

Paper Title: The Office of Prayer ResearchSM: A Bridge of Information and Understanding between Science and Religion on the Scientific Study of Prayer

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Abstract:

Historically, when science and religion have come together, there has been more clash than collaboration. To give men and women of science and spirit a place to explore, confer, and pursue common possibilities, Unity® founded the Office of Prayer Research in July 2004. Its mission is to advance scientific research on the effects of prayer and to serve as a conduit for the exchange of information about prayer studies. The Office of Prayer Research provides an opportunity to make significant contributions toward humankind's scientific understanding of the power of prayer and its overall impact on health.

The history of prayer research began in 1872 with a study conducted by Francis Galton, a cousin of Charles Darwin. Galton set out to prove that prayer did not have an impact on the longevity of the person praying or receiving prayer. Since then, more than 500 scientific prayer studies have been documented and are now being reviewed by the Office of Prayer Research. The Office of Prayer Research has developed an expanding online database of scientifically credible prayer study summaries, the only clearinghouse of information of its kind (www.officeofprayerresearch.org).

While some of the evidence demonstrates that religion, spirituality, and prayer have a positive impact on health, within the studies, there is a great deal of speculation as to why prayer has such a positive impact. Some studies indicate it could be because religion promotes a healthier lifestyle, or that more support is offered to members of church congregations, or because meditation and times of quiet and prayer can help relieve stress. Other studies tackle the issue of whether the power of prayer comes from God.

Some of the challenges facing researchers as they study prayer include: how science, so accustomed to dealing with the tangible, can prove the existence of things that are taken on faith; how researchers can establish "pure" control groups (groups that would not receive any prayer from anyone); and how researchers can account for psychological factors which may interact with health outcomes.

Biography:

Bob Barth, director of the Office of Prayer Research, has a unique resumé in the study of both science and spirituality. He graduated from Gonzaga University where he studied physics and mathematics. He conducted research for the National Science Foundation in nuclear physics. It was while working on his master's in theoretical astrophysics at the University of Washington that Mr. Barth decided to become a minister.

Mr. Barth has worked at Unity for 20 years as a minister-educator and is the former director of what is now known as Unity Institute, Unity's department of education and ministerial school.

Mr. Barth can be contacted at opr@unityonline.org or 816-251-3588 for questions and information regarding research criteria or the studies in the Office of Prayer Research database.

Paper:

THE CREATION OF THE OFFICE OF PRAYER RESEARCH

The founding of the Office of Prayer Research was announced at the Parliament of the World's Religions in July 2004. Designed to be a central resource for the scientific community, the media, and spiritual and religious organizations, the Office of Prayer Research is dedicated to the advancement of humankind's understanding of the power of prayer and its overall impact on health.

Traditionally, when science and religion have come together, there has been more clash than collaboration. The first of its kind, the Office of Prayer Research, is designed to be a haven for spiritual and scientific collaboration. Research scientists have become increasingly interested in measuring the power of prayer. The mission of the Office of Prayer Research is to cultivate that interest and become a partner with those who are interested in the scientific investigation of prayer. Renowned scientists and researchers such as Dr. Mitch Krucoff of Duke University Medical Center, Jeffrey Dusek, PhD, of the Mind/Body Medical Institute of Harvard Medical School, and Dr. Deepak Chopra have supported the Office of Prayer Research's mission and work ("Affirmative Prayer," 2004).

The Office of Prayer Research serves as a conduit for the exchange of information resulting from the many prayer studies scientists conduct each year. In addition, it is an expanding resource for the hundreds of already-documented studies and related articles on the subject.

Unity, the founder of the Office of Prayer Research, is headquartered near Kansas City, Missouri. It has been a spiritual resource for millions of people worldwide for more than 115 years. Unity's prayer ministry Silent Unity® was founded in 1890 and is one of the oldest and largest prayer ministries in the world.*

Upon request, Silent Unity participated in three nationally recognized prayer studies: the Monitoring and Actualization of Noetic Training (MANTRA), and MANTRA II, both sponsored by Duke University Medical Center, and the Study of Therapeutic Effects of Intercessory Prayer (STEP), sponsored by the Mind/Body Medical Institute of Harvard Medical School.

As Silent Unity participated in these studies, the Unity organization became aware that there was no central resource where results of these and many other studies could be easily located. From this realization, the Office of Prayer Research was created.

