Candy Gunther Brown has written an innovative, sophisticated, and fascinating book that makes an outstanding contribution to Pentecostal studies. Drawing on years of extensive research and multiple methodologies, Brown uses scientific and social scientific tools to examine empirical evidence related to Pentecostal and Charismatic prayers for healing. In particular, she focuses on international ministries of healing and evangelism influenced by the so-called Toronto Blessing of the mid-1990s and later.

Brown draws on Stephen Jay Gould’s notion of “nonoverlapping magisteria,” which claims that religion and science have separate domains of expertise but respectful and fruitful interchange is feasible. Her study attempts to bridge these domains as it examines pentecostal (the lowercase “p” indicating inclusion of both traditional Pentecostals and Charismatics) healing in two principal groups, Global Awakening led by Randy Clark and Iris Ministries led by Heidi and Rolland Baker. Her research takes her to conferences throughout North America; revivals and conventions in Brazil (where Global Awakening has an active presence); and remote villages in Mozambique with Iris Ministries.

After contextualizing the Toronto revival in nineteenth- and twentieth-century holiness and pentecostal divine healing practices, Brown highlights its global reach. Influence from the revival spread primarily through relational networks involving figures like Clark and Heidi Baker and their ministries. Brown identifies supernaturalism and democratization as “twin engines” of growth as healing prayer radiated outward through these global pentecostal networks (p. 54). Importantly, she distinguishes her subjects from the Word of Faith movement, which claims that a “positive confession” of faith will invariably bring about healing. Clark, Baker, and others examined here believe that healing is in Christ’s atonement and that God wills his children to be healed of their maladies, but they do not cite a lack of faith as the cause of failed healing prayers. Rather, they believe that God often works progressively and they urge followers to be both persistent and expectant in prayer, trusting the Lord to act in his time.

Thereafter, Brown turns to an engaging discussion of the controversial nature of biomedical tests of prayer. Beginning with the Catholic Church’s responses to Lourdes and the “prayer-gauge” controversy of the 1870s, Brown charts the motivations and receptions of proposals to test the empirical results of claims of physical healing through prayer. Early on, skeptical scientists demanded rigorous analysis of such claims, while Christians of various stripes typically demurred, worried about the potential offense of putting a holy God to the test as well as the possibility that the results would not meet scientific standards. More recently, the roles have been reversed, with the faithful (or at least sympathetic) more eager to investigate the matter and skeptical scientists arguing that such work is useless and dangerous. Brown is particularly astute at uncovering the theological and philosophical assumptions that inform the disdain some scientists have for such studies and the disinterest some healing advocates display. In spite of this opposition, she promotes examination of what she calls “proximal intercessory prayer” analyzed in its natural contexts instead of more problematic studies of distant intercessory prayer (p. 95).

The next four chapters examine empirical evidence
for healing, focusing on the documentation of healing claims, sufferers’ perceptions of healing prayer, the measurement of health outcomes, and the question of whether healing experiences produce lasting effects. Medical documentation provides a useful lens for assessing healing claims, but Brown acknowledges that there are significant limitations in this approach. First, many of those who claim healing in places like Brazil and Mozambique, let alone in North America, are not concerned to receive medical validation and often do not have access to physicians. Second, medical examinations are interpretive exercises that depend on prior assumptions about the evidence under review. Scientifically based modern medicine can point to surprising recoveries that are inexplicable by means of medical analysis, but it can go no further. Nevertheless, Brown cites medical records in a number of cases that document pronounced and in some cases remarkable physical improvement following prayers for healing.

Brown uses survey mechanisms to analyze the identity of those seeking prayer in various North American and Brazilian contexts (confounding factors rendered the Mozambican data unreliable) and the ways they perceive healing prayer. Her data indicate that participants represented broad cross sections of the relevant populations, socioeconomically, racially, and otherwise. Notably, her evidence does not support the deprivation thesis that has fueled some interpretations of pentecostalism and its global growth. Sufferers often had past experiences of healing through prayer or were drawn to gatherings by those who did, and they listed a wide array of afflictions, with pain predominating. Prior expectations for healing did not predict subsequent claims of healing, which were based on sensate improvement of symptoms and understood to be reflections of divine love. The great majority of participants had visited doctors and did not hold anti-medical views.

Along with colleagues, Brown sought to test health outcomes by examining pre- and post-prayer hearing and vision among participants who claimed healing. Employing rigorous audiometric and visual acuity tests, she finds that Mozambican and Brazilian subjects in particular exhibited improved hearing and vision, in some cases quite substantial. Addressing the question of duration, Brown uses narratives informed by empirical evidence to demonstrate how "perceived" divine healing experiences have the potential to exert lasting effects" for those claiming healing, their families and friends, and others in pentecostal networks (p. 274).

Brown draws on Matthew T. Lee and Margaret M. Poloma’s theory of “Godly Love” to suggest that personal experiences of what individuals take to be the love and power of God release energy that radiates throughout pentecostal healing networks.[1] Constantly replenished, this "love energy" animates pentecostal healing rituals, participation in which "builds social capital and indirectly exerts largely positive health effects on all participants” (p. 289).

Brown’s use of several methodological lenses, her avoidance of reductionism and simplistic answers, and her deep respect for both her subjects and the scientific tools that she employs make this a nuanced and thought-provoking work. It is a measure of the strength of this book that it will aggravate partisans on both sides. Throughout her study, Brown stresses that empirical evidence can neither prove nor disprove claims of divinity or divine efficacy. Occasional unsubstantiated declarations that healers might be perceived as paternalistic or hubristic, or that they might enhance systemic oppression by not focusing their principal efforts on sociopolitical dynamics suggest that Brown is at pains to distance herself from healing advocates and appease secular academics. That said, criticism is more likely to come from those who decry empirical study of religious matters and reject out of hand any intimations of the divine or even the mysterious. Brown’s work provides copious evidence that something significant and profound is occurring in pentecostal healing contexts, something that merits attention from students of pentecostalism and those concerned with global health, along with the further study for which she calls.

Note

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