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What is distant healing?

Distant healing encompasses a broad range of healing practices, many of which are based in ancient spiritual traditions. Virtually all major religions, including Buddhism, Christianity, Islam, and Hinduism, endorse and encourage the use of distant healing among their adherents.

Two of the most common distant healing practices are offering prayers for those who are ill and using forms of meditation where the practitioner holds a compassionate

intention to relieve the suffering of another. Some practices focus on curing a very specific disease state while others emphasize creating a compassionate environment that can have a healing effect. Virtually all distant healing practices are concerned with alleviating the suffering and increasing the well being of others.

TOP

What is meant by "distant" within the context of distant healing?

When speaking of distant healing, the term "distant" generally means there may be a physical separation of from a few feet to thousands of miles between the healer and the recipient of the healing activity.

TOP

How does distant healing work?

Different approaches to distant healing are rooted in very different worldviews and cosmologies and consequently there are numerous perspectives on how distant healing works. Common to virtually all perspectives is the belief that a person's focused intention can have a nonlocal effect, that is, the healing intention of one person can have a positive effect on another who is at a distance.

Specific explanations of how the healing effect occurs are based largely on the worldview of the healer. Some healers hold worldviews where God can intervene in a powerful way to alter physical reality, in which case it is God's action that brings about healing. Other healers hold worldviews where all reality is understood as being intimately interconnected and where mind and consciousness can have nonlocal effects. For these healers, it is the power of mind or consciousness itself that brings about a healing effect through the nonlocal transfer of either energy or information.

TOP

What is a distant healer and what type of training do they receive?

There are various perspectives on the definition of a distant healer and how they should be trained. At the broadest level, many religious traditions maintain that anyone can be a distant healer and all that is required is a compassionate heart. In this sense, anyone who prays for healing for another is a distant healing practitioner. At the other end of the spectrum, some traditions believe that only certain people have the "gift" of healing, that this capacity is bestowed by the divine or God and is not available to all. A more nuanced perspective is that many people have healing

capacities but that training and practice is required to fully develop these capacities.

Researchers have observed that the capacity most commonly held among distant healing practitioners is "an ability to hold a compassionate intention for another at a distance." From this perspective, distant healing can be understood as an "integral practice" that brings together a healer's capacities for holding intention, attention and compassion in ways that may enhance healing effects. Different traditions offer a variety of forms of training that can increase an individual's capability to hold intention and attention and express compassion, with some focusing more on the power of intention and attention and others on the effect of compassion. Some traditions, particularly those with a shamanic orientation, may require the healer to pass certain initiation rites and learn complex healing rituals.

TOP

How would I go about finding a distant healer?

There is currently a wider acceptance of distant healing within spiritual and religious circles than within the medical and mental health community. The majority of distant healing practitioners have been trained and continue to work within the context of a specific spiritual tradition. Consequently, if you are comfortable with a particular spiritual tradition, that is often the best place to start your search.

If you begin your search within a spiritual tradition, you should be aware of a few issues. First, the term "distant healing" is used in research circles but often is not used within religious or spiritual groups. In making inquiries, use terminology more appropriate to your tradition such as "praying for healing of someone at a distance" or "meditation approaches where the focus is having compassion for one who is suffering." Second, most healers employ a broad range of practices of which distant healing is only one. You may have greater success if you seek out individuals who refer to themselves as healers and then ask about their distant healing practices rather than looking strictly for distant healers. Third, be persistent. Within most spiritual traditions there are a range of attitudes regarding the efficacy of distant healing. Just because the first teacher or minister you speak to may not know of any distant healers, virtually all traditions have large constituencies who do believe and practice distant healing.

Another approach to finding a distant healer is to contact hospitals that have CAM or complementary and alternative medicine practices. Also, there are a growing number of physicians and other health practitioners such as chiropractors and psychotherapists who integrate CAM or holistic medicine approaches into their work and often advertise themselves as such. These health practitioners are often supportive of distant healing approaches and may provide referrals. Another excellent resource is the National Center For Complementary and Alternative Medicine, which is a program of the National Institutes of Health. Its website is http://nccam.nih.gov and offers a very helpful set of guidelines for exploring alternative approaches to health and healing.

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to healing.

TOP

How much does distant healing cost?

Compassionate Intention or DHI is one of least costly forms of CAM; in many cases, it is practiced free of charge.

TOP

What will my doctor think of distant healing?

