**Directed Prayer & Conscious Intention: Demonstrating the Power of Distant Healing**

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People who face serious illness value their time in a new, more urgent way, and do not wish to waste it. If you are in treatment for breast cancer, you no doubt understand this very well. Like many women at this juncture, you may be feeling a greater-than-ever longing for a spiritual connection in your life. Illness often represents a spiritual turning point for patients, leading them to seek out new sources of comfort, strength, and purpose.

It’s too bad that conventional medical or surgical treatments, while necessary for treating the disease, do little or nothing to address this inner longing. The medical establishment is simply not equipped to help patients acquire a sense of spiritual well-being. Even many alternative therapies don’t offer the kinds of immediate support women need at this stage to strengthen themselves emotionally and spiritually. Fortunately, this hasn’t stopped a majority of them from seeking and finding help anyway. What is astonishing is that, until recently, no one has paid any attention to how they’re doing it. The answer, in a word, is prayer.

“Stay Strong, Fight Cancer,” advised a recent article in a major health magazine. The article went on to describe five promising complementary therapies for patients to use along with conventional medicine: imagery, herbs, diet, exercise and acupuncture. Prayer, or any form of mental healing, didn’t even make the list. Yet in the first six months following diagnosis, prayer is the one form of alternative therapy chosen most often by women with breast cancer.¹ When breast cancer patients in a 1999 study were given a list of 18 possible alternative therapies, 85% indicated an interest in prayer, and 76% reported using it in response to the cancer diagnosis and treatment.

There’s no question that for a great many women, prayer has tremendous personal value and is a much-needed source of courage and strength. In another study of religious and spiritual coping strategies among women newly diagnosed with breast cancer², subjects reported that their religious and spiritual faith provided distinct benefits, most notably, the emotional support necessary to deal with their breast cancer (91%), social support (70%), and the ability to make meaning in their everyday life (64%), particularly during their cancer experience.

None of this, however, proves that prayer actually helps people to heal from a physical disease. Indeed, because prayer is so difficult to study, it’s simply been easier to dismiss reports of spiritual healing as a lot of wishful thinking. While anecdotal evidence has long appeared to support the notion
that intentional or directed prayer can be beneficial to people who are ill, there were no sound methods for studying the phenomenon in a scientific way.

This is changing. While it is too early to offer any firm conclusions, various studies of the effects of prayer—particularly that aimed at “distant healing” (praying for someone who is ill from afar)—suggest some remarkable possibilities. In this chapter, we will look at a number of studies whose results are eye-opening, to say the least. They have enormous implications for breast cancer patients, and for everyone. The set of clinical experiments we describe here will show that, while we don’t yet understand why, benevolent human intention, or prayer, can positively influence the life experience of people with serious illnesses. Regardless of whether a “natural” explanation is found for these events, the outcome is significant and challenges our conventional world views. Later on in this chapter, we’ll offer practical suggestions and exercises for the breast cancer patient who would like to incorporate these practices into her treatment in a focused and deliberate way.

First, what is “distant healing”? And what do we know about the kinds of conscious intentions or prayers that are the basis for it?

**Distant Healing and the Prayer Experience**

Distant (or non-local) healing may be defined as a conscious act of the mind, intended to benefit the physical and/or emotional well-being of another person. It includes deliberate thoughts, wishes, feelings, images, intentions, meditation, rituals, or prayers. Thus, the term encompasses prayer as well as psychic healing, spiritual healing, shamanism, animism, and remote attention (the ability of one person to affect the physiology of another). Those who engage in distant healing often share the conviction that their practice goes beyond “mental” processes and into contact with ineffable spiritual realms. As we begin to explore the evidence for distant healing, a useful first step is to examine what we mean by prayer as a form of distant healing intention.

The work of researcher Margaret Poloma sheds light on the nature of prayer, who prays, and what the inner experience is like for that person. A survey conducted by Poloma in 1985, along with a subsequent series of Gallup Polls have helped clarify the prayer habits of Americans and flesh out our understanding of what prayer is like “from the inside.” The surveys found that most Americans pray, and the majority say they pray daily. Nearly half of those praying don’t have a special time set aside for the activity, and often it is performed right along with other activities, such as housework, jogging, or driving. For those who pray with others, the most frequent setting is in a church.

