

The Importance of Prayer and Intention in the Healing Process

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There has been a growing interest in the scientific community over the last few years in exploring the role of spirituality in the healing process. There have been over 1500 studies of the effect of spirituality to health. At least half of the 80 medical schools in the U.S. are offering courses on spirituality, and some specifically on "spirituality and medical practice". Conferences on spirituality, prayer and healing are being held at some of the most prestigious medical schools in the country. Psychic and spiritual healing are gaining new credibility in contemporary medical circles as well as governmental agencies. The National Institute of Health (NIH) is funding studies on spirituality and healing. Many physicians and hospitals are participating in double-blind clinical trials of spiritual healing.

Given the research over the past thirty years there is much evidence to suggest that healing involves more than just techniques and treatment regimens. We have been aware for years now of the phenomenon of the 'placebo effect' whereby the expectation and belief of the patient or subject can affect the healing outcome. Dr. Herbert Benson of Harvard University, back in the 1970s and 1980s, showed that people who prayed could reduce their stress and lower their blood pressure and heart rate by inducing what he called the Relaxation Response. There is also a growing body of research showing that the belief, intention, prayer and attitude of the doctor can also affect healing outcomes. Research on prayer and intention offer exciting implications

for those of us in the healing arts field. What does the data on prayer suggest and how might we use that knowledge to enhance the effectiveness of what we do in Touch for Health?

What is Prayer?

The word 'prayer' comes from the Latin, precarius "obtained by begging," and precari "to entreat, to ask earnestly, beseech, implore." Larry Dossey, a leading medical authority on the subject of prayer, defines prayer as "communication with the Absolute." In its simplest form "prayer is an attitude of the heart; a matter of being not doing." Prayerfulness is that attitude or state of mind in which we feel a sacred connection with the Absolute. Prayer involves a focused state of mind usually characterized by feelings of quiet, serenity, and stillness.

What is Intention?

The word intention comes from the Latin, intentus "a stretching toward." American Heritage dictionary defines it as "an aim that guides action." Leonard Laskow, physician and researcher, refers to it as "a holding attention on a desired outcome, and holding attention requires will, which is a persistent, focused desire." In Chinese and indigenous healing traditions, intent is what directs the healing energy.

Non-Locality in Quantum Physics and Healing

The term "distant healing" or "distant mental influence on biologic systems" (adopted by NIH) is an attempt to find a way to objectively describe the outcome of what others might call psychic healing, energy healing or prayer.

Intercessory prayer, unlike hands-on healing, does not involve some conventional form of energy (i.e. electromagnetic) that is sent or received, but relies on a mind-to-mind connection which is not dependent on distance. Whether intercessory prayer or distant healing is done from the next room or from the other side of the globe, its effects are effective and immediate. Distant healing has strong correlations to what is referred to in quantum physics as non-local events.

Quantum physics experiments have revealed the existence of what are called "non-local" events. Experiments have shown that if two subatomic particles that have been in contact are separated, a change in one is correlated with a change in the other, instantly and to the same degree, no matter how far apart they may be. Non-local events have three common characteristics. They are unmediated, meaning distant changes do not depend on the transmission of energy. They are unmitigated, which means the strength of the change does not become weaker with increasing distance. Thirdly, the effects are immediate, taking place simultaneously.

Research on Distant Healing and Prayer

In 1998, forty scientists from universities and research laboratories around the U.S. gathered at Harvard University to examine and evaluate the data on distant healing. Preliminary data presented at this conference suggested that we are on the verge of an explosion of evidence to support the efficacy of distant healing. For more than thirty years there have been scores of studies conducted and documented in excellent peer reviewed publications that show high quality, well replicated laboratory evidence of the existence of a mind-to-mind connection. These studies demonstrate that focused mental attention and intention can influence both the physical and mental processes of another person from a distance.

In 1993, psychiatrist, Dr. Daniel Benor, brought together a compilation of over 150 controlled studies of psychic, mental and spiritual healing in his book *Healing Research*. In it, studies on organisms as diverse as enzymes, cell cultures, bacteria, yeasts, plants, animals and humans show that

at least 1/2 to 2/3 of them demonstrate statistically significant results.

