Standardization of Distant Intercessory Prayer for Research on Health and Well-Being

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Abstract

In recent years, distant (remote) intercessory prayer has been put up against the scientific method of research. Studies are few, variable, and tend to be nongeneralizable. Lack of construct validity of the variable prayer is one of the weaknesses that opens up the research to valid critique and scrutiny. The belief that research in this field is going to continue regardless of the current weaknesses within studies suggested a need for standardization. This project attempts to standardize the variable, prayer. An examination is made of studies performed and commentaries published within the last ten years. A detailed review and cross-comparison of prayer types is made. A recommended standard is drawn from this analysis.

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Introduction

This study is an attempt at standardization of distant intercessory prayer for the purposes of scientific research. In this type of prayer, persons who are being prayed for (subjects) and the persons doing the praying (intercessors) have no contact with one another. Many styles exist within this form of prayer.

Long-term goal for this study is the demonstration of a statistically significant and positive correlation of distant intercessory prayer to improvements in physical and mental health. Use of prayer against the scientific research method (i.e., a language professionals tend to understand and *put faith in*) may encourage the consideration and use of this and other forms of prayer within the realms of routine healthcare.

Fueling my interest in this topic is research that indicates physicians tend to avoid addressing the spiritual dimension of their clients (Townsend, Kladder, Ayele, & Mulligan, 2002). I believe this may also be true of a number of other healthcare providers, their main funding sources, and some legal and social influences. Reportedly, most scientists do not believe in God (Townsend et al., 2002). The interest in including prayer as a therapeutic method among medical professionals in general appears to be low. Despite this, "more than 70% of Americans say their approach to life is based on their religion, 75% of patients think their physician should address religious issues, and 50% of patients want their physician to pray with them" (Townsend et al., p. 1429). In addition, personal experience and the testimonies and faith of thousands of people I have come across over the past twelve years indicate that intercessory prayer has a positive and

oftentimes dramatic affect on people's health, most particularly emotional health. The perceived efficacy of prayer and religion among health care clients appears to be high, and the financial cost appears to be nonexistent (Townsend et al.).

Review of Experiments and Critiques

This research project began as an experiment to measure to what degree distant intercessory prayer might correlate with the successful completion rates of persons in substance abuse treatment in the Upper Peninsula of Michigan. Direction and goals of the study shifted during the literature search.

Searches for articles on distant (remote) intercessory prayer and resulting health effects were as follows. Two Medline (FirstSearch) data base searches were made, the first for articles in English, those directed toward distant and/or remote intercessory prayer, and those that were published within the last ten years. A secondary search was made for the effects of prayer on psychological and behavioral status of human subjects. Studies and commentary on retroactive studies were eliminated. Articles were to be available online or obtained in hard copy through the local library, rather than the university library (for reasons that do not fault the university library), within four weeks. Ten articles were obtained, four of which were actual studies and six of which were commentaries/critiques.

Research studies on prayer *using the scientific method* in this field appear to be relatively recent. In addition, the research tends to be less structured and defined as compared to scientifically structured studies in other fields. The newness of research in this field, wide spectrum of religions and prayer, sometimes small sample sizes, varied health care issues being measured, lack of standardized and rigorous analysis, and the fact that prayer deals with the metaphysical realm appear to be factors in the lack of clear

structure and consistency within and across studies. In fact, a meta-analysis by Townsend et al. (2002) uses only a small percentage of the available articles on the correlation between religion and health due to the lack of standardization. Although Townsend et al.'s research was broad in definition and extended, in part, from 1966 to 1999, only 34 articles were used out of a list of over one thousand computer citations.

Proponents of distant intercessory prayer. Opinions on research of distant intercessory prayer vary. On the positive side, Paul Ka'ikena Pearsall (2001) observes a definite positive correlation between prayer and healing. He commented that Daniel Benor found prayer in general (i.e., not specifically *distant* intercessory prayer) has been included in over 150 well-constructed studies conducted over ten years ago. In over half of these studies, prayer was found to have a positive effect. Mr. Pearsall specifically cites the works of Elisabeth Targ as being extremely well constructed and indicative of a "small but significant positive effect" (p. 255) of distant intercessory prayer on healing.

