived twice as long as those without. They survived an average of 36.6 months, compared to only 18.9 months for the other group.

For me, the answer to the question, "Is religion good for your health?" is a resounding yes! A deep faith that is expressed in actions and in regular religious practices can measurably benefit health and subjective well being. However, there is probably little benefit to becoming religious, only in order to get the health benefits. Harold Koenig, in *Is Religion good for your Health*, states, "it is those who involved themselves in religion as an end in itself (i.e., persons with intrinsic faith) who are more likely to experience mental health, greater life satisfaction, and less worry and anxiety."²¹

Summary and Conclusions

Two questions have been addressed in this paper. The first asks whether prayer and faith are helpful in healing. A great majority of Americans believe in God and believe that prayers for healing are answered. Personal illness represents a life crisis for most people, but for many of them there may also be an opportunity for significant personal and spiritual growth in the experience. This may be especially true for those who use some form of religious activity to help cope with the situation. The training offered at most medical schools does not prepare physicians to deal with the spiritual dimensions of their patients' illnesses. This is unfortunate, since a great deal of human suffering results from loss of meaning and purpose in one's life, and a sense of meaning and purpose most often comes from faith. When these faith issues are addressed together with traditional medical treatments for depressive illnesses, the results are better than for medical treatment alone.

The scientific research on prayer and healing offers equivocal results. It is questionable, however, whether this style of research is valid in this case, since it is impossible to control whether a sick person is prayed for or not. There are also theological issues in the appropriateness of such research.

The second question asked whether everyday practices can benefit one's health. The research evidence suggests that this is true, especially for mental health. There are physical benefits as well, as evidenced by the measurable bodily changes that occur during prayer and meditation. The health benefits of religion are most likely to occur in individuals whose religious activity springs from a deep intrinsic faith that is put into action in the world around them. My personal beliefs regarding the health effects of religion are in keeping with this idea. Through my many experiences with patients, in both sickness and health, I have come to see that a deep intrinsic faith acts as a balm and a tonic for both the mind and the body. It makes a palpable difference in a person's day-to-day functioning, and especially in how they cope in times of stress or crisis.

Faith is the first factor in a life devoted to service.
Without faith, nothing is possible.
With it, nothing is impossible.²²

The next time you pick up a glossy magazine that lures you with promises of better health through a "miracle" diet, a "super" vitamin, or the latest exercise fad, stop and think. In your ordinary everyday Christian life, you may already be doing more good, and more meaningful good for your health than you ever realized.²³

Notes

- ¹ This story is taken from Harold Koenig *Is Religion Good for Your Health?* (New York: Haworth, 1997) 5-7.
- ² *Ibid.*, 6.
- ³ *Ibid.*, 6.
- ⁴ G.E. Gallup *The Gallup Poll: Public Opinion 1995* (Willmington, DE: Scholarly Resources, 1995).
- ⁵ Princeton Religion Research Centre, *Emerging Trends*, 16 (1):1, Princeton, N.J.: Gallup Poll, 1994.
- ⁶ Harvey W. Cushing, *The Life of Sir William Osler* (Oxford, Clarendon Press, 1925) 546.
- ⁷ *Ibid.*
- ⁸ "Positive Therapeutic Effects in a Coronary Care Unit" *Southern Medical Journal* 8 (7) (1988) 826-829.

- ⁹ WS Harris, M. Gowda, J. Kolb, C. Strychacz, JL Vacek, PG Jones, A Forker, JH O'Keefe and BD McCallister "A randomized controlled trial of the effects of remote, intercessory pray.
- ¹⁰ The two studies are S. O'Laoire "An experimental study of the effects of distant, intercessory prayer on self-esteem, anxiety and depression." *Alternative Therapeutic Health Medicine* 3 (1997) 38-53 and SR Walker, JS Tonigan, WR Miller, S Corner, L Kahlich, "Distant, Intercessory Prayer on Recovering Alcoholics: A Randomized Study" *Alternative Therapeutic Health Medicine* 3 (1997) 79-86.
- ¹¹ K. Madden, "Teresa of Avila: The Will and the Weaving" *Journal of Religion and Health* 33 (1994) 131-147.
- ¹² R. A. Kydd, *Healing through the Centuries: Models for Understanding* (Massachusetts: Hendrickson Publishers Inc., 1998).
- ¹³ Ibid., 215.
- ¹⁴ Ibid., 45.
- ¹⁵ Ibid., 45.
- ¹⁶ Preamble to the Constitution of the WHO as adopted by the International Health Conference, New York, 19-22 June, 1946.
- ¹⁷ Manual for Long-term Care (Ontario Ministry of Health, 1998) Appendix p. 3.
- ¹⁸ H. G. Koenig *Aging and God* (Binghamton, New York: Haworth Press, 1984).
- ¹⁹ W. T. Morton "Religiosity and the United States Suicide Rates" *Journal of Clinical Psychology* 40 (1984) 1166-1169.
- ²⁰ Eugene d'Aquili and Andrew Newberg *The Mystical Mind: Probing the Biology of Religious Experience* (Minneapolis, Minnesota: Fortress Press, 1998).
- ²¹ D. Spiegel, J. R. Bloom, H. C. Kraemer, and E. Gottheil. "Effect of Psychosocial Treatment on Survival of Patients with Metastatic Breast Cancer." *Lancet* no. 8668 (1989) 888-891.
- ²² Harold Koenig *Is Religion Good for your Health?* 126.
- ²³ Mary McLeod Bethune, in *This is our Work: the Legacy of Sir William Osler* (5 Span Books, Pakenham, Ontario, 1994) plate 80.