



[[Back to the Articles of the Month Index Page](#)]

September 2010 Article of the Month

This month's article selection is by Chaplain John Ehman,
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Brown, C. G., Mory, S. C., Williams, R. and McClymond, M. J. "**Study of the Therapeutic Effects of Proximal Intercessory Prayer (STEPP) on auditory and visual impairments in rural Mozambique.**" *Southern Medical Journal* 103, no. 9 (September 2010): 864-869.

[Accompanying Editorial:] Peteet, J. R. "**Proximal intercessory prayer.**" *Southern Medical Journal* 103, no. 9 (September 2010): 853.

Note: This article and editorial are currently available freely on the Internet from the journal site via <http://journals.lww.com/smajournalonline/pages/collectiondetails.aspx?TopicalCollectionId=7>, and supplemental material about the study may be downloaded from the journal at <http://links.lww.com/SMJ/A1>.

SUMMARY and COMMENT: Studies of intercessory prayer were first addressed in an Article-of-the-Month in [November 2003](#), in terms of the methodological issues raised by *remote* prayer (at a distance from the patient). The current month's study looks at "*proximal* intercessory prayer" ("PIP"), a term coined by the authors to refer to "direct-contact prayer, frequently involving touch, by one or more persons on behalf of another" --in contrast to "distant intercessory prayer (DIP)" [p. 864]. We feature the article as one published in a major medical journal that raises afresh questions of research in this area, but one that focuses attention on the immediate, personal experience of being prayed for. It has received some coverage in the popular press, and chaplains may find themselves asked to speak to it. The article is paired with a largely supportive editorial by John R. Peteet, MD, an Associate Professor of Psychiatry at Harvard Medical School and a physician at Brigham & Women's Hospital and the Dana-Farber Cancer Institute.

The lead author, Candy Gunther Brown, holds a PhD from Harvard University and is currently an Associate Professor of Religious Studies at [Indiana University](#). With the cooperation of two Pentecostal groups, she traveled to Mozambique to observe Charismatic Protestant meetings in June 2009, at which group leaders offered PIP for healing. "We prospectively evaluated a consecutive series of 24 Mozambican subjects (19 males/5 females) reporting auditory (14 subjects) and/or visual (11 subjects) impairments who received PIP" [p. 865]. Several subjects were excluded from the final sample. All testing of vision and hearing was done in the field.

Among the results: regarding audition, "There was a highly significant improvement in hearing across the 18 ears of 11 subjects..."; and regarding vision, "Significant visual improvements (both difference and ratio of before vs. after) were seen across the tested population..." [p. 866]. "Generally, the greater the hearing or vision

impairment pre-PIP, the greater the post-PIP improvement" [p. 867]. "[T]he magnitude of measured effects exceeds that reported in previous studies of suggestion and hypnosis" [p. 868].

The PIP intervention is described as follows:

[Authorities from the sponsoring groups] typically spent 1-15 minutes (sometimes an hour or more, circumstances permitting) administering PIP. They placed their hands on the recipient's head and sometimes embraced the person in a hug, keeping their eyes open to observe results. In soft tones, they petitioned God to heal, invited the Holy Spirit's anointing, and commanded healing and the departure of any evil spirits in Jesus' name. Those who prayed then asked recipients whether they were healed. If recipients responded negatively or stated that the healing was partial, PIP was continued. If they answered in the affirmative, informal tests were conducted, such as asking recipients to repeat words or sounds (e.g., hand claps) intoned from behind or to count fingers from roughly 30 cm away. If recipients were unable or partially able to perform tasks, PIP was continued for as long as circumstances permitted. [p. 865]

The authors take a fair bit of time in their Discussion section [pp. 867-868] addressing limits to the study and acknowledging concerns that the results may have been influenced by phenomena like Hawthorne, placebo, hold-back or practice effects; or by the effect of empathy. They specifically caution that "it would be unwise to overgeneralize from these preliminary findings for a small number of PIP practitioners and subjects collected in far-from-ideal field conditions" [p. 868]. However, they see significant promise in their data and propose that further study might explore "whether PIP may be a useful adjunct to standard medical care for certain patients with auditory and/or visual impairments, especially in contexts where access to conventional treatment is limited"; noting: "The implications are potentially vast given World Health Organization estimates that 278 million people, 80% of whom live in developing countries, have moderate to profound hearing loss in both ears, and 314 million people are visually impaired, 87% of whom live in developing countries, and only a tiny fraction of these populations currently receive any treatment" [p. 868].

This study presents much to debate, but that shall not be the focus of this brief review. John Poteet's accompanying editorial notes the continued methodological problems of intercessory prayer research, while at the same time hinting that studies like this one may be a call to clinicians for openness to healing by any method and mechanism. However, the effect of this article on *this* reader is that I am left thinking not about the broad controversies of prayer research but about the relative absence of research on the many forms of in-person intercessory prayer that chaplains see, hear about, and offer on a daily basis; and that are much less dramatic than the form of prayer observed in Mozambique. What is the relation of our featured study to the commonplace reports by patients of the power of intercessory prayer with chaplains in the quiet of a hospital room?

A final comment: There are a couple of confusing typos/mistakes to note. The present "STEPP" study is contrasted to a study signified by the acronym "STEP" ["Study of the Therapeutic Effects of Intercessory Prayer" --see Related Items of Interest, below], but the latter study is incorrectly referred to as "STEPP" (double-*p*) on p. 865. Also, in John Poteet's editorial, the text appears to indicate that the study is authored by Heidi Baker, a person not named anywhere in the article but who is an official with one of the groups conducting the healing services in Mozambique. Second, the Southern Medical Journal offers supplemental material to the article at <http://links.lww.com/SMJ/A1>. This material may be downloaded freely via the link.