On the other hand, DeLashmutt & Silva (2000) arrive at a different conclusion and note that, while earlier studies were generally *not* well constructed, a number of more recent efforts demonstrate valid and positive effects of prayer on health.

In the meta-analysis done by Townsend et al. (2002) a statistically significant correlation between distant intercessory prayer and health effects among some randomly controlled trials was found. They found only five randomly controlled trials that satisfied the study standard they were using, however.

Palmer, Katerndahl, and Morgan-Kidd (2004) found "sparse, yet compelling" (p. 439) evidence that the positive effects of intercessory prayer can be replicated in research studies. They also found that involvement in religion and spirituality has shown

a consistent, positive effect on health. Because of their findings, they set up their own study comparing the effects of distant intercessory prayer, the level of subjects' belief in prayer, and changes in level of health. Their results indicate the intercessory prayer *and* a higher personal belief in prayer correlated with higher levels of healing/health.

A study done with distant intercessory prayer on coronary care unit patients was well constructed and tested and analyzed by standardized methods (Harris et al., 1999). Subjects were found to have fewer complications and reduced inpatient days overall.

A study done on patients with rheumatoid arthritis found distant intercessory prayer to have no effect. However, praying with patients while laying/placing hands on them showed a positive effect (Matthews, Marlowe, & MacNutt, 2000). While this study included a small sample size and was not randomized, standard measurement tools and standard statistical analyses were used.

To summarize, proponents of distant intercessory prayer are finding a positive correlation between prayer and health effects. The proponents generally find solidly based research to be lacking in numbers, however. Studies appear to have begun in the 1960's. Since then, methodology appears to be gradually growing stronger and showing more consistent, replicable results.

Critics of distant intercessory prayer. Critics may or may not believe in the efficacy of prayer. However, as a whole they do not believe prayer can be measured against the scientific method (Cohen, Wheeler, Scott, Springer Edwards, & Lusk, 2000; Chibnall, Jeral, & Cerullo, 2001). They argue there is an inability to pray in measured doses, an inability to prove the existence of God, and an inability to prove the efficacy of prayer (Cohen et al., 2000; Chibnall et al., 2001).

Chibnal and associates did a particularly thorough analysis on distant intercessory prayer (2001). They estimated what could and could not reasonably be measured through the scientific method. Their conclusion was that prayer could not be put to the scientific test. They pointed to issues such as a lack of construct validity (proof of cause and effect), problems with the ability to clearly define prayer and the quantity (dosing) of prayer, and inability to compare prayer among studies due to the lack of standardization between the studies. They believed research of this sort set out to prove the existence of God, the ability to manipulate God, and/or prove that prayer causes healing, all of which are effects that go beyond the realm of the scientific method. These critics have also pointed to a lack of clear guidelines on how the prayer is being defined and administered by the intercessors (i.e., lack of construct validity of the prayer itself), and inconclusive results of the effect of the prayer (Chibnall et al., 2001). Variation has been found to exist among testing tools and their validity. Sample sizes have often been small. Statistical analyses vary and often show mixed results. Operational definitions such as type of prayer, who/what is being prayed to, length of prayer, frequency of prayer, number of intercessors, and status/qualifications of intercessors don't always appear in the research studies or do not match those of other studies (Shermer, 2004).

The issue of ethics invariably arises in such studies (Cohen et al., 2000; Chibnall, et al., 2001; DeLashmutt & Silva, 2000; Shermer 2004). After all, is God to be confined, controlled, and measured through a certain number of petitions and statistical results? Are the intercessors' specialized formulas able to manipulate an ultimate Higher Power that may be behind any healings that occur? Is it even morally correct to request healing just to demonstrate God exists? Testing God, some critics expound, essentially becomes immoral because it goes against faith.

Despite the sometimes-solid arguments against scientific research on the effectiveness of prayer, I believe studies in this field will continue. Some aspects of prayer do indeed appear to fall outside the reaches of the scientific method, but others do not. Researchers appear to need to continue to hone in on what can be reasonably measured and hoped for within the confines of the scientific method and, again for the purposes of the scientific method only, discard (as much as is possible) those aspects of prayer that cannot.

