Meditation, Prayer and Spiritual Healing: The Evidence


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Dr Schlitz: This is a remarkable time in human history—never before have so many world views, belief systems, and ways of engaging reality come into contact. On one hand are the remarkable successes of science and technology: an orbiting space station, cloned sheep and cats, and a computerized chess champion that has outsmarted even the best of the human chess champions. On the other hand, through the Internet, awareness of the world's wisdom and spiritual traditions has expanded: we now have access to practices that were once isolated in the Himalayas or deep in the Amazon and available only to a very small group of adepts. Today we are experiencing a convergence of these different ways of knowing, science on one hand and diverse religious, spiritual and cultural traditions on the other. Nowhere is this more clear than in the case of medicine.

There are various ways of responding to the unprecedented convergence we now experience. One is conflict; we need only turn on our radios to see how widespread this response is at a global level. Another response is co-option, where one tradition—typically the Western technological, scientifically based rationalist model—overpowers indigenous wisdom, often in very covert ways. A third response takes the form of creativity: As differences come together, we have the opportunity to birth new ideas and new ways of being together as a collective humanity.

My focus this morning is on the research perspective that lies at the interface of science, spirituality, and medicine. How can science begin to offer insights into these wisdom and spiritual practices? And how are these wisdom practices influencing science and medicine in ways that may lead to a more integral approach to health and healing?

Primary Areas of Evidence

There are five primary areas of data or evidence: the crosscultural data, survey studies, public health research, basic science related to mind-body medicine, and clinical studies of distant healing.

Crosscultural Perspectives

Indigenous cultures hold no separation between healing and a connection to the sacred. If you examine various traditions, it is only within our own culture that we make this demarcation between what is the rationalist approach and what is our deep engagement with the mystery. From the survey studies, it is clear that people are hungry for a deeper sense of meaning and for a connection to their spirituality. Seventy-three percent of adults believe praying for someone else can help cure their illness; this is based on a CNN poll. Fifty percent of patients wanted physicians to pray with them. This says something about what people are calling for; how people will feel happier, more contented; how they feel satisfied in terms of the therapeutic encounter. A recent survey[1] published

by the National Institutes of Health looked at the ten most common complementary and alternative practices or modalities that are used by Americans today, and they found that of the top ten, three involved prayer: prayer for self, 43%; prayer for others, 24%; and prayer groups, a very common modality for people to engage in.

Public Health Studies

In terms of public health research, through the use of epidemiological methods and tools, we are beginning to understand the correlations between spiritual and religious practice and physical outcomes. Jeff Levin, a social epidemiologist, notes that more than 1600 studies have been conducted examining the correlation between religious and spiritual participation and health.[2] The evidence is overwhelming. Findings persist regardless of religious affiliation, diseases or health conditions, age, sex, race or ethnicity, or nationality of those studied. This finding is positively correlated with education. People who have a strong educational background believe that these kinds of practices and principles are important for health and well-being.

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Basic Science on Mind-Body Medicine

So let's talk about the mind-body connection. From cross-cultural perspectives, it appears that people believe in and practice spirituality in the context of healing and, in fact, don't make a separation. Within the Hawaiian Kahuna tradition, healers and religious spiritual practitioners are one and the same. It's clear from the correlational studies within the epidemiology data that positive relationships exist between religious and spiritual practice and health outcomes on a variety of different conditions. We hear so much about the placebo effect as a mind-body piece for example. In our new book, *Consciousness and Healing*,[2] we consider an integral approach to medicine in that healing and consciousness is not only a part of this mind-body connection but also is a part of our connection to our relationships—our interpersonal relationships, our relationship to the environment, and our relationship to the transpersonal or the spiritual. Harris Dienstfrey, contributor to *Consciousness and Healing,* writes, "The mind as a source of medicine is waiting to be explored."[2:p 60] It is very interesting to me as a researcher that the placebo effect is something that we tend to put aside. It's the control condition. And yet if we really wanted to understand the innate capacities of the body to heal, wouldn't we want to focus in there and look at the ways in which our body can take an inert substance and produce a physiological change? More so, this inert substance knows the whole cascade of responses that are necessary to lead to a particular kind of outcome. How does that happen? It is a profound mystery and one that needs to be explored more fully.

Wound-Healing Study

We received an NIH grant to look at the effects of prayer and spirituality on wound healing; research we are conducting at California Pacific Medical Center. This is a three-arm clinical trial with women, primarily breast cancer patients, who are undergoing reconstructive surgery after mastectomy. We have recruited healers from across the country to participate in this study—people who believe they can use their minds, their prayers, and their intentions to influence other people at a distance.

These healers include: Chi Gong masters, Johrei practitioners, Reiki practitioners, Carmelite nuns, Buddhist monks, and Christian groups. All the healers in our research study keep a daily log that describes their practice and their experience. People report making use of techniques such as directing healing energy toward the distant person, using some kind of focusing tool, such as a photograph, to focus their attention on the distant person, or making use of petitionary prayer to call on divine help from supernatural forces.