While early research on prayer provided data about how often people pray, it gave little information about the content or effectiveness of prayer practice. Poloma’s observations on the nature of prayer and the experience of those who pray are based on Western culture; specifically, American culture.
Most of her respondents were Christian. Although many of the world’s spiritual traditions are now found within the United States, we don’t know whether these categories also apply to them, and whether surveys of other cultures would result in similar or identical categories of prayer. This is an important question relative to spiritual traditions that do not address a personal God—for example, Taoism or Buddhism.

It is clear, however, that prayer is a near-universal practice found within all the major religions of the world. In many ways, prayer and healing intention serve as a source of comfort, connection, and well-being across cultures worldwide, whether it is the shaman interceding on behalf of his client or tribe, the Pope lifting his arms above St. Peter’s Square to bless the throngs gathered to celebrate mass, the rabbi reading a ritual prayer, or the individual woman sitting quietly in her bedroom calling upon God for help.

Poloma’s personal experience had taught her that prayer means different things to different people. She became interested in finding ways to measure the distinct types of common prayer, and to assess the way different pray-ers experience intimacy with the divine. An analysis of the responses to her survey revealed four different forms of prayer.

**Colloquial prayer** is a conversation with God—like a letter to a trusted friend, personal and self-revealing. It’s the kind of praying people often do along with another activity, like jogging or washing the dishes. In it, the pray-er asks for guidance, for blessing and forgiveness. Its aim is not particularly to establish a “divine connection” — rather, it’s a way to vent anxiety, as you might do with another human being.

**Petitionary or “intercessory” prayer**, as it is often called, asks God for help. A petitionary prayer may ask for specific, concrete personal needs to be met, either for oneself or others (e.g., a student praying, “Lord, help me pass this exam,” or a parent praying, “Please God, let my child’s fever go down right now”). Or it may ask for the fulfillment of more general spiritual needs—for example, the alleviation of world suffering.

**Ritual prayer**, the third of Poloma’s four categories, consists of reading prayers from a prayer book or reciting prayers that have been committed to memory—for example, saying the rosary, or reciting the Lord’s prayer.

**Meditative prayer** is qualitatively different from the first three categories, and the focus of our greatest interest because it appears to be connected to distant healing. Colloquial, petitionary, and ritual prayer are all verbal prayers which could be described as one-way conversations with God. The prayers take place through the medium of words, whether spoken audibly or internally. Meditative prayer
takes a different stance, a stance of listening. It is a prayer of being, rather than of doing; it is felt, rather than spoken. In meditative prayer, the praying individual awaits the presence of God as a felt experience. Such prayers call for the pray-er to “be still and know,” to “practice the presence” of God. It asks for an intimate dialogue with God, rather than the monologue common to the other forms. And it may be wordless. To attain this inner state, the prayer focuses on the deity (as opposed to the self and its needs) and develops a stillness that allows for an inner response. Most people who pray use this form occasionally.

**The Healing Implications of “Feeling Close to God”**

Margaret Poloma found that all those who pray described feeling close to God, and those who pray more frequently feel more closeness. Participants in her survey said they experienced a profound sense of peace and well-being, felt divinely inspired, and received deep spiritual insight from prayer.

Her results show that all forms of prayer give rise to this feeling in some measure. Poloma also found that those who pray combine different types of prayer in response to the needs of the moment. So which form of prayer (if any) was most responsible for their feelings of “closeness to God”? To answer this intriguing question Poloma subjected her data to statistical analysis and found that, of all four types of prayer, only meditative prayer was consistently related to feeling close to God. This is an important finding, since most clinical studies of prayer have focused on petitionary or intercessory prayer. When people’s experience of prayer intimacy was analyzed, she also found that meditative prayer led to the experience of closeness to God in a way that the other forms did not.

Does feeling close to God affect one’s day-to-day life? People who pray often indicate a higher degree of life satisfaction, general happiness, and existential well-being, even when other factors (income, sex, education, race, and so on) have been taken into account.\(^9\) As a breast cancer patient you may find that feelings of intimacy with a source larger than yourself may very well help enhance your quality of life, and nurture a sense of empowerment following the trauma of diagnosis. As you face the uncertain road ahead, spirituality, prayer, and a feeling of meaningful connection with a deep inner presence may provide important resources on your healing journey.