The move toward standardization. For standardization of the research method, the questions might be, where does one focus her or his efforts, and how detailed must the guideline be? The following suggestions are not mutually exclusive and are not in order of importance.

First, consider the guidelines Townsend et al. (2002) used to do their research. They set a precedent for meta-analysis of and set-up of future research of distant intercessory prayer. To study a topic such as the one we have at hand, Townsend et al. started at very basic definitions, using the Webster dictionary definition of *religion*. Further, they define *health outcomes* as “any outcome that can be quantitated by reproducible, universally accepted, and established diagnostic criteria that are validated by current medical literature” (p. 2). Townsend et al.’s standards for research were derived from those established by the Canadian Medical Association Journal.

Second, utilize standardized, statistically valid and reliable that are already available through resources such as the SPSS (Statistical Package for the Social Sciences).

Third, use standardized regression models of statistical analysis. Small sample sizes and researcher bias often need particular attention in studies on distant intercessory prayer.

Fourth, to further control researcher bias, researchers are encouraged to work with data collectors and analysts of a different (or no) faith background. Efforts to control bias should be reported within the literature.

Fifth, control the variables for each physical or mental health issue measured.

Sixth, the prayer itself ought to be standardized as much as possible. *This aspect is the main thrust of this paper and is further addressed, below*.

Seventh, participants ought to be randomly assigned to any test groups.

Eighth, keep focus on what the scientific method can and cannot do to increase the credibility of research results. As Harris et al. (1999) put it, such experiments "explore not a mechanism but a phenomenon" (p. 2277).

Ninth, researchers should avoid what one author refers to as intentional "negative" prayer, "bad wishes," or "harmful prayers" (Pearsall, 2001, p. 255). This topic falls within the constructs of prayer and is therefore addressed here. Based on the author's observation and not measured scientific research, the opinion is that negative therapy would be detrimental to the health of subjects and intercessors, not merely neutral. The studies suggest negative therapies such as these are not necessary to prove the effectiveness of positive prayer and would therefore be considered unethical. This option is therefore not given within the suggested guideline on developing the constructs for prayer.

Tenth, other positive measurable correlations not directly related to prayer were found to have a positive influence on outcomes. These included (1) level of faith

commitment of the subjects and (2) the level of faith that their concern could be resolved (Palmer et al., 2004). These positive measurable correlations are interesting and hopefully will be standard measurements in future studies when possible.

Eleventh, increase online availability of studies on distant intercessory prayer to help standardize research in this field.

The many-faceted definitions of distant intercessory prayer. Distant intercessory prayer has been defined in various ways across the experiments. The following is a brief illustration of how prayer has been defined and used across the studies. A more comprehensive overview of the constructs of prayer among studies is found in Appendix A.

In a study done on patients in a coronary care unit, remote intercessory prayer involved intercessors from a number of Christian faith traditions (Harris et al., 1999). Gender, age, rate of church attendance, and frequency and length of prayer of the intercessors were recorded. Intercessors started praying for subjects within two days of a patient's admission to the hospital. Intercessors knew nothing of the patients other than their first name. Fifteen prayer teams were formed. Each team had five members. Intercessors were instructed to pray daily for a 28-day period immediately following admission to the hospital. Petition was to be made for (1) a quick and uncomplicated recovery and (2) other intentions as the intercessors deemed appropriate. Intercessors were to keep a log of their prayer activity.

In a study on persons with rheumatoid arthritis (Matthews, Marlowe, & MacNutt, 2000) distant intercessory prayer was coupled with laying-on-of hands prayer. "Lay, volunteer prayer ministers" (Matthews et al., 2000, p. 1179) from an organized Christian ministry in Florida did the distant prayer. Prayer was offered for a minimum of ten

minutes daily. Two people did the praying. Praying occurred for a period of 6 months. Intercessors received "some brief demographic and clinical information" (Matthews et al., p. 1180) and a photograph of the persons they were praying for. The two intercessors prayed individually on a daily basis. Intercessors also prayed together "in person or on the telephone" "at least once per week" (Matthews et al., p. 1180). They prayed for the health of the patient. They logged the method(s) of prayer they used.