More and more, members of the medical community are opening to the beliefs and practices of their patients. The best advice is to choose a practitioner with whom one feels trust and confidence in their abilities to help the patient heal. If this requires that the physician maintain a similar belief system, this can be one of the questions one asks when choosing a provider.

TOP

Do I need to approve it with my doctor before I start using it?

Not at all, although it is always helpful to share as much information with your health provider as possible.

TOP

What kind of conditions can be treated by distant healing?

Depending on their orientation, distant healers answer this question in different ways:

- Most distant healers come from a spiritual rather than a medical perspective and often don't use medical terminology to describe a particular condition or disease state. Consequently, they often do not claim to heal specific medical conditions, simply because that's not the model they operate within.
- Distant healers who focus primarily on creating a compassionate environment that facilitates a person's overall healing process would describe their approach

as being beneficial in assisting in the healing of a particular disease state, but their focus is not to "treat" a specific condition but to rebalance the overall system so healing can occur - often in collaboration with other therapies.
- Distant healers who focus on healing or curing specific disease states do not generally single out particular types of conditions as being more responsive to distant healing treatment.

Scientific research projects have studied the effect of distant healing on a numerous disease states, including heart disease, AIDS, cancer, bacterial infections and recovery from surgery. There is currently no consensus regarding which conditions are most responsive to distant healing, but a majority of the research indicates that distant healing, when used with other therapies, does enhance the healing process across a broad range of disease states.

TOP

Can distant healing ever be harmful?

Thus far, the data suggests that religious and spiritual practice is beneficial to ones health. There are also a series of basic science and clinically based experiments that suggest that DHI also has therapeutic benefit. Clearly more data need to be collected to better understand issues related to dose, distance, as well as a range of psychosocial variables that may or may not be important.

If distant healing is understood as holding a compassionate intention to relieve suffering or bringing healing to another, then it is unlikely that in itself, distant healing could be harmful. Where distant healing might be harmful is if it was perceived or presented as a stand alone remedy and a person excluded other therapies that might be beneficial. This is why many healers recommend that distant healing be understood as one aspect of an overall integral medicine model where multiple therapies are utilized to address a disease state or illness.

TOP

How widely accepted is distant healing as an alternative healing practice?

It is difficult to quantify the prevalence of the use of DHI as a complementary and alternative medicine (CAM) therapy in the United States because it is so commonly practiced within American religious and spiritual life. A national survey in 1996 found that 82 percent of Americans believed in the healing power of prayer; 64 percent felt that physicians should pray with patients who request it (Wallis, 1996). A study by Cassileth (1984) found that 19 percent of cancer patients report they have augmented their conventional medical care with prayer or spiritual healing. A survey of women in the American Cancer Society's support groups for women with breast cancer showed that 88 percent found spiritual or religious practice important in coping with their illness (Johnson & Spilka, 1991), although the extent to which specific prayers or intentions of healing were part of their activities was not clear. In

acute illnesses, such as cardiac events, these numbers rise even further. Saudia and colleagues (Saudia, Kinney, Brown, & Young-Ward, 1991), for example, found that 96 percent of patients stated that they prayed for their health before going in for surgery. In certain cultural or ethnic groups, seeking healing prayers or spiritual healing from an identified practitioner is commonplace (for eg, Suarez, 1996).

As a whole, the population of the United Kingdom is less traditionally religious than the United States, but there are more distant healers in the UK (approximately 14,000) than there are therapists from any other branch of complementary and alternative medicine (CAM) (Astin, Harkness, & Ernst, 2000). This indicates that that DHI is widely practiced independently of religious backgrounds.

Spiritual healing, energy healing, and prayer are rapidly gaining acceptance among conventional medical professionals. In a 1996 survey of Northern California physicians (Wallis, 1996), 13 percent reported using or recommending prayer or religious healing as an intervention. Non-Contact Therapeutic Touch is used formally by nurses in at least 80 hospitals within the United States (Maxwell, 1996), and has been taught to more that 43,000 health care professionals (Krieger, 1979). Among the lay public, Reiki International, one of the largest training organizations for "subtle-energy healing" therapies, reports having certified more than 500,000 practitioners worldwide. While Reiki healing is frequently performed through physical contact, one form of Reiki is claimed to be effective over distances of thousands of miles (Schlitz & Braud, 1985).

TOP

What are the central scientific issues related to distant healing?