Unity named Bob Barth, a physicist/mathematician and minister-educator, as director of the Office of Prayer Research because of his extensive background in both

* Silent Unity supports people of all faiths and receives two million prayer requests each year by telephone, mail, and e-mail. Three hundred trained prayer associates respond to requests with prayer support seven days a week, 24 hours a day. In the telephone prayer ministry, associates pray personally with callers. Personalized, follow-up written prayer support and materials are provided to those requesting it. All prayer requests are held in confidence. There is never a charge for Silent Unity's prayers.

spirituality and science. Barth's first responsibility was to gather scientifically credible studies and personally review each study in its entirety and begin to identify common trends, challenges, and significant findings. Already, a substantial portion of these studies have been summarized, catalogued, and included in a searchable, online database available at www.officeofprayerresearch.org. The database is unique to the Office of Prayer Research because it is the most comprehensive resource of its kind, containing an expanding collection of studies that can be located by researcher, subject, or title.

Throughout this paper the Office of Prayer Research attempts to demonstrate that by providing a central gathering point for these scientifically credible studies on prayer and spirituality, a bridge is being built between existing research and future scientific endeavors.

INCREASED INTEREST IN PRAYER

In recent years, as the presence of complementary and alternative medicine has increased, so has the importance of addressing issues of spirituality in medicine. As *U.S. News & World Report* notes:

Quantifying and analyzing the effects of prayer on health has become a burgeoning field of scientific—some critics would say pseudoscientific—inquiry. ... The National Center for Complementary and Alternative Medicine of the National Institutes of Health is spending \$6.2 million over two years to study the link between prayer and health. (Szegedy-Maszak, 2004, ¶8,10)

More studies on prayer, spirituality, and religion are being conducted, and more articles are being published. “‘Between 1980 and 1982, barely 100 such articles appeared in psychiatric literature. From 2000 to 2002 alone, more than 1,100 related articles were published’, says Harold G. Koenig, M.D., a psychiatrist who is the codirector of the Center for Spirituality, Theology, and Health at Duke University” (Spencer, 2004).

The subject of spirituality and prayer is also a hot topic in the media. Since its inception, numerous media representatives have contacted the Office of Prayer Research, seeking information on the subject of prayer research. Related articles have appeared in publications such as *Newsweek* magazine (Kalb, 2003), *Woman's Day* magazine (Spencer, 2004), *U.S. News & World Report* (Szegedy-Maszak, 2004), and the *New York Times* (Carey, 2004).

U.S. News & World Report and Beliefnet, a leading multi-faith Internet site on religion (www.beliefnet.com), jointly conducted and published the results of a major survey (Szegedy-Maszak, 2004). It was reprinted in the April 2005 *Reader's Digest* under the headline, “New Proof Prayer Works” (Szegedy-Maszak, 2005). The survey results showed:

Forty percent of the more than 5,600 respondents said that they prayed for their health ‘all the time.’ And of those who prayed for their health at all, 71 percent said they prayed about specific diseases like cancer or chronic pain, and 65 percent said that they prayed because of emotional disorders or mental illness....

Other participants in the survey reported that prayer had brought sudden and surprising cures. (p. 153)

These widely held beliefs are also being supported by scientific evidence. In a study on intercessory prayer and cardiovascular disease progression, Jennifer Aviles references a cross-analysis of 212 published studies that focused on the effects of spiritual factors on health care outcomes: “Seventy-five percent report a positive effect, 17 percent report no effect, and seven percent report a negative effect” (2001, p. 1193).

DEFINING THE CONCEPT OF PRAYER

As scientists and researchers study prayer, it becomes important to define what prayer means. In reviewing the numerous studies, the Office of Prayer Research has determined that a key component the researcher must consider is how to define prayer within the scope of each individual study.

Prayer has been defined in many ways; from simple communication with God, to a formal ritual said in a place of worship. Ann Ameling defines prayer as “the simple act of turning our mind and heart to the sacred” (2000, p. 42).

Defining prayer is complicated because there are many types. Some researchers refer to directed prayer, which asks for a specific result; compared to non-directed prayer, which is an “alignment with divine will” (O’Laoire, 1997).