In a study on the effects of emotional health, the intercessor spent ten minutes of meditation for the entire subject group, plus at least two minutes of intercessory prayer for each subject. A specific meditative intercessory technique was used, directed toward "the absolute and fundamental of life, that which we usually name God" (Tloczynski & Fritzsch, 2002, p. 734).

In a meta-analysis done on randomized controlled trials, prayer was defined using other variables (Townsend et al., 2002). Townsend et al. noted that in one study the type of prayer was defined as directed (God, please help John's diabetes improve) or nondirected (God's will be done with John). In another study, intercessors used whatever prayer method they preferred (Townsend et al.).

Research Design and Procedure

After the initial cursory review of the search results, the conclusion was that setting up a study would likely only serve as a poor contribution to the percentage of questionable and inconsistent results that currently exist among studies of distant intercessory prayer. It seemed, too, that future researchers might struggle with this same possible result. Rather than abandon the topic, the data was used for a different end than initially intended.

Despite this researcher's opinion that existing and easily retrievable research on distant intercessory prayer is limited and appears, oftentimes, to be disjointed, nongeneralizable, and/or demonstrative of insignificant results, it is believed these pieces have a pertinent place in the body of research. Might the research have only now reached the point where a standard can be set? This mixed bag of information may be the launch pad needed for the next stage of study in this field, that is, the further standardization of the independent variable, prayer.

In this project, the constructs among the models of distant intercessory prayer are compared with one another in Appendixes A-E. Comments of both supporters and non-supporters of research on distant intercessory prayer are taken into consideration. The constructs of the various types of prayer, as taken from the research and commentaries alike, are compared with one another in order to highlight commonalties, differences, strengths, and weaknesses of each. From there a basic model is suggested for the standardization of prayer for use with the scientific method (Appendix F).

Intended goals for the use of this model in Appendix F are to (a) generate standardization of distant intercessory prayer across studies, (b) assist researchers in determining important pieces of information to include in their results/reports, and (c) establish greater credibility among researchers.

Threats to validity and reliability of the variable prayer. Prayer is difficult to define in measurable amounts, or doses. While this study encourages the narrowing of the definition of dosing (form of prayer, who is being prayed to, length of time, frequency of times, number of intercessors, number of people being prayed for by each intercessor), some variables are difficult, if not impossible, to control (such as intensity of the prayer and the level of expertise or spirituality of the ones praying). (However, level of intensity,

expertise, and spirituality of persons involved in other research is also not necessarily measurable or measured but invariably comes into play.)

Another threat might be the lack of reliable reporting of prayer. Because a "dose" of prayer at a certain level cannot be proven through a standardized test (e.g., blood test), "dosing" is often reported through diaries/logs. Persons who are doing the praying may or may not accurately report the amount of prayer being done. A threat might be that the intercessor(s) would actually do more, or less, praying than that assigned, skewing the results.

If subjects are aware that the study they are involved in includes prayer therapy, their expectancy level alone could skew results. (However, this might be directly addressed by including a group within the same study that is not aware of the aspects of the study, or that a study is even being conducted.)

Limitations of the study. First, the standard, which offers some flexibility in constructs, will not be all encompassing. As research progresses, the field will demand further refinement of the variable (prayer). This author never reviewed what appears to be some excellent studies, including those done by Elisabeth Targ and others evaluated by Dr. Daniel Benor (Pearsall, 2001). It is very possible a more and well-rounded standard can be developed off the information contained in them.

Second, the standard that emerges will not be satisfactory to all parties wishing to use intercessory prayer for the purposes of scientific study. Nevertheless, one must take into consideration that a standard must be set for the purposes of the scientific method in order to make it more credible in the line of research. Certainly, prayer will be much more varied and rich than could ever be described within this or any other research

project. This is simply because the scientific method is limited in what it can measure. This study wishes to focus on that which the scientific method can accommodate.

Third, the end purpose of using a prayer standard is to increase the credibility of results obtained from a simple correlation between the variables of prayer and health effects. This study does not attempt to set a standard to be used to validate the existence of any type or form of Higher Power. This study also does not attempt to show the ability to manipulate any power(s) through prayer, should any Higher Power indeed exist.

