Distant Healing Research

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Abstract

This article reviews studies of distant healing, which is healing that is deliberately sent by one or more healers as an intent, wish, meditation, or prayer to a healee who may be in the healers' presence or may be far away. Distance, even thousands of miles, does not appear to limit the effects of healing. Significant effects of distant healing are demonstrated randomized controlled trials in humans.

Fascinating new insights about energy medicine and integrative care are suggested by these studies. Noteworthy are 120 further randomized controlled studies of healing given with the healers' hands held on or near the body, again with many of these demonstrating highly significant effects, not included in this article. While distant healing appears to contradict our ordinary sense of reality and the laws defined by conventional science, there are several theoretical paradigms that suggest explanations for healing.

Introduction

I define spiritual healing as the "systematic, purposeful intervention by one or more persons aiming to help another living being (person, animal, plant or other living system) by means of focused intention, hand contact, or passes to improve their condition. Spiritual healing is brought about without the use of conventional energetic, mechanical, or chemical interventions. Some healers attribute healing to God, Christ, other higher powers, spirits, universal or cosmic forces or energies; biological healing energies or forces residing in the healer; psychokinesis (mind over matter); or self-healing powers or energies latent in the healee. Psychological interventions are inevitably part of healing, but spiritual healing adds many dimensions to interpersonal factors (1, 2)."

This article reviews studies of distant healing, which is healing that is deliberately sent by one or more healers as an intent, wish, meditation, or prayer to a healee who may be in the healers' presence or may be far away. Distance, even thousands of miles, does not appear to limit the effects of healing. Distant healing lends itself well to double-blind studies. Healers need not have direct contact with healees. Researchers can randomize patients into treatment and control groups leaving patients, medical staff, and those assessing possible effects of distant healing blinded to who is being sent the distant healing.

It is impossible in a brief article to do justice to all of these studies. A few samples of the best randomized, double-blind, controlled studies will be taken from each category for discussion, with references to the remainder for those who are interested in exploring further. The references are available at , and a full annotated bibliography of touch, near, and distant healing is available in my new book, Healing Research, Volume I (1, 2). Included in Healing Research are rankings of studies according to standards of research design, execution, and reporting.

Distant healing for human physical problems

The two best studies in this category are for treatment of problems in a cardiac intensive care unit (CCU). Randolph Byrd (3) explored effects of intercessory prayer by born-again Christians on 192 patients hospitalized on a CCU in California, compared with 201 in the

control group. After signing an informed consent, patients were randomized into the two groups, and later checks showed that there were no significant differences between the groups on demographic or illness variables. Prayers were sent daily by three to seven Christians.

Byrd devised a severity of illness assessment, as none existed for patients in a CCU. Each intercessor was asked to pray daily 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. Significantly fewer patients in the prayer group required intubation; ventilation ($p < 0.002$) or antibiotics ($p < 0.005$), had cardiopulmonary arrests ($p < 0.02$), developed pneumonia ($p < 0.03$) or required diuretics ($p < 0.05$)."

Despite the differences between groups, the mean times in CCU and duration's of hospitalization between groups were nearly identical. As Byrd notes, some of the patients in the control group may have had outsiders praying for them, which presumably would have reduced the differences between groups. If this is the case, the results are even more impressive.

In a replicating study, William S. Harris and colleagues (4) studied the effects of intercessory prayer in consecutively admitted patients on a CCU at the Mid America Heart Institute (MAHI), Kansas City, MO. There were 466 in the prayer group and 524 in the control group. Again, no significant initial differences were noted in comorbid conditions, age, or sex between the groups.

Neither patients nor staff knew the study was being done, and therefore informed consent was not obtained. Intercessors were recruited from the local community if they agreed with the statements: I believe in God. I believe that He is personal and is concerned with individual lives. I further believe that He is responsive to prayers for healing made on behalf of the sick. Intercessors were randomly assigned to 15 teams, each with 5 members (total 75). Intercessors were 35% non-denominational, 27% Episcopalian, and the rest Protestant or Roman Catholic. Prayers commenced by at least one intercessor by the second day after admission to the CCU. Intercessors were requested to pray daily over the following 28 days for a speedy recovery with no complications" and anything else that seemed appropriate to them. The 28 days covered the CCU patients entire hospitalization in 95 percent of the cases.

New events during the CCU stay were assessed by an internist and three experienced cardiologists. As no standard scales exist for the assessment of CCU cardiac status or progress, the researchers developed two of their own, the first with weighted and the second with unweighted values for various events, procedures and new diagnoses. A third rating, the Hospital Course Score used in the study by Byrd, was recorded as well.

All assessments and data analyses were conducted blindly. On both the weighted and unweighted scales, the treated group showed significantly greater improvements (both at $p < 0.04$). No significant differences between groups were found in the Byrd hospital course scores, although there was a trend in favor of the E group.

Interestingly, again no significant differences were noted between the two groups in duration of hospital stays. While many people feel that there is a distinction between prayer healing and healing done outside of religious settings or frameworks there is no research as yet which would validate this view. Several studies have addressed this question, none of them providing clear results (5, 6).