One of the most famous studies on prayer at a distant was conducted in 1988 by Dr. Randolph Byrd. This was a double-blind study involving 393 patients in the coronary care unit of San Francisco General Hospital. In a double-blind study, neither the patient nor the researcher knows who are in which experimental group. The results of this study showed that the prayed-for patients did significantly better on several outcomes. It also showed the efficacy of prayer was the same from great distances as it was close to the hospital. While the prayed-for patients showed some improvement over the control group, many see the Byrd experiment as suggestive but inconclusive and ambiguous because of a variety of variables that cannot be controlled: variables such as the control patients praying for themselves or being prayed for by their family or friends.

In view of the potential for the attitude of the subject interfering with the tests results, it has been found easier for researchers to study the effects of intention and prayer in plants, animals and cells of blood, bacteria and yeast. With these subjects, one can rule out the placebo effect as they presumably are not healing due to their belief in the healer or the effectiveness of the treatment; nor are they likely praying for themselves to get better. Several studies have been conducted showing that prayer can affect the germination and growth rate of seeds. Experiments with renowned healer Olga Worrall showed that she could stimulate the growth rate of rye seedlings by 840% from a distance of 600 miles away. She said that she did this during her prayer time, by visualizing the plants filled with light and energy. In another experiment with seeds, Reverend Goodfellow of Guttenberg, Iowa found that when his congregation started praying for seeds, farmers reported higher yields in areas where the seeds and crops had been blessed. Researcher William Braud of the Mind Science Foundation in San Antonio, Texas, found that subjects could influence the rate of hemolysis (bursting of red blood cells) at a distance to a degree unexplainable by chance. Other researchers like Leonard Laskow have

successfully used intention to influence the growth rate of bacteria cells. In one experiment, he was able to reduce growth rate of bacteria cultures 50% over controls. Another researcher, Dr. Bernard Grad, has "demonstrated that the absorption spectrum, surface tension, conductivity and acidity of water can be altered by focused thought or intent."

While studies of distant healing involving human beings are challenging to design because of uncontrollable factors such as hope, expectation, and the healer/patient relationship, there have been several well-designed studies that confirm such an effect. In 1994 California Pacific Medical Center designed a methodologically sound research project with the purpose of determining whether healing intentions over distance is effective. Two double-blind studies were completed using AIDS patients as subjects with findings that showed a 40% mortality in the control group but no death in the prayed-for group. Researchers Braud and Schlitz successfully demonstrated in thirteen experiments the ability of 62 people to influence the physiology of 271 distant subjects, who were unaware of the time that the attempt would be made. The effects proved to be consistent and replicable.

Surprise Findings from Intention Studies

Several research studies have yielded some surprising findings that indicate just how powerful one's belief and intention can be. In three double-blind studies of the use of Vitamin E in treating angina pectoris, an enthusiastic doctor who believed in the efficacy of Vitamin E found it significantly more effective than a placebo, while two studies conducted by skeptics showed no effect. In another study using a minor tranquilizing drug, three of four studies suggested strongly that the effectiveness of the drug over the placebo was correlated with the physician's attitudes and beliefs toward it. Its conclusion was that the beliefs of the prescribing physician can somehow penetrate double-blind conditions of the experiment and shape the action of the drug. In yet another scientifically sound double-blind experiment using human subjects, one researcher who

believed in distant healing, showed that her subjects had statistically significant increases in autonomic nervous system response, while another skeptical researcher following the same procedures did not obtain any significant results. Again, these inconsistent results have lead researchers to postulate the influence of an "experimenter effect," or researcher's bias which can penetrate double-blind studies.

Even more amazing have been studies on intention involving mechanical devices, such as a random event generator (REG). In over 50 million trials over more than 15 years the results overwhelmingly showed that individuals can influence the REG, steering its output from sheer randomness toward a particular pattern. The odds against being a chance happening were a trillion to one. Operators described an emotional bonding with the machines, "becoming one" with the device while they are trying to influence it. These experiments conducted at PEAR lab at Princeton University show clearly that the effects of emphatic bonding transcend space and even time. Operators were asked to influence the machines output 'after' it had run, and the results were identical to efforts made in the present. Helmut Schmidt, a physicist, found similar results showing that subjects can influence the output of a REG after the machine had run. Esteemed statisticians estimate the likelihood of Schmidt's results being due to chance at seven million to one. Schmidt's experiments appear to indicate that past subatomic events are malleable, capable of being influenced mentally, even though they have already occurred and been recorded in some way, so long as they have not been consciously observed. In quantum physics, too, looking, or the 'observer effect,' converts possibilities and potentialities into actual events and fixes them. Could this concept not apply to a person receiving a medical diagnosis?

