Op-Ed: Living on a prayer

Is there scientific evidence that talking to God is good for your health?

By Candy Gunther Brown Sunday, April 22, 2012
Scientists typically give intercessors (i.e., people who intercede with God on behalf of others by praying) the first name and condition of someone they have never met and tell them to pray, at a distance, for recovery. Such studies have become so popular that this way of praying has been dubbed “distant intercessory prayer.” But when people actually pray for healing, they usually get up close to someone they know, touch the person and empathize with their suffering — what I call proximal (as opposed to distant) intercessory prayer, or PIP.

The best-known prayer study, published in 2006 by Dr. Herbert Benson of Harvard Medical School, reached a disturbing conclusion: Patients who received distant intercessory prayer fared no better than those who did not. And those who knew they were the recipients of prayer actually did worse, presumably because of anxiety that their condition seemed bad enough to warrant prayer.

Before inferring too much from Benson’s conclusions, it’s worth looking more closely at his methods. Apart from the limitation that Benson looked only at distant intercessory prayer, there is an additional problem of whom he recruited as intercessors. The only Protestant intercessors enrolled in the study belonged to the Unity School of Christianity. Unity leaders themselves have called petitionary prayer “useless”; they understand prayer as affirmative thoughts and words, rather than as supplication to a personal deity outside the self. This is a very different concept of prayer than that held by many other Christians. Benson’s results do not say anything about the efficacy of the widely divergent prayer practices of other Christians — such as Pentecostals and charismatics who do pray expectantly for healing and often claim dramatic results.

In the course of my research among these groups, I met a number of individuals who say they were healed through prayer. Daisy is an American woman who claims she was able to discard the hearing aids she had worn for 30 years — and she has hearing test reports from before and after prayer that show an improvement. Another American, George, attests to having been divinely cured of a medically untreatable brain tumor nine years ago, and to have been symptom-free ever since. And Francis, a black South African man, insists that he was beaten to death — then raised from the dead.

My point is that as researchers, we need to be more resourceful in how we design studies of prayer. Clinical studies should account for how people actually pray for healing. For instance, in a prospective study of hearing and eyesight in Mozambique, my research team found highly significant improvements in hearing and statistically significant improvements in vision following PIP. Could a placebo effect be responsible for at least some of the outcomes observed? Absolutely. But more interesting questions are how far placebo effects extend, and where prayer effects fall relative to known placebos.

To say the cause is all placebo and dismiss further inquiry is about as useful as attributing all physics to quantum mechanics and leaving it at that. It is easy enough to suppose that prayer practitioners are wrong in their assumption that a deity is responsible for healing, and that natural explanations may be found. But to discover new things, we must engage with the data. Moreover, we can learn more about any effects of prayer by using a larger toolbox that includes not just clinical research but also a fuller repertoire of methods or “cameras” for viewing prayer. We can, for instance, compare medical records from before and after prayer, use surveys to understand how practitioners understand prayer to work, and conduct multi-year follow-up interviews and observations to track any long-term effects.

As long as people need healing, we can expect sufferers to continue resorting to prayer. Eighty percent of the world’s population lacks even basic medical care. Even with the best medical
treatments, people face debilitating conditions and fatal diseases. Given that people do pray for healing — and claim that cures result — it behooves us to examine any effects of prayer on health. As we do so, we should avail ourselves of all the perspectives we can to gain as complete a picture as possible of what happens when people pray for healing. If prayer produces benefits, even indirectly, then more careful attention to prayer practices could improve global health.