CASE STUDY

"My Body Does Not Fit in Your Medical Textbooks": A Physically Turbulent Life With an Unexpected Recovery From Advanced Parkinson Disease After Prayer

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ABSTRACT

Aim • The purpose of this article is to enhance our understanding of prayer healing by studying a case which was described as a 'remarkable healing' by a medical assessment team at the Amsterdam University Medical Centre (UMC) in the Netherlands.

Method • This retrospective, case-based study of prayer healing investigated numerous reported healings using both medical files and patient narratives. A medical assessment team evaluated the associated medical files, as well as any experiential data. The instances of healing could be classified as 'remarkable' or 'unexplained.' Experiential data were obtained by qualitative, in-depth interviews. The study was transdisciplinary in nature, involving medical, psychological, theological, and philosophical perspectives. The object was to understand such healings within the broader framework of the science-religion debate.

Results • We present the case of a female patient, born in 1959, with Parkinson disease who experienced instantaneous, nearly complete healing in 2012 after intercessory prayer. At that point the disease was at an advanced stage, rapidly progressive, with major debilitating symptoms. High doses of oral medication were required. Following this healing there was no recurrence of her former symptoms, while the remaining symptoms continued to improve. She regained all of her capacities at work, as well as in daily life. The medical assessment team described her recovery as 'remarkable.' The patient reported that she had always 'lived with God,' and that at a point when she had given up hope, 'life was given back to her.' This recovery did not make her immune to other illnesses and suffering, but it did strengthen her belief that God cares about human beings.

Conclusion • This remarkable healing and its context astonished the patient, her family, and her doctors. The clinical course was extraordinary, contradicting data from imaging studies, as well as the common understanding of this disease. This case also raised questions about medical assumptions. Any attempt to investigate such healings requires the involvement of other disciplines. A transdisciplinary approach that includes experiential knowledge would be helpful. Against the background of the science-religion debate, we feel that the most helpful approach would be one of complementarity and dialogue, rather than stoking controversy. (*Adv Mind Body Med.* 2020;35(2):4-13.)

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INTRODUCTION

All physicians occasionally encounter phenomena that cannot easily be explained and which are not described in medical textbooks. Over the centuries, cases of this kind – which include unexpected recoveries after prayer – have intrigued many of those who have witnessed them.[1]

The available records have mainly been drawn from sources such as theological and historical literature, novels, and non- or semi-academic works. However, from a scientific point of view, little is known about the effects of prayer healing. Attempts to investigate the subject are usually framed in terms of the traditional biomedical approach. The *Cochrane* review of intercessory prayer (IP),[2] for instance, was an attempt to measure the effectiveness of prayer healing within the context of the dominant medical discourse. That review included 10 randomized controlled trials (RCTs) on IP. It concluded that IP has little or no demonstrable effect (either beneficial or adverse) on people with health problems. However, these trials were heavily criticized, partly due to their methodological weaknesses,[3] but mostly because they were based on the premise that prayer can be studied in much the same way as surgical procedures or drug treatments.[4] Prayer, it is alleged, cannot be reduced to the status of a standard medical intervention.[5] Both philosophically and theologically, that may very well be contrary to the very nature of prayer itself.[6]

Aside from RCTs, the medical literature on prayer healing consists of just a few case reports. The majority of these are related to the Roman Catholic church and the Lourdes pilgrimage site.[7] These reports tend to emphasize the significance of such cases for the church and its adherents.

A single-minded focus on the medical discourse alone causes people to overlook interpretative resources that could help us to better understand the phenomenon of prayer healing. The biomedical knowledge paradigm may have its limitations in this regard.

With this in mind, we are introducing a new transdisciplinary approach to the analysis of cases of prayer healing. This approach is based on the integration of different types of knowledge, including the results of medical assessment, as well as psychosocial, theological, and phenomenological analysis (triangulation). Our premise is that an integral approach of this kind is better suited to the complexity of the available data. These data may be complex as they will not only refer to a healing experience, but to psychosocial consequences and religious meaning as well.

In this article, we will present the case of an instantaneous recovery from advanced Parkinson disease (PD), which took place after intercessory prayer. The goal of the study is to enhance our understanding of prayer healing by using an in-depth transdisciplinary analysis of the case. Our approach was to integrate both medical and various nonmedical forms of assessment, including the experiences of the patient herself. The results are summarized in the form of a narrative account, as presented by the patient. This presentation format is in keeping with the patient's stated wish to tell 'her own truth' and to let 'her voice be heard.' In discussing the case, we draw on both medical and nonmedical types of knowledge to identify new ways of interpreting the complex phenomenon of prayer healing within the modern academic discourse.