**The Importance of Spirituality to Health**

Spiritual aspects of medical care are not typically a part of the medical school curriculum. But physicians would be well advised to learn more about the relationship between religion and health for purely medical reasons.

Levin and associates have gathered over 200 studies that touch on this relationship.\(^10\) In one such study, for example, investigators at Dartmouth Medical School found that one of the best predictors of survival for patients following heart surgery was the extent to which they drew comfort and strength
from religious faith. Those who did not find solace in this way died three times more often than those who did. And patients recovering from hip fractures who consider God a source of strength had less depression and could walk further on discharge than those who did not. Attending religious services raises levels of some immune measures, and alters levels of others, even when other factors that could affect these are accounted for.

Taken together, these results suggest that while the mechanism remains unknown, attending religious services results in healthier immune systems. This points toward an important role for religious belief in relation to physical health. Since many studies have now found that religious belief and practice have a positive effect on physical and mental health, medical educators have begun to recognize the need to translate these important findings into practice introducing more compassionate caregiving into the medical school curriculum.

Thus far, we have seen that prayer is important because people use it widely and because it enhances their quality of life. Prayer has also been shown to correlate with improved health in people recovering from life-threatening illness. To anyone who believes that a patient’s frame of mind can play a role in recovery from illness, this makes sense. But do we know whether the powers of prayer have anything more than a psychological explanation?

**Distant Healing in the Laboratory**

Over the past half-century, researchers have developed techniques for measuring whether distant healing can have an effect on living systems. The typical goal of these experiments has been to influence a form of plant, animal or human life in a way that can be objectively measured. The best experiments use careful, controlled designs that rule out the possibility of physical manipulation, suggestion, and expectancy on the part of the subject.

Before we describe some of these studies, a few words of explanation. There is no precise job description for a “healer,” and no universal agreement about what constitutes one. We may question whether healing abilities are a rare gift bestowed on certain individuals, or whether everyone is capable of cultivating it. Some of the healers referred to in the studies below work in a professional capacity, and some do not. All, however, identified themselves as actively engaged in some kind of religious or spiritual practice.

As for the human subjects of the experiments, while they knew they were participating in a study and were aware of its nature, none knew whether they belonged to the test group or the control group. Any placebo effect at work would apply to both groups equally and does not explain why results would differ between the two groups.
Praying for Signs of Vitality

In the first major research category of experiments, a healer seeks to lessen a harmful process or condition in a target organism. In other words, through conscious intention alone, the healer aims to improve the organism's vitality or decrease its morbidity. The following studies give dramatic evidence that this is possible.

A classic study was conducted by biologist Bernard Grad, a pioneer in the field. Grad watered seeds with saline solution that either had been prayed over by a healer, or not. In a careful, double-blind design, he found that the seeds watered with healer-treated saline were more likely to sprout and grow successfully. Another biologist, Carroll Nash, reported that the growth rate of bacteria could be influenced by conscious intention in controlled double-blind studies.

Some studies within this category involved an attempt to influence the course of a naturally occurring disease or condition. For example, healers have successfully reduced the growth of cancerous tumors in laboratory animals, compared to growth rates for control animals with no interventions from healers.

Other experiments have attempted to affect the course of an artificially induced disease or condition. For example, in a series of studies using mice, Grad and his colleagues found that skin wounds healed more rapidly when treated by healers who laid their hands on them. Grad, a traditionally trained biologist, worked with a number of exceptional healers—Justa Smith, Oscar Estebany, Olga Worrall and others many years. The experiments carefully controlled for possible influences, such as extra warmth from the hands. Grad’s pioneering work also showed that goiters induced in mice could be inhibited by these healers, even when they acted indirectly, by treating cotton balls and placing them in the cage with the mice.

Healers also apparently have been able to increase the recovery rate of wounds imposed on the skin of human volunteers. Statistical analysis typically shows that the rate of wound healing in the treatment group is significantly higher than that of a control group that is otherwise similar but receives no distant healing treatment.

Distant Healing's Effect on Human Physiology

With even more dramatic results, numerous studies have addressed the question of whether physiological activity in humans might be susceptible to distant healing. One series of experiments measured electrodermal activity (EDA) fluctuations— the same factors measured in lie detector tests. Because these EDA fluctuations are involuntary, are easy to measure, and reveal much about the activity of the nervous system, they’re extremely useful and relevant to the area of healing research.
Studies using these measures give us a consistent series of results that can be analyzed in comparison to one another.

