

## The Efficacy of Prayer in Medical Outcomes: A Discursive Analysis Integrating Jewish Theological Perspectives

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### ABSTRACT

*This discursive analysis examines the empirical evidence on the efficacy of prayer both personal and intercessory in influencing medical outcomes, while weaving together scientific methodology with Jewish theological understanding. Drawing from randomized controlled trials, meta-analyses, and systematic reviews published between 1999 and 2025, this exploration reveals the complex interplay between spiritual practice and measurable health outcomes. Rather than seeking definitive answers, this essay navigates the tensions between empirical evidence and faith-based healing, proposing that prayer's efficacy may lie not merely in quantifiable medical improvements but in its capacity to transform the experience of illness itself. Through integration of Jewish textual sources and modern rabbinic thought, the analysis suggests that prayer functions as a complementary dimension of healing that enhances rather than replaces medical intervention. The review encompassed 35 studies, with findings suggesting that while direct physiological impacts remain inconsistent, prayer's psychological and spiritual benefits offer meaningful contributions to patient care and recovery processes.*

### Keywords

Prayer, Medical Outcomes, Jewish Mysticism: Systematic review of empirical evidence on prayer's therapeutic effects, integrating randomized controlled trials with Jewish theological perspectives on petitionary prayer, mystical concepts of being/non-being, and Hasidic teachings on ego nullification.

### Introduction

The intersection of spirituality and medicine presents one of the most fascinating paradoxes in contemporary healthcare: how does one measure the immeasurable? Prayer, as perhaps the most universal spiritual practice across cultures and traditions, occupies a unique position in this inquiry. For billions of people worldwide, prayer represents not merely a request for divine intervention but a fundamental mode of being in relationship with the sacred, particularly during times of illness and vulnerability. Yet in an era dominated by evidence-based medicine, where randomized controlled trials and meta-analyses constitute the gold standard of therapeutic validation, the question persists with both urgency

and complexity: Does prayer demonstrably improve medical outcomes?



This inquiry extends beyond mere academic curiosity into the realm of profound human experience. When faced with serious illness, patients and families instinctively turn toward spiritual

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resources, seeking meaning, comfort, and hope that transcends the purely biological understanding of disease. The modern medical establishment, while increasingly acknowledging the importance of patient-centered care and holistic wellness, continues to grapple with how to integrate these spiritual dimensions into evidence-based practice. This tension becomes particularly acute when considering prayer, which by its very nature seems to resist the mechanistic frameworks that govern contemporary medical research.

Historically, faith healing narratives permeate human culture, from biblical accounts of miraculous recoveries such as the foundational declaration in Exodus 15:26, "I am the Lord your healer" to contemporary testimonials that circulate in religious communities worldwide. Yet scientific scrutiny demands rigorous evaluation that transcends anecdotal evidence and cultural bias. The pioneering work of researchers like Randolph Byrd, whose 1988 randomized controlled trial on intercessory prayer for cardiac patients sparked decades of subsequent investigation [1], represents an attempt to bridge this ancient practice with modern empirical methodology. However, the subsequent trials that followed yielded inconsistent findings that have prompted calls for more sophisticated meta-analyses to discern meaningful patterns within the complexity.

The interdisciplinary nature of this inquiry aligns with contemporary scholarship that explores faith's role in human flourishing through multiple lenses. Recent contributions to this field, particularly the integrative models demonstrate how spiritual practices can be meaningfully incorporated into evidence-based therapeutic frameworks. His 2024 model for PTSD management exemplifies this integration by emphasizing approaches that incorporate spiritual dimensions alongside neurobiological interventions [2], providing theoretical support for prayer's potential role in therapeutic contexts. These developments suggest that the question is not whether spiritual practices have a place in medical care, but rather how they can be most effectively and ethically integrated into comprehensive treatment approaches.

The question of prayer's efficacy in medical outcomes has generated considerable scholarly attention, beginning with early studies such as Byrd's landmark 1988 randomized controlled trial examining intercessory prayer for cardiac patients [1]. This groundbreaking research sparked decades of subsequent investigation, yielding a complex tapestry of findings that neither definitively prove nor disprove prayer's medical benefits. Instead, the accumulating evidence suggests a more nuanced reality in which prayer's impact on health outcomes operates through multiple pathways, some measurable and others that transcend conventional quantification.

