

**Using prayer and other forms of positive mental energy  
in practice: Research and guidelines for implementation**

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### Presentation Overview:

- Define Intercessory prayer
- Prevalence of intercessory prayer
- The research question
- Methodology
- Results
- Implications for practice
- Limitations

### Intercessory prayer:

- Commonly defined as prayer offered for the benefit of another person
- Typically, either a silent or verbal request is made to God, or some other type of Transcendent entity(s), which the petitioner believes is able to affect change in another person's life

### Prevalence of intercessory prayer among practitioners:

- National sample of direct practitioners affiliated with NASW (N = 2,069)
- 57% prayed privately *for* clients
- 28% prayed *with* clients
- Response rate (26%)

(Canda & Furman, 1999)

Prevalence of intercessory prayer among practitioners:

- National sample of gerontological social workers drawn from the NASW Section on Aging and the Gerontological Society of America (GSA) ( $N = 299$ )
- Two-thirds indicated they prayed either “sometimes” (43%) or “often” (24%) *for* their clients
- 43% reported praying verbally *with* their clients either “sometimes” or “often”
- Response rate (34.5%)

(Murdock, 2004)

Prevalence of intercessory prayer among practitioners:

- LCSWs in a mid-Atlantic state ( $N = 202$ )
- 55% prayed privately *for* clients
- 33% prayed or mediated *with* clients
- Response rate (43%)

(Sheridan, 2004)

Prevalence of intercessory prayer among practitioners:

- Social workers affiliated with a regional (southeastern) chapter of NASW ( $N = 221$ )
- 72% prayed privately *for* clients
- 29% prayed or meditated *with* clients
- Response rate (84%)

(Stewart, Koeske & Koeske, 2006)

Prevalence of intercessory prayer among practitioners:

- Direct practitioners affiliated with the New York state chapter of NASW, excluding those residing in NYC (N = 200)
- 25% prayed or meditated *with* clients
- Response rate (59%)

(Heyman, Buchanan, Musgrave & Menz, 2006)

In sum:

- Many social workers use intercessory prayer as an intervention
- In spite of its apparent widespread use, the incorporation of intercessory prayer into practice remains controversial
- Qualitative research suggests that many social workers hold strong beliefs, both in favor and against, using prayer in therapeutic settings

(Canda, et al., 2004)

The research question:

- How might the empirical literature inform practice decisions regarding the use of intercessory prayer?
- The widespread use of intercessory prayer in clinical settings implicitly raises questions about the effectiveness of prayer as an intervention strategy
- Even in newly emergent areas, the NASW code of ethics (1999, p. 1.04 (c)) stipulates that social workers should employ interventions only after conducting the necessary research to ensure the competence of their work

What this presentation **is not** & (what it is):

- Not an attempt to prove the existence of God or a higher power
- Rather the purpose is to examine the empirical literature that is capable of informing practice decisions regarding the use of intercessory prayer

Research Method:

- A key word search was conducted in *Social Work Abstracts* (2004–1977), *PsycInfo* (2004–1887), and *Medline (latest years)* (2004–1996) using the term “prayer.”
- All articles that meet the study criteria were included in this analysis
- No attempt was made to assess the validity of arguments made in favor of excluding various studies

Inclusion criteria:

- Use intercessory prayer as an intervention
- Typically distant intercessory prayer
- Implement the intervention with a population of clients or patients
- Test the efficacy of the intervention, preferably using standardized measures and a double-blind randomized control trial (RCT) methodology.

Exclusion criteria :

- Employed non-clinical/patient samples
- Less rigorous designs, such as single case studies
- Voluntary self-assignment to control and treatment groups
- Personal prayer
- Cross-sectional research on prayer

- Other methods of distance healing (e.g., bioenergetic healing)—with one exception

Seventeen studies met the criteria for inclusion

These studies examined the effects of prayer upon a wide variety of physical and psychological outcomes

Analysis:

- Individual critical evaluation
- American Psychological Association (APA) Division 12 standards for determining empirically supported treatments
- Meta-analysis

Results:

- Individual critical evaluation:
- 5 studies with NS results
- 6 studies with NS results, but trend favors the prayer group
- 6 studies with Sig results

Results:

Individual critical evaluation:

- No clear patterns
- Methodological design of the studies featuring NS findings may be slightly stronger

APA Division 12 Task Force standards:

- Classifying Interventions
- **Well Established** = empirically valid intervention
- **Probably Efficacious** = likely effective, but more research is needed
- **Experimental** = still not proven

Well Established Intervention:

Classification Criteria:

- Treatment manuals must be used.
- Sample characteristics must be described.
- Effectiveness demonstrated in 1 of 2 ways:
  - At least 2 good studies (e.g., RCT), conducted by different investigators, demonstrating equivalence to a well established treatment using adequate samples (30 per group), or superiority to a placebo or another treatment.
  - Many studies using single case designs with good experimental designs & comparing the intervention to another treatment.