Beginning in the 1970s, William Braud and Marilyn Schlitz conducted a series of experiments in which skin resistance was measured in the target person while an “influencer” in a separate room attempted to interact with the distant person by means of calming or activating thoughts, images, and intentions.25-26

While the specific details of the experiments differed slightly, the general method across studies had one person generate specific intentions toward another person, whose nervous system was simultaneously measured to detect unusual activity. Throughout the experiment, the two persons occupied separate, isolated rooms, and all conventional communication between them was eliminated to insure that the results were truly attributable to distant intention.

Simple physiological measures across thirty studies showed a highly significant and characteristic variation during periods when the subject was being “prayed for” by the influencer, compared with randomly interspersed control periods. Researchers at many other institutions have now replicated these studies. With a high level of consistent findings from different laboratories, it is extremely unlikely that the results are due to some systematic methodological flaws. While the effect sizes are small, they are comparable to (or, in some cases, eight times larger than) those reported in some recent medical studies that have been heralded as medical breakthroughs.27-28

**Scientific Investigation of Prayer and Distant Healing in Clinical Studies**

But what is the clinical relevance of these experiments? Can prayer and distant healing be expected to play a positive role in medical treatment?

To date, only a few scientific studies have addressed the question of whether prayer can affect the physical course of events in individual patients. But they provide encouraging evidence that intercessory prayer and distant healing can improve medical outcomes in people suffering from a diverse range of medical conditions, including arthritis, cardiac problems, hernia surgery—and even advanced AIDS.

A seminal study by cardiologist Randolph C. Byrd29 led the way in this applied research. Nearly a dozen years ago, Dr. Byrd, then at San Francisco General Hospital, conducted a randomized, double-blind, prospective study to assess the effects of intercessory prayer on health outcomes in 393 patients admitted to the coronary care unit. Each patient was randomly assigned to a “prayed-for” or “control” condition; otherwise they all received comparable medical treatment. The healers chosen were “born again” Christians, defined as people with an active Christian life manifested by daily devotional prayer
and an active fellowship with a local church. Each prayed daily for a specific outcome: rapid recovery, prevention of complications and death, and any other areas they believed helpful to the patient.

The prayers seem to have helped. Members of the group that received healing prayer were five times less likely to require antibiotics and three times less likely to develop pulmonary edema. In addition, fewer among them died than in the control group, and none of the prayed-for group required endotracheal intubation, whereas twelve in the "unremembered" group did.

While these results are intriguing, the study is not definitive. Byrd did not, for example, assess the psychological health of those entering the study. Thus, it is possible that the two groups were different in this regard, which could affect the study's interpretation. Nonetheless, the results of this well-known study have been quoted from pulpits to podiums, and hailed enthusiastically as proof that "prayer really works."

Given the spiritual, social, and scientific relevance of Byrd's findings, it is surprising that it took another dozen years for other researchers to conduct a replication study, which is needed to ensure that the original results were correct. However, Dr. Harris\(^\text{30}\) working with 999 patients admitted to the coronary care unit of his hospital, also found that the medical course of his patients was better in those who were prayed for. This study, unlike Byrd's, used distant healers from a variety of Christian traditions (35% were listed as nondenominational, 27% Episcopalian, and the remainder as either Protestant or Roman Catholic). Harris also chose a more global score to assess the outcome of this prayer on coronary recovery. Like Byrd, Harris concluded that his patients benefited significantly from the intercessory prayer they received.

Taken together, these two studies provide strong evidence that the intention of people engaged in healing prayer can affect the physical well-being of people at a distance. A third study on the effects of distant healing prayer in heart patients is now underway under the direction of cardiologist Mitch Krucoff of Duke University Medical Center. Dr. Krucoff was a volunteer in a spiritually-based hospital in rural India. There he observed that despite sometimes primitive facilities (he said it was the only place he had ever seen bare feet in an operating room), and poor prognoses, the patients appeared relaxed and calm, filled with a sense of well-being. What creates a "healing space" such as he experienced? And if that same atmosphere were translated back to a state-of-the-art hospital in the United States, would the combination of modern medical care and attention to spiritual well-being help patients more than medical care alone?