To address this complexity adequately, this analysis adopts an interdisciplinary approach that weaves together empirical evidence with Jewish theological perspectives on prayer and healing. Judaism, with its rich tradition of textual interpretation and ethical reasoning, offers a sophisticated framework for understanding prayer not merely as petition but as a transformative practice that aligns human consciousness with divine will. This theological lens

does not seek to bypass scientific rigor but rather to enrich our understanding of what prayer accomplishes, even when its effects prove difficult to capture in conventional research designs.

The Jewish tradition's approach to healing embodies a distinctive integration of practical action and spiritual practice, captured in the Talmudic principle that while God is the ultimate healer, human beings bear responsibility for seeking medical treatment and caring for their bodies [3]. This perspective suggests that prayer and medicine operate not as competing modalities but as complementary dimensions of a comprehensive approach to healing that honors both scientific knowledge and spiritual wisdom.

### **Navigating Contradictory Evidence**

The scientific investigation of prayer's medical efficacy has produced a landscape of findings that defies simple interpretation. This complexity reflects not merely methodological challenges but fundamental questions about the nature of prayer itself and the mechanisms through which spiritual practices might influence physical health. The research literature reveals persistent tensions between studies that report significant positive effects and those that find no measurable benefits, suggesting that prayer's impact on medical outcomes operates through pathways that may be inherently difficult to capture through conventional research methodologies.

The most striking findings in intercessory prayer research have emerged from carefully controlled studies that attempt to isolate prayer's effects from other confounding variables. Byrd's landmark 1988 study, involving 393 cardiac patients, reported that those receiving intercessory prayer experienced significantly fewer complications ( $p < 0.001$ ) [1], though critics quickly identified methodological concerns including the lack of proper blinding procedures. Building upon this foundation, Harris and colleagues conducted a replication study in 1999 within a coronary care unit involving 990 patients, which demonstrated lower clinical course scores among the prayer group (mean 6.35 versus 7.13;  $p = 0.04$ ), although mortality rates remained unchanged between groups [4].

The research landscape shifted dramatically with the 2006 Study of the Therapeutic Effects of Intercessory Prayer (STEP), the most comprehensive investigation to date involving 1,802 post-cardiac bypass patients [5]. This pivotal trial not only failed to demonstrate benefits from intercessory prayer but actually suggested potential harm among patients who were aware they were receiving prayer, with complication rates of 59% versus 52% in the control group (OR 1.39, 95% CI 1.04-1.85). This unexpected finding raised profound questions about the psychological effects of prayer awareness and highlighted the complex interplay between spiritual intervention and patient psychology.

Perhaps most intriguingly, a 2023 randomized controlled trial examining bloodstream infections in 3,390 patients reported that retroactive intercessory prayer reduced hospital length of stay by 0.44 days ( $p = 0.03$ ) and fever duration by 0.37 days ( $p = 0.02$ ) [6]. This finding challenges fundamental assumptions about temporal

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causality and suggests mechanisms of action that transcend conventional understanding of cause and effect relationships. The implications of such results force researchers to grapple with questions that extend beyond traditional scientific paradigms into realms that approach the metaphysical.

The Cochrane Collaboration's systematic review, analyzing ten trials involving 7,646 participants, concluded that insufficient evidence exists to recommend intercessory prayer as a medical intervention while acknowledging that the heterogeneity of study designs and definitions of prayer make definitive conclusions difficult [7]. More recent meta-analyses have identified modest effects on secondary outcomes, particularly anxiety reduction (SMD -0.28, 95% CI -0.45 to -0.11), suggesting that prayer's influence may operate through psychological rather than directly physiological pathways [8].

Personal prayer and self-directed spiritual practices have demonstrated more consistent positive associations with health outcomes, though these findings raise different methodological concerns about causation and selection bias. A comprehensive 2016 systematic review encompassing 26 studies established significant correlations between personal prayer practice and improved immune function, including elevated natural killer cell activity, as well as reduced depression rates (OR 0.72) [9]. Among patients with chronic illnesses, daily prayer practice showed meaningful correlations with enhanced pain tolerance ( $r=0.31$ ,  $p<0.01$ ) in a substantial cohort of 1,200 participants [10].

A 2025 meta-analysis examining spiritual interventions in nursing care, incorporating 15 randomized controlled trials, reported significant improvements in mental health outcomes (Hedges'  $g=0.45$ ) while finding null effects on direct physical health measures [11]. This pattern suggests that prayer's primary medical value may manifest through psychological and quality-of-life pathways rather than through direct physiological modifications.

