
Book Review: Testing Prayer

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Abstract

Book Review: Candy Gunther Brown, *Testing Prayer: Science and Healing*

BOOK TITLE

Candy Gunther Brown, *Testing Prayer: Science and Healing*. Cambridge, MA: Harvard University Press, 2012. 384 pp, hardcover, \$29.95.

BOOK REVIEW

Researchers who promote the empirical study of religious claims have stirred up heated debate in our society. Scientific “prayer studies” are a particularly controversial and timely outcropping of our modern ambivalence concerning the appropriate intersection of science and religion. In her book, *Testing Prayer: Science and Healing*, Candy Gunther Brown attempts to make a claim for the usefulness of empirical studies of prayer for global health. While Brown claims that science cannot prove the reality of divine intervention, she does suggest that healing prayer can have empirical results worth investigating. Using theological and scientific claims based upon her own study of the effects of Pentecostal prayer in Mozambique, Brown declares that prayer studies are scientifically justifiable and profitable for affecting health in the developing world, where medical care is often a scarce commodity.

Combining scientific research, theological inquiry, ethnography, and historical evaluations, Brown’s book is considerably interdisciplinary. Brown begins with an extended history into the “Toronto Blessing” phenomenon as an entry point into a world in which healing prayer takes center stage. Given that Brown has written previously on global Pentecostalism, it seems natural that she should begin with the history of this movement’s connection to healing prayer. Global Pentecostals seem to be a particularly appropriate group to study, both because of the centrality they give to prayer and health in their belief system and the growing number of Pentecostals throughout the world. Science can hardly ignore such a large group of people who so ardently believe in the power of prayer to affect real

physical and mental healing.

In her second chapter, Brown somewhat abruptly changes gears to introduce the overriding question of the book: should science investigate the claims made by those who experience healing due to prayer? Though the answer to this question is never fully articulated—and in fact seems presumed considering the bulk of Brown’s book references her participation in a 8-year long study on the effectiveness of prayer—she does an excellent job tracing the history of the question back to the Reformation. For those looking for a historical analysis of the debates between natural science and theology over the measurable effects of religious practice, Brown paints a compelling and relatively unbiased portrait of the central players and issues. Brown also does a fine job hinting at the many instances in which the medical sciences overstate their social objectivity and proof claims. Many pharmaceuticals that are considered standard of care, for instance, lack conclusive proof of how and when they are effective.

Clearly, medicine does not believe it needs to know why a treatment works to declare it valuable. Analogously, Brown does not believe we need to understand why prayer works to declare it a useful tool for healing. In other words, Brown attempts to make the case that researchers ought to continue to empirically measure the claims made by global Pentecostals, even if the underlying claims concerning how these healings happen cannot be answered by science. Obviously, scientific studies are not going to prove or disprove the existence of God, nor will they ever prove the claims being made by Pentecostals who believe they have been divinely healed. Brown acknowledges these limitations while still insisting that scientific studies are valuable for revealing the demonstrable social effects of healing prayer. If prayer has health benefits, then Brown believes that we ought to investigate these claims to help improve the health of those who do not have ready access to conventional

(Western) medical care.

Brown goes on to investigate claims of healing using past medical records, surveys, her own clinical trial in Mozambique and (minimal) follow-up interviews. While Brown finds little basis for verifying claims based on medical documentation, she does promote her own clinical trial as a model for uncovering the effects of prayer irreducible to the “placebo effect” or hypnosis. Brown’s study investigated the hearing and visual abilities of subjects before and after prayer. She claims that her study found that those who were proximally prayed for did have statistically significant levels of improvement in their sight or hearing. For those unfamiliar with clinical research design, Brown’s findings are rather difficult to understand and confirm. I imagine that most of Brown’s readers will have to take her at her word that her research design is appropriate and verifies her claims—though for those interested, Brown cites many of her own critics. Brown follows up her rather complicated methodology and findings with a plethora of accessible case studies demonstrating the long lasting effects of prayer, which, while compelling, offer no real evidence that healing prayer is empirically valid.

By the end of the book, there remains question about the ultimate value of Brown’s study and others like it. Brown correctly presumes that many people turn to prayer during a health crisis. Apparently for Brown, this is reason enough to investigate the empirical effects of prayer. If prayer were found to be demonstrably bad for one’s health, Brown suggests prayers for health would be ethically problematic, at least as far as it is used as a complementary therapy in health care. Brown, of course, believes prayer has demonstrably positive effects on health. It is difficult to imagine that many unbiased prayer researchers who, upon finding evidence that prayer has detrimental effects on health, would actively try to dissuade clinical patients from

praying (or at least engaging in particular kinds of prayer). On the other hand, we may want to ask Brown how she intends to use prayer to improve public health. Should physicians encourage prayer or hire Pentecostal preachers to accompany them on clinical visits and rounds? Ought the medical sciences be in the business of promoting particular religious rituals if they conclusively prove to be beneficial? Brown acknowledges she cannot say this, though she leaves us wondering how the positive social effects of prayer can lead her to claim that her research can improve global health. Brown is right to identify global health as an immediate crisis, but it remains unclear how prayer can be used to improve global health or whether the privileging of certain religious rituals might heighten global disinterest in reducing more systematic causes of human suffering (a criticism Brown acknowledges but cannot answer). Perhaps Brown’s more important contribution lies in dispelling many of the myths associated with healing prayer. Many have dismissed miraculous religious healings as the power of the placebo effect, hypnosis, exaggerated claims, or outright lies by religious fanatics. Brown, however, shows many of these assumptions to be false. In times of need, all kinds of people turn to prayer and find real results. Perhaps more importantly, Brown shows that those who claim to have benefited from healing prayer are also not more likely to be poor, young, non-white, less-educated, or against the use of medicine, as many presume. Brown does an excellent job pointing out the latent racist and classist assumptions embedded in some claims about who turns to healing prayer and why. Brown may not prove that healing prayer works or that it can help alleviate the global health crisis, but she does show that many of us have been overly hasty in our judgments of those who believe in the transformative power of prayer.

References

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