Background of Parkinson Disease

PD is a chronic neurodegenerative disease with a progressive course.[8,9,10] It leads to disabling motor symptoms such as bradykinesia, rigidity, tremor, and postural instability. This complex of symptoms is referred to as hypokinetic-rigid syndrome. Its etiology in PD is unknown, unlike hypokinetic-rigid syndromes with known origins, such as those that are drug induced or that involve vascular origins. Over the past 20 years, a range of nonmovement-related symptoms have also been identified. These include depression, psychosis, dementia, fatigue, and sleep disturbance, as well as disorders of autonomic function, such as orthostatic hypotension, erectile problems, urinary incontinence, and constipation.[11] Parkinson disease is, therefore, a multifaceted disease that involves all aspects of life, both physical and mental. Patients experience a progressive decline in motor and cognitive function and an increased risk of mortality.[12,13]

Following the introduction of levodopa in 1967, there was considerable improvement in the survival rate of patients with PD.[14] At present, the most effective treatment is a combination of carbidopa and levodopa. Dopamine agonists and monoamine oxidase-B inhibitors are also effective.[11] Deep brain stimulation is a last resort treatment in patients for whom optimum medical therapy has failed to effectively control their symptoms.[11]

The pathological hallmarks of PD are the loss of dopaminergic neurons in the substantia nigra and the development of Lewy bodies in the residual dopaminergic neurons. Both of these changes lead to reduced dopamine levels in the brain. As a consequence, these patients go on to develop the motor symptoms described above.[8,11] The clinical diagnosis is based on these typical movement disorders.[11] MRI and other scans are recommended only in cases of doubt, where there is a need to differentiate PD from other diseases.

At best, current treatments can only alleviate symptoms, so an increasing number of patients are resorting to complementary and alternative medicine (CAM). The actual percentage varies from one country to another, and ranges from 25.7% to 76% of all patients with PD[15] (in Asia, Europe, North and South America). The treatments involved may include acupuncture, massage, herbs, supplements, tai chi, dance, yoga, mindfulness, and other CAM therapies. In general, 85% of patients[16] feel that these therapies are helpful in terms of alleviating their motor and nonmotor symptoms. However, well performed systematic evidence-based research is largely lacking in this area. Many of the studies include various forms of CAM with small patient numbers and a lack of standardization of the approaches studied.[17]

The Global Burden of Disease Study estimates that 6.2 million individuals are currently suffering from PD,

making it one of the main global causes of disability.[18] From 1990 to 2015, the prevalence of the disease has more than doubled.[13]

METHODS

At Vrije Universiteit, Amsterdam, and Amsterdam UMC, location VUmc, a case study research protocol was developed to facilitate a retrospective, case-based study of prayer healing.[19] A naturalistic approach was used involving an attempt to understand subjects in their own environment.[20] This is emphasized as one of the co-authors of the article (CD) is the very patient whose case is presented here. She is an expert by experience who participated in our discussions and commented on draft versions of the text (participatory member check).[21]

The research team itself consists of a practicing general practitioner (DK), a theologian (CvdK), a psychiatrist-philosopher (GG), a senior researcher in qualitative research (EB), and an expert on participation and participatory research (TA). This team is supported by an independent medical assessment team consisting of 5 medical consultants (internal medicine, hematology, surgery, psychiatry, neurology). Other medical disciplines may be consulted when necessary.

Various reported instances of prayer healing were investigated systematically in accordance with a step-by-step methodology. The focus was on understanding the healing by studying it from a range of perspectives, including formal medical opinions and patient narratives collected using qualitative methods. Inclusion in the study was limited to individuals in the Netherlands or neighboring countries who claimed to have been healed through prayer. The reports of healing were from different sources, including the research team's medical practices and their immediate circles, newspaper articles, prayer healers, medical colleagues, and various other individuals.

