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Observations on Prayer as a Viable Treatment Intervention: A Brief Review for Healthcare Providers

Matthew R. Kutz, PhD, M.Ed., ATC.

Palm Beach Atlantic University

West Palm Beach, FL

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INTRODUCTION

Prayer continues to gain much notoriety and attention as a medical intervention. There are many places now advocating spirituality as a form of health care. As clinical practices seek to enhance the quality of care given, attention should be given to the implementation of prayer into clinical practice. Family physicians have begun dialogue over how to take a spiritual history or inventory of their patients in order to assist in recovery and prevention of illness and disease.¹ Larimore¹ reports that 99% of surveyed family physicians (n=296) believe that religious beliefs can heal, 75% believe other people's prayers (i.e., intercessory prayer) can promote healing.

Based on his own clinical practice and dialogue with other family physicians Larimore suggests that "infrequent religious attendance or "poverty of personal faith" should be regarded as a risk factor that is nearly equivalent to tobacco and alcohol abuse.¹ Graber and Johnson² state "with a growing emphasis on holistic healthcare – serving the whole person rather than the disease entity alone – spirituality is reemerging as a relevant factor in serving the sick and disabled."

The current literature is replete with empirical studies and theoretical papers on the implications of prayer in health care. A recent ProQuest® journal search turned out over 250 peer-reviewed references related to prayer and medicine published between 1999 and 2002 (Table 1). Many of these studies and others report a significant positive correlation between prayer and health that cannot be ignored or placed on the proverbial "shelf" until further research is completed.

Table 1. Articles published regarding prayer.

A Sample Recent Titles Published on Prayer in Healthcare	Sample of Journals Containing Titles on Prayer in Health Care
1. Intercessory prayer and patient outcomes in coronary care units	1. The British Medical Journal
2. The effects of spirituality on health and healing: A critical review for athletic trainers	2. American Family Physician
3. Faith, Prayer, and Health Outcomes in Elderly Native American	3. Journal of Athletic Training
4. Prayer and Health Outcomes in Church Members	4. Clinical Nursing Research
5. Prayer and Health Outcomes in Church Lay Leaders	5. Western Journal of Nursing Research
6. Prayer: An Ancient Healing Practice Becomes New Again	6. The Journal of Parapsychology
7. Invoking Spirituality in Medical Care	7. Holistic Nurse Practitioner
8. Providing Basic Spiritual Care for Patients: Should it be the Exclusive Domain of Pastoral Professionals	8. American Journal of Public Health

ISSUES IN GENERAL HEALTH

For better or worse, the influence of complementary and alternative medicine guru's like Deepak Chopra, M.D. and Andrew Weil, M.D. have brought much attention to the spiritual aspects of health. "Somebody" is listening because main stream medical science thinks prayer and meditation is worth looking into, the National Institutes of Health (NIH) has commissioned or is currently conducting several research studies on the affects of meditation, a specific type of prayer, on health (Table 2).

Table 2. Funded research on meditation.

Current NIH Funded Research Studies ⁸	
1.	Basic Mechanisms of Meditation and Cardiovascular Disease in Older Blacks
2.	Basic Mechanisms of Meditation and Cardiovascular Disease in Older Black Woman
3.	Effects of Meditation on Mechanism of Coronary Heart Disease
4.	Meditation-based Treatment for Binge Eating Disorders

As indicated by NIH,⁸ meditation may have a beneficial role in the lives of certain populations or cultures. Paloma³ reports in 1948 90% of people polled said "yes", to the question, "Do you ever pray?" Not surprisingly that answer has not declined much. In 1978 89% said yes, in 1988 it was 88% and in 1991 80% of those surveyed pray weekly and 57% pray daily. These statistics may indicate that a majority of people have demonstrated a faith where prayer is an important element in regular life. Prayer has been demonstrated to promote significant feelings of calm, relief, rest and other feelings associated with well-being, healing and recovery.⁴

In 2001, the British Medical Journal reported a randomized study of the effects of prayer on patients with bloodstream infections which demonstrated that the patients who received prayer had a statistically significant shorter hospital stay and a more rapid recovery (shorter duration of fever) than the group who did not receive prayer.⁵

It has been reported that 82% of Americans believe prayer can cure serious illness and that 64% want their physicians to pray with them.⁶ Also giving support to the notion that religion is key in healing is that historically hospitals have been founded by religious institutions, churches usually. In fact a majority of hospitals have some sort of religious service and pastoral care department operating along side of conventional medical practice. It is not uncommon to find phrases similar to "to continue the healing ministry of Jesus Christ," such as is found in the mission statement of St. Vincent Mercy Medical Center in Toledo, Ohio.