Krucoff and his colleagues set about answering these important questions. They initiated a study that used techniques called noetic interventions. These are interventions that have physiologic or spiritual effects without the use of a drug, device, or surgical procedure. The researchers set out to determine
whether prayer by strangers might influence the medical outcome of patients in a coronary angioplasty laboratory. In a pilot study, the subjects all received standard medical care. In addition, they were randomly assigned to either a control group or a test group which received prayer (again, offered by a highly varied group of prayer agents and groups) or a type of noetic treatment—either touch, stress relaxation or imagery. (Those in the control group did not receive any noetic treatment.) In the pilot study, those prayed for had the best outcomes of any group: 50% to 100% better than those of the control group. A new and much larger study is now under way that builds on these early results in a population large enough to enable firm statistical conclusions to be drawn. 31

Another study of distant healing, reported in the Western Journal of Medicine by Fred Sicher and his colleagues32, looked at the effects of intercessory (petitionary) prayer on patients with advanced AIDS. The choice of healers in this study was interesting. Since we do not know whether one form of distant healing is likelier than another to promote physical healing, the researchers engaged a wide range of self-identified healing practitioners, representing many different healing and spiritual traditions. They reasoned that by combining efforts in this way, they would be more likely to see an effect than if they focused on a single type of practice, which might one day be found ineffectual. Healers received a photo of their distant subject, the last name and first initial, and sometimes the T-cell count (immunologically active white blood cells). Six months later the treatment subjects had acquired significantly fewer new AIDS-defining illnesses, had lower illness severity, and required fewer doctor visits, fewer hospitalizations, and fewer days of hospitalization. Their mood was also improved, compared to the control group.

A replication study is now underway that is being funded by the National Center for Complementary and Alternative Medicine (NCCAM), the center established by the National Institutes of Health to study the effectiveness of non-medical healing methods. In addition to replicating the earlier results, the new study seeks to answer another important question: Can ordinary people be taught how to do distant healing in a way that benefits medically ill people? The original study used self-identified healers from a wide variety of traditions. However, critics have argued that despite these important results, distant healing has limited value because so few people are capable of doing it. But is this assumption correct? To test this assumption directly, the new study will train nurses involved in the care of study subjects to offer distant healing on behalf of their patients.

One study has been published that did not find support for the effectiveness of distant healing. F. Scott Walker33 investigated the effects of non-directed intercessory prayer (“May the spirit of love replace the spirit of alcohol in their life”) as an adjunct to standard treatment in patients entering programs for alcohol abuse or dependence. He found no clinical benefit could be demonstrated under the treatment conditions. Walker’s study emphasizes the need for sensitivity to the possible differences between different groups of people. For example, it raises questions about whether
alcoholic persons are somehow less receptive to distant healing, either because of the effects of long-term alcohol use or because of psychological or social factors.

Nevertheless, the results of a wide range of clinically based scientific studies suggest that prayer and distant healing have measurable effects that may be of benefit to seriously ill people.

Distant Healing and the Breast Cancer Patient

Just how does prayer and distant healing work? The explanation is unclear. One theory is that natural physical laws are at work. Many people believe the human organism is surrounded and permeated by a natural energy field or “biofield”—described as qi in China, or prana in India. Oscar Estebany, one of the healers who participated in Grad’s laboratory experiments, describes it as an ocean of energy, which we live within and depend upon for survival. Under conditions of ill health, he says, some defect occurs in contact with this bioenergetic cosmos. The role of the healer is then to act as a link between the atmospheric energy and the patient in order to normalize this essential rapport. Such subtle fields have yet to be measured; however, a recent pilot study showed that gamma radiation surrounding a subject fluctuated in response to the healing efforts of polarity therapists.

Of course, most people who pray do so out of faith that God exists and hears their prayers. If God or another “supernatural” force is at work here, then by definition it is beyond the range of science. In this realm, the source of healing is inherently inaccessible and unknowable, although it responds to the healing intention flowing through prayer.

Critics of the data on distant healing suggest that results of these early studies are unreliable, and “all will be explained” later on through better, more precise experiments. At present, we simply do not know enough to reach any firm conclusions. It is equally possible that distant healing research will lead us to revise the assumptions that guide modern medicine itself. Can human beings actually change reality through consciousness alone? New findings about the power of prayer have the potential to transform the way we think about our relationship to the physical world.