The idea that mental intention can causally influence distant living systems evokes two scientific problems: The first is the assumption that "action at a distance" is impossible. Restated, this assumption presumes that all observable phenomena are causally connected, and that all causal connections must be proximally (i.e., spatiotemporally) contiguous. Thus a phenomenon based on "distant influence," with no (known) observable causal connections, is scientifically forbidden. The second problem is that there are no accepted theoretical reasons to expect that mind can directly interact with matter, excepting perhaps a mind interacting with "its" brain. These two problems are sufficient to cause most scientists to seriously doubt that DHI is genuinely "distant healing." As a result, it is understandable why skeptics assume that apparent DHI effects can be completely explained as a combination of wishful thinking, poor methodologies, embellishment, and in extreme cases, fraud.

While thoroughly reviewing the theoretical implications of DHI is beyond the scope of this paper, it is useful to point out that both of the above scientific objections to DHI have been obsolete for over a century. While Einstein complained about "spooky actions at a distance" in quantum mechanics, subsequent experiments have demonstrated that the fabric of the universe is indeed nonlocal, i.e. it not only allows action at a distance but - the argument can be made - its very essence is nonlocal. Likewise, the role of observation and consciousness in the physical world has been seriously discussed by virtually all of the founders of quantum theory, suggesting that

at some level mind and matter may be fundamentally inseparable.

Thus, while classical physics and "common sense" disallow the possibility of DHI phenomena, our most accurate theoretical descriptions of the physical world, as captured in the formalisms of modern physics, do provide an accepted physical substrate for DHI.

TOP

How does one conduct scientific research on distant healing intention?

In a medical context, distant healing intention (DHI) postulates that the intentions of one person can influence the health of a distant person (see Schlitz, Radin, et. al, 2003). In more general terms, DHI postulates that the intentions of one or more persons can interact with the physiological, psychological and/or behavioral status of one or more distant living systems. DHI is a subset of a broader class of controversial phenomena suggesting the existence of direct mind-matter interactions.

Many terms are used to describe forms of distant healing interventions. They include intercessory prayer, spiritual healing, non-directed prayer, intentionality, energy healing, pranic healing, nonlocal healing, non-contact Therapeutic Touch, level III Reiki, external Qi Gong, and Johrei. Each of these terms describes a particular theoretical, cultural, and pragmatic approach to influencing a healing or biological change through mental intention of one person toward another.

DHI laboratory studies focused on basic science therefore explore the question: Can intention alone interact with a distant living system? Process-oriented DHI studies study personality, environmental, and physical factors associated with DHI effects.

The word distant in DHI specifically means shielded from ordinary physical and psychological influences by means of spatial, temporal, and/or sensory shielding, i.e. exclusion of all known causal pathways of human interaction. This distinguishes DHI from mind/body/energy therapies in which healers are in touch with or in close proximity to the "target" living system.

A major difficulty associated with studying effects of intention in DHI research is that every experiment (indeed any activity involving more than one person) consists of multiply interacting intentions. A healer maintains an intention to perform actions resulting in measurable changes in a distant living system, a patient maintains an intention to allow the distant influence, and an investigator intends to produce a successful study. The coworkers and management of the investigators may hold other intentions, and readers of articles describing the research may hold still other intentions. It is not clear how, or indeed if, these sets of intentions can be cleanly disentangled given that the "distant" in DHI assumes that intentional effects are not limited by distance in space or time (these assumptions are considered in more detail later). These complex, entangled sets of intentions are unavoidably present in every DHI experiment.

TOP

What is the current state of research on distant healing?

Despite only modest scientific proof of its efficacy and a lack of adequate theoretical explanations, many people regularly use some form of DHI, such as prayer, in the hope that it will help friends and loved ones who are ill. The problem is that in addition to doubt about its efficacy, even those who regularly practice DHI don't know how much, how often, or how long they should practice DH to be effective. These are the types of questions addressed by both clinical and laboratory DHI research.

Laboratory Evidence for Distant Healing Intention

Anecdotal claims of DHI have been reported in a wide variety of conditions ranging from malignancies and genetic illnesses to wounds (Dossey, 1993). In a narrative review of controlled experimental and clinical studies published before 2001, Benor (2001,2002) found statistically significant evidence for such effects in 88 of 138 studies. Among these studies 50 were rated as of excellent methodological quality and 37 (74%) of them yielded statistically significant results. However, the extent of selective reporting in that literature is unknown, and many of those studies did not use double-blind, randomized trial designs.

