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THE PROBLEM WITH PRAYER RESEARCH

By Sharon Fish Mooney

SYNOPSIS

In 1872, Francis Galton inquired into the practice of intercessory prayer and concluded that it was not particularly efficacious. He came to this conclusion by studying statistical tables of average lifespans. In the halls of medicine today, scientists are also making serious inquiries into prayer's efficacy using more sophisticated statistical measures. Prayer, specifically intercessory prayer, is being put to the test as an intervention in randomized clinical trials. Some Christians claim this is cause for rejoicing and science is proving God answers prayer. Others view the research more skeptically, raising questions of research quality but also of the plausibility of putting prayer and, by implication, God, to the empirical test.

In 1883, Francis Galton, father of biostatistics, wrote:

It is asserted by some that men possess the faculty of obtaining results over which they have little or no direct personal control, by means of devout and earnest prayer, while others doubt the truth of this assertion. The question regards a matter of fact, that has to be determined by observation and not by an authority, and it is one that appears to be a very suitable topic for statistical inquiry.…Are prayers answered or are they not?...Do sick persons who pray, or are prayed for, recover on the average more rapidly than others?1

Galton's prior statistical research into the efficacy of prayer, which he viewed as a simple, perfectly appropriate, and legitimate subject of scientific inquiry, had been published in the Fortnightly Review in 1872.2 His inquiries led him to reject the hypothesis that there is any objective efficacy to petitionary or intercessory prayer with respect to recovery rates from illness. How did Galton arrive at his conclusions? He examined Guy's statistical table of average life spans. According to the table, the lowest average life expectancy of affluent groups in England belonged to the royalty; well-to-do clergy also had low life expectancies and fared poorly in health. Galton surmised that these two groups might be expected to be prayed for by others and to pray more for themselves. Clergy, as a whole, had one of the longest average life spans of any privileged group, according to Guy's table, but Galton reasoned that this had little if anything to do with prayer. It was a result instead of country living and the supposed carefree life of many clergy.

The general attitude of the Church of England in the late 1800s was that matters pertaining to religion were not acceptable areas for scientific study, and Galton's critics — chiefly among the clergy — abounded. For the church, divine revelation was the final arbiter of the efficacy of any spiritual care practice. Science, rather than lending empirical support to the practice of prayer,

challenged God's ability to answer it and undermined faith; Galton's study was a chief case in point. The ecclesiastical community went so far as to ensure that his study, which had also been published in the first edition of his book, Inquiries into Human Faculty and Its Development, was omitted from subsequent editions of the book.

One hundred years ago, Galton and his critics sat in two different epistemological camps. For Galton's critics, the Word of God alone established knowledge about prayer and its effects; faith in God's Word was all that was needed to determine prayer's efficacy. For Galton, empirical evidence from Guy's statistical tables and a 19th-century equivalent of a retrospective chart review served as the primary sources for knowledge. In addition to his conclusions drawn from the tables, Galton had other empirical evidence. He reasoned that prayer was ineffective after he read newspaper accounts that missionaries, surmised to also be a praying and a much- prayed-for people, were frequently lost at sea.

Had they been alive today, Galton and his critics might have arrived at altogether different conclusions. According to late 20th-century researchers, prayer, particularly intercessory prayer, appears to be quite efficacious. Some researchers say that science appears to be proving that prayer works, not based on tabular data, newspaper accounts, and simple descriptive statistics, but based on inferential analysis of the findings of randomized, controlled, double-blind studies conducted in a variety of clinical settings, including intensive care units of hospitals. The studies are published in reputable peer-reviewed journals such as The Archives of Internal Medicine.3

