

EFFICACY OF PRAYER IN MODERN MEDICINE: FINDING AN INTEGRATIVE SCIENCE-FAITH RELATIONSHIP

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Abstract

One major view concerning science-faith relationship is that the two are inevitable enemies and that as science advances; there will be no need for religion in human affairs. A cardinal example of this thesis is the view that since science is advancing and some human problems which were solved religiously are taken care by science, there is no need to take recourse to religious practices like prayer in the pursuit of answer to human questions. In view of this, using Plantinga's science-faith integration hypothesis as the theoretical framework, this paper examined the physical relevance of prayer in medicine as a proof to the plausibility of science-faith inter-dependence.

Keywords: Religion, faith, prayer, medicine, science

I. Introduction: Stating the Problem

By no stretch of the imagination could the science-faith relationship in history be described as an ideal marriage because while many religionists regard science as a dangerous filtration, some scientists doubt the intellectual respectability of religious beliefs.¹ While attempts have been made by erudite scholars such as Loncham, Robert Russell, Brooke, Barbour, Bowler, Peacocke, Polkinghorne, Haught, Collins, Rudwick, Lindberg, McGrath, Clayton, Plantinga, Dawkins, and others to investigate the nitty-gritty of science-faith relationship, most of their efforts have been tilted toward evolution-

creation debate and the nature of the universe with little attention on the practical inter-relatedness of science-faith in human experience. This is the gap this work intends to fill. It argues for the plausibility of science-faith integration using the physical efficacy of prayer in view of recent scientific discoveries as the case study.

Whoever is acquainted with the mental condition of the intelligent classes in Europe and America must have perceived that there is a rapidly-increasing departure from faith.² This departure is envisaged in Bultmann's statement:

It is impossible to use electric light and the wireless and to avail ourselves of modern medical discoveries, and at the same time to believe in the New Testament world of spirit and miracle. We may think we can manage it in our own lives, but to expect others to do so is to make the Christian faith unintelligible and unacceptable to the modern world.³

This secularization thesis implies that there may not be need for religious practices such as prayer in an age when science is seen to have solved all human puzzles.⁴ But is prayer not efficacious in this age of medical advancement? Can medicine alone solve all human medical predicaments? The following discussion is foregrounded on these questions.

II. **Theoretical Framework: Plantinga's Science-faith Integrative Approach**

Alvin Plantinga popularized his science-faith integration⁵ in his Gifford Lectures, "*Science and Religion: Conflict or Concord.*" He identified four areas of science-faith engagement: conflict, independence, integration, and concord but argued for the plausibility of science-faith integration.⁶ This rapprochement offers exciting prospects for developing new ways of relating science and faith, especially their mutual relevance in human development. For Plantinga, there is no conflict between science and faith but the conflict lies with naturalism and supernaturalism. He averred that there can be a dialogue between science and religion in the quest for solutions to human problems which is recognition of the important role of each domain in human life.⁷ This form of integration is the theoretical framework that guided the course of this research because it allows credibility of proper application of science and faith in human development, and in this paper, the inter-play of medicine and prayer is used as the case study.

According to Plantinga, both science and religion have common objects which they look at from different perspectives and in view of their common objects, science and religion invariably have conflict but these conflicts are not irreconcilable.⁸ He opined that religion is to be considered not as blind and irrational adherence to a set of tenets but it should be seen as credible knowledge based on God which exceeds the realm of physical sciences, then, science and religion do not necessarily contradict each other. He noted that there can be romance and dialogue between science and religion for the benefit of humanity. In fact, the two domains seem to overlap in significant areas, and advancing the dialogue will require recognition of the important role of each domain in human life.⁹ If science and faith are properly understood, they can be in perfect harmony. His argument is that the major point of the matter is that there is no conflict between science and faith but

where the conflict lies is between the theologians and atheistic scientists. He who rightly understands science and faith will see that these fields ought to be comprised by concord, and anyone who thinks otherwise merely shows that he has not properly understood these disciplines or their implications.¹⁰ The central Plantinga's thesis is that while there is a genuine conflict between religion and science, but that conflicts lies, not between theistic religion and science but between the religion of naturalism and science.

