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PREVIEW

An experimental study of the effects of intercessory prayer-at-a-distance on self-esteem, anxiety and depression

by


Seán ÓLaoire

**A dissertation submitted in partial fulfillment of the requirements for
the degree of Doctor of Philosophy
in Transpersonal Psychology**

**Institute of Transpersonal Psychology
Palo Alto, California**

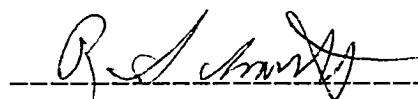
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ABSTRACT

This controlled, double-blind experimental study of the effects of intercessory prayer-at-a-distance on psychological well-being involved 496 volunteers: agents ($n = 90$) who prayed and subjects ($n = 406$) to be prayed for. Agents were randomly assigned ($n = 45$) to either a directed or nondirected prayer group, using as a focus photos and names of subjects. Subjects were randomly assigned among three groups: (a) subjects ($n = 131$) prayed for by nondirected agents; (b) the control group ($n = 147$); (c) subjects ($n = 128$) prayed for by directed agents. Prayer was offered for 15 minutes daily for 12 weeks. Five pretest and posttest objective measures and six posttest subjective measures were taken. Subjects improved significantly on all eleven measures (range: $p < .02$ to $p < 10^{-6}$). There were no significant differences between the two kinds of prayer, nor between the control and experimental groups. Agents improved significantly ($p < 10^{-6}$) on all subjective measures, but on no objective measure. There were no significant differences between the agent groups. There were no significant correlations between the amount of prayer and subjects' or agents' scores. Psi guessing as to

subject assignment was not significant. Participants' views of the locus of God's action proved significant in four objective measures and two subjective measures. Improvement on four objective measures was significantly related to one's belief in the power of prayer for others. Improvement on all eleven measures was significantly related ($p < .0001$) to subjects' personal conviction of assignment to control or experimental condition. Possible explanations for the results are: placebo/faith effect, time-displaced effect, or extraneous prayer. Faith may be the medium and prayer the agent of the change. Suggestions are made for future research to distinguish between placebo/faith and time-displaced effects.

ACKNOWLEDGEMENTS

On March 23, 1992 a brainstorming session was hosted by Ed and Nancy Hannibal to get this project off the ground. A steering committee was set up with Erin Rota taking charge of communications, Dick Placone in charge of fund raising, Kristine Erving and Mary Dowley in charge of facilitating all the meetings of participants in the study, Patrick Fox in charge of all computer issues, Kathi Fox in charge of photography and marketing, Ed Hannibal in charge of all data entry and John Shea as design consultant. It was a superb group and they did a great job.

Facilitation of the the six introductory meetings, six pretest sessions, four prayer training sessions and five posttest sessions meant refreshments for the participants, arranging chairs and tables for up to 100 people at a time, organizing the distribution and collection of all test materials and cleaning up at the end. Kristine Erving roped in her husband John and son Ryan and Mary Dowley shanghaied her husband Mark and son Patrick. Invaluable help was rendered by Dick Freeman, Peter and Carol Schaffer, Bev Smith, Will Richmond, Maureen and George Locke, Sue Garadis, Basil Burke, Joan and Nick Kuhn, Ken and Joan Copenhagen, Fran Kruss, Mark Caisse, Philippe Byrnes, Mike Flynn, Marguerite Purcell, Carol Thurston, Fred Dietrich, Ann and John Ackerman, Gary and Lynn Mays, Don MacDonald, and Laurel Ausserer.

Communications involved daily downloading of both the special voice-mail and P O Box, as well as collating and mailing all correspondence with the participants. Helping Erin Rota were Jack Youngs, Lou Schaefer, Georgia McDonald, Nancy McGaraghan and Terri Ewart.

The St. Thomas Aquinas Parish of Palo Alto very graciously allowed us the use of the St. Elizabeth Seton School auditorium. Nina Ohlmann coordinated all

of these dates and requests.