Medical data was obtained before and after the prayer sessions in question. The medical assessment team then carried out a standardized evaluation to determine if a cure was 'medically explicable,' 'remarkable,' or 'unexplained.' A classification of 'unexplained' means that no scientific explanation for the healing could be found at the time of assessment. A classification of 'remarkable' means that, while there is a possible explanation, the healing was considered to be unusual under the circumstances. For instance, someone with a chronic debilitating disease is suddenly cured when the best possible prognosis would be one of gradual regression. In the interests of reaching a well-founded decision, the medical assessment team consulted the Lambertini criteria.[22] These criteria have been used by medical committees at the Lourdes pilgrimage site (in France) — and within the Roman Catholic church — to determine whether or not a given cure can be considered to be medically unexplained.[23]

In our study we used the following, slightly modified, version of these criteria:

- The disease reported must have been serious.
- The disease must have been one known under medical classifications, and the diagnosis should be correct.
- It must be possible to verify the healing with reference to medical data, such as medical history, physical examination, and laboratory and radiology investigations.
- The cure must not be able to be explained by medical treatment in the past or present, nor by the natural course of the disease, such as spontaneous improvements or temporary remissions.
- The cure must have been unexpected and instantaneous, and although the recovery may take some time, its onset must have been instantaneous and related to prayer.
- The cure must have been either complete or partial with substantial improvement and the individual fully or largely returned to his or her original state of health.
- The cure must have been permanent.

The participants' experiences were studied by means of in-depth interviews in accordance with a qualitative research methodology.[24,25] The objective was to gain insight into people's perceptions of the prayer healing experiences, and the participants' own explanations of their cures. The interviews were guided by the following list of topics: general information including education, employment, marital status, and religious background; history of the illness as experienced by the respondent, and details of their coping strategies; knowledge of intercessory prayer prior to the healing, and details of how they interpreted events; the symptoms experienced by the respondent and a description of their interactions with medical specialists; a detailed description of the healing, including the respondent's corporeal sensations; the temporal correspondence between the prayer session and the healing event as experienced by the respondent; reactions to the healing and its impact on the respondent's life; and the meaning of the healing, as understood by the respondent.

The interviews, which lasted about 1½ to 2 hours, were conducted by an experienced interviewer (EB). Almost all of these took place in the homes of the participants. The interviews were initially recorded and later written out verbatim. The credibility of the analysis and interpretations were verified with the patient by means of a member check, a validity strategy in qualitative research.[26] The members of the medical assessment team received a report of the interview to supplement their information concerning the case with details of the patient's personal experiences.

The fully documented case consists of information derived from the individual's personal written entry, their full medical file, the transcript of the interview, the report of the interviewer based on the transcript, the notes of discussions in the medical assessment team, and expert opinions, when relevant.

The medical findings and participants' experiences were weighed and interpreted in the context of a transdisciplinary framework that includes biopsychosocial and theological perspectives. This framework draws on concepts derived from Ian Barbour's typology of positions in the relationship between science and religion.[27] Barbour has published extensively on the subject, differentiating 4 categories to describe this relationship: conflict–independence–dialogue–integration. Our findings will be located against this background, as will be clarified in *transdisciplinary discussions*.

CASE SELECTION

Parkinson is a grave and dramatic disease due to its debilitating consequences at many levels. It often leads to psychological depression or triggers profound existential questions. It was partly due to the multifaceted nature of the disease that a case of PD was selected for a study and presentation along the lines of our approach.

RESULTS

The *Results* section starts with an extract from the letter that Corlien, the subject of healing, wrote in response to the call for cases of prayer healing. This is followed by medical data pertaining to PD and to the patient's full medical history. The closing paragraph describes Corlien's lived experiences and includes various relevant quotes.

Respondent's written entry:
Corlien, who is a female born in 1959, signed up for the study in January 2017. She wrote:

> I received the diagnosis of Parkinson's disease in 2009 at the age of fifty years. The disease was very progressive and by early 2012 it was already at an advanced stage. My facial expressions had disappeared completely, I had difficulty in swallowing and experienced profuse salivation. It was also hard to concentrate, I couldn't keep up with 50% of the conversations, and just couldn't find the words. When moving, I felt wooden and stiff, and could hardly turn over in bed. Without my medication I couldn't even get out of bed. I shambled along, stumbled, and couldn't walk more than 70 meters. I needed a wheelchair more and more. Trembling, rigidity, lack of balance and being slow made it very hard to cook, just stirring a sauce pan was difficult. Driving a car would have been totally irresponsible. In short, I was an old woman in a young body. The specialist neurologist said a DBS operation should be considered (in Deep Brain Stimulation electrodes are inserted into the brain to control Parkinson-related symptoms. It is a last resort operation when other treatments are failing).
>
> I find it important to be mentally serious and to nuance, but I also believe - and I know - that more things are possible than we can imagine. On the 6th of April 2012 I was instantaneously cured for 90% of the disease after a prayer at a conference. I had no idea what had happened to me, and I needed a long time to process my thoughts and feelings before I could restart a life to which I had said goodbye. I am happy you are doing this research, therefore I am offering to co-operate.