Simple Life Forms

Controlled laboratory experiments involving non-human living systems have shown replicable effects of DHI on life forms including enzymes (Bunell, 1999), fungi (Barry, 1968; Tedder & Monty, 1980), yeast (Haraldsson & Thorsteinsson, 1973), bacteria (Nash, 1982; Rauscher & Rubik, 1980), cancer cells (Rein, 1992; Snel & Hol, 1980), and on hemolysis of red blood cells under osmotic stress (Braud, 1990; Braud & Schlitz, 1989). These studies were conducted under randomized and blinded conditions such that the person conducting the measurements did not know whether the preparation had been in the treatment or control groups. The "healers" in the above studies included Western and Eastern European healing practitioners of considerable renown [e.g., in the studies of cancer cells (Braud, Davis, & Wood, 1979; Rein, 1992) and wound healing (Grad, 1965)], as well as volunteers, students, and laboratory personnel in positive studies of hemolysis (Braud, 1990; Braud & Schlitz, 1989), and bacterial growth (Nash, 1982). While some of these experiments were conducted under acceptable controls and resulted in statistically significant effects, the extent of selective reporting in this literature is unknown, requiring caution in interpreting the results.

Animal Models

Significant evidence of DHI has also been reported in animal disease models such as amyloidosis in hamsters (Snel & Ver der Syde, 1995), murine malaria (Solfvin, 1982) and experimentally induced goiter and surgical wounds in mice (Grad, 1965). Watkins and Watkins (1971) found more rapid recovery from anesthesia in animals receiving DHI, an effect that was later replicated by Schlitz (1982). A more recent exploratory study of tumorigenesis (Snel & Ver der Syde, 1995) found increased survival in rats injected with ascites tumor cells treated at a distance by an experienced healer when compared to untreated animals and similar results were reported by Bengston & Krinsley (2000). In the former study, rats were treated by a professional healer who was several miles away, and those rats showed significant benefit compared to a no-treatment control. These experiments, although small in number and in need of further replication, appeared to be conducted under sound

methodologies, providing support for the hypothesis that DHI may be able to modify a variety of biological processes.

Human Studies

Laboratory investigations have also found evidence for DHI on the human autonomic nervous system (Schmidt, in press; Schmidt, Schneider, Utts & Walach, 2002). In these studies a small but highly significant overall effect size (Cohen's d = 0.11) has been found for more than 1,000 sessions in a blind, randomized trials targeting electrodermal activity. Another series of experiments (Braud & Schlitz, 1989, 1991; Schlitz & Braud 1997; Schlitz & LaBerge, 1994; Wiseman & Schlitz, 1996, 1997) showed statistically significant changes in sympathetic autonomic nervous system activity as measured by skin conductance in subjects toward whom an unseen "influencer" in another room was sending intention for relaxation or for physiological excitation at random intervals. A meta-analysis by Schmidt, Schneider, Utts & Walach (2002) reports a significant effect size (Cohen's d = 0.13) for an updated set of these experiments. Of the relevant experimental literature, this class of experiments is widely considered to provide the best evidence for DHI.

Clinical Evidence for DH

Several randomized, double-blind investigations support the clinical efficacy of DH (Astin et al., 2000; Roberts, Ahmed, & Hall, 2000; M. Schlitz, Lewis N, 1996). Based on a systematic review that was recently published in the Annals of Internal Medicine, (Astin et al., 2000) reported that approximately 57percent (13 of 23) of the randomized, controlled trials (RCTs) reviewed showed a positive treatment effect in a wide range of human populations.

In one controlled study at San Francisco General Hospital (Byrd, 1988), 393 Coronary Care Unit (CCU) patients were randomized to an intercessory prayer group or to a control group. While hospitalized, the first group was prayed for daily by a Christian prayer circle given the first name and diagnosis of each patient. Multivariate analysis found a significant decrease in medical complications during the hospitalization, including decreases in the incidence of treatment complications such as incidence of pneumonia ($p<.03$), requirement for antibiotics ($p<.005$), intubation ($p<.005$) and overall illness severity ($p<.01$) in the intervention group. In addition, significantly more of the patients were found to fall into the "good" category in a summary score for medical recovery course. The study suggests a significant efficacy of DH in some aspects of cardiac illness, although concerns about possible multiple testing problems have been raised.

