86, 707-728.

The Role of Distant Intercessory Prayer in Social Work

Jennifer Smith, MSW
New York University

Many social work professionals and academics are dubious when discussing the role of prayer within the context of practice intervention (Gubi, 2004). As a result, the field has witnessed little research regarding the efficacy of prayer in the clinical treatment of mental health. Despite research inadequacies, many social workers utilize prayer on behalf of their clients (Gubi, 2001). Given the push for evidence-based practice, the field of social work must begin to aggressively evaluate clinical treatment that involves prayer.

In an effort to ease skeptics from the onset, it should be noted that the concepts of prayer and science are not mutually exclusive. The purpose of prayer research is not to assert the presence of a higher power, but rather to determine the role prayer should play in clinical social work (Halperin, 2001). While it is theoretically possible that a transcendent being exists, it is also possible that prayer produces effects without intervention from a non-physical entity (Kennedy, 2002; O'Laoire, 1997; Roberts et al. 2006). Prayer research does not need to center on the realm of the metaphysical. Leder (2005) presents theoretical possibilities derived from the discipline of physics. Further research may reveal that prayer influences change supernaturally, naturally, or not at all (Hodge, 2007).

There are many different forms of prayer. The American Heritage Dictionary (1997) defines prayer as, "a reverent petition made to God or another object of worship" (p. 1074). Within the therapeutic context, prayer can be overt or covert. Overt prayer refers to prayers done with the client, while covert prayer, a type of intercessory prayer, refers to prayers offered privately by the therapist on behalf of his or her client (Gubi, 2001). Intercessory prayer is a type of prayer offered by one person on behalf of someone else. Intercessory prayer that is not conducted in the physical presence of the beneficiary is referred to as distant intercessory prayer. Distant intercessory prayer (DIP) is also known as distant healing and bioenergetic healing (Hodge, 2007). While intercessory prayer in proximity may theoretically be explained

physically and or psychologically, Masters and Spielmans (2007) argue that DIP currently has no theoretical biomedical explanation and is therefore considered a form of alternative medicine.

Despite scientific uncertainty, prayer remains an integral part of people groups around the world. Christianity, Judaism, and Islam all have established practices of prayer for health and healing. Given the historical prevalence of prayer practices, it seems unlikely that prayer will cease to play a role in the health habits of individuals. A survey of hospitalized patients revealed that 50% of patients wanted their physicians to pray for them (Halperin, 2001). Recognizing the value of prayer within the context of patient care, many medical schools have developed curriculum specifically addressing prayer and practice.

Across the discourse of medicine, psychology, and social work, there has been a push for the establishment of evidence-based practice. The American Psychological Association (2006) identifies the purpose of evidence-based practice as the need to improve patient outcomes through the use of clinical expertise that is supported by research while affirming patient values. Determining treatment efficacy is the first dimension of evidence-based practice (APA, 2006). Currently, research regarding intercessory prayer is inconclusive and fails to meet the standards for which evidence-based practice argues.

National surveys reveal that 57% of social workers reported offering private prayers for their clients (Canada & Furman, 1999). British national surveys revealed similar findings for mainstream British accredited counselors (Gubi, 2004). A significant number of counselors who use DIP have never discussed prayer in supervision (Gubi, 2001). If practitioners do not discuss DIP with colleagues and are not supplied with research regarding the efficacy of DIP, competency may be questioned.

The NASW Code of Ethics (1999) acknowledges that social workers may have differing opinions in respect to values, ethical principles, and ethical standards. Despite these differences, social workers are mandated to utilize interventions that ensure competent practice in light of research. Clinicians, however, must be careful not to inappropriately restrict patient choice of treatment due to lack of clear research evidence regarding a treatment (APA, 2006). The purpose of this paper is to provide a relevant review of DIP literature to inform social work practitioners of the effectiveness of DIP as a treatment intervention.

Literature Review

Theoretical Conceptualizations

One of the fundamental gaps in research on DIP is the lack of a scientific theoretical conceptualization (Masters & Spielmans, 2007). While general public intuition may link prayer effectiveness to the intervention of a deity, such a concept is considered not researchable within the discourse of modern science. Leder (2005) offers two conceptual frameworks from the field of quantum mechanics that establish a "limited compatiblism" (p. 926) and help explain DIP: energetic transmission and non-local entanglement.

Energetic transmission refers to the notion that we are surrounded by moving energy, which is invisible to the naked eye across time and space (Leder, 2005). Consider the world of cyberspace. We never see the information or energy surrounding us, and yet somehow it can travel from point A to point B almost instantaneously. In a similar sense, healing energy can be transmitted across space from one person to another through prayer. The concept of energetic transmission would logically deduce that proximity plays a role in DIP given that signals are generally stronger when they are closer.