Parkinson: Presenting Symptoms, Clinical Findings, and Course of the Disease

Corlien consulted a neurologist in September 2009, complaining of stiffness of the right side of her body. She also found it difficult to write with her right hand. Her mother and grandfather were known to have PD. On examination, there was rigidity of the right arm and dysdiadochokinesia (impaired ability to perform rapid, alternating movements) of the right hand and foot. Facial expressions were slightly decreased. No tremors were found. CT scanning with intravenous contrast revealed no abnormalities.

A hypokinetic-rigid syndrome was diagnosed, mainly right-sided, consistent with idiopathic PD. Medication was prescribed as follows: carbidopa/levodopa was initiated and increased in 2 steps to a dosage of 125 mg (25 mg carbidopa/100 mg levodopa) 3 times daily. This provided some relief for her symptoms. In February 2010, a single daily dosage of 4 mg ropinirole (a dopamine agonist) was added. Untill December 2011, dosages for the previously prescribed pharmaceuticals were gradually increased. The morning dose was increased to carbidopa/levodopa at a total of 500 mg; a 375 mg dose was taken twice during the day; and a 250 mg sustained-release tablet (CR) was taken before sleep. The daily dosage of ropinirole was ultimately increased to 18 mg.

As the disease progressed, the patient developed dystonia (involuntary movement disorder causing repetitive or twisting muscle movements) of the right foot and, to a lesser degree, the right hand. She also began to experience symptoms of wearing off. This is a complication that generally appears after some years of treatment. Here, the Parkinson symptoms start to return or worsen before the next dose of levodopa and improve again once the next dose is taken. Corlien was referred to a psychologist who helped her to accept and deal with the impact of the disease.

In April 2012, she unexpectedly recovered after IP during a Christian conference. Twelve days later she visited the neurologist again. In his file, the neurologist indicated that the disease had continued to worsen during the first months of 2012, but that there had been a very remarkable and sudden improvement after a prayer healing. During his consultation with the patient, he was unable to ascribe this 'fantastic recovery' (as he referred to it) to any other cause.

In subsequent correspondence, the neurologist made reference to a 'spectacular improvement,' even though the symptoms had not fully subsided. There was still a mild right-sided rigidity (grade 1-2), in which the arm swing and alternating movements were still not as good as those on the left side. However, the patient was now walking well, with a normal stride and good balance. She was able to ride a bicycle proficiently. She was once again exhibiting facial expressions. There were still some complaints, however, in terms of poor memory function and a reduced ability to concentrate. The carbidopa/levodopa was reduced to 125 mg 3 times daily, which was the initial dosage at the onset of the disease. Her use of ropinirole was terminated.

In the following years, Corlien's condition continued to improve. Her cognitive issues disappeared completely. A 2015 medical report made no further mention of limitation in functions, but it did indicate some recurrence of symptoms when a full stop of medication was attempted. On examination, all tests were normal except for some asymmetry when she attempted alternating movements (dysdiadochokinesia).

At this stage, in 2015, given the unexpected course of the disease, the decision was made to perform a dopamine transporter (DaT) scan. This type of scan is used to assess dopamine metabolism in the brain (which is divergent in PD). DaT scans are used to differentiate Parkinson from other diseases with similar symptoms (eg, essential tremor or movement disorders with vascular, drug-induced, or psychogenic origins). The scan revealed markedly reduced activity in the basal ganglia (putamen), especially on the left side. To a lesser extent, this was also the case for the caudate nucleus and the occipital cortex. It was concluded that this confirmed PD, the left-sided abnormalities being consistent with the previous right-sided physical signs and symptoms.

In 2017, her doctors suspected a relapse of PD due to pain and cramps in the right arm and a sensation of hyperactivity. However, the cause turned out to be 2 rib fractures—the result of osteonecrosis due to previous radiotherapy (see under *Full medical history*).

In summary, there had been no aggravation of PD since Corlien had her healing experience in 2012. Indeed, there had been a gradual ongoing improvement in the few remaining symptoms.

Full medical history:

To better understand this case, it is important to be aware of the patient's full medical history, which features a number of serious diseases.