The proposed mechanisms underlying these associations center on psychoneuroimmunological pathways, where prayer practice appears to reduce cortisol levels with an average decrease of 15% documented across 450 participants in multiple studies [12]. These stress-reduction effects align with broader research on contemplative practices and their impact on the hypothalamic-pituitary-adrenal axis. However, the research literature faces significant challenges from publication bias, as evidenced by Egger's test results ( $p=0.02$ ), suggesting that studies reporting positive effects may be more likely to achieve publication than those finding null results, potentially inflating the apparent evidence for prayer's efficacy [13].

Contemporary integrative models provide theoretical frameworks for understanding these empirical findings within broader therapeutic contexts. Our approach to PTSD management demonstrates how spiritual practices like prayer can enhance neurobiological resilience through mechanisms that complement

conventional therapeutic interventions [2]. His work suggests that prayer-like contemplative practices may activate neural pathways associated with emotional regulation and stress recovery, providing biological plausibility for the psychological benefits consistently observed in personal prayer research. This theoretical integration offers a bridge between ancient spiritual wisdom and contemporary neuroscience that may inform future research designs and clinical applications.

### Prayer as Covenantal Dialogue

Jewish tradition offers a rich theological framework for understanding prayer that transcends the simple dichotomy between supernatural intervention and psychological placebo effect. Within Jewish thought, prayer represents neither mere petition nor magical thinking but rather a fundamental mode of human relationship with the divine that transforms both the prayer and, potentially, the circumstances being addressed. This understanding provides crucial context for interpreting empirical research on prayer's efficacy while suggesting dimensions of spiritual practice that may elude conventional measurement.

The Hebrew Bible establishes prayer within a covenantal framework that emphasizes both divine sovereignty and human responsibility. The famous declaration in Exodus that "I am the Lord your healer" occurs within a context that also emphasizes human obligations to maintain health and seek healing through available means. This dual emphasis creates a theological space in which prayer and medical intervention operate as complementary rather than competing modalities, each fulfilling distinct but related functions in the healing process.

Rabbinic literature develops this theme through sophisticated discussions of the relationship between divine providence and human agency. The Talmudic tractate Berakhot explores prayer as a "ladder to heaven," suggesting that sincere spiritual practice creates pathways for divine influence while simultaneously transforming the spiritual state of the one who prays. This transformation may manifest in enhanced resilience, deeper meaning-making capacity, and improved ability to navigate the challenges of illness and recovery.

Maimonides, the great medieval Jewish philosopher and physician, exemplifies the integration of medical and spiritual approaches to healing [3]. As both a practicing physician and a leading rabbinical authority, Maimonides understood prayer and medicine as operating within a unified framework of divine providence. His medical writings emphasize the physician's role as a divine agent while his theological works explore prayer as a means of aligning human consciousness with divine will. This integration suggests that prayer's efficacy may not depend on direct supernatural intervention but rather on its capacity to create spiritual and psychological conditions that support healing.

Modern Jewish thought has continued to develop these themes in ways that speak directly to contemporary medical practice. Rabbi

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Joseph Soloveitchik, one of the most influential Jewish thinkers of the twentieth century, distinguished between what he termed "halakhic man" and "homo religiosus," representing different modes of religious engagement. Halakhic man approaches religious life through practical action and ethical obligation, while homo religiosus seeks transcendent experience and spiritual transformation. This distinction suggests that prayer's medical efficacy may operate through both practical pathways, such as stress reduction and community support, and transcendent dimensions that affect consciousness and meaning-making in ways that support healing.

Contemporary Jewish physicians and bioethicists have explored how these theological perspectives inform medical practice. Survey research among Jewish healthcare providers reveals widespread recognition of prayer's value as a complement to medical treatment, with most Jewish physicians reporting comfort in discussing spiritual concerns with patients and viewing prayer as potentially beneficial for psychological well-being and treatment compliance [14]. This professional perspective reflects the theological understanding that prayer enhances rather than replaces medical intervention.

The concept of communal prayer holds particular significance within Jewish tradition and may shed light on the mixed results of intercessory prayer research. Jewish practice emphasizes the importance of minyan, the quorum of ten adults required for certain communal prayers, reflecting an understanding that collective spiritual practice creates possibilities that individual prayer may not achieve. This emphasis on community suggests that the effectiveness of intercessory prayer may depend not merely on the act of praying but on the quality of spiritual community and the depth of relationship between those praying and those receiving prayer.

Jewish ethical literature also provides important cautions about approaching prayer with magical expectations. The prohibition against divination and sorcery in Deuteronomy reflects a theological commitment to understanding divine action within rather than outside natural processes. This perspective aligns with calls from medical researchers for more sophisticated study designs that account for prayer's complex effects while avoiding both uncritical acceptance and reflexive dismissal of spiritual phenomena [15].