Distinctions between Energy/ Psychic/ Spiritual Healing

Energy and psychic healers, whether in contact or at a distance from the client, hold a specific intent of replenishing or manipulating the 'energy flows' or symptoms of the client. Psychic and energy healing modalities (in general) involve training, conscious effort,

directing one's attention to a particular part of the body or body functions, and logical decision making on the mental level of the practitioner. An inherent aspect of all three healing modalities involves 'information access and sharing' through a mind-to-mind connection. With many schools of energy healing, the healer acts as a channel to transfer various frequencies of energy to another with the intent of rebalancing the energy field. In non-contact Therapeutic Touch, researcher Janet Quinn considers it possible that through a shift in consciousness, TT practitioners in some way facilitate a "restructuring of the recipient's energy field through a process of resonance, rather than an energy exchange or transfer".

In spiritual healing, the intention of the healer is to allow their "consciousness to be used as an expression of the non-local Infinite Mind, which some know as God." Spiritual healing is not a type of mental force exerted willfully and selectively. Healers hold a peaceful state, surrendering their ego to a source of active, organizing intelligence. Their intention is to be helpful, to be used as an instrument or conduit of information that enables and activates the person's self healing ability. An important part of spiritual healing involves not just maintaining an attitude of openness but also a conscious choice of staying nonattached to the outcome.

Key Elements to Effective Prayer and Intention

What have we learned so far from the laboratory studies and from the experience and wisdom of healers? First of all, research has shown there is no correlation between one's private religious belief and the outcome or effectiveness of prayer. A key factor in the effectiveness of prayer seems to be love, not the religion that accompanies it. The effect of prayer can be strengthened by faith and belief, though prayer does not require belief on the part of the recipient in order to work. The recipient does, however, need to be open and receptive to the possibility of healing. Healers report that the primary precursors to healing effects are a mind-to-mind connection with loving and caring intentions by the healer.

Empathy, compassion and love seem to form a literal bond, a resonance, between living things.

Researcher William Braud feels the "most effective form of intentionality appears to be one that is goal-oriented and thorough, yet not excessively effortful or egocentric." He identifies five techniques that have direct application to the way we pray: "relaxation and quietude, attention training, imagery and visualization, intentionality, and strong positive emotions."

In the *Isaiah Effect*, Gregg Braden offers insight on the lost science of prayer based on the ancient Essene traditions and modern science. The effect of prayer, he says, comes from something other than the words of the prayers themselves. Thoughts are what guide us and give us direction. Emotion is the energy that fuels our thoughts to make them real and is closely aligned with desire. Feeling represents the union of thought and emotion and is what Braden refers to as the key to prayer. Alignment of those three elements of thought, emotion and feeling is what gives power to our prayers. Gregg Braden also says that the secret of the lost mode of prayer is to shift our perspective of life by feeling that our prayers have already been answered. Praying from an attitude of love and gratitude rather than out of need or fear would certainly seem to have more positive effects, on a lot of levels, particularly for the person doing the praying.

Implications for Touch for Health

When we look at the original intention of Touch for Health, Dr. Thie's desire to provide a simple format of skills from Applied Kinesiology for the average person to use for themselves, their family and their friends, we can all appreciate the loving intent behind his creation of TFH. Over the years the teaching of TFH has been modified slightly to encourage even greater self-responsibility on the part of the person being balanced. More involvement in their own healing process adds to a person's sense of self-control in their health and that belief can be helpful in mobilizing an even stronger immune response.

As the research indicates, and as many of us in TFH have discovered over the years, a belief in the effectiveness of the process is not necessary on the part of the recipient. A person being balanced who is open to the process, though perhaps skeptical, will often be surprised by its positive results. As healers find too, what seems more important in healing is the degree of need. The more out of balance a person is the more of a difference they will feel afterwards.

