

## CAN SCIENCE STUDY PRAYER?

**F**OR CENTURIES PEOPLE HAVE USED PRAYER to aid in times of suffering. Indeed, prayer and healing intention are intimately embedded within human culture, where they serve as a source of comfort, connection, and well-being. Whether it's the shaman interceding on behalf of his tribe, the Pope lifting his arms above St. Peter's Square to bless the gathered throngs, the rabbi reading a ritual prayer, or the woman sitting quietly in her bedroom calling upon God for help, seeking such assistance with the tasks of living is a near universal human experience.

The use of prayer in healing has had measurable positive effects. A study of religious and spiritual coping strategies among women newly diagnosed with breast cancer, for example, found that subjects experienced distinct benefits: 91 percent said that their faith gave them the emotional support necessary to deal with their cancer. Levels of prayer activity either remained the same or rose during their cancer experience. In this study, we see the psychoemotional benefit of self-prayer for healing.

But can prayer also be effective for healing others from a distance? And if so, what are we to make of recent studies, conducted in leading medical centers in the United States, suggesting that distant prayer for others may not be useful? Indeed, based on a new study conducted by Herbert Benson, MD, and his colleagues at Harvard Medical School, the group of cardiac patients who received intercessory or distant prayer without knowing they were in the treatment group showed no improvement. For the group who knew they were the object of distant prayer, the results were actually significantly worse than the control group.

The MANTRA study, conducted by Mitchell Krucoff, MD, and his colleagues at Duke University Medical Center (cosponsored by IONS) and again working with

cardiology patients, also found a null result on the primary study outcome. In this study, however, a healing effect was seen if there was a group of people praying for the people praying for the patients. This kind of additive effect leaves researchers intrigued and eager to learn more, even when their primary outcome did not support the distant-healing hypothesis.

In another recent study (manuscript in preparation), conducted by John Astin, PhD, and others at California Pacific Medical Center, distant prayer had no effect on outcomes for AIDS patients. In this NIH-funded clinical trial, an interesting effect was found in which the people in the distant healing treatment group guessed which group they were in (control or treatment) to a highly statistically significant degree—unlike the people in the control condition. The treatment group seemed to feel something; it just did not correlate with the clinical outcomes that were measured.

Based on these studies, do we conclude that distant prayer and intention do not impact healing? Even more controversial, do we conclude from the Harvard study that knowing someone is praying for us can actually cause harm? If so, what about all the people who testify to the healing powers of prayer? Indeed, the popular literature is filled with such stories. Could they all be wrong?

Many difficult questions face researchers attempting to set up a scientific protocol to objectively study whether a particular medical problem may be helped by prayer or intention. Some of the most significant, and unresolved, questions—such as what type of prayer to use, how often to pray, how to describe what is done so that others may reproduce the results, and how to match the belief system of one person with that of the healer—have yet to be addressed in the clinical trials.

And does it make sense that healing intentions can be

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effective independent of any personal relationship between the prayer and the prayed for? Again, we just don't know enough to reach firm conclusions from a dozen studies that have mixed results and that did not control for these factors.

What we do know is that none of the clinical trials made use of what scientists call "ecological validity." This means that the trials were not designed to model what happens in real life, where people often know the person they are intending for and have a meaningful relationship with that person. It is also the case that in the Harvard study, for example, the prayer groups were instructed to use a standard prayer that was different from their normal practice; the study did not actually test what the healers claim works for them. It is also clear from the existing studies that very little attention was given to the inner experiences of either the healer or the patient.

Another thing we know is that the interface between science and religion is complex and challenging. It

represents a meeting of different truth systems and ways of understanding reality. While this kind of creative convergence holds promise for revealing new truths, the connection may not be without its limitations. Rather than giving up on this complex and fascinating area of research, however, maybe it's time to look at the way we are asking our questions and the methods we are employing. Indeed, these factors may be the key to unlocking the mystery of prayer and healing. For people faced with the trauma of life-threatening illness, learning how to tune in to the extended resources of spiritual care may provide a helpful complement to professional medical care, regardless of clinical research outcomes.

In her book *Kitchen Table Wisdom* (Riverhead Trade, 1997), oncologist Rachel Naomi Remen observes, "An unanswered question is a fine traveling companion. It sharpens your eye for the road." Perhaps our eyes are sharpened by what we've learned from the research to date on prayer and healing. The questions remain: Where will this lead us? Do we give up on something so meaningful to so many people, or do we rethink the assumptions that guide our research? These questions await answers.

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## References

Feher, S., and Maly, R. C. 1999. *Coping with breast cancer in later life: The role of religious faith*. *Psychooncology* 8(5):408–16.

Benson, H., et al. 2006. *Study of the therapeutic effects of intercessory prayer (STEP) in cardiac bypass patients: A multicenter randomized trial of uncertainty and certainty of receiving intercessory prayer*. *American Heart Journal* 151(4):934–42.

Krucoff, M., et al. 2006. *From efficacy to safety concerns: A STEP forward or a step back for clinical research and intercessory prayer? The study of therapeutic effects of intercessory prayer (STEP)*. *American Heart Journal* 151(4):762–4.