Non-local entanglement refers to the concept that particles primed in connection can be entangled so that one may affect the other without any communication between the two (Leder, 2005). Oman and Thoresen (2002) also refer to this concept as distant intentionality. Reports from mothers who instantly sense that their children are in trouble are a common example of non-local entanglement. Through exercises of compassion, connection, and prayer, those individuals praying for another at a distance may create a non-local phenomenon (Leder, 2005). Non-local entanglement negates the importance of distance.

Energetic transmission and non-local entanglement as applied to consciousness are not fully established within the field of physics. They do, however, represent a growing segment that presents viable options for theoretical exploration into the underlying dynamics of DIP.

Research Supportive of Distant Intercessory Prayer

Currently, there is a growing body of research that indicates the significance of DIP (Edward, 2001; Hodge, 2007; Masters & Spielmans, 2007). Within the field of medicine, DIP has been found to be beneficial in the treatment of AIDS patients, coronary care patients, elderly cardiac patients, and women undergoing treatment for infertility (Sicher et al., 1998; Byrd, 1988; Furlow & O'Quinn, 2002; Harris et al., 1999; Cha & Wirth, 2001). Studies have demonstrated that while intercessory prayer has not reached clinical significance for the treatment of heart surgery, the trend has favored heart surgery patients receiving prayer (Krucoff et al., 2001; Krucoff et al., 2005). Perhaps one of the most controversial findings is that of Leibovici. Leibovici (2001) conducted a study which determined that individuals who received prayer retrospectively spent significantly less time in the hospital and had briefer periods of infection-induced fevers.

Within the field of mental health, DIP has received less attention. Sandberg (2002) found that DIP had a significant effect reducing participant self-reported distress as measured on three Global Indices of the Brief Symptoms Inventory. When evaluating individuals with depression in outpatient treatment, DIP was determined to be an effective adjunct in reducing cognitive-affective symptoms of depression on the Beck Depression Inventory (Connerley, 2003).

A meta-analysis of seventeen studies revealed significant effect sizes ($p=.015$ using a random effects model and $p=.006$ using a fixed effects model) (Hodge, 2007). Included in the meta-analysis was a study conducted by Cha and Wirth (2001), which found intercessory prayer to be significant in increasing the likelihood of conception among women undergoing infertility treatment. As a result of accusations of scientific misconduct, Hodge (2007) recalculated effect sizes without the Cha and Wirth study (Ernst, 2006; Masters et al., 2006). While the significance of intercessory prayer was reduced in the fixed effects model ($p=.031$) and eliminated in the random effects model ($p=.062$), the analysis demonstrates a trend in favor of DIP.

Research Unsupportive of Distant Intercessory Prayer

Meta-analysis has also been shown to reveal no effect sizes for DIP. Masters et al. (2006) reviewed 14 studies and found no significance for overall effectiveness ($p=.18$) and small borderline significance for ill participants ($p=.05$). When the Cha and Wirth study was removed from analysis, overall effectiveness dropped ($p=.87$) along with ill participant effectiveness ($p=.47$).

Studies investigating arthritis, cardiac conditions, and kidney dialysis found no significance for DIP (Matthews et al., 2000; Aviles et al., 2001; Benson et al., 2006; Krucoff et al., 2001; Krucoff et al., 2005; Matthews et al., 2001). Mathai and Bourne (2004) conducted a pilot study examining the impact of DIP on child psychiatric disorders revealing no significant effect. DIP had no effect on anxiety, self-esteem, mood, and depression (O'Laoire, 1997).

A large clinical multi-site experimental study by Benson et al. (2006) investigated DIP and found no significant recovery benefit for cardiac patients. Further, patients certain of receiving DIP actually experienced more complications than those uncertain of receiving DIP (Benson et al., 2006). Similarly, Walker et al. (1997) found that individuals believing that they were receiving prayer took three months longer to reduce alcohol consumption than the comparison group. Knowledge of DIP cannot be assumed to have a benign effect.