Conclusions

In this chapter, we have presented considerable evidence showing that certain individuals, operating at a distance under controlled conditions, can positively affect a wide range of living systems, including plants, microbes, animals, and human beings.

When we consider the effects of distant healing on persons with a wide range of diseases, the results are encouraging. To date, none of these studies specifically addresses the question of whether distant healing can help the breast cancer patient with the question of survival. However, it has been
shown that women who rely upon religious and spiritual practices for coping find that they receive emotional and social support through this practice, which also enhances their ability to make meaning within their everyday lives. These are important benefits.

In her book, *Kitchen Table Wisdom*, oncologist Dr. Rachel Remen observes “An unanswered question is a fine traveling companion. It sharpens your eye for the road.” For the breast cancer patient reading this book, we hope that these findings—and the questions remaining to be answered—will serve as helpful companions on your journey.
EXERCISES: Prayer, Distant Healing and You

Whether you pray every day or never give it a thought, you may decide after reading this chapter that you’d like to deepen your spiritual experience or invite the healing intentions of others into your life. If so, here are some suggestions. These exercises are based on my understanding of spiritual mind healing, derived from many years of teaching and practice.

While in this chapter we have put the greatest focus on meditative prayer, in fact all forms of prayer are illuminating. A mix of approaches may prove to be more productive than any one approach exclusively, so give them all a try.

-- Nola Lewis

Experiencing Prayer

1. Colloquial Prayer – Having a Talk with God
   • Here’s an exercise I learned during a class that focused on using positive intention. We were asked to think about a current situation in our lives, and to write everything negative we could think about it on one side of the page. We were then asked to respond to each of these complaints on the other side of the page, as though we were a close friend who could see all these negatives as positives. For example, if on one side of the page you had complained about your sister, “She’s moody and difficult,” your “friend” might respond by saying “She’s very sensitive and has great depth of emotion.”

When I did this exercise, the results were immediate and astonishing. I was able to change my point of view about a situation that had once troubled me. I found that by changing my consciousness about a particular relationship, I was able to affect the nature of that relationship.

   • In a related exercise, write a “letter to God” as though to a friend who has known you since childhood. You won’t need to go into minute detail, but can assume that the reader is familiar with your background. Your friend’s intentions toward you are unconditionally benevolent. Name your life concerns and tell your friend what worries you, what you are learning, and how you feel. Know that your friend will listen receptively to anything you want to tell. Seal the letter, date the envelope, and put it in a safe place.

Questions for Reflection: How did you feel after writing the letter? While writing it, what picture did you have of the recipient–was your “friend” male or female, young or old? Notice what happens in your life in the next few days, particularly whether you have dreams that reflect in any way the content of your letter. In six weeks’ time, open and reread your letter. Have things changed? Do you feel differently about anything you wrote? Now write a follow-up letter taking note of the changes that have occurred.
This exercise helps us frame our concept of God in a friendly, benevolent and completely loving way—which might be very different image from the one we were raised with.

2. Petitionary Prayer: Asking for What You Want
Asking God for something goes against the grain for many people, particularly those who are well educated and accustomed to being in control of their lives. You might feel silly or embarrassed asking God for help, but this one time, give yourself permission to do it.

For this exercise, find a quiet place and reflect on something that would make your life happier. Ask for something recognizable to you, something personal and meaningful, but it should be something concrete. (If you ask for world peace, how will you know your answer?) Perhaps it’s a new car, or a raise, or to write the Great American Novel. Turn your attention inward, and address the stillness. Tell that silence what you would like. Be honest, state your desire simply. When you are finished, make a conscious choice to release all thought about this experience, as though it were a seed planted in good soil.

Questions for Reflection: In a month’s time, revisit your desire. What has changed? Do you still want what you said you did a month ago? Has anything happened that corresponds to your wish, or that changes it? Often I find a process of unfolding that is akin to peeling an onion. I may have begun with a particular desire, but as I go deeper, I find that what I really wanted was something else—often something less tangible. For example, you might start out thinking you want a new car, and realize that what you really want is the freedom that the car represents.