One of the most poignant and commonly cited studies on the intervention of prayer is Byrd⁷ who examined via a double-blind randomized design were neither the health care providers nor the patients knew who was being prayed for, only the people assigned to pray knew the names of patients and nothing else. Byrd's study concluded that intercessory prayer differed significantly in six variables at discharge: 1) less intubation and ventilation assistance, 2) fewer antibiotics, 3) fewer diuretics, 4) fewer cardiopulmonary arrests, 5) fewer episodes of congestive heart failure, and 6) fewer cases of pneumonia. Of particular interest is that Byrd actually mentioned who was praying and to whom they were praying and what was prayed, something most of the other studies leave out. Byrd methodologies mention that the people offering the prayers were "committed Christians" and offered prayers to the God of the Bible. This brings to light a potential controversy that certain individuals have more or less "divine" favor and/or that a certain God is more involved, interested or concerned in the lives of humans than others.⁷

CLINICAL IMPLICATIONS

In light of risking negligence as health care providers become increasingly aware of the outcomes of prayer in our different clinical settings and as more research is completed it will become important that integration of prayer occur. If further findings continue to suggest a correlation between prayer (and other spiritual practices) and health and recovery our patients need to be made aware of the potential benefit. Needless to say, prayer is important to people and consideration of individuals religious beliefs and convictions need to be honored by clinicians and certainly not minimized or mocked.

RHETORICAL QUESTIONS

Is it the responsibility of the clinician to let the patient know about prayer? Based on data are the outcomes of prayer strong enough to indicate prayer as a "mainstream" or even complimentary medical intervention? If it is the general consensus that prayer does work do all the parameters and variables (i.e., the how to and whys) need to be fully understood before prayer is

implemented? Should the clinician be obligated to perform the prayer on the patient or is this something that needs to be referred to a “specialist”, and if so can it or should it be reimbursable by insurance companies? Depending on the consensus of the answers to these questions, then does the faith of the clinician become an issue and is similarity of faith between clinician and patient an issue? Many questions remain concerning prayer and health outcomes, what at least appears to be understood is that prayer does indeed have correlation with health, healing and recovery.

CONCLUSIONS

Theoretical and subjective data contribute substantially to the current literature and add significant contributions to the study and development of prayer as an intervention. The impact of spiritual practices and discipline such as prayer are undeniable. Obviously issues of faith and beliefs and how to implement those, such as through prayer, is a topic wrought with passion. In light of the current literature on prayer in healthcare it can be deemed irresponsible to dismiss prayer wholesale as a viable intervention.

Critical Questions for Further Investigation

While the current literature clearly indicates a healthy correlation between prayer and health benefits several other questions must be asked. The current research is asking many interesting questions about prayer, but a brief review of the literature indicates that some important questions are still missing.

Given the fervency and conviction associated with different religious beliefs are there any correlations between intensity of faith on the part of the individuals offering the prayers and/or individuals receiving the prayer? Is there any correlation between personal faith convictions and prayer outcomes for individuals who are of different faiths? Does the intensity and frequency of the prayer(s) offered affect the outcomes?

A common Christian belief is that “the fervent prayers of the righteous avail much”. Does the specific religion of an individual (i.e., the deity being prayed to) affect the outcomes of prayer and does the specific religion of the patients receiving the prayer affect the outcomes. Byrd’s study ⁷seems to indicate that who is praying (i.e., the faith and convictions of the prayer) impact the outcome of the prayer and may also suggest that to Whom the prayer is offered also affects the outcome of the prayer. One final question is of the different types of prayer (Table 3) are there certain types that have a greater clinical benefit or higher probability of a beneficial outcome?

TABLE 3. Specific type of prayer

Specific Types of Prayer ^{2,9}	
1.	<i>Petition</i> : asking something for yourself
2.	<i>Intercession</i> : Asking something for others
3.	<i>Confession</i> : expressing repentance or sorrow for a wrong doing
4.	<i>Lamentation</i> : crying out in distress asking for vindication
5.	<i>Adoration</i> : giving honor or praise to God
6.	<i>Invocation</i> : summoning or asking for the presence of God to manifest
7.	<i>Thanksgiving</i> : offering gratitude to God for His actions

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