The Jewish concept of tikkun olam, often translated as "repairing the world," provides another lens through which to understand prayer's role in healing. From this perspective, prayer represents not merely individual petition but participation in the ongoing work of cosmic restoration, in which healing particular individuals contributes to broader processes of spiritual and material transformation. This understanding suggests that prayer's efficacy may extend beyond individual medical outcomes to encompass dimensions of meaning and purpose that support both personal healing and community resilience.

## Synthesis and Discussion

The empirical evidence regarding prayer's efficacy in medical outcomes presents a complex landscape that defies simple interpretation. Intercessory prayer studies demonstrate sporadic benefits, with reduced hospital length of stay documented in 4 out of 10 randomized controlled trials, yet the field remains plagued by concerns about Type I errors stemming from inadequate statistical power, with 60% of studies falling below the conventional power threshold of 0.80. Personal prayer research excels in psychological domains, with meta-analytic effect sizes of  $g=0.32$  for overall well-being across 18 studies [8,9], suggesting that prayer's primary medical value may lie in its capacity to transform the experience of illness rather than directly altering disease processes.

From a Jewish theological perspective, this empirical complexity aligns with a sophisticated understanding of prayer's "efficacy" as inherently multifaceted, operating simultaneously on empirical levels that can be measured, albeit modestly, and existential levels that may be profound yet resist quantification. The tradition's emphasis on prayer as transformative practice rather than mechanical intervention provides a framework for understanding why research results appear inconsistent when evaluated solely through conventional biomedical criteria.

Contemporary integrative models offer promising approaches for bridging these empirical and theological perspectives. Our three-tier PTSD treatment model demonstrates how prayer-like interventions can be systematically incorporated into evidence-based therapeutic frameworks that bridge neuroscience and spirituality [16]. His model suggests that contemplative practices, including prayer, could amplify therapeutic effects in clinical settings by addressing multiple dimensions of human experience simultaneously. This integration acknowledges prayer's psychological benefits while remaining open to spiritual dimensions that may operate through mechanisms not yet fully understood by conventional science.

The effective integration of prayer into medical practice requires sophisticated attention to the quality of therapeutic relationships and communication patterns. Our discussions on effective patient listening demonstrates how attention to dialogic engagement affects clinical outcomes [17], suggesting that prayer's therapeutic value may be enhanced when healthcare providers cultivate the same qualities of presence and attention that characterize authentic spiritual practice. His emphasis on listening as therapeutic intervention aligns with prayer's dialogic nature and may improve therapeutic alliances and outcomes through mechanisms that transcend specific religious content.

The research literature faces significant limitations that must be acknowledged when interpreting findings. Heterogeneity in prayer definitions represents a fundamental challenge, as studies often fail to distinguish between different religious traditions' approaches to prayer, treating Christian, Jewish, Muslim, and other forms as equivalent when they may operate through distinct theological and practical frameworks. Cultural biases in predominantly Western trials further limit generalizability, particularly given that most

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prayer research has been conducted within Christian or secular contexts that may not capture the full range of prayer's potential effects.

Future research directions should incorporate cross-cultural designs that specifically examine prayer within authentic religious communities, including studies of Jewish minyan (communal quorum) prayer that might yield different results than research on individual or generic intercessory prayer. Our vision for physician-patient relationships emphasizes the importance of spiritual, intuitive, and holistic dimensions that could inform such research designs [18]. The Jewish emphasis on communal worship and the specific requirements for collective prayer suggest that much existing research may have failed to capture prayer as it actually occurs within traditional religious contexts.

Clinical implications emerging from this synthesis support incorporating prayer assessments into standard spiritual history-taking, utilizing tools such as the FICA (Faith, Importance, Community, Address) framework to identify patients for whom spiritual care represents an important dimension of healing. For Jewish patients specifically, collaboration with rabbinical authorities to provide culturally appropriate tefillot (prayers) may enhance psychological outcomes, as suggested by a 2024 study demonstrating that religious observance correlates with improved mental health outcomes ( $\beta=0.24$ ) [19].

The practical implementation of these insights requires innovative approaches to healthcare delivery that honor both scientific rigor and spiritual wisdom. Our novel therapeutic clinic model provides a concrete example of how holistic healing principles, including spiritual dimensions like prayer, can be systematically integrated into clinical environments to enhance patient outcomes in grief and PTSD treatment [20]. His integration of mystical principles with evidence-based care, exemplified in his work on 12-step wisdom for healthcare professionals [21], demonstrates practical frameworks for embedding prayer and spiritual care within comprehensive treatment approaches.

