WORKING PAPER 003

Can Miraculous Healing Be Studied?

A Research Agenda for Reports of Supernatural Recovery in Mental Health

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Independent working paper. This paper presents developing ideas, research questions, and interdisciplinary inquiry. It has not undergone peer review.

Abstract

People sometimes describe something that is difficult to fit neatly into our usual mental-health categories: they say they were struggling with serious psychiatric symptoms, encountered God in some way, and then something changed - sometimes dramatically. The experience may be described as answered prayer, deliverance, conversion, an encounter with the Holy Spirit, or miraculous healing. My question is simple: why would that place the experience outside the reach of serious study?

Science may not be able to prove that God caused a healing. But that does not mean there is nothing to investigate. We can examine what a person was experiencing before the event, what happened during it, what changed afterward, how quickly symptoms changed, whether treatment or medication changed, whether functioning improved, and whether the improvement lasted. This paper asks what it would look like to study reports of supernatural recovery without deciding in advance that every testimony is proof of a miracle - or that the possibility of a miracle must be excluded before the investigation begins.

Author's Note

This question is not abstract for me. My larger body of work sits at the intersection of mind, soul, physical body, and spirit, and I am deeply interested in what happens when people's experiences of healing do not fit comfortably inside one discipline.

I believe God heals. That is my theological position. But belief is not the same thing as research evidence, and I do not want to confuse the two. What interests me is whether we can take extraordinary reports seriously enough to document them carefully, ask difficult questions, consider alternative explanations, and see what remains when we do.

The Question I Want to Ask Out Loud

Can miraculous healing be studied?

At first, that can sound like the wrong kind of question for science. A miracle is, by definition, interpreted as something beyond ordinary natural explanation. Science is built to observe, measure, compare, and test what is accessible to observation. So I am not proposing that a laboratory can place God under a microscope or design a scan that detects divine action.

I am asking something more grounded: when a person says, 'Jesus healed me,' what actually happened in that person's life before, during, and after the experience?

Was there a documented diagnosis? How severe were the symptoms? How long had they been present? What treatment had the person received? Did the symptoms change suddenly or gradually? Did medication change before or after the event? Did sleep, relationships, work, cognition, or daily functioning change? And most importantly, did the change last?

Those are not theological questions. They are observable questions. And I think they are worth asking.

Two Different Claims Are Being Made

When someone says, 'God healed me,' I hear at least two claims.

The first is a theological claim: God caused the healing. Scientific methods are not designed to establish God's agency in the same way they can test whether a medication changed blood pressure or whether a behavioral intervention reduced symptoms.

The second claim is observable: something significant changed in this person's symptoms or functioning, and that change occurred in connection with an experience the person understood as spiritual or supernatural.

That second claim can be investigated.

Separating those two claims matters because it allows us to preserve the person's interpretation without asking science to pretend it can answer a question its tools were not built to answer. At the same time, it prevents us from dismissing the entire event simply because one part of the explanation is theological.

What Could We Actually Measure?

Quite a lot, actually.

We could begin with the person's psychiatric history: diagnosis, duration of illness, hospitalizations, previous episodes, medication use, treatment history, and documented symptom severity. We could use validated measures of depression, anxiety, trauma symptoms, mania, psychosis, functioning, quality of life, and well-being when appropriate.

Then we could look at ordinary life. Did the person return to work? Begin sleeping normally? Reconnect with family? Stop using substances? Resume self-care? Become more stable over time? A claim of healing becomes much more meaningful when we can examine not only how someone says they feel, but how their life changed afterward.

The spiritual experience itself also deserves careful description. What did the person experience? Prayer? Worship? Deliverance? A vision? A sudden internal shift? A conversion experience? Did the person experience the change immediately, or did recovery unfold afterward? What changed in identity, belief, behavior, relationships, or sense of meaning?

In future prospective studies, we could also measure biological changes around spiritually significant experiences. Brain imaging, autonomic measures, sleep data, stress physiology, and other tools might tell us what happened in the human organism. They would not function as detectors of God. They would tell us what happened in the person.

Alternative Explanations Do Not Ruin the Question

If we are going to study extraordinary recovery seriously, we have to be willing to ask whether something else could explain it.

