

POWER OF PRAYER

Excerpts from
HEALING WORDS
BY Larry Dossey, M.D.

Spindrift organization research (see chapter 5) strongly suggests that prayer can actually change the physical world. Pg. 164

Jeffrey S. Levin, PhD., an epidemiologist at Eastern Virginia Medical School, is the primary architect of an evolving field called the "epidemiology of religion" and is perhaps the most knowledgeable investigator on the *local* effects of prayer and religious practices. But Levin does not discount nonlocal explanations. "I have no doubt that these (nonlocal) mechanisms are real," he states. "I have experienced...these types of healing...(But) naturalistic explanations exist (for prayer's healthful effects) which do not require...a leap of faith."

In his research, which is supported by a grant from the National Institutes of Health (NIH), Levin has uncovered *over 250 empirical studies* published in the epidemiologic and medical literature since the nineteenth century in which spiritual or religious practices have been statistically associated with particular health outcomes. This literature, "lying forgotten at the margins of medical research," is virtually unknown by physicians and not taught in medical schools. Positive effects for both morbidity and mortality have been found for cardiovascular disease, hypertension, stroke, nearly every type of cancer, colitis, and enteritis. These findings hold regardless of how spirituality is defined and measured, whether according to beliefs, behaviors, attitudes, experiences, and so forth. Over two dozen studies demonstrate the health-promoting effects of simply attending church or synagogue on a regular basis. These benefits have been found to be widely distributed, appearing in studies of Whites, Blacks, and Hispanics; in older adults and adolescents; in U.S., European, African, and Asian subjects; in prospective, retrospective, and case-control studies; in Protestants, Catholics, Jews, Parsis, Buddhists, and Zulus; in studies measuring spirituality as belief in God and religious attendance, among other things; and in studies of self-limiting acute conditions, of fatal chronic diseases, and of illnesses with lengthy, brief, or absent latency periods between exposure and diagnosis and mortality. "In short," Levin states, "something worthy of serious investigation seems to be consistently manifesting in these studies, and understanding the *what, how, and why* of this apparent spiritual factor in health...may be critical for reducing suffering and curing the sick."

These findings have been affirmed for *mental* health by NIH physician-researcher David B. Larson and Susan S. Larson. They surveyed twelve years of publication of the *American Journal of Psychiatry* and *Archives of General Psychiatry* and found that, when measuring participation in religious ceremony, social support, prayer, and relationship with God, 92 percent of the studies showed benefit for mental health, 4 percent were neutral, and 4 percent showed harm. F.C. of the *Journal of Family*

Practice, found similar findings for *physical* health: 83 percent of the studies showed benefit, 17 percent were neutral, and none showed harm.

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