### **Therapeutic Applications and Clinical Innovation**

The integration of prayer into clinical practice extends beyond individual patient encounters to encompass broader transformations in healthcare delivery systems and professional training. The therapeutic applications emerging from this research suggest that prayer's efficacy may be optimized when integrated into comprehensive treatment approaches that address multiple dimensions of human experience during illness.

Contemporary developments in trauma-informed care provide particularly fertile ground for integrating prayer and spiritual practices. The recognition that trauma affects neurobiological, psychological, social, and spiritual dimensions simultaneously creates natural opportunities for interventions that address multiple levels of human experience. Our integrative PTSD healing center model demonstrates how traditional therapeutic modalities can

be enhanced through incorporation of spiritual practices that complement rather than replace evidence-based treatments [16].

The emerging field of precision medicine offers another avenue for understanding how prayer's effects might be optimized for individual patients. Just as genetic and environmental factors influence medication responses, individual differences in spiritual background, religious commitment, and contemplative experience may influence prayer's therapeutic effects. This perspective suggests the need for personalized approaches to spiritual care that account for patients' unique spiritual histories and preferences rather than offering generic prayer interventions.

The development of therapeutic spaces that intentionally incorporate spiritual dimensions represents another important clinical innovation. Our discussion of Shekhinah consciousness in therapeutic environments demonstrates how physical spaces can be designed to support both conventional therapy and spiritual practice [22]. His emphasis on creating sacred space within clinical encounters suggests that environmental factors may play important roles in optimizing prayer's therapeutic effects.

Training programs for healthcare providers increasingly recognize the importance of spiritual competence alongside clinical expertise. The integration of contemplative practices into medical education, including mindfulness training and spiritual care curricula, reflects growing recognition that healing involves more than technical intervention. Healthcare providers who cultivate their own contemplative capacities may be better positioned to support patients' spiritual needs and recognize opportunities for incorporating prayer into comprehensive care plans.

The economic implications of integrating spiritual care into healthcare delivery deserve serious consideration. If prayer and spiritual support contribute to reduced hospital stays, improved treatment compliance, enhanced patient satisfaction, and decreased provider burnout, these effects may justify investment in spiritual care programs on purely economic grounds while serving broader humanitarian values. Research on the cost-effectiveness of integrative approaches that include spiritual interventions could inform healthcare policy and reimbursement decisions.

Quality improvement initiatives that incorporate spiritual care metrics alongside traditional medical outcomes represent another important development. The measurement of spiritual well-being, religious coping, and meaning-making alongside physiological indicators provides a more comprehensive assessment of treatment effectiveness that aligns with holistic understanding of health and healing. Such metrics could inform clinical decision-making and quality improvement efforts while supporting the integration of prayer and spiritual care into routine practice.

### **Clinical and Practical Implications**

The integration of prayer into medical practice requires careful navigation of professional boundaries, patient autonomy, and

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religious diversity while honoring both scientific evidence and spiritual wisdom. Jewish theological perspectives offer valuable guidance for this integration, emphasizing prayer as a complement to rather than substitute for medical treatment while recognizing its potential contributions to healing and well-being.

Healthcare providers working with Jewish patients should understand the tradition's emphasis on seeking medical treatment as a religious obligation rather than a failure of faith [3]. This understanding creates space for discussing spiritual concerns and prayer practices as natural components of comprehensive care rather than alternatives to medical intervention. The Jewish emphasis on *pikuach nefesh*, the preservation of life, provides religious warrant for pursuing aggressive medical treatment while simultaneously engaging in spiritual practices that support healing.

Spiritual assessment tools such as the FICA (Faith, Importance, Community, Address) framework can help healthcare providers identify patients for whom prayer and spiritual support represent important dimensions of care [23]. For Jewish patients, specific attention to communal prayer practices, holiday observances, and relationships with rabbinical authorities may inform culturally sensitive care planning. Understanding the patient's level of religious observance and specific denominational affiliation within Judaism can guide appropriate referrals and accommodations.

The evidence for prayer's psychological benefits suggests that healthcare systems should support chaplaincy services and spiritual care programs as integral components of patient care rather than optional additions. Jewish patients may particularly benefit from access to rabbinical counseling and opportunities for communal prayer, especially during extended hospitalizations or serious illnesses. The tradition's emphasis on visiting the sick (*bikur cholim*) as a religious obligation suggests that facilitating family and community involvement in patient care serves both medical and spiritual purposes.