Was there spontaneous remission? A delayed medication effect? A change in diagnosis? Better sleep? The end of substance use? A major environmental change? Expectancy? Community support? A new behavior pattern? Regression to the mean? Was the person already improving before the spiritual event occurred?

I do not think asking those questions dishonors someone's testimony. I think it protects the integrity of the inquiry.

If an ordinary explanation accounts for the change, we should be willing to say that. If several factors appear to have contributed, we should say that too. And if a carefully documented case still contains features that are unusual, abrupt, durable, and difficult to explain through the available alternatives, then that becomes scientifically interesting - even if science still cannot pronounce, 'God did this.'

How I Would Begin Studying It

I would not begin with a clinical trial. I think we need to understand the phenomenon before we try to test it.

First, I would map the existing literature. What has already been documented about dramatic psychiatric recovery associated with conversion, prayer, mystical experience, deliverance, or other spiritually interpreted events?

Next, I would listen. Qualitative interviews could help us understand how people describe these experiences in their own words. What happened? What did healing mean to them? What changed first? What changed later? What stayed the same?

From there, carefully documented retrospective case studies could compare testimony with medical records, treatment history, collateral information, and functional outcomes where ethically and legally appropriate.

The next step could be prospective observation: following people over time after major spiritually interpreted experiences and repeatedly measuring symptoms, functioning, treatment, behavior, and biological variables. Only after we understand the pattern better would I want to ask whether particular spiritually integrated practices or interventions should be tested experimentally.

Why Neurotheology Matters - and Where It Stops

Neurotheology gives us an important starting point because it shows that spiritual practices and religious experiences can be studied biologically. Researchers have used neuroimaging and other physiological tools to examine prayer, meditation, worship, religious experience, and related practices. A 2026 systematic review identified 105 studies and found recurring involvement of systems related to attention, emotion regulation, self-referential processing, social cognition, and reward (Husain et al., 2026).

That matters because it tells us spiritual experience is not scientifically untouchable. We can study what is happening in the brain and body while a person prays or undergoes an experience they understand as spiritual.

But I want to keep the boundary clear: a brain change does not tell us where the experience ultimately came from. If a person prays and a scan shows a measurable neural shift, the scan has shown us a correlate of the experience. It has not proven God, disproven God, or explained God away.

The brain may tell us something about mechanism. It does not automatically settle the question of source.

The Research Question Beneath My Own Work

This is one of the questions underneath much of what I am building: what are we willing to study when people's reports of healing exceed the categories we usually use?

I do not want to solve that tension by forcing science to say more than it can say. But I also do not want to solve it by deciding that anything described as supernatural is automatically unworthy of investigation.

There is a middle position that I find much more interesting: document carefully. Measure what can be measured. Preserve the person's own interpretation. Look for competing explanations. State the limitations plainly. Then remain curious about what is left.

Questions I Want to Carry Forward

How often do people report dramatic psychiatric improvement after experiences they interpret as encounters with God? Which diagnoses and symptom patterns appear most often? Are some recoveries sudden while others unfold over time? How durable are they?

What changes in the brain and body accompany these experiences? Are there measurable shifts in sleep, stress physiology, cognition, emotional regulation, or neural activity? Do those changes look different from ordinary symptom improvement?

What role do expectancy, community, medication, therapy, lifestyle, identity, meaning, and behavior play? Can we identify cases in which these factors explain most of the improvement - and cases in which they do not seem sufficient?

Could we eventually develop criteria for studying what I have elsewhere called Spiritually Attributed Extraordinary Recovery: major improvement that the person attributes to a spiritual event, documented carefully

enough that researchers can examine the recovery without being required to accept or reject the person's theological explanation?

And perhaps the question underneath all of them is this: can we investigate extraordinary healing with enough rigor to satisfy science and enough openness to avoid deciding the answer before the study begins?

I believe we can. And I believe the question is worth pursuing.

References

Husain, W., et al. (2026). The neuroscience of religious and spiritual practices: A systematic review of neurotheological evidence. Brain and Behavior, 16(9), e71733. https://doi.org/10.1002/brb3.71733