A larger replication of the Byrd study was recently published by (Harris et al., 1999). In this study, 990 consecutive new CCU admissions were randomized to either a standard treatment only group, or to receive intercessory prayer from religious community members for four weeks. The study was double blind, and as in the Byrd study, patients and "intercessors" never met. This study also used a summary CCU medical course score as a primary outcome measure. Compared to the usual care group, the Prayer group had lower mean scores ($p<.04$). Length of CCU and hospital stay did not differ between the two groups. Unfortunately, like the Byrd study, it used an unvalidated final outcome measure, where ultimate clinical significance is uncertain. Both the Byrd and Harris studies involve the prayer offered by lay practitioners operating in community, rather than DH efforts by individuals whose professional work is attempting to use intention for healing purposes.

More recently, Krucoff, et al. (J. Alternative Therapies 5(3):75-82, 1999) conducted a

pilot study in which DH represented one arm of a five-arm randomized and controlled clinical trial. His study compared the results of healing touch, stress relaxation and off-site intercessory prayer with standard care alone in patients newly admitted to a hospital CCU to undergo invasive heart catheterization and balloon angioplasty. Using a "Unity" monitoring system, patients were noninvasively and continuously monitored for heart rate, blood pressure, ischemia and heart rate variability. Healers were recruited worldwide from a wide range of spiritual healing traditions. The results showed that each of the CAM interventions produced a larger effect size than standard care alone with DH producing the strongest evidence of healing. A multi-site, expanded study is now underway to explore these findings in depth.

Another randomized double-blind clinical study of post-operative patient (Bentwich & Kreitler, 1994) documented psychological as well as physical improvement in a healer-treated group. In this study, 53 male patients who had undergone hernia surgery were randomly assigned to a group receiving pre-recorded taped suggestions for accelerated recovery, to a group exposed to DH effort by an experienced healer, or to a control group. The healer was an individual who claimed substantial healing ability. She was given the names of the patients and spent approximately one hour directing positive healing intentions toward them in the hour before their surgery. The DH group showed a significant difference ($p<.05$) on 9 of 24 variables associated with improved recovery course, including improved wound appearance, less fever during hospitalization, and a number of subjective attitudinal factors including less pain, as well as more confidence in the treatment when compared to the suggestion tape and control groups. The finding of benefits in the DH group over and above those found in the suggestion tape group in this study provides evidence that DH may offer benefits beyond what would be predicted for simple psychological expectation or placebo.

More recently, Dr. Elisabeth Targ and colleagues from our laboratory conducted a pilot study and then replicated the results in a randomized controlled clinical trial of DH directed to advanced AIDS patients. AIDS patients given 60 hours of DH had a significantly decreased medical utilization and better psychological outcomes in both studies conducted under double-blind conditions (Sicher et al., 1998).

TOP

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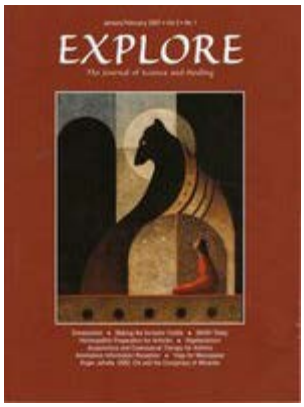

Compassionate Intention as a Therapeutic Intervention by Partners of Cancer Patients

Effects of Distant Intention on the Patients' Autonomic Nervous System

by S. Eskandarnejad, Gail Hayssen, L. Kozak, E. Levine, D. Mandel, Dean Radin, PhD, Marilyn Schlitz, PhD, and J. Stone

This double-blind study investigated the effects of intention on the autonomic nervous system of a human "sender" and distant "receiver" of those intentions, and it explored the roles that motivation and training might have in modulating these effects.

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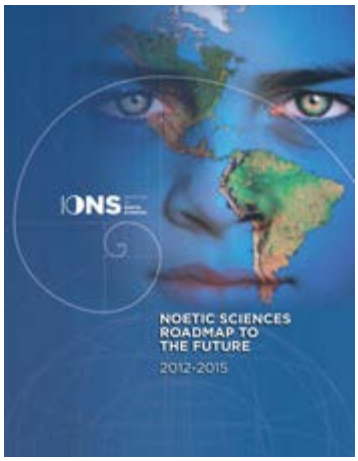

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