A more significant influence for the person being balanced may be their belief and confidence in the person doing the balancing. Their expectation and belief of the expertise of the practitioner coupled with their openness towards the process may set the stage for more optimal healing results.

Perhaps even more important to the success of the process is the role of the practitioner. Muscle testing is an art, and as such, a certain amount of physical skill is, of course, important. However, could it not be true that the attitude of the person doing the balancing is influencing its effectiveness as well? While new practitioners get good results, there are many times their results are inconsistent. New people often miss the subtle muscle imbalances when muscle testing, and though that is partly due to lack of experience with the physical technique, confidence seems to play a role too. A practitioner's confidence in themselves and the process comes across in subtle ways that can consciously and unconsciously affect the attitude of the client. The more confident the practitioner, the more likely they are to stay focused on 'allowing' for the process to happen; and less distracted by their self doubts. Keeping in mind the adage "energy follows intention" one can see how a person who is having self doubts or confusion on an inner level might find their muscle testing results less than optimal. If science has shown that a researcher's intention can influence the results, it follows that the thoughts and intention of the practitioner would then likely affect the subtle energies that are being tested and balanced. The more confident and clear the practitioner can remain during the process, the more likely they are to get clear, consistent and accurate results with muscle testing.

The TFH balancing process enables the practitioner and client to align their intention, based on their knowledge and desire, by creating a goal, an outcome toward which to have as their focus. A goal articulates our desire of how we want to change. When we ask people to show or tell us how that would be different, to some degree they are accessing that 'feeling' state. For the practitioner, the more they can bring their 'feeling' of confidence, combined with their 'desire' to help, aligned with the 'goal' in mind, the more likely they are to empower the process. As Gregg Braden found with prayer, as practitioner and client merge their thought/knowledge/belief, with emotion/desire/willingness to change, and their feeling/intention/goal of how they want to be different, they engage the formula of having successful results. Also, setting our goals in positive terms in present time, is congruent with Braden's findings of the importance of feeling our prayers, or in this case our goals, as if they were already true and answered.

Setting a goal gives direction to our work as it organizes the energy field into a particular pattern. Richard Gerber (*Vibrational Medicine*) refers to the meridian system as the interface between the subtle energies and physical body. Muscle testing enables us to identify the specific meridian pattern that is in relation to that goal. If we didn't set a goal, then the balance would be in relation to whatever meridian pattern is showing in the moment for that person. By focusing on a goal, the person's energetic pattern can reflect in the present a pattern of energy of another time. Balancing releases the energetic pattern in relation to that issue. The ramifications are that goal balancing are more thorough and longer lasting as they can work beyond the present time to release specific reactive patterns. The changes that occur when the energetic pattern is released can manifest on the physical, mental, emotional, biochemical and spiritual levels.

When we muscle test, we are tapping into that mind-to-mind connection. While the TFH balancing process does not consciously focus on accessing the Universal Mind, or mind-to-mind connection, it appears that the process of

muscle testing is doing just that. The more that the testor can 'get out of the way,' the easier it is for them to access that body/mind wisdom. We have seen that an important part of quality muscle testing for the practitioner involves maintaining confidence but also staying 'clear' to have best results. Staying clear when muscle testing means not having any preconceived ideas about muscle responses. Another important aspect of staying clear for the practitioner is also letting go of any ideas of how we think the results of the balance should look. Staying unattached to the outcome allows for the possibility of 'Thy Will be Done' to intercede when necessary. The practitioner and client may align their intentions in the goal setting, but keeping always as the greater goal that openness to 'divine intention or will' is important to keep in mind.

As practitioners, I think the best that we can offer, aside from our expertise, is an unconditionally loving and compassionate presence, that is open to the highest good of the client. In doing so, we elevate a physically based process to another dimension. This attitude and consciousness that we can bring to our sessions, like prayer in action, can bring a depth of healing beyond simply the physical mechanics involved in the process. What we can offer is a true integration of body, mind and spirit with our work.

The following prayer I often use to help me center and clear my intention when I work with clients.

"O God. Make me as a hollow reed
from which the pith of self hath been
blown, so that I may become a clear
channel through which Thy love may
flow to others"

- Baha'i Prayer

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