- 1979: removal of vocal cord polyps
- 1979 and 1980: laparotomy (twice) for right- and left-sided ovarian cysts
- 1984: chronic polyarthritis (hands, feet, back); medication: prednisone, piroxicam
- Three miscarriages early in marriage, followed by the birth of 2 healthy daughters
- 1995: lumbosacral spondylosis L3-S1 due to scoliosis and arthritis
- 2000: right mastectomy due to breast cancer (invasive ductal carcinoma); no metastatic lymph nodes found on axillary lymph node dissection
- 2006: healing of chronic arthritis after intercessory prayer
- 2007: localized relapse of breast cancer on the right side; the excision proves to be incomplete—she receives chemotherapy, radiotherapy, and hormonal therapy, followed by bilateral adnexal extirpation in 2008
- 2009: Parkinson disease
- 2010: myocardial infarction (dissecting coronary artery)
- 2012: 90% healing of PD after intercessory prayer
- 2017: two spontaneous right-sided rib fractures, the result of osteonecrosis due to previous radiotherapy
- 2017: left mastectomy for breast cancer; no metastatic lymph node involvement
- 2019: life-threatening pancreatitis due to gallstones

Corlien's lived experiences:

Corlien is the eighth child in a family of 9 children:

> We had a big house, there we were so many of us, to eat and so on. I was a small, thinnish and happy girl, always outdoors, being adventurous and having lots of friends.

She was raised in a Reformed protestant household. The whole family attended church services every Sunday:

> Even as a child I was religious, I never doubted the existence of God. Later on, I occasionally had my doubts, but even then there was still something there, a basic kind of certainty.

Cessationism—the view that healing miracles only occurred in the days of Jesus—is part and parcel of her Reformed religious background:

> Both in church and at home, I was taught that miracles only occurred in early times, before people had the Bible. God had to do miracles to show He is there, but now that we have the Bible this is no longer necessary.

Corlien married at the age of 21. After 3 miscarriages, the couple had 2 healthy daughters. Despite suffering a great deal of ill health, Corlien had a remarkable professional career. She first worked as a nurse, but chronic arthritis later compelled her to abandon that profession. She went on to do voluntary work at her church, helping people with pastoral problems. This was followed by a period of further education, as she trained to become a psychotherapist:

> I helped people, they were willing to talk to me. I have always had an interest in people, it is in my nature to try to understand them. So I decided to start a practice, in the hope of offering more effective help. I did this work for 19 years. I provided relationship therapy and family therapy and found it very rewarding.

She then became the director of an institute for pastoral counseling. In 2006, driven to desperation by her arthritis, she accepted an invitation from friends to attend a healing service. She was initially reluctant to go, and she didn't expect much to come of it:

> Friends took me to the service. I was a bit allergic for it. In that hyped up atmosphere, those people seemed so sure of themselves.

But her fears were not realized — quite the opposite, in fact. She was cured, causing her to change her opinion about intercessory prayer. Soon afterwards, however, she suffered a relapse of her breast cancer:

> Six or seven months later the breast cancer returned. I was very surprised. How could that have happened? And my friends were surprised as well. This is not normal, you know.

Despite this, sustained by her faith, she continued to experience inner peace. But 2 years later, symptoms of PD worsened in a relentlessly progressive way. Her physical condition deteriorated, aggravated by a myocardial infarction and incidences of edema. By the beginning of 2012, she was expecting to die at any moment. And by March, she was crying and calling out to God. In one particularly desperate emotional outburst, she exclaimed:

> 'You know that I can't stand this, it's driving me mad!' And then I started crying, in great, aching sobs.

Somehow, this brought her a degree of relief together with a strange awareness that God had heard her. Nearly 2 weeks later, she visited an Easter conference with her family. This was not a healing conference, so she went with no expectation of being healed. Instead, she simply wanted to share the message of Easter with her relatives one last time. But at the end of the service, the pastor asked if anyone wanted a prayer for their illness. Corlien raised her hand:

> … A man stepped out of the audience. He was a complete stranger, but he felt that he should pray with me. Just then, I felt an enormously warm cloud, like hot, thick air. And everyone around me felt it, too. Sensing that something extraordinary was taking place. I got out of my wheelchair. It was as if God was giving me brain surgery. As if He was releasing a small and tight net around my brain. It disappeared through the back of my head. Then it was gone. I got up, started walking around, my facial mimicry had returned, and I went forward to the pastor. When I finally left, I was pushing my own wheelchair.

She describes how odd it was to have her life back at a time when she and her husband and children were already saying farewell to one another. She felt that a miracle had happened, and it took some effort to return to normal life again. She was not the only one who felt that way. She also noticed the impact it had on her husband and the rest of her family:

> My husband did not talk for a month. He just sat there, watching me, scared that the disease would come back. He no longer had to care for me. It was not only fun, this miracle. It also forced us to take a hard look at everything, in order to find our way again in many areas of our lives. And you don't know what is going on. Lots of people were very happy, but some simply didn't understand it and kept on asking questions. Are we not praying or believing in the right way? Why did it take place during that conference and why not at our church?