THE STATE OF THE SCIENCE

St. Luke's Hospital in Kansas City was the venue for one of the latest and most controversial prayer studies.4 In this study, 990 patients in the coronary care unit were randomly assigned to either a treatment or a control group. Both groups received the standard medical treatment for their cardiac problems. The specific "treatment" for experimental group patients consisted of prayer by people who espoused a belief in a personal God who they believed heard prayers and healed in response to prayer. Names of patients in the experimental group were given to 15 different teams of intercessors, who agreed to pray for 28 consecutive days for no complications and a rapid recovery from the cardiac problems that had landed the patients in the intensive care unit. Questions of ethics aside (neither the patients nor their health care providers knew about the existence of the study), analysis of the study indicated a mean score of 6.35 for the prayed-for patients and 7.13 for the control-group patients, a difference that was statistically significant. Statistical significance in this case means that the odds of this difference occurring by chance alone would be 25 to 1. Dependent variables measured included such things as the development of angina pain, the need for coronary bypass surgery, cardiac arrest and death, with points assigned and then tallied according to the severity of symptoms. Lower mean scores correlated with fewer complications postoperatively. Moreover, the physician who tallied the findings did not know what patients were in the control or experimental groups.

The St. Luke's prayer study did not go unnoticed by the medical community. Letters to the editor came pouring in, and by eight months after the initial article appeared, 15 were published.5 The majority took issue with the lack of informed consent and some rather serious flaws related to study design and methodology.

Randolph C. Byrd, a Christian physician at San Francisco General Hospital, conducted an earlier study of a similar nature on intercessory prayer, which served as a model for the St. Luke's study. Results were published in the July 1988 issue of the Southern Medical Journal.6 According to the Byrd study, prayed-for coronary intensive care patients in an experimental group fared better than control-group patients in 20 out of 26 categories; dependent variables, assessed and showing statistically significant differences, included incidence of pneumonia and

cardiac arrest, development of congestive heart failure, need for intubation, and diuretic and antibiotic therapy. Based on this one study, Byrd concluded that God answers prayer. Nevertheless, silence rather than controversy followed this study's publication, according to Byrd.7 Unlike the St. Luke's study, the ethical issue of informed consent was addressed in the study with 393 patients who agreed to participate in either the experimental or control group, and were then assigned at random in a similarly blinded fashion. According to the article, prayer was made by "born-again" Christian intercessors from Protestant and Catholic churches to the Judeo-Christian God for a rapid recovery rate and prevention of complications and death.

In recent years, other researchers have used prayer, or what they have defined as prayer, as an intervention. Elisabeth Targ, for example, conducted a controlled, double-blind study at California Pacific Medical Center, San Francisco, to research the effects of "distant healing" on patients in the advanced stages of AIDS.8 Distance healing was equated with prayer. Outcome variables included survival rates, comorbid conditions (complications), and recovery rates. Results appeared to indicate that prayed-for patients fared better than those for whom prayer presumably had not been offered.

RAISING THE QUESTIONS

Why should prayer research pose problems? If science is indeed lending support for the hypothesis that prayed-for people get well quicker and have less complications following major surgery, why should questions be raised that might challenge this hypothesis?

Should not Christians, of all people, look on this research on intercessory prayer as a cause for rejoicing? Should not Christians expect statistically significant results from randomized studies and also expect study results to be congruent with what the Bible teaches about the efficacy of prayer? Will not God, at last, be vindicated by science and the statistical tables turned on Galton's 19th-century conclusions? Is not the marriage of science and religion welcome? The answer to all of these questions is "not necessarily."

Not necessarily, for two disturbing reasons. The first concerns the interpretations of prayer and prayer research by Larry Dossey, a physician and prolific writer with a decidedly "new consciousness" worldview who has become the chief spokesperson and authority on prayer in the United States, even in some Christian circles (see accompanying sidebar). The second reason has to do with the nature of the research itself, even apart from any New Age or new consciousness interpretations.

RESEARCH ISSUES

Kimberly A. Sherrill and David B. Larson, two Christians who are primary researchers in the burgeoning field of religion and spirituality, have written that if research on the role of religion and health is to gain respectability as a legitimate nonfringe area of study, it needs to have at least the following characteristics: clinical relevance and conceptual foundations, and methodological soundness;9 yet, more than respectability is on the line when prayer research is involved. We also need to consider the very nature of prayer, and, more importantly, the very nature of God.