3. Ritual Prayer: The Rhythm of the Spirit
I grew up in an evangelical Protestant church that was not overly fond of ritual. When I went away to college, I found myself deeply attracted to the color, the meaning, and the beauty conveyed through ritual in a nearby Catholic church. I came to love the rhythm and repetition in the words I heard, even though I could not understand Latin. But the elements of ritual prayer are found in many other spiritual contexts as well—for example, repetition of mantra or affirmations.

For this exercise, find a short phrase with a spiritual dimension or one that elicits a spiritual feeling in you. It may be drawn from a scriptural verse, a story about a religious figure or inspiring person, or a deeply held personal value. It should be short, simple, and evocative. For example, “Love guides me.” “Gandhi’s peace in me.” Hold this phrase within your mind when you awaken in the morning, and when you go to bed at night. During the daytime, repeat it over and over in to yourself—while you are driving, waiting for an appointment, preparing dinner. Do not try to have “deep thoughts” about your phrase, simply repeat it for the next week.
Questions for Reflection: Did you find that after the first day or two, the phrase arose spontaneously during your daily life? What feelings did you notice—were you calmer than usual, less likely to respond irritably to minor inconveniences? Did you enjoy the repetitiveness and rhythm of your chosen phrase? If you did, consider continuing the practice with the same or a different phrase.

4. Meditative Prayer: A State of Inner Union

Meditative prayer is at the heart of many healing traditions, and is present in all other forms of prayer in some measure. If you’ve ever felt “at one with the universe” in a beautiful natural setting, you’ve experienced it. It is based not on doing, but on being. The outer identity quiets and recedes as we become open to inner experience. “Thy will be done” summarizes this form of prayer.

Meditative prayer can be approached as a four-step process, which I’ve outlined below. First, be sure that you are comfortable and will not be interrupted for whatever time you select for your meditation. Twenty minutes is often good for beginners. Tell yourself that you will meditate for that length of time. Timers and alarms are often jarring, and you might like to see whether you can meditate for a given period of time through intention alone.

In preparation, sit down in a relaxed position, with spine straight and eyes closed. You may sit on a chair or a pillow, with legs straight or crossed “lotus-style” as you like. Many meditators like to light a candle, or use some other ritual that helps separate this time from ordinary time. It’s also helpful to establish a pattern for your meditation, using the same place at the same time of day. But all of these are less important than the intention to make yourself available to the meditation.

**Step 1: Relaxing awareness of the outer environment.**
With your eyes closed, take a deep breath in, and as you slowly release it gently become aware of the world around you and its sounds. As you settle into this awareness, let you whole body relax as you affirm statements like the following (choose your own):
I release all attention to my outer world.
My environment is comfortable, safe, secure.
I can allow my attention to move more deeply inside.
With each breath, I go deeper and deeper.
I am fully at peace with my world.
I allow my awareness to move deeper and deeper inside.
If your mind disagrees (e.g. “How can I relax when...” etc.), don’t argue. Just repeat the affirmation until you feel a sense of peacefulness.

**Step 2: Relaxing awareness of the physical body.**
As you breathe in deeply, move your awareness through your body, again with the intention of allowing yourself to go deeper with affirmations like the following:
I release all attention to my physical body.
I am free to move deeper within.
My body serves me perfectly.
This meditation relaxes and renews my body.
For this time, I can relax and allow my awareness to go deeper and deeper.

**Step 3: Relaxing awareness of the mental body.**
Continue to breathe deeply as you move beyond your surface mind, which deals with the outer conditions of your life and helps to make logical decisions.
I relax my mind.
I bless my mind for all the ways it helps me make good decisions and move through life.
Right now, my mind is free to relax, to be at peace.
I am calm and content, knowing I am perfectly cared for.
I allow my awareness to move beyond my surface mind into deeper levels of awareness.
My attention is free to move deeper and deeper within.

**Step 4: Moving through feelings and emotions.**
Often as we relax and breathe deeply, we become aware of things we may not have paid attention to in our more outwardly focused states. They may surface as we continue to go deeper. Again, the point is to allow, not argue. Yes, that feeling may be there, but right now my intention is to meditate.
I am now aware of my beautiful feeling nature and all it brings to my life.
I allow my feeling nature to relax and be at peace.
My feelings are a wonderful source of information to guide my life.
I can return to my feelings later. Right now, I intend to meditate.
As I relax my feelings, I go deeper and deeper into peace and wholeness.
I am deeply at peace inside.
I allow myself to relax, setting aside all outer concerns and focusing my attention inward.