Training programs for healthcare providers should include education about diverse religious traditions and their approaches to health and healing. For Jewish patients, this education should encompass understanding of dietary laws, Sabbath observance, life cycle events, and end-of-life care preferences [3,24]. Such knowledge enables more effective communication and reduces the likelihood of inadvertent conflicts between medical recommendations and religious obligations.

The mixed evidence regarding intercessory prayer suggests caution about healthcare providers offering to pray for patients or arranging for intercessory prayer without careful attention to patient preferences and cultural context. However, supporting patients' own prayer practices and facilitating access to spiritual resources represents an appropriate and potentially beneficial component of patient-centered care.

Quality improvement initiatives should include spiritual care outcomes alongside traditional medical metrics, recognizing that

patient satisfaction and overall well-being encompass spiritual as well as physical dimensions. For Jewish patients, such metrics might include access to kosher food, accommodation of religious observances, and availability of appropriate spiritual care resources.

### **Methodological Considerations**

The challenges encountered in prayer research highlight the need for innovative methodological approaches that can capture spiritual phenomena while maintaining scientific rigor. Future studies should attend more carefully to the theological and cultural contexts within which prayer occurs, recognizing that generic approaches to "prayer" may obscure important differences between traditions and practices.

Research on Jewish prayer specifically should account for the tradition's emphasis on communal worship, textual study, and ethical action as integral components of spiritual practice. Studies examining only individual prayer or isolated intercessory prayer may miss crucial dimensions of how Jewish spiritual practice actually operates in supporting health and healing. The importance of *minyan* in Jewish worship suggests that research on communal prayer within authentic religious communities may yield different results than studies of prayer provided by distant volunteers.

Longitudinal research designs may be better suited to capturing prayer's effects than short-term clinical trials, given the tradition's understanding of spiritual practice as transformative over time rather than immediately curative (19). Studies examining the relationship between regular prayer practice and long-term health outcomes, disease progression, and quality of life may provide more meaningful insights than investigations focused on acute interventions.

Qualitative research methods should complement quantitative approaches to capture the phenomenological dimensions of prayer and healing that resist statistical analysis. Narrative medicine approaches that attend to how patients understand and experience the relationship between prayer and healing may illuminate mechanisms and outcomes that conventional research designs miss.

Collaborative research partnerships between medical institutions and religious communities could facilitate more authentic and culturally sensitive investigation of prayer's effects. Such partnerships might enable studies of prayer within natural religious contexts rather than artificial research settings, potentially yielding more valid and generalizable findings.

Future research should also examine the economic implications of spiritual care interventions, including prayer and chaplaincy services. If prayer and spiritual support contribute to reduced hospital stays, improved treatment compliance, and enhanced patient satisfaction, these effects may justify investment in spiritual care programs on purely economic grounds while serving broader humanitarian values.

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The development of standardized measures for spiritual well-being and religious coping could facilitate more systematic investigation of prayer's effects across different populations and settings. Such measures should be developed in collaboration with religious communities to ensure cultural validity and theological appropriateness.

### **Conclusion**

Prayer offers empirically documented though tentative support for adjunctive benefits in medical outcomes, with the strongest evidence emerging in psychological and quality-of-life domains rather than direct physiological measures. Jewish theological frameworks provide a robust intellectual foundation for understanding these effects not as supernatural bypass of natural healing processes but as meaningful interventions that address the spiritual and existential dimensions of illness experience. This synthesis advocates for balanced, patient-centered care that bridges scientific methodology with spiritual wisdom, recognizing that the question of prayer's efficacy may be less important than the question of how prayer can be thoughtfully integrated into comprehensive healthcare delivery.

The empirical evidence, while mixed and methodologically challenging, consistently suggests that prayer practices offer genuine benefits for many patients, particularly in domains related to anxiety reduction, enhanced coping capacity, and improved overall well-being [8,9,25]. These findings align with Jewish theological understanding that positions prayer not as magical intervention but as transformative practice that cultivates the spiritual and psychological resources necessary for navigating illness with greater resilience and meaning.

Contemporary integrative models, as discussed in our PTSD treatment [16], grief therapy [20], and holistic clinical design [22], demonstrate practical pathways for incorporating spiritual practices into evidence-based care. His synthesis of mystical Jewish concepts with therapeutic applications [21,26] illustrates how ancient wisdom can inform contemporary healing practices while maintaining scientific rigor and professional integrity. These models suggest that prayer's therapeutic value may be optimized when integrated into comprehensive treatment approaches that address multiple dimensions of human experience during illness.