Clinical Relevance

In the case of prayer research in general, clinical relevance appears to be well established. Any intervention that aims to improve either the quality of life or the length of life, in fact, should be an intervention worthy of examination, and prayer most definitely falls into both categories if the latest statistics are to be believed. Results from descriptive correlational studies on various religious practices, including prayer, also lend support to the hypothesis that prayer is an

intervention that is good for you. Increased scientific evidence affirms that various religious factors influence physical and psychological well-being in positive ways. Moreover, as adults age, nonorganizational or private expressions of spirituality, such as prayer, contribute in varying degrees to improved physical health and emotional and spiritual well-being, though exactly how this occurs is still the subject of investigation.

A growing number of studies in many disciplines, including sociology, medicine, and nursing, indicate that participation in religious practices of virtually all types correlates positively with health indicators, such as lower blood pressure, decreased depression and anxiety, and even lower mortality rates. Prayer is one of those practices. That alone makes it a worthy topic for study.10

Personal prayer and requesting prayer from others have been reported as two of the most frequently used religious coping strategies in descriptive correlational studies of older adults. Prayer has also been identified as the second most frequently used spiritual care intervention by nurses concerned with meeting the spiritual needs of their patients, second only to providing opportunities to talk about spiritual or religious concerns.11 When asked what nurses can do for them to support their spirituality, patients have cited prayer either for them or with them.12

Conceptual Foundations

For the Christian researcher, observable facts from retrospective reviews and cross sectional and prospective studies are important, yet tentative, sources of information about the efficacy of prayer. Research findings need to be coupled with an accurate (insofar as is humanly possible) conceptual understanding of what prayer is and how prayer might work.

Research on prayer should be theory-driven. This requires a more comprehensive understanding of prayer with an investigation of Scripture as the primary source document, because, epistemologically speaking, the early critics of Galton were right: the origin of knowledge about prayer is Scripture.

Faith comes from hearing the Word of God (Rom. 10:17), and, with it, a better understanding of statistical data may result from the Word as well. Prayer in and of itself is not a completely independent variable subject to human control and manipulation. In prayer research, the most important independent variable is God; yet, God and His relationship to prayer are generally neglected in both the conceptual formulation of most prayer research and in the analysis of study results. In the case of Dossey's interpretations of prayer, for example, God is factored out of the equation altogether (see sidebar)!

The focus of current prayer research is generally on the variable of the intercessors and on the nature of the intercessions that can be manipulated; that is, intercessors may be told specifically what to pray for. Can the results from intercessory prayer, however, be reduced to a simple cause and affect relationship? Can we assume that God will answer any and every intercessory prayer request? Can an eternal, omniscient, omnipotent God be manipulated to do our will? What of the research principle that stipulates that interventions should do no harm? Will patients involved in intercessory prayer studies whose symptoms worsen or complications abound find themselves doubting God's very existence, let alone God's love and concern for them?

Scripture clearly exhorts us to pray for the health of others and informs us that God hears and answers both personal and intercessory prayers for health. We have numerous examples in both the Old and New Testaments. King Hezekiah, for example, prayed for health and an extension of his life, and God granted it (2 Kings 20). The Book of Psalms gives frequent indication that physical health results from earnest prayer, and the New Testament provides numerous examples of healing in response to prayer. Often, however, more was involved than personal petition or intercession by others; personal need for repentance often preceded or accompanied personal

restoration of physical health (see Ps. 31; Mark 5:1–13). Moreover, in all biblical accounts of healing, there is the underlying truth that while various human factors are operant — for example, repentance and belief that God can and will heal — God alone is in control and answers specific prayers according to His good and perfect will. That good and perfect will may sometimes mean a "yes" in response to prayers for healing; God does heal today and many churches today are experiencing this reality with a renewed emphasis on the healing ministry of Jesus; but it may also mean a "no" or "wait."