There are many ways to describe the inner experience of meditation, but each meditator (and each meditation) is unique. It’s important not to judge and not to expect your own meditation to be like someone else’s. Focus on allowing your experience to unfold, rather than expecting to follow some anticipated pattern. Some sample affirmations:
I allow myself to enter a state of contentment, unity, wholeness.
I merge with love at the core of my being.
I am whole, complete, perfect now.
I am deeply at peace.
I am one with all that is good.
All is well within me. I am at peace.

At the end of the time you have set for your meditation, reverse the steps by gently disengaging yourself and re-entering each state of awareness (feelings, outer mind, physical body, environment). Affirm that the deep inner experience of meditation blends with and enriches each state as you move back into ordinary awareness. Acknowledge that you are completely alert, aware, and present to each level of your being. Then open your eyes, and return to ordinary reality.

**Four Ways to Apply Distant Healing (DH) In Your Life**
1. Find a DH or “prayer partner,” and work together to help each other deepen your practice. This could be anyone – a friend, relation, another breast cancer patient. It should be someone who shares your commitment to use intention for healing. The other person does not need to share your particular problem, but it may be helpful if they do. Make an agreement that you will work for each other regularly.

   Decide how you will pray or focus your distant healing intention, and how you will recognize a positive result. The DH should be mutual; that is, you will work for that person, and the other person will do the same for you.

   Set up a way to follow through: “Let’s talk once a week (or take a walk together) to see how things are going.” During your check-in, discuss frankly anything that comes up in your distant healing time.

   Look for ways your experience changes through this practice. Learning how to recognize answers is an important skill. Each answer helps deepen faith and commitment to practice.

2. Discuss the idea of prayer and healing intention with your breast cancer support group leader. If you belong to a support circle for those with breast cancer, this is an ideal place to bring up the issue for group discussion.

3. Make an appointment with someone from your spiritual tradition – rabbi, minister, spiritual teacher. Learn all you can about the practice of prayer and healing intention and how it is viewed within your own tradition. Ask him or her to pray for and with you.

4. Create a healing circle. You may find that other women (and men) share your desire for a deeper experience of using DH. Set a time when you can be together to talk, share an article you may have read, or explore one of the many spiritual books on DH and prayer or a more popular book on the subject. (Larry Dossey’s many books come to mind.)

**Bibliography**
60. Wallis, C. Faith and Healing, Time, June 24, 1996, 58-64.
Healing or intercessory prayer is the expression used to describe the process of asking God, some spirit, or some mysterious "energy" to intervene and alter the natural course of some process affecting one's own or another's health. Praying for the recovery of the sick or injured is widely practiced. The history of distant healing studies shares much in common with the history of the PK studies. Many studies are too small to justify drawing conclusions from them; many are poorly designed or controlled; statistical formulas are misused; data have been massaged after the studies are completed; some of the studies have looked for correlations of prayer to so many factors that it was inevitable that they would find some statistically significant relations in their data just by chance (Texas. They described how the power of those prayers turned into beams of radiant golden or rainbow light). They showed me with gestures how that beam of light arced over from the one saying the prayer, no matter how many miles away, to where they themselves were hovering. Once a prayer beam reached them, some said it felt like a splash of love. Others said it felt warm and tickly. When I inquired about this phenomenon, the guardians told me that these were the prayers being offered for my return and healing. I later found out that at that same time, six people, including my wife and other family members, were gathered in a circle praying for me. What an opportunity to see prayer from Heaven's perspective! The healing power of prayer is an integral part of the Abundant Life. One of the first things Jesus taught His followers was how to pray, and He frequently separated Himself even from His ministry to take time to be with our Heavenly Father. He indicated the power of prayer to change our circumstances, but we're learning more about what prayer can do for our lives and even our health. Table of Contents. The Importance of Prayer. Research About Prayer. The Importance of Prayer. In the morning, Lord, You hear my voice; in the morning I lay my requests before You and wait expectantly. (Psalm 5:3). The life of a Christian should center around the importance of prayer. Jesus modeled this for us, making time for prayer even when He was surrounded with people expecting so much of Him.