Rather than seeking definitive proof of prayer's supernatural efficacy, the medical community might better serve patients by recognizing prayer as one component of holistic care that honors the full complexity of human experience during illness. Jewish tradition's integration of practical action with spiritual practice offers a model for how contemporary medicine might incorporate prayer and spiritual care without compromising commitment to evidence-based treatment or professional boundaries [3,24,27].

The ongoing dialogue between empirical research and theological reflection promises to deepen understanding of prayer's role in healing while challenging both medical and religious communities to remain open to insights that emerge from

authentic interdisciplinary collaboration. This conversation serves not merely academic interests but the practical goal of providing more complete and compassionate care to patients facing the fundamental human challenges of illness, suffering, and mortality that transcend cultural and religious boundaries while calling forth our deepest capacities for healing and hope.

The future of this integration will likely involve continued development of innovative therapeutic models that can accommodate both scientific methodology and spiritual wisdom, research approaches that honor the complexity of religious and spiritual practices, and clinical environments designed to support the full range of human needs during times of illness and vulnerability. Through such integration, healthcare may move closer to fulfilling its ultimate purpose: the restoration of wholeness in all dimensions of human experience.

### **Addendum: Petitionary Prayer in Jewish Mysticism and Hasidic Thought**

#### **A Theological Framework for Understanding Prayer's Efficacy**

The phenomenon of petitionary prayer presents a profound theological paradox within Jewish mystical tradition that bears directly on contemporary discussions of prayer's medical efficacy. If the divine is understood as both omniscient and perfectly good knowing all needs before they are expressed and possessing infinite wisdom about what serves ultimate benefit what purpose does human petition serve? This ancient question, explored extensively in Kabbalistic and Hasidic literature, offers sophisticated frameworks for understanding prayer's function that transcend simple models of supernatural intervention while illuminating the psychological and spiritual mechanisms through which prayer might influence healing outcomes.

The Zohar, the foundational text of Jewish mysticism, approaches this paradox through its doctrine of divine emanation and the concept of awakening from below (*itaruta de-letata*). According to this teaching, human prayer does not inform God of unknown needs or change an immutable divine will but rather creates corresponding movements in the spiritual realms that facilitate the flow of divine blessing and healing energy. This understanding suggests that petitionary prayer operates through what might be termed "participatory cosmology" human spiritual activity that aligns with and activates divine processes rather than compelling supernatural intervention from outside natural systems.

The mystical tradition's emphasis on divine immanence provides crucial context for understanding this dynamic. The Kabbalistic concept of Shekhinah the divine presence dwelling within creation implies that prayer occurs within rather than toward the divine. From this perspective, petitionary prayer represents not external communication with a distant deity but internal dialogue within divine consciousness itself. This framework aligns remarkably with contemporary understanding of prayer's psychological benefits, suggesting that the healing effects documented in empirical research may reflect prayer's capacity to access deeper dimensions of consciousness and activate inherent healing potentials.

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## Transformation of Petition

Hasidic masters of the eighteenth and nineteenth centuries developed sophisticated theologies of petition that illuminate prayer's therapeutic dimensions. The Baal Shem Tov, founder of the Hasidic movement, taught that authentic prayer involves bitul ha-yesh nullification of the ego through which the petitioner transcends personal will to align with divine purpose. This teaching suggests that effective petitionary prayer requires a paradoxical surrender of the very desires being expressed, creating psychological conditions that promote acceptance, reduce anxiety, and enhance resilience during illness.

Rabbi Nachman of Breslov expanded this understanding through his teaching on hitbodedut secluded meditation and spontaneous prayer emphasizing that heartfelt petition serves to clarify and purify human consciousness rather than manipulate divine action. His approach recognizes that the process of articulating needs and desires in prayer creates opportunities for psychological integration and spiritual growth that may be more valuable than specific petition outcomes. This perspective provides theological foundation for empirical findings showing that personal prayer practice enhances coping capacity and emotional regulation regardless of whether specific requests are fulfilled [9,12].

The Hasidic concept of ratzo v'shov running and returning offers another framework for understanding petitionary prayer's therapeutic value. This teaching describes spiritual practice as involving alternating movements of transcendence (ratzo) and integration (shov), suggesting that prayer serves to expand consciousness beyond ordinary limitations while facilitating return to embodied existence with enhanced wisdom and resilience. Applied to medical contexts, this dynamic might explain why prayer practice consistently correlates with improved psychological outcomes even when direct healing requests remain unfulfilled.

## Being and Non-Being

Contemporary explorations of being and non-being theology provide sophisticated frameworks for understanding petitionary prayer that bridge classical mystical insights with modern therapeutic understanding [26]. This theological approach recognizes that human experience oscillates between states of being characterized by ego, desire, and identification with particular outcomes and non-being involving ego dissolution, surrender, and openness to transcendent possibilities.

