

Can Miraculous Healing Be Studied?

A Research Agenda for Reports of Supernatural Recovery in Mental Health

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Abstract

People sometimes report dramatic recovery from psychiatric symptoms following experiences they understand as encounters with God, answered prayer, deliverance, conversion, or miraculous healing. Such claims are often handled in one of two ways: accepted as proof of supernatural causation or dismissed because supernatural causation cannot be established by conventional scientific methods. I am interested in a third possibility. This working paper asks what science can responsibly investigate when a person reports supernatural healing from mental illness. The metaphysical claim and the observable outcome are not the same question. Research may be unable to determine whether God caused an event while still examining diagnosis and treatment history, phenomenology of the reported encounter, symptom trajectory, medication changes, functional outcomes, durability of recovery, and plausible alternative explanations. I propose that reported miraculous recovery is a legitimate subject for careful empirical inquiry and outline an early research agenda for studying it without requiring science either to affirm or deny the supernatural interpretation in advance.

Author's Note

I am currently developing a methodology and applied modality concerned with the convergence of mind, soul, physical body, and spirit. These working papers document the questions, theoretical propositions, and research directions informing that work. They are intentionally exploratory. Where I make theological claims, I identify them as theological; where I discuss scientific findings, I distinguish those findings from my interpretations and hypotheses.

The Question I Want to Ask Out Loud

I believe miraculous healing deserves serious inquiry.

That sentence can sound provocative in a mental health context because 'miracle' is a theological interpretation, not a conventional scientific variable. But people do report experiences they understand as encounters with God followed by dramatic changes in mental health. I am one of the people for whom questions of supernatural healing are not merely abstract.

The research question, however, does not have to be: Can a laboratory prove that God performed a miracle?

A more disciplined question is: When a person reports supernatural healing from a psychiatric condition, what happened before, during, and after that experience - and what aspects of that change can be documented?

Separate the Metaphysical Claim from the Observable Claim

If a participant says, 'Jesus healed me,' at least two different kinds of claims are present.

The first is metaphysical and theological: Jesus caused the healing. Scientific methods are not designed to adjudicate the existence or agency of God in the way they test a medication dose or behavioral intervention.

The second claim is observational: a person experienced a significant change in symptoms or functioning, and that change occurred in temporal relationship to an experience the person interpreted as supernatural.

That second claim can be investigated.

Researchers can ask whether there was a documented diagnosis, what symptoms were present, how long they persisted, what treatments were being used, whether medication changed, what the reported spiritual experience involved, how rapidly symptoms changed, whether functioning improved, whether the change persisted, and whether collateral or medical records support elements of the account.

What Could Actually Be Measured?

A rigorous study of reported supernatural recovery could examine multiple domains.

Psychiatric history could include diagnoses, duration, hospitalizations, prior symptom severity, treatment history, and medication use. Psychological outcomes could include validated measures of depression, anxiety, trauma symptoms, mania, psychosis, functioning, quality of life, and well-being where clinically appropriate. Behavioral outcomes could include work, relationships, sleep, substance use, self-care, and daily functioning.

The spiritual event itself could be studied phenomenologically: What did the person perceive? How did the person interpret it? Was the experience sudden or gradual? Did it occur during prayer, worship, sleep, crisis, conversion, or another context? What changed in the person's beliefs, identity, behavior, relationships, or sense of meaning afterward?

Physiological or neurobiological measures could become relevant in prospective work, but they should not be treated as detectors of divine action. They would measure the human correlates of an experience.

Alternative Explanations Are Part of the Research

A serious research program cannot define every improvement as a miracle merely because the participant does. It would need to consider spontaneous remission, delayed treatment effects, medication changes, diagnostic error, expectancy, social support, behavioral change, regression to the mean, substance cessation, sleep restoration, and other plausible contributors.

That does not invalidate the participant's spiritual interpretation. It protects the integrity of the investigation.

The question is not whether researchers can remove every competing explanation from a human life. The question is whether they can document the trajectory carefully enough that readers can evaluate what is known, what remains uncertain, and what interpretation the participant gives the experience.

A Possible Research Sequence

I see several stages through which this question could mature.

The first is literature mapping: What has already been published about sudden or sustained psychiatric recovery associated with religious conversion, mystical experience, prayer, deliverance, or other spiritually interpreted events?

The second is qualitative phenomenology: How do people who report supernatural recovery describe the experience and the changes that followed?

The third is carefully documented retrospective case research using records and collateral information where ethically and legally appropriate.

The fourth is prospective observational research in which people reporting major spiritual experiences are followed over time using validated measures.

Only after the phenomenon is better described would it make sense to ask whether particular spiritually integrated interventions should be tested experimentally.

Each stage requires appropriate ethics review, informed consent, data protection, and clinical safeguards.

Why Neurotheology Matters - and Where It Stops

Neurotheology provides an important adjacent literature because it demonstrates that religious and spiritual practices can be studied using neuroimaging and neurophysiological methods. A 2026 systematic review identified 105 studies across multiple traditions and practices and found recurring involvement of neural systems associated with attention, emotion regulation, self-referential processing, social cognition, and reward.

That literature gives researchers tools for examining the biological correlates of spiritual practice and experience. It does not tell us whether a spiritual experience originated from God. A neural correlate is not a metaphysical verdict.

This boundary is essential to the research agenda I am proposing.

The Research Question Beneath My Own Work

I am currently developing a methodology and applied modality that addresses the convergence of mind, soul, physical body, and spirit. Reported miraculous healing sits at the far edge of that

inquiry because it forces an unusually clear question: What are we willing to study when people's descriptions of healing exceed the categories our disciplines ordinarily use?

I do not want to solve that tension by making science say what it cannot say. I also do not want to solve it by excluding the experience before investigation begins.

My position at this stage is simple: document carefully, measure what can be measured, preserve the person's own interpretation, investigate alternatives, state limitations plainly, and remain curious about what the evidence reveals.

Questions for Future Research

How common are reports of dramatic psychiatric improvement following spiritually interpreted experiences? Which diagnoses and symptom patterns are represented? How durable are reported recoveries? What changes occur in identity, behavior, relationships, meaning, and spiritual practice alongside symptom change? What role do community, expectancy, treatment, medication, and lifestyle changes play? Are there identifiable psychological or neurobiological patterns associated with transformative religious experiences? And how can researchers study these phenomena without either pathologizing spiritual experience or prematurely validating supernatural causation?

Those are empirical questions. I believe they are worth asking.

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>