God is not a genie, and prayer is not magic. Much of today's research, however, leaves us with that impression. In fact, the current intercessory prayer research is not alone in implying this. The New York Times best-seller, The Prayer of Jabez13 by Bruce Wilkinson, also capitalizes on this theme of instant gratification. Why should we pray, according to Wilkinson? In order to be blessed by God. "I want to teach you how to pray a daily prayer God always answers," Wilkinson writes in his preface. Name it and claim it; pray and receive. All that is really needed is a formula, not God.

Scripture clearly lends support to the correlation between prayer and emotional and mental health as a corollary to a relationship with God. Paul encouraged the Philippian Christians not to be anxious about anything (Phil. 4:6). The means to that end is personal prayer and supplication — making their requests known to God. He even gave an absence of anxiety as a defining characteristic of prayer, their hearts and minds kept in Jesus Christ through the peace of God. This is not just any peace, but the peace that passes all understanding, bypassing the worried and troubled mind, the source of anxiety (Phil. 4:6–7).

Jesus' words in Matthew 6 echo this refrain, correlating an absence of anxiety with a focus on the power and loving concern of God the Father, accessed by prayerful meditation on God's care for even the birds and the flowers. Scripture clearly informs us that God's blessings will attend our prayers, but the call to prayer itself is to be an act of obedience.

More than anything else, prayer is a relationship of trust and dependency, not simply a means of getting what we want, when we want it. A closer relationship with God and a greater trust in His goodness are outcomes that result from personal petitionary prayers and the intercessions of others, regardless of whether immediate healing occurs. Numerous examples are given in Scripture (see Job; Ps. 40–43; 2 Cor. 12:7–10; Luke 22:42). Measuring these kinds of outcomes can be a fruitful avenue of research with respect to prayer.

Methodological Soundness

Research on prayer needs to be conducted with an attitude of humility and with a clear understanding of our motivation and the purposes of research. To set out to prove or disprove that God answers prayer and then to conclude that prayer "works" on the basis of intervention studies alone is irresponsible and totally discounts the true nature of prayer, the nature of God, and the nature of the methodological problems that can occur and have occurred with this type of research. Many replications of studies are needed to establish that any intervention did, in fact, have a hypothesized effect and that the researchers indeed measured what they intended to measure. Prayer studies are no exception to this rule.

Galton's original study and subsequent ones clearly point to one methodological problem that continues to plague prayer intervention research and will undoubtedly continue to do so in the future: the problem of confounding variables. It is not an impossible task to randomly place people into control and experimental groups and ensure that only those in the experimental group are prayed for by intercessors who are part of the experiment. It is a far more difficult, if not impossible task to ensure that hundreds of friends, relatives, and even Christian health care

workers of both experimental and control group subjects are not storming the gates of heaven for their loved ones and clients.

Had the San Francisco or St. Luke's study results turned out exactly the opposite, with control group subjects experiencing greater recovery rates, would we conclude that prayer is ineffectual? Galton probably would have; but if prayer works at a distance, it is highly conceivable that control group subjects, or at least some of them, might see vast improvement as a result of effectual and fervent prayers by "righteous others" who are praying for them unbeknownst to the investigators of the research study. Many patients are also presumably praying for themselves. Byrd, for example, conducted univariant and multivariant analysis and showed no significant difference between control and experimental group subjects prior to the intervention; he concluded that the effects of intercessory prayer would be valid. What he compared, however, were variables of age, sex, and primary cardiac and noncardiac diagnoses; no attempt was made to explore similarities and differences in religious orientation or spiritual support systems.

Galton's original study exhibits yet another methodological problem. There is no accounting for other antecedent factors that might have influenced the mortality rates of royals and clergy, given the retrospective nature of the study. Might there have been a negative equivalent to the "carefree country life" Galton wrote about that adversely affected the health of royals and the more affluent clergy? Are there antecedent factors of a spiritual nature that affect whether or not prayers for health are answered?

The specific functioning of prayer as an independent variable also differs from study to study and sometimes — as methodological purists have noted — within studies, raising the question of exactly what is being measured. Can we conclude that the exact same intervention is measured in every case of prayer? Do all intercessors pray alike? Do some types of prayer "work" better than other types? Does it matter what is the faith perspective of the person who is praying? What about the amount and length of time prayed for each patient?