III. **Relevance of Prayer in Modern Medicine**

Prayer has physical efficacy in human experience which can be demonstrated in three aspects. First, prayer as a form of meditation often produces psycho-biological changes that are potentially associated with prevention of medical ill and improved health. Prayer has been found to produce a clinically significant prevention of ambulatory blood pressure, stress and pain.¹¹ It promotes the immune response, self-esteem, positive mood states, cardio-respiratory synchronization and reduction of late-in-life diseases.¹² Charles Nelson of Harvard Medical School carried out a research which shows that children who live in a peaceful home, where prayer and devotion are observed have the tendency of having higher disease-resistibility. Experience shows that etiological factors are not limited to natural but are also preternatural or psychosomatic causes which can only be approached in multi-dimensional methods and prayer has been identified as a viable tool in this comprehensive approach.

Second, prayer is mutually useful to medical effort in curing some human diseases; it has significant clinical effects in treating disorders such as depression, schizophrenia, obsessive-compulsive disorder, tardive dyskinesia, ischemic heart disease, cardiac failure, Parkinson's disease and even cancer. This is substantiated by Astin's findings on the efficacy of prayer in medical treatment in which 57% of the tested cases yielded statistically

significant treatment effect of prayer. Furthermore, Byrd performed a celebrated study at San Francisco General Hospital on patients in cardiac unit and found out that the patients who were prayed for received statistically significant benefits from prayer.¹³

Prayer has pharmacokinetic and pharmacodynamic effects. For example, Crawford (*et al.*) examined the efficacy of distant prayer on patients' condition which yielded 71% positive outcomes. Similarly, Cha¹⁴ (*et al.*) conducted a research on 219 infertile women with *in vitro* fertilization embryo transfer in South Korea. Prayer was conducted on some of the women by groups in USA, Canada and Australia. The study shows that the pregnancy rate of the women who were prayed for nearly doubled the un-prayed for (50 vs. 26 %). Besides, the women who were prayed for showed a higher implantation rate than those who were not prayed for. The benefits of prayer were independent of clinical variables, yet it showed that even distant prayer facilitates implantation and pregnancy.¹⁵ In fact, there have been occasions where prayer resulted in the disappearance of medically proven tumors and metastases and reversal of traumatic paraplegia.

However, some argue that these scientific findings are erroneous due to factors such as the Hawthorne effect: changes resulting from observation, and the Rosenthal effect: changes resulting from observer expectancy.¹⁶ But the multiplicity of these findings show that such arguments do not hold enough water.

Third, prayer can be useful in post-curing relief.¹⁷ If health personnel really want to bring total healing, drugs alone are simply not enough. In some instances, if someone has fever or hypertension, and the doctor prescribes drugs or a series of injections, though there may be some relief, the root of the problem might not have been touched. The root cause may be natural, supernatural, or psycho-social like worry, fear, bitterness, guilt-feelings, or social rejection which medicine alone is unable to

address whereas prayer has been practically experienced to be the best tool to address these. Meanwhile, it should be noted that prayer does not merely invoke psychological benefit but its efficacy is mainly due to divine intervention.

For a multitude of reasons, scientific research on prayer is riddled with systemic and methodological limitations that make it a religio-scientific minefield. This is the reason Benson,¹⁸ Leibovici,¹⁹ Avile's researches show that prayer does not have positive effect due to the difficulty of measuring all the independent and cofounding variables such as faith, fervency, worthiness, morality and other abstract constructs that are associated with prayer. Consequently, some scholars hypothesized that it is not the work of science to speculate the possibility of a supernatural cause whereas human experience shows that the physical impact of prayer is recognizable. The major problem with many scientists is that they resist what they do not understand scientifically at any point as epistemologically invalid (scientism). Further, it is quite clear that modern medicine alone does not adequately provide for the deep seated human medical needs, hence in most hospitals there is a slogan "Man Cures, God heals."²⁰