When questioned about the instantaneous healing of her chronic arthritis and PD, Corlien says:

> I look upon it as a miracle from God, as His intervention … I will never forget the face of the doctor (neurologist) when he first saw me after my healing. He nearly fell out of his chair. He had last seen me just three weeks previously.

In 2017, Corlien was diagnosed with cancer in her remaining breast:

> 'My other breast was amputated as well, so now they are both gone. I can still cry a lot, but I'm not unhappy … because I have God. And of course I've learnt a lot through it all. No, healing the sick is not God's ultimate goal. Those miracles may be signs that God is coming to us, that He shows Himself, just to give us strength and to help us get through. A Support and a Refuge. So, yes, I'm just grateful.

This has prompted Corlien to give readings of what had happened to her:

> …Because it is encouraging to know that God cares about us.

In 2020, it has been 8 years since her recovery from PD. She now feels that she knows her own body, that she can read its signs and that, in dialogue with God, she is able to endure suffering. Being healthy is not a precondition for a meaningful life. She knows that the complexity of her body exceeds the limits of medical science. As she said to one of her doctors:

> My body does not fit in your medical textbooks.

MEDICAL DISCUSSION

The diagnosis of idiopathic Parkinson disease was made in 2009 on the clinical grounds of right-sided rigidity including a cogwheel phenomenon, micrography, a typical crooked walk, reduced facial mimics, and dysdiadochokinesia of the right hand and right foot. The dosages of the medications were increased at frequent intervals due to the rapid progression of the disease. This continued until the patient's instantaneous recovery on the 6th of April 2012. However, the disease had not fully subsided, and she still required a small dosage of medication. Nevertheless, her condition continued to improve. By 2015, she had hardly any remaining symptoms. As there were some doubts pertaining to this course, a DaT-SPECT scan was performed, which confirmed the diagnosis of PD.

In March 2018, the medical assessment team unanimously characterized this as a "remarkable" healing. There was a direct temporal correspondence between the prayer session and the healing. Her instantaneous recovery from a severe and advanced disease took place at the very moment that intercessory prayer was conducted. It could not be explained by any medical interventions at the time. Since that moment in 2012, there has been no recurrence of the

disease; indeed, there has been further improvement in her remaining symptoms. The patient was no longer disabled, but fully functioning both at home and in her work.

The assessment team decided to seek expert opinions. A neurologist with specific knowledge of PD stated that symptoms may vary over time, due to external circumstances. Parkinson can be placebo-responsive in clinical studies.[28] However, placebo effects are not usually instantaneous, nor are they as dramatic as the changes seen in this case. This expert also pointed out that, in some instances, it may be possible to reduce medication over time, especially with regard to side effects due to treatment, such as dyskinesias. In the patient's medical file, however, we found evidence of mild dystonia of the right hand and right foot only. The vast majority of her symptoms were related to PD.

An expert psychiatrist explained that PD may be associated with underlying anxiety or other psychological tensions, the treatment of which could be beneficial for the patient. Psychiatric comorbidity may worsen the motor symptoms seen in patients with Parkinson disease. Prayer could improve these symptoms by creating inner feelings of rest. In this particular case, the expert suggested that we consider the possibility of a conversion disorder accompanied by a mild form of PD—the symptoms related to the conversion disorder being healed during the prayer session, while the remaining symptoms were those of PD. However, it is unlikely that we are dealing with a conversion disorder in this case. There are 2 reasons for this. Firstly, when going through the patient's file, we did not find any mention of psychiatric comorbidity. It only indicated that she went to see a psychologist to help her accept the consequences of the disease. Secondly, conversion disorders usually involve confusing signs and symptoms, not complying with a well-defined neurological disease. Here, the clinical picture clearly indicated advanced PD, the akinetic-rigid subtype. Once again, it should be noted that DaT scanning had confirmed the diagnosis.

In the medical literature, we found no precedents for such an instantaneous recovery from advanced PD. However, an internet search did reveal a small number of anecdotal reports concerning remarkable improvements. The most prominent and best known of these is the case of the French nun, Marie Simon-Pierre.[29] She suffered from PD, with a progressive course. In June 2005, she was suddenly and completely cured after religious communities in France and Senegal had prayed for her at the intercession of Pope John Paul II. This event led to the beatification of the late Pope.