APA' Division 12' Criteria:

- Intercessory prayer should be classified as "*experimental*" with all disorders

Meta-analysis

- Substantial clinical diversity argues against a meta-analysis (Higgins & Green, 2005)
- Such analyses, however, are common (Astin, et al., 2000; Masters, et al., 2006)

## **Effects of Intercessory Prayer Across 17 Studies:**

Implications for practice:

- For practitioners who adhere to the protocols established by the APA's Division 12, the implications are clear
- Intercessory prayer must be classified as an experimental intervention

Implications for practice:

- APA Division 12 standards are controversial
- The APA's Presidential Task Force on Evidence-based Practice (2006, p. 273) has defined evidenced-based practice as:
- "the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences."
- Best available research defined broadly (meta-analysis, epidemiological studies, qualitative research, etc.)

Implications for practice:

- Some practitioners may feel that the present level of research satisfies the NASW Code of Ethics (1999: 1.04c) competency requirements for emerging areas of practice.
  - Cross-section research on prayer
  - Client preference
  - Client use of prayer

Client preference:

Many members of the general public use prayer to address their health concerns

(McCaffrey, Eisenberg, Legedza, Davis & Phillips, 2004)

- African Americans
- Women
- people with disabilities
- elderly are more likely to pray

(Bell, et al., 2005; Hendershot, 2003; Levin & Taylor, 1997)

When to pray *with* a client:

- Koenig (2007) recommends 4 preconditions:
  - After a spiritual history
    - Joint Commission standards (Hodge, 2006)
  - Same faith background as client
  - Spiritual need present
  - Situation calls for prayer
- If preconditions met, it may be appropriate to explore the option of praying with clients
- Praying privately *for* a client
- Debate about informed consent
  - Some argue in favor of informing clients prior to prayer
  - Others argue that it is unnecessary to inform clients
- Use of informed consent for *private* intercessory prayer
  - Two studies (Benson, et al., 2006; Walker, et al., 1997) suggest informing clients that they may be recipients of prayer may foster detrimental outcomes.

- Cardiac bypass patients certain of receiving intercessory prayer were 14% more likely to experience negative outcomes compared to those who were uncertain of receiving prayer  
(Benson, et al., 2006)
- Use of informed consent for *private* intercessory prayer
- Little evidence suggests private intercessory prayer engenders negative outcomes if clients are unaware that prayer is being offered on their behalf
- Except for one pilot study (i.e., Mathai & Bourne, 2004), all six studies in which clients were completely unaware of the intervention yielded positive outcomes/trend in favor of the group receiving IP
- NASW Code of Ethics requires practitioners to avoid interventions that may cause harm to clients.

Limitations:

- Publication bias
  - Many individuals believe that studies with positive outcomes are more likely to be submitted and published while those with non-significant results are filed away and never seen  
(Crisp, 2004; Rosenthal, 1979)
  - The extent to which researchers submit significant rather than non-significant findings remains unclear  
(Weber, Callahan, Wears, Barton & Young, 1998)
  - Some authorities suggest that studies linking prayer with positive outcomes may be more likely to be rejected during the peer-review process due to their controversial nature  
(Koenig, et al., 2001)

Limitations:

- Computer searches may not be as effective in locating relevant articles as manual searches

(Bareta, Larson, Lyons & Zorc, 1990)

- Small number of participants in some of the studies
- Limited validity due to heterogeneous samples

(Higgins & Green, 2005)

- Prioritization of RCTs over qualitatively oriented case studies may interject some bias into the findings

(Slife & Williams, 1995)

What we covered:

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**Thank you for your participation!**

***One must be the change one wishes to see in the world***

-- Gandhi