THE QUESTION OF MANIPULATION

A troubling question remains with respect to the use of intercessory prayer in a randomized trial. Is it, in fact, real prayer? Is it prayer at all?

In an essay entitled "The Efficacy of Prayer," C. S. Lewis raised this question and even suggested that an experiment could be conducted that is remarkably similar to those being conducted today. "I have heard it suggested," wrote Lewis, "that a team of people — the more the better — should agree to pray as hard as they knew how, over a period of six weeks, for all the patients in Hospital A and none of those in Hospital B. Then you would tot up the results and see if A had more cures and fewer deaths. And I suppose you would repeat the experiment at various times and places so as to eliminate the influence of irrelevant factors."

Lewis had an excellent grasp of statistical analysis. He had an even better grasp of the underlying issues. His analysis was that no "real prayer" could possibly go on under such conditions. People could not, he reasoned, pray for the recovery of the sick unless the end they had in view was their recovery. The actual motive of the experiment he envisioned was not to ensure the recovery of all patients but to see what might happen. Does prayer work? So, he concluded, the "real purpose and the nominal purpose of your prayers are at variance" and "whatever your tongue and teeth and knees may do, you are not praying." The experiment, he concluded, "demands an impossibility."14

The question that precipitates virtually all of the prayer-as-intervention studies is, "Does it work?" For the Christian the answer is obvious: Of course, prayer works. Not, however, in the magical sense in which our words of intercession somehow manipulate God, nor on the basis of

any statistically significant findings that God (or, in Dossey's view, some nonlocal mechanism of mind) either has or hasn't answered prayer. In the quest for significant p values, there is always the need to acknowledge and respect the free will of the holy, sovereign God, whose behavior cannot be controlled, manipulated, or even subjected to study by a methodology that assumes a purely cause and effect universe.

Lewis again gives us insight into the true meaning of prayer, which is always to be understood in the broader context of the fallen and suffering world in which we live. His comments should be food for thought when considering whether prayer can and should be used as an appropriate intervention in randomized clinical trials:

There are, no doubt, passages in the New Testament which may seem at first sight to promise an invariable granting of our prayers. But that cannot be what they really mean. For in the very heart of the story we meet a glaring instance to the contrary. In Gethsemane the holiest of all petitioners prayed three times that a certain cup might pass from Him. It did not. After that the idea that prayer is recommended to us as a sort of infallible gimmick may be dismissed.15

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1 -Francis Galton, Inquiries into Human Faculty and Its Development (London: Macmillan, 1883), 277–94.
2 -Francis Galton, "Statistical Inquiries into the Efficacy of Prayer," Fortnightly Review 12, no. 68 (1872): 125–35.
3 -Sharon Fish, "Can Research Prove That God Answers Prayer?" Journal of Christian Nursing 12, no. 1 (1995): 24–27, 46.
4 -W. S. Harris, et al., "A Randomized, Controlled Trial of the Effects of Remote, Intercessory Prayer on Outcomes in Patients Admitted to the Coronary Care Unit," Archives of Internal Medicine 150 (1999): 2273–78.
5 -Editor's Correspondence, Letters to the Editor, Archives of Internal Medicine 160 (2000): 1870–78.
6 -Randolph C. Byrd, "Positive Therapeutic Effects of Intercessory Prayer in a Coronary Care Unit Population," Southern Medical Journal, Journal of the Southern Medical Association 81, no. 7 (July 1988): 826–29.
7 -Randolph C. Byrd with John Sherrill, "The Therapeutic Effects of Intercessory Prayer," Journal of Christian Nursing 12, no. 1 (Winter 1995): 21–23.
8 -Fred Sicher, Elisabeth Targ, Dan Moore II, and Helene S. Smith, "A Randomized Double-Blind Study of the Effect of Distant Healing in a Population with Advanced AIDS," Western Journal of Medicine 169, no. 6 (December 1998): 356–63. See also Elisabeth Targ, "Evaluating Distant Healing: A Research Review," Alternative Therapies in Health and Medicine 3, no. 6 (November 1997): 74.
9 -Kimberly A. Sherrill and David B. Larson, "Anti-tenure Factor in Religious Research," Religion in Aging and Health, ed. Jeffrey F. Levin (Thousand Oaks, CA: Sage, 1994), 149–77.
10 -See, for example, D. B. Larson and S. Larson, The Forgotten Factor in Physical and Mental Health (Rockville, MD: National Institute for Healthcare Research, 1994); D. B. Larson, J. B. Swykers, and M. E. McCullough, Scientific Research on Spirituality and Health (Rockville, MD: National Institute for Healthcare Research, 1998).