An etymological analysis of the word 'hospital' corroborates this. The root of which is '*hospis*' or '*hospice*' which means a monastery where prayer and meditation are observed. Thus from the very beginning of civilization, religious societies have kept hospices, inns or hospitals to which travelers, the sick could get medical treatment.²¹

IV. The Limit of medicine and the complexity of Human Pain

One big fact is that medicine cannot explain everything about man. This is because human consciousness is not exclusively physical. Any pure material explanation of human predicament is implausible. Unlike animal pain which is static and genotypically

driven, human pain is not exclusively genotypically driven. The mating dances of birds and ants' chemical signaling are the same as they were 1,000 years ago. Bees signal, wolves howl, penguins nest on ice, salmon migrate, sharks hunt, and bats catch bugs as they did centuries ago. Contrarily, the nature of human behavior has changed due to its complexity. Human experience cannot be restricted to mono-causal, reductionist sense-experience, there are extra-sensory experiences which point to presence of spiritual aspect of man and elude the efficacy of modern medicine. Stanford, a Neuroscientist, noted that functional magnetic-resonance imaging (fMRI) can tell a good amount about how an individual's brain operates but the full rich scope of individual humanness remains beyond the reach of its scope.²²

Human pain is not merely the product of neuro-chemical and electrical discharges.²³ For example, when there is a disorder in one's body such as severely decayed teeth which can cause a subjectively state called 'pain' which is physically unobservable. A dentist can observe the decay and describe in detail the changes within one's nerve; he is barred from ever observing the pain. Instruments of increasing refinement, like microscope, are also unable to pick the pain; they can only pick out the detail of the physical wound.²⁴ Their inability to physically pick the pain does not result from their inadequacy as instruments of observation but because man is not just a physical being. This shows that science is not able to solve human pain alone, but science and faith can come together to address the complexity of human pain. The attempt to entirely secularize medicine cannot help humanity; it will only incapacitate medicine of its original purpose.

V. **Conclusion**

A somewhat more troubling idea, the one that formed the crux of this paper is the idea that the success of the natural sciences in solving human puzzles has somehow proven the 'God-hypothesis'

superfluous or even false and that modern science makes belief in the miraculous improper.¹ Contrarily, the relevance of prayer in human affairs even in this modern age has x-rayed in the above pages shows that the connection between science and religion is not simply of historical curiosity but also of substantial contemporary importance.

Although, the very consideration of possibility of prayer influencing medical process may appear scientifically bizarre, it is established in the human experience across the planet that prayer has had important physical effect in healing process. Human pain is complex therefore, one-sided healing will be both incomplete and inadequate. The efficacy of prayer in medicine shows that science does not work against supernatural providence; it only brings it into sharper focus.²⁵ And that science and faith can be seen as siblings-feeding off and sparing each other-rather than outright adversaries like the secularists would have us believe. The view that religious stand such as prayer does not have any relevance in the age of science is philosophically constructed on naturalism which is an image of atheistic conceptions, perennial naturalism, materialistic anthropological conception, and enlightenment humanism. This paper adds to the quiver of evidence of science-faith symbiosis, which helps to recover the exultant joy of the Psalmist: 'How wonderful are your works O LORD?