The entire cost of the study (almost \$10,000) was covered in two fund raising events. I am deeply indebted to those people who so generously and enthusiastically supported it. Dick Placone and Jean Ramacciotti organized a dinner, graciously hosted at the home of Pat and Charlie Cala. Marcia Rigel, Marie Nicholls, Carla Gwosden and Patricia Markee were the people at ground zero on the day of the dinner. Nancy Hannibal, Teresa Bourke and Mary Dowley organized a Christmas gift event. Nancy Thiesing and Harven and Nancy Ng, helped to reduce costs with gifts of photocopying materials. Robert Kantor arranged some assistance from research funds at the Institute of Transpersonal Psychology.

Ed Hannibal singlehandedly entered over 9! (factorial nine - figure that out!!) pieces of information into the data base! A team of auditors led by Jeanne Placone checked every single piece before any statistical analysis was begun. Jeanne was assisted in this mammoth task by Phyllis Janovich, Margie Galdes, Ruth Chippendale, Kathleen Lyons, Marian Schaefer, Rosemary Wallace, Marie Nicholls and Fran and Art Adams.

The librarians at the Institute of Transpersonal Psychology, Peter Hirose and Sharon Hamrick were, at all times competent, interested, warm and courteous. On the front desk, Lorri Chessman was a conduit that kept information flowing smoothly between my school committee and myself, even when some of them were in Scotland! Clair Brown cast a practiced editorial eye and surgically-precise editorial pen over the dissertation proposal. Jeanne Achterberg put many hours of concerned thought, phone calls and faxes into this work. William Braud's quiet, competent, attentive attitude was at once calming and encouraging. Bob Schmitt, who has been my mentor since I joined ITP was, as usual, gentle, sensitive and

affirming. Larry Dossey went way beyond the call of duty by reading all 400 pages straight through in seven hours and then pouring out 11 pages of fluent, lyrical and deeply insightful comments.

If ever a Ph. D. deserved to be shared with two other people it is this one. It owes a huge debt to Patrick and Kathi Fox of Apple Computer, Inc. Patrick literally put hundreds of hours of work into setting up the database and teaching me how to use the three software applications. We ate a lot of Ice Cream together as he tried to teach me the subtleties of FileMaker Pro, MacWrite Pro and Data Desk. His wife, Kathi, also of Apple Computer, Inc. took all 400 photographs, did most of the editing of the initial manuscript and orchestrated the flyers, advertising and marketing.

Finally, my “personal physicians”, Drs. Arlen Brownstein and Abro Sutker badgered me continually into some semblance of a healthy diet, and managed to keep me sane (almost!) a lot of the time. Arlen gave me a sense of perspective and challenged me not to put my “real life” on hold until the project was complete, but to walk my talk.

To all of these people and to countless others who gave me their love, support and encouragement I am profoundly grateful. May the good God hold you tenderly in the hollow of Her hand.

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I. INTRODUCTION

A. Background

This dissertation investigates the effects of intercessory prayer on well-being, as part of the transpersonal hypothesis that such prayer is a modality which might improve the quality of life. One of the primary concerns of transpersonal psychology has been to draw a holistic model of the human person, one in which the five facets of body, emotions, mind, spirit and relationships play a part in understanding health, disease and the healing process.

Ongoing work in transpersonal psychology has attempted to express these five aspects in an empirically quantifiable fashion, so that health professionals of all stripes can have a common language.

It seems that all disease has three components:

- genetic predisposition,
- environmental factors, and
- personal lifestyle and belief systems.

It may be of paramount importance that people be empowered to take charge of maintaining and repairing their own health by education and training in nongenetic factors. The spiraling costs of medical and psychological services for a very stressed population make it of pragmatic importance that people be enabled to heal themselves and each other in holistic, selfless, cost-effective ways. Even if there were never a financial crunch, the vocation of being fully human, fully alive, demands that each person realize her/his true potential by taking more and more seriously his/her innate healing capacity to self-minister and minister to each other.