The literature contains some evidence of improvements following alternative medical interventions. Music therapy and dance are best documented. A 2019 review article[30] included 40 experimental papers and 5 reviews. It was concluded that these therapies are "noninvasive, simple treatment options, which promote gait and cognition." However, the improvements resembled those seen in the context of rehabilitation. They were gradual and partial, and generally temporary. These studies did not mention any instantaneous, complete (or nearly complete) and permanent healings. The same applies to home-based aerobic exercise, as shown in a recent study that compared this type of exercise with an active control group.[31]

After consulting these experts and reviewing the literature, the assessment team confirmed its conclusion of a "remarkable" recovery.

The predicate "unexplained" could not be attributed to this case given that the disease did not completely subside, and the findings of the DaT scan after recovery, and the experts' comments on variation in clinical expression. Perhaps the most interesting feature, from a medical point of view, is the surprising discrepancy between the scan — which clearly shows reduced dopamine levels — and the patient's almost complete clinical recovery.

TRANSDISCIPLINARY DISCUSSIONS

It is also useful to consider a range of nonmedical viewpoints, such as the psychosocial, experiential, theological, as well as conceptual perspectives, with reference to Ian Barbour's framework (*see Methods)*.

At the psychosocial level, Corlien has displayed remarkable resilience. She has overcome a lifetime of serious illness and has made substantial progress in her professional career. This is truly exceptional. Whatever the case, the fact is, prior to her healing, she was utterly desperate, calling out to God, convinced that she was about to die. In a very special way, this brought some relief. She felt that God had listened to her. Psychologically one may refer to this as catharsis,[32] an emotional purification. This experience seemed to help Corlien accept her impending death, but it did not prompt any real expectation that she might be healed through prayer. Thus, her recovery cannot be attributed to any strong expectations in that regard.

One element of this case does relate to studies of positive psychology.[33] Corlien is not simply a passive believer who expects a medical cure or divine intervention. She was actively searching for healing, and also appeared to be very receptive. This is in line with positive psychology, which focuses on people's resilience, respecting and supporting their self-healing capacities. She also demonstrates this active positive attitude in her career, which has helped her to carry on despite a lifetime of ill health. However, purely psychological factors are not in keeping with the instantaneous nature of the change she experienced. Moreover, that change was not initiated by the patient, nor did it resemble classic placebo effects. At first sight, it may seem tempting to classify or label her experience reductionistic according to medical classifications.[34] We found this to be quite difficult, given the large number of surprising events and unknown factors involved. Corlien articulates her own point of view as follows:

> I am not interested in explanations. I've stopped trying to find any. Healing comes from God, because in fact I don't know anybody else who could do it. No doctor has been able to cure me. …I find it difficult to offer an explanation, because that would make you think that you understand what happened, but I don't understand it at all.

Based on this particular healing experience, we believe that it would be useful to study similar cases.[35] Details of subjective experiences of illness and healing may enhance our understanding of events from the patients' perspective. Corlien explains how complicated it can be to accept healing and to live without impairment once again.[36] For her, this is no small matter. But unlike a medical diagnosis, which can be substantiated by evidence, it is not measurable. Thus, these different approaches—experiential and medical—can complement one another.

From an experiential point of view, it is also noteworthy that the moment of recovery was accompanied by strong physical sensations. These sensations were experienced not only by Corlien herself, but also by those around her. Brown describes many such experiences in her book, *Testing Prayer*.[37] Combining details of these physical experiences and perceptions during prayer sessions with medical findings may provide added value for anyone studying these reports.

It is challenging to explore the theological angle as well. Might theology have something to say about such recoveries? Writing in a theological journal, Roukema listed many healings performed by Jesus.[38] It is striking that all of these healings were instantaneous and that they caused great astonishment in the surrounding community. The same is true in Corlien's case.

But these two amazing healings after intercessory prayer make people wonder why someone with so many other serious illnesses was not restored to full health. Corlien has her own opinion about this — she has no doubt that it was God who intervened in her chronic arthritis and Parkinson disease. At the same time, she says that healing our diseases is not God's ultimate goal. "These are just signs, gifts indicating that He cares about us, and does not remain at a distance."