The women who come into the surgery unit are randomized into two blinded arms: Either they receive distant healing or they don't. In the third arm of a distant healing or prayer and intention healing group, patients are called every day and are told that they are getting healing. The outcome in this study is the rate of wound healing by measuring collagen deposition in a little GORE-TEX® patch inserted in the groin area, a standardized location. We're also looking at a variety of psychosocial measures. This is an example of bringing spiritual and religious practices, what we call compassionate intention, into a laboratory setting and looking at the role of expectancy and placebo as it relates to the particular outcome measure. We are framing the possibility that our intention can actually influence the physical well-being of another person, even if that person is unaware of that intention.

Distant Healing Research

In the recent National Center of Complementary and Alternative Medicine (NCCAM) survey study I mentioned, a significantly high percentage of the population makes use of prayer for other people. Many people believe that if I pray for you, you will become better, or if you pray for me I'll become better, and yet

we know very little of the mechanism to explain how this might happen. So this is a frontier area for research. To date, more than 180 studies have been done in this area, with more than half of them producing significant results. In these experiments, one person through their intention tries to influence the physiology or the physical condition of a target system, such as cell cultures, animal models, and there are human studies. As of March 2004, there have been nine controlled clinical trials looking at intercessory prayer (compassionate intention at a distance). Six of these have produced statistically significant positive results. For a complete list of these studies, one can visit the distant healing research site at the Institute of Noetic Sciences Web site (www.noetic.org).

As an example, Dr Elizabeth Targ at California Pacific Medical Center did a series of trials looking at AIDS patients.[3] She selected AIDS as a condition because, at the time of the study, it was very resistant to conventional allopathic medical intervention. Patients were randomized into standard care alone or they got standard care plus a booster, which was this intercessory prayer at a distance. This was a blinded study. In both a pilot study and a confirmation study, the prayer groups had statistically significant improvements in outcome, suggesting that the intervention has clinical relevance.

Compassionate Intention and Cancer Patients: The Love Study

Anyone who works with cancer as a condition knows that partners of cancer patients can feel very disempowered: There is very little to do to help your partner. The Love Study is another project that is relevant to the translation of basic science into clinically relevant outcomes. Specifically, one of our goals was to promote psychological robustness in the partner of the cancer patient.

We trained the cancer patient partner in compassionate intention. When the training program was over, we conducted a distant healing experiment in our lab at the Institute of Noetic Sciences. We monitored the patient's physiology, looking at autonomic measures: skin conductance, respiration, heart rate, and EEGs. One person was situated in a 2000-pound electromagnetically shielded room to rule out any conventional explanations that might account for the results. We asked the couple to exchange meaningful items—a psychological activity that helps them stay connected. For example, a man gave his wife his boots and she gave him her doll, which they held while doing the experiment. The job of the partner of the cancer patient, at random times throughout a session, is to try to calm his partner's physiology. This is a "proof of principle" type study to show that physiological changes occur as a result of this kind of exchange. The man watched a closed-circuit television as his wife's image intermittently appeared on the screen. Neither he nor she knew when those viewing periods were going to occur. The experiment is based on a randomized double-blind-type protocol.

This study can be seen in light of other studies using this same testing paradigm. A study published in the *British Journal of Psychology*[4] examined 35 studies that looked at whether the intention of one person can interact with and influence the physiology of another person. They found a statistically significant positive difference across the studies.

We feel we have established the proof of principle that there is some kind of nonlocal or transpersonal exchange of information between two people. So, now the question for all practitioners is: How does that relate to our practice? How do we bring these ideas of spirituality and compassionate intention into our practice, and how do we begin to see whether or not it helps clinically?

Practical Application

In the introduction to *Consciousness and Healing*, Ken Wilber notes that the most important aspect of this integral approach to medicine is the transformation that happens in the healer.[2] Rather than thinking about this as something outside of ourselves, how do we really bring these principles into our own lives. Key to an integral approach is not the content of the medical bag, but the holder of the bag: one who has opened herself or himself to the multidimensional nature of healing, including body, mind, soul, spirit, culture, and nature.

Spiritual Education

Today, 101 medical schools incorporate patient spirituality in their curriculum, up from 17 in 1995. This fact suggests that these principles are being incorporated into medical education, albeit at an elective level. Some hospitals such as UCLA Medical Center encourage physicians to include spiritual histories in patients' charts. This acknowledges that in fact these kinds of principles are being incorporated into mainstream medicine. Harold G Koenig, MD, who works at Duke University, recommends that physicians ask every patient if they consider themselves spiritual or religious. Doctors should encourage prayer and religious participation if that is a source of comfort.[5] Religion has the power to heal, and we

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have an obligation to value that power alongside medicine.

Conclusion

By way of conclusion, each of us in some way represents both the hospice worker who is helping in a very loving, kind, gentle way to let the old paradigm die, to watch and release it from its own suffering, and at the same time, each of us acting as midwives for the birth of something new. As these different cultures and different world views converge, we can begin to see the birthing of a creative solution to many of the problems we face today. ❖

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Fly!

You and I are made for goodness, for laughter, for joy.
We're made for transcendence. Fly!

— Archbishop Desmond Tutu, b 1931, South African cleric and activist