Dossey (1989) suggests a three-stage development of modern medicine which he models on a similar idea in the history of modern physics. He postulates Era One, mechanical medicine, which began around the 1860s, based on the idea that the body is composed of discrete systems/organs whose functioning is deterministic in nature, as was the clockwork universe of the Newtonian physics on which it was based. The effects of mind and consciousness are nil and all medical interventions are physical in nature, e. g., drugs, surgery, irradiation, etc. Era Two, which began around the 1950s, is a belief in mind-body medicine. Now it has become obvious that perceptions, emotions and attitudes can greatly affect, positively and negatively, the human body. All the major diseases of the USA, heart problems, cancer, hypertension etc., are now known to be affected by the mind. Therapeutically this has given rise to a variety of psychosocial interventions including biofeedback, relaxation, meditation and visualization. For example, Achterberg (1985), an internationally recognized authority in psychoneuroimmunology research, has demonstrated a significant correlation between imagery and blood chemistry. Era Three, nonlocal medicine or transpersonal medicine, with roots in the 1970s, is based on the recognition that mind is both nonlocal, therefore capable of acting and being acted upon at a distance, and nontemporal, or not confined to a past-present-future, cause-effect model. There is a wealth of empirical anomalous data that only such a model can adequately explain. As with Newtonian, Einsteinian and quantum physics, this model of the three eras is an epigenetic one, in which each subsequent stage incorporates, builds upon and transcends all of the previous stages. Dossey points out that these eras shade into each other and that elements of all three have always existed in different forms.

B. Research Topic

This study will examine prayer against the background of Dossey's medical paradigm. Given the ubiquitous nature of prayer - - every culture has developed some form of it - - and the fact that even in very secular societies it is used in times of difficulty and illness, it seems amazing that there are fewer than 150 scientific studies of the phenomenon in English language journals. Of these, only 37 have dealt with the effects of prayer on human subjects; only nine have measured its effects on two psychological parameters, anxiety and self-esteem. Intercessory prayer is an example of a form of intervention that may be independent of the spiritual belief system of the individuals being prayed for; it has been shown to be effective, for example, in minimizing the symptoms of heart disease (Byrd, 1988). As far as my literature search has revealed, the effects of intercessory prayer on depression have never been scientifically tested. The bulk of prayer research has been done in laboratories using trained healers and participants chosen because of some common sickness. No research has attempted to measure the psychological effects of intercessory prayer on the praying agents. Finally, no study has addressed the question of what kind of intercessory prayer is most effective when dealing with human subjects. Only Spindrift Inc. has researched this question, but they have only done it with nonhuman targets.

This present study, then, attempts to test holistic transpersonal tenets in a scientific manner. It is an effort to see if people may justifiably be empowered to exercise healing concern for others according to the Era Three paradigm. It examines the ability of agents, who have received a one-hour training session in intercessory prayer, to effect change in the lives of non pathological human subjects, using psychological measurements (including depression) as the

dependent variables. It measures the psychological changes that the prayer agents experience as a result of praying for twelve weeks for their subjects. It attempts to discriminate between the effects of two types of intercessory prayer, directed and nondirected.

The three basic research questions, then, are whether (a) intercessory prayer-at-a-distance can affect the quality of life of the subjects being prayed for, (b) whether intercessory prayer-at-a-distance can affect the quality of life of the agents who do the praying, (c) whether there is a difference in outcomes for different methods of intercessory prayer.

II. LITERATURE REVIEW

A. Introduction

This section reviews three disciplines that deal with intangibles: science, faith and parapsychology. The first two have long intellectual histories of passion and opposition. The last two share an unacknowledged truce as they attempt to scientifically study and quantify issues of intention and healing.

First, we examine some of the anomalous data at the interface of science and religion. An area of high impact is that of healing, especially the placebo effect. Scientifically conducted studies on healing are reviewed, as are those on prayer and healing. The topic of intercessory prayer is closely examined. The importance of the social dimension and special healing places are reviewed, as are attitudes associated with healing and special types of healing.

Prayer is reviewed, in its philosophical, psychological and ethical dimensions, as an ancient form of healing. In particular, intercessory prayer is examined, from its roots in Scripture and theology, through modern charismatic and meditation movements. Scientific studies of intercessory prayer are examined and a distinction made between directed and nondirected intercessory prayer. Finally, we examine studies on parapsychology, as an aid in interpreting this experiment , which also deals with human intangibles.

B. Science and Religion

Both science and religion claim a sure path of truth, and each has scoffed at the other's methods. Today, that scoffing has declined, as each discipline begins to