Suggestions for the Use of the Article for Discussion in CPE:

This month's article would be especially interesting to discuss with CPE groups that include members whose beliefs align with those involved with the healing practices described. The authors make characterizations of Pentecostals and Charismatics (--see, for instance, p. 864) that may stir discussion initially. While the study is said not to attempt to explain "mechanisms by which function improvement occurred" [p. 868], a sense of

mechanism as understood by Pentecostals is offered. Is the theological understanding of mechanism relevant to such scientific study? Students may also want to talk about differences or similarities between Proximal Intercessory Prayer and Distant Intercessory prayer and whether it seems appropriate to think of these as forms of complementary & alternative medicine. As John Poteet's accompanying editorial notes, the authors of the study "come close to suggesting" [p. 853] that prayer be a therapeutic intervention --that is a long-standing point of debate, and one that may be relevant to students' understanding of their own use of prayer with patients. Finally, what do students generally make of the results of this research?

Related Items of Interest:

I. Two studies of particular importance to the context of this month's article (--noted especially on p. 865) are:

Benson, H., Dusek, J. A., Sherwood, J. B., Lam, P., Bethea, C. F., Carpenter, W., Levitsky, S., Hill, P. C., Clem, D. W. Jr., Jain, M. K., Drumel, D., Kopecky, S. L., Mueller, P. S., Marek, D., Rollins, S. and Hibberd, P. L. "**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, no. 4 (April 2006): 934-942. [This study assigned patients at six hospitals in the US to one of three groups: those receiving intercessory prayer after being informed that they may or may not receive prayer, those not receiving intercessory prayer after being informed that they may or may not receive prayer, and those receiving intercessory prayer after being informed that they would definitely receive prayer. Results showed no significant effect of receiving intercessory prayer on medical complications after CABG surgery, however, those who were certain that they were being prayed for was associated with a higher incidence of complications. The background and design of this study was presented in a separate article: Dusek, J. A., Sherwood, J. B., Friedman, R., Myers, P., Bethea, C. F., Levitsky, S., Hill, P. C., Jain, M. K., Kopecky, S. L., Mueller, P. S., Lam, P., Benson, H. and Hibberd, P. L., "Study of the Therapeutic Effects of Intercessory Prayer (STEP): study design and research methods," *American Heart Journal* 143, no. 4 (April 2002): 577-584.]

Matthews, D. A., Marlowe, S. M. and MacNutt, F. S. "**Effects of intercessory prayer on patients with rheumatoid arthritis.**" *Southern Medical Journal* 93, no. 12 (December 2000): 1177-1186. [(Abstract:) BACKGROUND: Many individuals pray during times of illness, but the clinical effects of prayer are not well-understood. METHODS: We prospectively studied a cohort of 40 patients (mean age, 62 years; 100% white; 82% women) at a private rheumatology practice. All had class II or III rheumatoid arthritis and took stable doses of antirheumatic medications. All received a 3-day intervention, including 6 hours of education and 6 hours of direct-contact intercessory prayer. Nineteen randomly selected sample patients had 6 months of daily, supplemental intercessory prayer by individuals located elsewhere. Ten arthritis-specific outcome variables were measured at baseline and at 3-month intervals for 1 year. RESULTS: Patients receiving in-person intercessory prayer showed significant overall improvement during 1-year follow-up. No additional effects from supplemental, distant intercessory prayer were found. CONCLUSIONS: In-person intercessory prayer may be a useful adjunct to standard medical care for certain patients with rheumatoid arthritis. Supplemental, distant intercessory prayer offers no additional benefits.]

II. Regarding *remote* or *distant* intercessory prayer, see the [November 2003](#) Articles of the Month. And, for the study that essentially started the modern course of research into intercessory prayer, see:

Byrd, R. C. "**Positive therapeutic effects of intercessory prayer in a coronary care unit population.**" *Southern Medical Journal* 81, no. 7 (July 1988): 826-829. [(Abstract:) The

therapeutic effects of intercessory prayer (IP) to the Judeo-Christian God, one of the oldest forms of therapy, has had little attention in the medical literature. To evaluate the effects of IP in a coronary care unit (CCU) population, a prospective randomized double-blind protocol was followed. Over ten months, 393 patients admitted to the CCU were randomized, after signing informed consent, to an intercessory prayer group (192 patients) or to a control group (201 patients). While hospitalized, the first group received IP by participating Christians praying outside the hospital; the control group did not. At entry, chi-square and stepwise logistic analysis revealed no statistical difference between the groups. After entry, all patients had follow-up for the remainder of the admission. The IP group subsequently had a significantly lower severity score based on the hospital course after entry (P less than .01). Multivariant analysis separated the groups on the basis of the outcome variables (P less than .0001). The control patients required ventilatory assistance, antibiotics, and diuretics more frequently than patients in the IP group. These data suggest that intercessory prayer to the Judeo-Christian God has a beneficial therapeutic effect in patients admitted to a CCU.]

III. The general subject of the study of prayer is addressed from an Evangelical Christian perspective in an older but still pertinent article in the [*Journal of Psychology and Theology*](#), "an evangelical forum for the integration of theology and psychology":

McCullough, M. E., "**Prayer and health: conceptual issues, research review and research agenda.**" *Journal of Psychology and Theology* 23, no. 1 (Spring 1995): 15-29. [The author reviews prayer studies and calls for greater methodological rigor. Of special interest is his approach from an Evangelical Christian perspective, noting "skepticism among evangelical scholars about the value of conducting and examining such research, perhaps wondering if it is not akin to 'putting God to the test'" (p. 15). McCullough goes on to argue for research into prayer in light of apologetics and church life (--see p. 16). In a number of places, he speaks clearly from a theological point-of-view, and he offers biblical references.]