Notes

- ¹ C.S. Evans and R.Z. Manis, *Philosophy of Religion 2nd* ed. (Illinois: IVP, 2009), 143.
- ² J.W. Draper, *History of the Conflict between Religion and Science* (New York: D. Appleton and Company, 1897), iv. Dawkins is undoubtedly the best-known proponent of this view in British public life. His finest book “*The God Delusion*” (2006) illustrates this.
- ³ Rudolf Bultmann, *Theology of the New Testament* (London: SCM Press, 1958), 31.
- ⁴ Godwin O. Adeboye, “Science and Faith: Enemies or Friends?” in John Clayton, (ed.) *Pluralism in Astronomy*, Volume 41, number 1. (USA: Does God Exist Publication, 2014), 8.
- ⁵ As stated in the opening statement of his article “When Faith and Reason Clash: Evolution and The Bible,” *Christian Scholars’ Review*, he is concerned with the question of how shall we deal apparent conflicts between faith and reason, between what we know as Christians and what we know about science” See Alvin Plantina, “When Faith and Reason Clash: Evolution and The Bible,” *Christian Scholars’ Review*, (1991;XXI/1): 8-33.
- ⁶ John. Collins, *Science and Faith: Friends or Foes?* (Wheaton: Crossway Books, 2003),51.
- ⁷ Chad Meister, *Introducing Philosophy of Religion* (Abingdon: Routledge, 2007), 153.
- ⁸ Godwin O. Adeboye, 2014. “Science and Faith: Enemies or Friends?” in John Clayton, (ed.) *Pluralism in Astronomy*, Volume 41, number 1. USA: Does God Exist Publication, 8.
- ⁹ Chad Meister, 2007. *Introducing Philosophy of Religion*, Abingdon: Routledge, 153.
- ¹⁰ Ade Dopamu, “The History of the Changing Relationship between Religion and Science,” *Confluence of Religion and Science* Vol. 1, (Nigeria: Local Societies Initiative, 2005), 8.
- ¹¹ V.A. Barnes, et al “*Impact of Meditation on resting and Ambulatory blood Pressure and Heart rate in Youth,*” *Psychosom Med.* (2004: 66:909): 14.
- ¹² Chittarajin Andrade and Rajiw Rahakrishnan, “Prayer and Healing: A Medical and Scientific Perspective on randomized controlled Trials,” *Indian Journal of Psychiatry*, 51 (Oct-Dec, 2009):250.
- ¹³ R.C Byrd, “Positive Therapeutic Effects of Intercessory Prayer in a Coronary Care Unit Population.” *Southern Medical Journal* (1988;81): 87-91. Byrd findings have been criticized by Posner, Ioan, Witmer, Zimmerman, Tessman, and J. Tessman and others, nevertheless, his research has been reprinted as a landmark study and in fact, to falsify a theory is much easier than to verify it in science.

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- ¹⁴ K.Y. Cha, D.P. Wirth and R.A. Lobo, "Does Prayer influence the Success of *in vitro* fertilization-embryo transfer? Report of a masked, randomized trial," *Reprod Med.* (2001; 46): 783.
- ¹⁵ Chittarajin Andrade and Rajiw Rahakrishnan, "Prayer and Healing: A Medical and Scientific Perspective on randomized controlled Trials," 253.
- ¹⁶ *Ibid.*, 250.
- ¹⁷ H.R. Koenig, "Research on Religion, Spirituality, and Mental Health: A Review," *Can J. Psychiatry* (2009; 54):283-91.
- ¹⁸ H. Benson, J.A. Dusek, J.B Sherwood, P. Lam, C.F. Bethea, W. Carpenter, "Study of the Therapeutic Effects of Intercessory Prayer in Cardiac bypass Patients," *Am Heart J.* (2006;151): 934-42.
- ¹⁹ L. Lebovici, "Effects of remote, retroactive intercessory prayer on outcomes in patients with bloodstream infection: in randomized controlled trial," *BMJ* (2001;323): 451.
- ²⁰ Kofi Appiah-Kubi, *Man Cures, God Heals, Religion and Medical Practice among the Akans of Ghana* (New York: Friendship Pres, 1981)
- ²¹ D. Hayfrom-Benjamen, *The Need, Role and Function and the implementation of Hospital Chaplaincy as a Full-Time member of the Health Team,*" a lecture delivered at Christian Medical Workers Fellowship Annual Conference, Kumasi, Ghana (1979).
- ²² M.O. Barnes, *Understanding Religion and Science* (New York: Continuum International Publishing Group, 2010), 48.
- ²³ M.S. Stanford, *The Biology of Sin* (USA: Biblica Publishing, 2010), 17.
- ²⁴ R. Taylor, *Metaphysics* (New Dellhi: Prentice-Hall of India Private Limited, 1991), 17.
- ²⁵ C.J. Collins, *Science and Faith, Friends or Foes?* (Illinois: Crossway Books, 2003), 178.