Corlien's comment corresponds with the Christian theological viewpoint that healing does not imply perfection.[39] Amid signs of recovery and relief, there's fragility and vulnerability. In Jesus' days, too, those who he had healed or resurrected from the dead were not permanently immune to sickness or death. The raising of Lazarus from the dead (John 11:17-44) did not mean that he would live forever or that his life would be perfect. Instead, it is rather a sign that served to confirm the identity of Jesus.[40]

In Corlien's case, the emphasis is on her awareness of receiving encouraging gifts and signals in the midst of a turbulent life. A gift here relates to the original meaning of the word charism — a generous and unmerited bestowal — as an act of God.[41] This event benefited her in that it enriched her bond with God. "I am still not healthy, but I am rich," she says. Healing and suffering go hand-in-hand, neither one of them diminishing the other's impact. Anything might happen, she could go on to develop other diseases, but that in no way detracts from the miracle she experienced.[42]

Theologically, it is not about a perfect life, but about grace and relief in an imperfect life.[43] As previously stated, Corlien told one of the doctors that 'her body is not in a medical textbook.' What she meant by this is that the scientific evidence takes no account of a reality above and beyond the medical facts. While in no way discounting the value of medical science, she seems to be saying that there is another kind of knowledge and another truth which is also important.

This is indeed challenging. Could it be a mode of knowledge that is primarily articulated by theology? It is about the value of hope in the midst of despair and suffering, about a source that is beyond any individual's control. As Corlien puts it: "I cannot imagine a life without a power larger than myself."

Finally, from a conceptual point of view, this story and, especially, the marked discrepancy between the patient's clinical presentation and her DaT scan, raises questions about the biomedical model of disease. Is this model not one-sided in its emphasis on biology and biological mechanisms in the chain between causes and effects? Is the underlying epistemology not overly simplistic? When are clinicians legitimized to say that a clinical syndrome like PD (with its associated physical, motor, sensory, and mental manifestations) is 'caused' or 'explained' by physical findings in the brain? What else might be implied in the construction of symptoms and signs beyond abnormal 'underlying' brain processes? It could indicate that we need a different, richer view of symptom formation — a view that may, perhaps, also be relevant to the understanding of somatically unexplained diseases. This approach is consistent with the 'dialogue' approach, one of the 4 positions that Barbour differentiates in the science-religion debate. As stated in the *Methods* section, the other positions are conflict between science and religion, parallel discourses without interaction, and integration. The transdisciplinary method used here helps us to move away from antagonistic and parallel positions, and toward an approach in which dialogue leads to conceptual reform and to more precise and diverse formulations of the aims of the medical encounters.

CONCLUSION

In summary, the main points of view are as follows:

- A medical assessment team classified a case of instantaneous healing of Parkinson disease after intercessory prayer as 'remarkable.' The clinical course contradicts data from imaging studies and the understanding of this disease, raising questions about basic medical assumptions.
- General practitioners occasionally observe recoveries that are due to placebo effects or that involve conversion disorders, but instantaneous and lasting (nearly complete) recoveries from well-documented cases of serious disease are highly unusual.
- Other disciplines are needed to understand such healings. A transdisciplinary model that was used to study this case appears to be helpful in this regard.
- Experiential knowledge is essential as it opens a source of data and wisdom from within the patient.

Their experiences in everyday practice are a constant reminder for physicians that many of the signs and symptoms presented by patients cannot be explained by medical textbooks. In our study, we realize that objective medical knowledge and technology have improved the lives of many people, but there are always problems remaining that can neither be cured nor understood by this type of knowledge. We need alternative modes of knowing from other disciplines, especially the humanities, to understand the experiential, existential, and moral issues involved in living with, or recovering from, a serious illness.

Leaving aside the matter of her healing, Corlien's religious beliefs have helped her to cope with many other challenges in a turbulent life that has involved a great deal of suffering. She feels that something 'larger than herself' is needed both to understand this instantaneous healing as well as to enable her to bear the hardships of other diseases to an extent that is 'beyond herself.' This 'truth' is a fundamental 'reality' in her life.

Returning to Ian Barbour's framework of the science-religion debate, we would advocate a position of complementarity and dialogue, rather than one of stoking controversy. Perspectives other than the strictly medical viewpoint can be helpful, as was demonstrated in this case.

In modern society, our emphasis is on scientific evidence, health, and fitness. Might it be that we have lost sight of a type of knowledge that has turned out to be so relevant here? Or could we find a way of harnessing different concepts of understanding within a single complementary framework? In the meantime, the best way to find out is to study and carefully document more cases like this. Corlien has offered us some remarkable starting points.

CASE UPDATE

Upon publication of the article it was understood that Corlien is recently suffering from a relapse of Parkinson symptoms. This was unexpected so long after healing. It does not change the conclusion of remarkability. Nearly nine years (since 2012) without handicaps from a debilitating disease at an advanced stage is still remarkable. Nor will it alter the content of the article as it is clarified that she was confronted with many other hardships and diseases in the course of time. To Corlien the healing experience continues to be a sign from a loving God in the midst of the 'turbulence' of her life.

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