

## **Book Review**

*Testing Prayer: Science and Healing*  
**Candy Gunther Brown**  
(Harvard University Press, 2012) 237 pages

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Have you experienced God's healing power? Do you believe in God's power to heal? Candy Gunther Brown illustrates the importance of healing by citing evidence that most Americans view God as a healer and believe praying to God can result in a cure. Support for the role of prayer in healing also comes from most American health maintenance organization executives and medical doctors. It is no secret that most people pray and many of their prayers are petitions for healing. Brown leads readers through a process of discovery to explore how scientific procedures might establish a viable link between prayer and healing. In anticipation of criticism from believers and scientists, she presents a plan to show how the same phenomena of healing prayer may be viewed differently by believers and scientists without denigrating either perspective.

Brown provides the context for her study by reviewing the *Toronto Blessing*, which began in 1994 when Randy Clark of St. Louis, Missouri, travelled to Toronto, Ontario at the request of John Arnott, pastor of the Toronto Airport Vineyard Church. Many testified to God's healing power during the services. As word spread, many came seeking healing and spiritual renewal. Having set the proximal impetus for healing within the groups she would study in the United States, Brazil, and Mozambique, Brown provides a broader context for

Pentecostal beliefs in healing. She begins with the New Testament and reviews the three waves of recent events since the American Azusa Street Revival.

In chapter two, Brown provides a basis for including biomedical tests to document testimonies of healing. The chapter presents a defensive posture couched in the history of various attempts to provide some documentation that healings did occur following prayer. Her review of more recent studies documents the variations in the way people pray and the particular scientific difficulty in linking intercessory prayer at considerable distance to a person who was healed as a result. The author demonstrates an awareness of other interpretations of healing. In addition to the well-known Hawthorne effect, she includes such established effects as empathy, hold-back, demand, and practice. Considering the barriers, Brown suggests a study of proximal rather than distal intercessory prayer may offer an opportunity for improved validity.

Several accounts of healing have provided medical records to demonstrate significant changes following prayer. In chapter three, she cites results from Oral Roberts and Kathryn Kuhlman as well as more recent reports showing improved medical status. Not surprisingly, the quality of the records varies and, even when improvements were noted, they were not routinely linked to

prayer as the sole or primary cause of the successful outcome.

Chapter four contains an analysis of how people who are ill perceive healing prayer. The chapter is the first of three chapters focused on the author's research, which include detailed tables describing the study participants at different geographic locations. The top prayer need was pain ( $n = 243$ ) and the second for back, shoulder and neck concerns ( $n = 121$ ). Most of the items refer to impairments in various body parts or systems. The number reporting healing was 153 for pain and 72 for back, shoulder and neck (p. 178). The only specific mental disorder was depression (5 of 19 healed), but she also included a category for general mental conditions and another for addiction. I suspect many readers will find the complete list quite interesting. The author is aware of the limitations of survey methods and appropriately cautions the reader about interpreting findings based on self-report.

In chapter five, Brown offers specific medical evidence of healing for vision and hearing impairments. Using equipment suitable for field work, her team attempted to collect audiometric and vision chart data before and after prayer for healing. In the study, the prayer intervention is proximal intercessory prayer (PIP) performed by Pentecostals who place their hands on the person in need and pray to God for healing for a common time duration of 1 to 15 minutes. Healing was defined as improvement. Measurable improvement did not require a change from no functioning to complete functioning. Although the sample was small, she was able to document statistically significant improvements in measures of hearing and vision. Again, Brown exhibits caution in her interpretation, noting the difficulties in collecting accurate data in a field study.

Finally, in chapter six, Brown considers the problem of documenting the duration of healing. She reports case studies and offers them as evidence not so much of divine healing, but as evidence that perceptions of divine healing experiences can potentially exert lasting effects on the individual healed as well impact family and friends who witnessed the recovery.

*Testing Prayer* ends with a summary conclusion, an idea regarding how a perception of interaction between divine and human love may be linked to benevolence, and suggestions for future research. Her book provides some evidence linking prayer to healing but also reminds the reader that the application of scientific methods to the study of prayer as a causal agent in successful prayer-outcomes is limited in scope. As the author notes, believers and scientists offer different attributions to explain the same phenomena. Obviously, for Pentecostals, God is the one who heals in response to prayer; whereas, scientists are limited to the study of events in the natural world. This book will be of interest to educated readers in many fields, including theology, medicine, and the behavioral sciences. Aside from an appreciation of the difficulties in applying scientific methods to the study of religious and spiritual phenomena, readers will find ways that theologians and scientists can interact when different disciplines use different methods to understand human experience.