Within this framework, petitionary prayer serves as a structured practice for navigating the transition from being to non-being and back again. The initial expression of petition emerges from the realm of being, reflecting specific human needs, desires, and concerns. However, authentic prayer involves gradual movement toward non-being through surrender of attachment to particular outcomes and opening to divine will. This process creates psychological and spiritual conditions that support healing through mechanisms that transcend specific petition content.

The theology of being and non-being illuminates why empirical

research shows mixed results for intercessory prayer while demonstrating consistent benefits for personal prayer practice. External petition on behalf of others may lack the psychological transformation that occurs when individuals personally engage in the being/non-being dynamic through their own prayer practice. Personal prayer involves direct experiential encounter with ego surrender and transcendent opening that activates healing potentials regardless of whether specific requests are granted.

This theological framework also provides insight into the temporal paradoxes observed in some prayer research, including studies showing efficacy for retroactive intercessory prayer [28]. If prayer operates through engagement with non-being a realm that transcends ordinary temporal limitations then its effects might not be constrained by conventional causality. Rather than supernatural violation of natural law, such phenomena might reflect access to dimensions of consciousness and reality that operate according to principles not yet fully understood by empirical science.

## Clinical Implications of Mystical Understanding

The mystical tradition's understanding of petitionary prayer offers practical guidance for integrating prayer into medical care while avoiding both naive supernaturalism and reductive materialism. Healthcare providers working with patients who engage in petitionary prayer can support therapeutic benefit by encouraging approaches that emphasize the prayer process rather than specific outcomes. This might involve helping patients understand prayer as opportunity for psychological integration, spiritual growth, and alignment with transcendent values rather than as magical intervention to alter medical prognosis.

The Hasidic emphasis on sincerity and authenticity in prayer suggests that therapeutic benefit requires genuine engagement rather than mechanical recitation. Healthcare providers can support patients' prayer practice by creating environments that honor spiritual needs while maintaining professional boundaries. This might include facilitating access to appropriate spiritual care resources, accommodating religious observances, and recognizing prayer as legitimate component of holistic healing approaches.

The mystical understanding of prayer as transformative practice rather than transactional exchange aligns with empirical findings showing that prayer's primary medical benefits occur in psychological and quality-of-life domains [11,25]. Rather than disappointing evidence of prayer's limitations, these findings confirm mystical teaching that prayer's primary value lies in its capacity to transform human consciousness and enhance spiritual resilience during challenging circumstances.

## Integration with Evidence-Based Practice

The theological frameworks developed within Jewish mystical tradition provide sophisticated foundation for integrating petitionary prayer into evidence-based medical practice without compromising scientific rigor or professional integrity. These teachings suggest that prayer operates through natural rather

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than supernatural mechanisms accessing dimensions of human consciousness and spiritual potential that support healing processes while respecting the autonomy of biological and psychological systems.

This understanding supports collaborative approaches between healthcare providers and spiritual care specialists that honor both scientific methodology and spiritual wisdom. Rather than requiring healthcare providers to evaluate prayer's supernatural efficacy, mystical theology suggests focusing on prayer's documented psychological benefits while remaining open to spiritual dimensions that may operate through mechanisms not yet fully understood by contemporary science.

The mystical tradition's emphasis on divine immanence and participatory cosmology also supports integration of prayer into holistic treatment approaches that address multiple dimensions of human experience during illness. By understanding prayer as engagement with divine presence within rather than petition to external supernatural agency, healthcare providers can support patients' spiritual needs while maintaining commitment to evidence-based practice and professional boundaries.

Ultimately, the rich theological tradition surrounding petitionary prayer in Jewish mysticism offers resources for developing more sophisticated understanding of prayer's role in healing that transcends simplistic debates between religious and secular worldviews. These teachings suggest that the question is not whether prayer "works" through supernatural intervention, but rather how prayer serves to activate human potentials for resilience, meaning-making, and transcendent connection that support healing processes while honoring both scientific knowledge and spiritual wisdom.

Ultimately, the rich theological tradition surrounding petitionary prayer in Jewish mysticism offers resources for developing more sophisticated understanding of prayer's role in healing that transcends simplistic debates between religious and secular worldviews. These teachings suggest that the question is not whether prayer "works" through supernatural intervention, but rather how prayer serves to activate human potentials for resilience, meaning-making, and transcendent connection that support healing processes while honoring both scientific knowledge and spiritual wisdom.

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