Limitations of Current Research

Masters and Spielmans (2007) note the lack of methodological sophistication utilized in the design of most research on DIP. Consequently, DIP research has been plagued with threats to reliability. Of critical importance are the issues of prayer content and measurement of dosage. While the majority of DIP studies have utilized Christian prayers, some studies have employed a mix of prayers from other major religions (Krucoff et al., 2001; Seskevich, 2004). In addition to religious prayer, Sicher et al. (1998) incorporated DIP from graduates of bioenergetic and meditative healing institutions. No significant difference has been determined based on the belief system of those engaging in prayer (Seskevich et al., 2004). Generally, intercessors offer DIP for the research participant in their own personal prayer style (Connerley, 2003; Mathai & Bourne, 2004; Seskevich et al., 2004). Consequently, no information is provided as to the direct content of each particular DIP intervention.

In addition to lacking records of prayer content, studies by Aviles et al. (2001), Byrd (1998), Benson et al. (2006), Krucoff et al. (2001), Seskevich et al. (2004), Walker et al. (1997), and others have failed to record or specify the amount of daily prayer offered for each client. Others studies that did not mandate daily prayer also failed to record the amount of prayer offered over the course of the intervention (Leibovici, 2001; Mathai & Bourne, 2004). While Masters & Spielmans' (2007) meta-analysis revealed no significant influence of frequency and duration of prayer, many argue that measurement of the dose and duration of prayer is necessary to establish exposure to DIP interventions (Krucoff et al. 2005; Oman & Thoresen, 2002; Targ, 1997; Kennedy, 2002; Masters et al., 2006).

Research on DIP is often confounded by personal prayers of research participants and/or others who offer prayer on behalf of individuals with an illness. Since there is no way to eliminate outside prayer on behalf of research participants, experimental studies have sought to utilize random assignment into prayer and control groups (Masters & Spielmans, 2007). The comparison of the DIP intervention is then compared to the control group, who receives treatment as usual. Even if such a design adequately addresses the confounding variable of outside prayer, Kennedy (2002) argues that DIP may imply that certain individuals are more effective at praying than others.

Conclusion

Proper study and DIP theory development are needed to protect the efficacy of social work practitioners, the health and well-being of social work clients, and the overall reputation of the social work field. The use of DIP by the majority of nationally surveyed social workers providing direct practice, despite inconclusive evidence, suggests the need for further empirical study of DIP as a practice intervention (Canada & Furman, 1999; Hodge, 2007). A Cochrane review of intercessory prayer summed up the status of the current research. "The evidence presented so far is interesting enough to justify further study into the human aspects of the effects of prayer" (Roberts et al., 2006, online).

References

Abbot, N.C. (2000). Healing as a therapy for human disease: A systematic review. *The Journal of Alternative and Complementary Medicine, 6,* 159-169.

APA Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. *American Psychologist, 61*(4), 271-285.

Aviles, J. M., Whelan, E., & Hernke, D. A., Williams, B. A., Kenny, K. E., & O'Fallon, W. M. (2001). Intercessory prayer and cardiovascular disease progression in a coronary care unit population: A randomized controlled trial. *Mayo Clinic Proceedings, 76*, 1192-1198.

Benson, H., Dusek, J., Sherwood, J., Lam, P., Bethea, C., Carpenter, W. (2006). Study of the effects of intercessory prayer (STEP) in cardiac bypass patients: A multi-center randomized trial of uncertainty and certainty of receiving intercessory prayer. *American Heart Journal, 151*, 934-942.

Byrd, R. C. (1988). Positive therapeutic effects of intercessory prayer in a coronary care unit population. *Southern Medical Journal, 81*, 826-829.

Canada, E. R. & Furman, L. D. (1999). *Spiritual diversity in social work practice*. New York: Free Press.

Cha, K. Y., & Wirth, D. P. (2001). Does prayer influence the success of in vitro fertilization-embryo transfer? Report of a masked, randomized trial. *The Journal of Reproductive Medicine, 46*, 781-787.

Connerley, R. C. (2003). *Distant Intercessory Prayer as an adjunct to psychotherapy with depressed outpatients: A small-scale investigation.* Doctoral dissertation, ProQuest Information & Learning, *64*(6-B).

Ernst, Edzard (2006). Spiritual healing: More than meets the eye. *Journal of Pain and Symptom Management, 32*(5).

Furlow, L., & O'Quinn, J. L. (2002). Does prayer really help? *Journal of Christian Nursing, 19*(2), 31-34.

Gubi, P. M. (2004). Surveying the extent of, and attitudes towards, the use of prayer as a spiritual intervention among british mainstream counsellors. *British Journal of Guidance & Counselling, 32*(4), 461-476.

Gubi, P. M. (2001). An exploration of the use of christian prayer in mainstream counselling. *British Journal of Guidance & Counselling, 29*(4), 425-434.

Halperin, E. C. (2001). Should academic medical centers conduct clinical trials of the efficacy of intercessory prayer? *Academic Medicine, 76*, 791-797.