A third excellent study was published by Fred Sicher, Elizabeth Targ, and colleagues (7) on effects of distant healing on AIDS.at California Pacific Medical CenterÕs Complementary Medicine Research Institute. This study focused on 40 volunteers who had advanced AIDS (8). Volunteers were solicited through local advertisements. Pairs of subjects were matched

for age, CD4 white cell counts, and AIDS-associated illnesses. They were randomly assigned to receive either distant healing or no healing. All received standard medical care from their own doctors, at several different medical centers (9).

Distant healing was sent by 40 healers in various parts of the United States. All healers had at least five years experience, including treatment of AIDS, and were accustomed to sending distant healing. Healers had only the first names and photographs of five of the subjects. They sent healing for an hour each day, six days per week, over a 10-week period. Healers were rotated randomly in weekly healee assignments, so that every healee had 10 different healers who sent healing over the course of their treatment. Healers religious backgrounds included Christianity, Buddhism, Judaism, Native American and other Shamanic traditions, and healing traditions included several modern-day healing schools.

After six months, a medical chart review was conducted by a doctor who was blind to treatment assignments. There were no significant differences between healing and control groups on demographic and study variables prior to the start of distant healing treatments. At six months following the initial assessment, those sent distant healing had significantly fewer AIDS-related illnesses ($p < 0.04$) and lower severity of illnesses ($p < 0.02$). Visits to doctors were less frequent ($p < 0.01$), as were hospitalizations ($p < 0.04$), and days in hospital ($p < 0.04$).

Mood was assessed on the Profile of Mood States (POMS). Again there was significantly more improvement in the prayer group ($p < 0.02$). A higher mean score (not significant) was found in the E group at baseline. This could have contributed to the greater improvement shown on this variable. CD4 counts and scores on other psychological assessments did not differ significantly between the two groups.

The authors point out that the overall improvements appear to indicate a global rather than a specific distant healing effect.Ó They suggest that measures of viral load and activity of natural killer (NK) cells may be more useful measures of healing effects than CD4+ counts. However, no comparisons between groups were made on the treatments used, administered by different doctors at different treatment centers. It is possible that there were significant differences between groups in these or in other unidentified variables, with the prayer group receiving medical treatment which gave them some advantage compared to that given to the control group (10).

Another significant aspect of the studies of Byrd, Harris et al, and Sicher et al is that they are published in respected, conventional American medical journals. Until recently, most medical journals would routinely reject articles on spiritual healing. Other studies have shown effects of distant healing on back pain (11), arthritis (12), recuperation from surgery (13, 14), hypertension (15), anxiety (16), anticipatory nausea in chemotherapy (17), and self-esteem (18).

In a study of LeShan healing, independent judges are able to identify from healees subjective reports when a distant healing treatment has occurred (19). Six healers trained by LeShan were used. A series of healings was scheduled for each of the 12 subjects. The first and the fifth healing for each person were present (healer and healee in the same room) and the remaining eight were distant (healer and healee separated by unspecified distances, all presumably in their own homes).

A few healings were conducted over greater distances. Healers and healees were told that healings would be done at specific times of day scheduled by Goodrich. Unknown to them, half of the distant healings for each healee were scheduled at least an hour after the participants expected them (nonsynchronously).

Healees reported such sensations as relaxation, drowsiness, heaviness, decreased anxiety, increased energy, and peacefulness. Sensations reported by healers included a more intense awareness of self and feelings of peacefulness. Three judges who were blindly given healers and healees self-rating forms on their subjective experiences successfully identified whether the healings were synchronous or nonsynchronous (modest significance: $p < .005$). Goodrich, disclaiming recall for coding of data, also rated the forms and achieved significant results.

Beginning students of healing and healees both often question whether they are feeling something related to healing if they sense heat between the hands of a healer and the body of the healee, or whether they merely feel the natural heat of a warm hand. This doubting of oneÕs own experience is even more marked with absent healings. It is most helpful to have the confirmation of Goodrich's thesis that such sensations are frequent enough and distinct enough to be reliably identified by healees and by independent judges who reviewed reports of the healees perceptions.

No effects of distant healing were demonstrated in studies of asthma (20), hypertension (21), leukemia (design of study seriously flawed) (22), anxiety (23), depression (24, 25), self-esteem (26), in inadequately defined chronic problems (27), or in people who did not need healing (28). Though a study of distant healing in alcoholism showed no effects on drinking, there was a significantly lower dropout rate from treatment in the healing group (29).

Distant healing effects on physiological measurements

William Braud and colleagues showed that a healer could utilize feedback from measurements of healees' electrodermal responses to raise and lower skin resistance. Repeated experiments showed very high levels of significance (30, 31, 32, 33, 34, 35, 36). Negative effects were found when a Reiki healer was asked to send distant healing for 30-second intervals (37). I believe this was too short an interval for a healing effect to be demonstrated. Janine Rebman and colleagues demonstrated that healers could produce significant effects on electrodermal responses, finger blood volume, and heart rate (38).

These studies confirm that measurable, highly significant distant healing effects can be produced repeatedly. They also suggest that healers' claims to produce relaxation are probably accurate, as electrodermal responses reflect relaxation.