Data and Results

Appendixes A-E are a compilation of the constructs of distant intercessory prayer, as identified within the articles. Considerable detail is offered to allow for cross-comparison and illustrate where similarities and differences exist (and resulting weaknesses and strengths in the overall body of knowledge) among the studies. Dashes (--) indicate where no information was given for that particular topic.

Five categories of constructs on prayer emerged as the articles and studies were reviewed. The data in Appendixes A-E are broken down into these categories. The first three are (A) Intercessors, (B) Type of Prayer, and (C) Dosing of Prayer. The level of blinding directly influenced the type of prayer in the studies. The following categories are therefore included in the analysis of prayer: (D) Information Given to Subjects, and (E) Information Given to Intercessors.

Appendix F is a guideline to assist researchers in setting up their prayer construct. This guideline breaks prayer down into the same five categories listed above. Within each category are subcategories of information which the researchers and critics found to be important to gather. The result is a tool designed to assist in the collection of a uniform set of data in future experiments on distant intercessory prayer.

Summary and Conclusions

While ambiguity of the definition of prayer will always exist, a pattern of valid and reliable constructs will emerge that can be reasonably applied to the scientific method. The pattern of data identified here provides a substantial basis for applying the scientific method to distant intercessory prayer.

Because of the varied faith traditions, flexibility will be demanded of any standard that is set for distant intercessory prayer. A reasonable number of choices of constructs is necessary to accommodate the varied approaches to prayer. Choice and flexibility are also needed because the field of research on effects of distant intercessory prayer is so new and the specific measurable results and correlations yet so unknown.

The standard in Appendix F is offered as an evolutionary working model, to be reformulated among professionals and paraprofessionals alike as more data become available.

Standardization of the other variables that occur within studies on distant intercessory prayer is recommended. This was addressed in more detail in chapter one. A goal, again, is to increase credibility within the field of research on distant intercessory prayer. Standardization will also create a more cohesive body of knowledge from which measurable conclusions can more readily be drawn.

Research on distant intercessory prayer is new to the scientific method but shows promise. Existing studies and criticisms all contribute positive feedback for increasing standardization and credibility of future research. Gradually researchers will begin referencing their work from a set standard, and add to an ever-increasing body of knowledge on the effectiveness of distant intercessory prayer.

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Appendix A

Prayer Construct Across Studies: Intercessors

Chibnall Article

Consider number, team vs. individual, power level, beliefs and experiences, worthiness level, level of experience with this type of prayer.

Cohen Article --

DeLashmutt Article

In one study referenced (O'Laoire), 90 volunteers were "randomly assigned to one of the two prayer groups" (p. 43).

In one study referenced (Walker), the volunteers had been involved in intercessory prayer for over five years.

Harris Study

"Variety of Christian traditions."

Thirty-five percent nondenominational.

Twenty-seven percent Episcopalian.

The balance was Protestant or Roman Catholic.

Eighty-seven percent female.

Average age 56.

Attend church services at least once weekly.

Pray daily.

Matthews Study

Intercessors were "located elsewhere" (p. 1177).

Lay people.

Volunteers.

"Experienced" in this type of prayer.

From Christian Healing Ministries.

Palmer Study

12 volunteers: 8 from a "local church's prayer chain" and 4 "retired women living in a Christian retirement home" (p. 440).

Pearsall Article --

Shermer Article

Consider number of intercessors.

Consider status of intercessors (e.g., ordained minister or layperson).

Clarify which faith denomination the intercessor is (e.g., Christian, Jewish, Muslim, Buddhist, other).

Tloczynski Study

One person, in contact with subjects.

Townsend Article (Five Random Controlled Studies Compared)

1. *–*
2. *Evangelical Christians. No set number of intercessors.*
3. *Harris study (evaluated, above).*
4. *O'Laoire study. Volunteers.*
5. *Protestant, Catholic, and Jewish intercessors.*

Appendix B

Prayer Construct Across Studies: Type of Prayer

Chibnall Article

Consider type, form, type of Higher Power, faith tradition, possibility of using nonsense prayer.

Citing Byrd's study, "'for a rapid recovery and for prevention of complications and death, in addition to other areas of prayer they believed to be beneficial to the patient'" (p. 2530).