11 -Carolyn Hall and Hilreth Lanig, “Spiritual Caring Behaviors as Reported by Christian Nurses,” Western Journal of Nursing 15, no. 6 (December 1993): 730–41.
12 -Cited in Sharon Fish and Judith Allen Shelly, Spiritual Care: The Nurse’s Role (Downers Grove, IL: InterVarsity Press, 1988).
13 -Bruce Wilkinson, The Prayer of Jabez (Sisters, OR: Multnomah, 2000).
14 -C. S. Lewis, “Essays on Prayer,” The World’s Last Night and Other Essays (New York: Harcourt Brace Jovanovich, 1960), 5–6.
15 -Ibid., 5.

But Is It Really Prayer ?

The primary spokesperson today on the subject of prayer research is Larry Dossey. A physician from Texas, Dossey was co-chair of the panel on Mind/Body Interventions, Office of Alternative Medicine, National Institutes of Health. Currently, he is executive editor of Alternative Therapies in Health and Medicine, a popular over-the-counter peer-reviewed research journal launched in 1995 that encourages the integration of complementary therapies and conventional medical practices. The journal combines some good quality research with equal doses of promotional hype by Dossey and New Age notables such as advisory board member Andrew Weil. It also includes ads for everything from customized amino acids ($69 a bottle) and conferences on Anthroposophical medicine to lectures on shamanic healing, in Lima, Peru, and workshops on therapeutic touch at Theosophical retreat centers.

Approximately 50 medical schools have courses devoted to the study of alternative medicine, including explorations of the relationship between spirituality and health. Dossey takes much of the credit for this phenomenon, and not without empirical support. An article on his official Web site (www.dosseydossey.com) notes that in 1993 only three medical schools previously were exploring how spirituality and health interface. That year marked the publication of Healing Words, a New York Times best-seller that was Dossey’s first book about prayer (HarperSanFranciso, 1993). A number of other Dossey- authored books are now used as textbooks in medical and nursing schools, including Prayer Is Good Medicine (HarperSanFranciso, 1996), Be Careful What You Pray for...You Just Might Get It (HarperSanFrancisco, 1997), and Reinventing Medicine: Beyond Mind-Body to a New Era of Healing (HarperSanFranciso, 1999).

Dossey’s prodigious speaking circuit includes presentations at spirituality and medicine conferences at such prestigious institutions as Harvard Medical School, Johns Hopkins, the Mayo Clinic, and the Beth Israel Medical Center of New York City, in addition to frequent appearances on television, including Oprah, Good Morning America, Dateline, Larry King Live, and CNN. All of this exposure reinforces his reputation as an authority on spiritual healing associated with intercessory prayer.

In a commentary that appeared in the Archives of Internal Medicine following the publication of the controversial 1999 prayer study (see accompanying article), Dossey spoke like a true evangelical. He compared Newton’s critics “who condemned universal gravity as occult nonsense without weighing the evidence” to modern-day skeptics who exclude intercessory prayer as a valid subject for research in principle. 1

Dossey has received unquestioning endorsements by many naive evangelical Christians (see, for example Dale Matthews’s The Faith Factor and Reginald Cherry’s Healing Prayer)2 and accolades from popular health and wellness luminaries such as Dean Ornish and New Age

notables Matthew Fox and Joan Borysenko, who also writes blurbs for Dossey's bookcovers. From a biblical perspective, however, Dossey's understanding of intercessory prayer might well be classified as occult nonsense. On the surface it might appear that he is intercessory prayer's chief proponent, but nothing could be further from the truth.