Harris, A., Thoresen, C. E., McCullough, M. E., & Larson, D. B. (1999). Spirituality and religiously oriented health interventions. *Journal of Health Psychology, 4*, 413-433.

Hodge, D. R. (2007). A systematic review of the empirical literature on intercessory prayer. *Research on Social Work Practice, 17*(2), 174-187.

Kennedy, J. E. (2002). Commentary on "experiments on DIP" in archives of internal medicine. *The Journal of Parapsychology, 66*, 177-182.

Krucoff, M. W., Crater, S. W., Gallup, D., Blankenship, J. C., Cuffe, M., & Guarneri, M. et al. (2005). Music, imagery, touch, and prayer as adjuncts to interventional cardiac care: The monitoring and actualisation of noetic trainings (MANTRA) II randomised study. *Lancet, 366*(9481), 211-217.

Krucoff, M. W., Crater, S. W., Green, C. L., Maas, A. C., Seskevich, J., & Lane, J. (2001). Integrative noetic therapies as adjuncts to precutaneous interventions during unstable coronary syndromes: Monitoring and actualization of noetic training (MANTRA) feasibility pilot. *American Heart Journal, 142*(5), 119-138.

Leder, D. (2005). "Spooky actions at a distance": Physics, psi, and distant healing. *Journal of Alternative and Complementary Medicine, 11*(5), 923-930.

Leibovici, L. (2001). Effects of remote, retroactive intercessory prayer on outcomes in patients with bloodstream infection: Randomized controlled trial. *British Medical Journal, 323*, 1450-1451.

Masters, K. S. & Spielmans, G. I. (2007). Prayer and health, meta-analysis, and research agenda. *Journal of Behavioral Medicine, 30*, 329-338.

Masters, K., Spielmans, G., & Goodman, J. (2006). Are there demonstrable effects of distant intercessory prayer? A meta-analytic review. *Annals of Behavioral Medicine, 32*, 337-342).

Mathai, J. & Bourne, A. (2004). Pilot study investigating the effect of intercessory prayer in the treatment of child psychiatric disorders. *Australian Psychiatry, 12*(4), 386-389.

Matthews, D. A., Marlowe, S. M., & MacNutt, F. S. (2000). Effects of intercessory prayer on patients with rheumatoid arthritis. *Southern Medical Journal, 93*, 1177-1186.

Matthews, W. J., Conti, J. M., & Sireci, S.G. (2001). The effects of intercessory prayer, positive visualization, and expectancy on the well-being of kidney dialysis. *Alternative Therapies, 7*(5), 42-52.

O'Laire, S. (1997). An experimental study of the effects of distant, intercessory prayer on self-esteem, anxiety, and depression. *Alternative Therapies in Health and Medicine, 3(6)*, 38-53.

Oman, D., & Thoresen, C. E. (2002). "Does religion cause health?": Differing interpretations and diverse meanings. *Journal of Health Psychology, 7*(4), 365-380.

NASW (1999). *NASW code of ethics*. Retrieved December 2, 2007 from http://www.socialworkers.org/pubs/code/code.asp

Roberts L., Ahmed I., Hall S. (2006). Intercessory prayer for the alleviation of ill health. *Cochrane Database of Systematic Reviews*. Retrieved December 2, 2007 fromhttp://www.cochrane.org/reviews/en/ab000368.html

Sandberg, E. K. (2002). *The effect of intercessory prayer on recovery from mental illness*. Dissertation Abstracts International Section A: Humanities and Social Sciences, *62* (11-A).

Sicher, F., Targ, E., Moore, D., & Smith, H. S. (1998). A randomized double-blind study of the effects of distant healing in a population with advanced AIDS: Report from a small scale study. *The Western Journal of Medicine, 169*, 356-363.

Seskevich, J. E., Crater, S. W., Lane, J. D., & Krucoff, M. W. (2004). Beneficial effects of noetic therapies on mood before percutaneous intervention for unstable coronary syndromes. *Nursing Research, 53*(2), 116-121.

Targ, E. (1997). Evaluating distant healing: A research review. *Alternative Therapies in Health and Medicine, 3*(6), 74-78.

The American heritage college dictionary, 3rd ed. (1997). Houghton Mifflin Company: NewYork.

Walker, S.R., Tonigan, J., Miller, W., Commer, S., & Kahlich, L. (1997). Intercessory prayer in the treatment ofalcohol abuse and dependence: A pilot investigation. *Alternative Therapies, 3*(6), 79-86.