Referring to Sicher's study, prayer was not to a specific God, but directed to a certain intention.

Referring to Walker's study, prayers were for "general positive intentions as opposed to specific requests," and persons were "free to pray in whatever way they chose" (p. 2529).

Cohen Article --

DeLashmutt Article

Recommends "open-ended prayer," i.e., "nonspecific as to outcomes" over "prayers of petition…requests for specific results" (p. 42).

Suggestion is made for "supplication [to be] made in the spirit of the Golden Rule, that is, focusing on and trusting in the will (wisdom) of the Divine or Absolute power that the outcome will be in the best interests of the subject" (p. 42).

In a referenced study (Walker), "nature of prayer" could vary (p. 43).

In a referenced study (Walker), prayer was directed (vs. nondirected).

Harris Study

Intercessors needed to identify God as "personal and [as being]concerned with individual lives" and who is "responsive to prayers for healing made on behalf of the sick" (p. 2274).

Intercessors prayed for "a speedy recovery with no complications and anything else that seemed appropriate to them" (p. 2274).

Matthews Study

Prayed "for the health of the patient" (p. 1180).

Palmer Study

Prayed for "a life concern or problem disclosed by the participant at baseline" (p. 438).

Intercessory prayer defined as "a specific request or earnest supplication for a desired outcome directed toward a higher power" (p. 439).

Prayer was for persons not seeking medical care.

Type of prayer left up to the intercessor, i.e., "scripted or unscripted" (p. 440).

Pearsall Article

Defines "supplicative" prayer as being "a more direct request for divine intervention for one's self or for someone else to recover from an illness," i.e., "interventional prayer."

Shermer Article

Identify who/what is being prayed to.

Tlocyznski Study

Non-directive, i.e., "no specific intentions [were] asked for" (p. 734).

Very specific guideline, to include imaging and centering prayer. Included meditation and petition.

Directed to God, "the absolute and fundamental reality of life" (p. 734).

Request for "this person's 'best possible outcome" or 'thy will be done.'" (p. 734).

Townsend Article (Five Random Controlled Studies Compared)

1. *Protestant prayer.*
2. *Prayer was same for everyone, but type was not explained.*
3. *–*
4. *Directed (God, please help John's diabetes improve) or non-directed (God's will be done with John).*
5. *Intercessors prayed "in whatever way they chose."*

Appendix C

Prayer Construct Across Studies: Dosing

Chibnall Article

Consider amount, duration, frequency, intensity, number of prayers within what amount of time, physical distance between intercessors and subjects.

Cohen Article

Refers to research where prayer was conducted for four weeks.

Refers to research where subjects also participated by praying.

DeLashmutt Article

In one study referenced (O'Laoire), there were three groups of subjects, one of which received no prayer. One group received general prayers. One group received specific prayer.

Subjects in the latter two groups received fifteen minutes of prayer daily for three months.

Each subject was prayed for individually, rather than as a group.

In one study referenced (Walker), prayer was daily for six months. Times could vary. ("Time" is not defined as time of day, or length of prayer.) p. 43.

Harris Study

Daily for 28 days.

Prayer began about 1.2 days after a patient's admission to the hospital unit.

Seventy-five intercessors were broken down into fifteen groups of five members.

Intercessors prayed alone, not with the other intercessors in their group.

Matthews Study

Daily distant intercessory prayer for six months.

Ten or more minutes of prayer time for each subject.

One intercessor prayed for a subject on the daily basis. Then at least once weekly for the six-month period, two prayer ministers would pray together for the subject.

This study included six hours of prayer where intercessors would lay/place hands on subjects.

Palmer Study

One intercessor for up to four subjects.

Instructed to pray once daily; on average prayed twice daily.

Prayed for one month.

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Average prayer time was three minutes.

Pearsall Article

Gives attention to recording time of day and distance between intercessors and subjects

Shermer Article

Identify length of prayer and frequency.

Tlocyznski Study

Multiple-baseline across-subjects design for seven weeks.

Daily meditation.

Ten-minute meditation for entire group.

Two or more minutes for each individual.

Prayer said at same time of day.