"Goddess, God, Allah, Krishna, Brahman, the Tao, the Universal Mind, the Almighty, Alpha and Omega, the One" — all are names for a Supreme Being Dossey feels most comfortable calling "the Absolute";3 but is it to this Supreme Being (or Beings) that we direct our intercessions? According to Dossey, there is no place for prayer to actually go, since there is no one to whom prayer is actually directed. Intercessory prayer and petitionary prayer are inherently impersonal and "nonlocal," products of our own minds independent of matter, space, and time, emerging from a consciousness not confined to the brain.4 One's own mind can affect, for good or for ill, one's body and emotions; it can also affect other people's bodies and emotions as well, even at a distance. The principle of distant healing is hence the subject of much contemporary prayer research. Our thoughts and intentions and, by extension, our words can affect healing and even, according to Dossey, result in harm if they are negative in nature.5 We can, quite literally, name it and claim it.

In his understanding of the inherently "nonlocal" event called prayer, an "external God" is not regarded as a necessary intermediary because there is nothing actually "sent" and therefore nothing actually to mediate. There is a "divine factor" in prayer, Dossey claims, but this factor is not external; it is internal since God (however one might define him, her, or it) is present to some degree in everyone.6 Intercessory prayer does not become an act of supplication by sinful and dependent creatures to a holy, transcendent, yet also immanent Other, as Scripture clearly teaches, but purely a function of our own "divine within" — the infinite, eternal, and immortal Self (God) interconnected to every other being and thing in the universe. Dossey's notion of intercessory prayer is Pantheistic Monism 101 with heavy doses of parapsychology thrown in for good measure.

To understand this mechanism of intercessory prayer, Dossey refers to recent developments in quantum physics, specifically the concept of nonlocality; but questions should be raised. With respect to selection and interpretation of theory for testing, what specific theories of quantum physics are appealed to by intercessory prayer researchers for support? What is the current status of those theories within the discipline of physics? Can a theory that argues for nonlocality at the subatomic level of reality be extrapolated to support a practice such as healing-at-a-distance or a purely human form of intercessory prayer? Is the legitimate science of quantum physics really compatible with monistic interpretations of the universe, resulting in a type of quantum mysticism that can explain both why and how prayer works?

In Healing Words, Dossey writes about his own experience of deconversion and the "wilting" of the evangelical religious fervor with which he was brought up, following his discovery of such "intellectual giants" as Bertrand Russell and Aldous Huxley.7 Buddhism and Taoism were added to that intellectual mix in medical school, resulting in the adoption of an eclectic philosophy more spiritually satisfying to Dossey than his early religious roots.

It is clear from his autobiographical commentary on the origins of his present thought that his early image of God as "an elderly, robed, bearded, white male figure who preferred English" 8 was certainly no match for his current understanding of the kinder, gentler Absolute, who is the "Divine within." In truth, neither of Dossey's gods can hold a candle to the only true and living God, who created humans in His very image and likeness. This is the God who can teach us the true meaning and practice of petitionary and intercessory prayer, characterized by a joyful yet humble dependence on the One who desires the best for us and those we pray for and always answers prayer according to His good and perfect will.

1 -Editor's Correspondence, Letters to the Editor, Archives of Internal Medicine 160 (2000): 1870.
2 -Dale Matthews, M.D., with Connie Clark, The Faith Factor (New York: Viking, 1998); Reginald Cherry, M.D., Healing Prayer (Nashville: Thomas Nelson, 1999).
3 -Larry Dossey, M.D., Healing Words (San Francisco: HarperSanFrancisco, 1993), xiv.
4 -Ibid., 8.
5 -Larry Dossey, Be Careful What You Pray for…You Just Might Get It (San Francisco: HarperSanFrancisco, 1997), 1–8.
6 -Healing Words, 8.
7 -Ibid., xvi.
8 -Ibid., viii.