Townsend Article (Five Random Controlled Studies Compared)

1. *–*
2. *Daily until discharge. Same for everyone, but not explained. Dosing not controlled because number of intercessors was not controlled.*
3. *–*
4. *Three groups of subjects (instead of the common two subject and control groups). One group received directed prayer, one received non-directed prayer, and one group received no prayer. Random assignment of intercessor to prayer group.*
5. *Intercessors prayed "in whatever way they chose."*

Appendix D

Prayer Construct Across Studies: Information Given to Subjects

Chibnall Article

Suggests studies in which some subjects (within same study) know they are in a study and in which some subjects don't.

Cohen Article

Refers to research where study was kept "secret" in order to avoid others praying extra for subjects (p. 1).

DeLashmutt Article --

Harris Study

Subjects were not knowledgeable of being prayed for.

Subjects did not know there was a study being conducted.

Matthews Study

Subjects knew about all aspects of the study.

Subjects did not know if they were part of the distant intercessory prayer portion of the experiment.

Palmer Study

"Participants were unaware of being prayed for." (p. 438).

Pearsall Article --

Shermer Article --

Tlocyznski Study

Aware of experiment but not what type.

Townsend Article (Five Random Controlled Studies Compared)

1. –

2. *Subjects consented to study. Subjects blinded to whether or not they were in a control group.*

3. –

4. –

5. --

Appendix E

Prayer Construct Across Studies: Information Given to Intercessors

Chibnall Article

Questions why intercessors need to be blinded.

Refers to research in which first names and pictures were provided.

Cohen Article

Refers to research where intercessors were aware that subjects were patients at a particular hospital.

DeLashmutt Article --

Harris Study

Intercessors received first names of subjects.

Intercessors never met the subjects and did not know who they were.

Intercessors never got any feedback on subject progress.

Matthews Study

Intercessors had a picture of the subject and "brief demographic and clinical information" (p. 1180).

Palmer Study

Intercessors were given a "concern or problem" to pray for (p. 440). The concern was in the form of a written summary that had been identified by the subject.

First name of subject given to intercessor.

Intercessors had no contact with subjects.

Pearsall Article --

Shermer Article --

Tlocyznski Study

In regular contact with subjects.

Continual feedback on test results.

Aware of control and other groups.

Townsend Article (Five Random Controlled Studies Compared.)

1. –
2. –
3. –
4. –
5. –

Appendix F

Prayer Construct Guideline and Options for Studies on Distant Intercessory Prayer

Intercessors

Level of Experience in Distant Intercessory Prayer

Faith Tradition

Gender

Age or Age Range

Level of Faith Commitment as Measured by

Frequency of church attendance.

Prayer habits (once daily, twice daily, weekly, etc.).

Level of Faith as Measured by (Likert Scales)

Belief that issues of concern can be improved/alleviated/healed.

Belief that prayer helps.

Type of Prayer

Who/What Is Being Prayed To

Specific Requests or General Request ("Thy Will Be Done")

If Directive, What Is Specifically Being Prayed For

Scripted and/or Unscripted Prayer

Same Prayer for Each Subject, or Specific to the Subject

Dosing of Prayer

Number of Intercessors Per Subject

Number of Subjects Per Intercessor

Number of Subjects Prayed for at the Same Time

Number of Intercessors Praying at Same Time for Subject (i.e., are intercessors praying singly or together)

Frequency of Prayer

Length of Time for Prayer Session

Time(s) of Day

Number of Days

Physical Distance from Subject

Start Date and End Date for Prayer

Information Given to Subjects

Subjects Unaware Study Is Occurring

Subjects Aware of Study but Not What Type

Subjects Aware of Study and Type

Subjects Aware of Study, Type of Study, and Whether Involved in Control Group or Not

Information Given to Intercessors

Intercessors Not Given Any Subject Information

(That is, intercessors are instructed about prayer type, length of study, but not who they are praying for.)

Intercessors Given Information on Subjects

(Examples include first name or full name, picture, brief demographics, brief clinical information, issue of concern as defined by the subject.)

Intercessors Know Subjects but Have No Direct Contact with Them During Study

Intercessors Do Not Know and Have No Contact With Subjects

Intercessors Receive Feedback on Subject as Study Progresses