For the parameters of their study, Margaret Poloma and Brian Pendleton (1991), described how prayer can be categorized into four types:

1. Colloquial prayer – In this type of prayer, one carries on a conversation with God. For example, asking for guidance or forgiveness, or thanking God for blessings.
2. Petitional prayer – In this form of prayer, a person asks God for material things such as a car or house, either for themselves or for others.
3. Ritual prayer – This prayer type occurs when a person repeats a memorized prayer such as the 23rd Psalm or the Lord’s Prayer. Ritual prayer is also prayer recited from a prayer book.
4. Meditative prayer - In this type of prayer, the person doing the praying moves from conversing with God to a time of listening. It is a quiet time with God, reflecting on God’s presence and being aware of this presence in one’s life (p. 75).

Some of the research today uses a form of prayer known as intercessory prayer, also known as IP or distant healing, which, according to Aviles, is prayer by one or more persons on behalf of another (2001). Jeffery Dusek describes intercessory prayer as “organized, regular, and committed to setting time aside with the belief that the prayers are communicating with God” (2002, p. 577).

SIGNIFICANT FINDINGS

In what may be the first use of statistics in the study of prayer, Francis Galton, a cousin of Charles Darwin, conducted a study of prayer and life expectancy. Galton, who happened to be a foe of religion, attempted to scientifically analyze the effects of intercessory prayer by comparing the longevity of people who engaged in prayer, such as clergy, with the lifespan of people he regarded as secular; physicians and lawyers. Galton presumed that kings and other members of the ruling classes, who were often prayed for during worship services by the general populace, should live longer as a result. Instead, he discovered that sovereigns had shorter life spans than people in other occupations. Galton determined that there was very little difference in the average lifespan of clergy (69.49 years), doctors (67.31 years), and lawyers (68.14 years). Even though the lifespan of clergy was higher, Galton attributed this to the presumption that clergy live with less stress.

According to Galton, “If prayerful habits had influence on temporal success, it is very probable, as we must again repeat, that insurance offices, of at least some descriptions, would long ago have discovered and made allowance for it... Insurance offices, so wakeful to sanitary influences, absolutely ignore prayer as one of them.” (Galton, 1872).

The study of prayer and health has evolved substantially and scientific methodology has dramatically improved since Galton’s contribution. The Office of Prayer Research has identified criteria necessary for a study to be viewed as scientifically credible, including:

- Randomization: Was the study randomized? Were the study participants randomly chosen?
- Inclusions/Exclusions: Is there clear information as to why some people may have been excluded from the study?
- Single/Double Blinded: Did the subjects know if they were in the control group? Did the intercessory prayer-givers know the people for whom they were praying? Did the data collectors know the participants or prayer-givers? Did the researchers know the subjects? In credible prayer studies, the answers to these questions should be “no.”
- Replication: Have independent researchers been able to duplicate the study with the same or similar results?
- Credibility: Was the study subject to peer review? Has the study been examined by other scientists and researchers prior to publication?

One of the first studies to satisfy current scientific criteria regarding prayer and health, “Does Prayer Have An Impact on Health”, (1988) was conducted by Randolph Byrd. During a ten-month period from August 1982 to May 1983, the study focused on the results of intercessory prayer to the “Judeo-Christian God.” The study, a prospective, randomized, double blind study, was conducted on 393 patients in a coronary care unit. All praying for the patients was done from a distance. The patients, physicians, staff, and researcher remained blinded throughout the study. Prayer group patients had less congestive heart failure, required less diuretic and antibiotic therapy, had fewer episodes

of pneumonia, had fewer cardiac arrests, and were less frequently intubated and ventilated. These study results indicated that prayer had a positive effect on health.

Dr. Harold Koenig, considered one of the leaders in the field on the effects of prayer, religion, and spirituality on older adults, notes, “religious attitudes and behaviors serve important functions. One is to assist in coping with the stresses, difficulties, and uncertainties in life” (Koenig, 1988, p. 308).

In his 1999 six-year follow-up study of older adults, results showed that elderly people, “particularly women, who attend religious services at least once a week appeared to have a survival advantage over those attending less frequently” (Koenig, 1999, p. 370). These results, based on modern scientific research methods, contradict the earlier conclusions of Galton.

In Dr. Mitchell Krucoff’s study (Krucoff, et al., 2001), the role of noetic therapies, which include stress relaxation, imagery, touch therapy, and prayer, was examined. Of 150 patients in the study, 120 were assigned to noetic therapy.

There was a 25% to 30% absolute reduction in adverse periprocedural outcomes in patients treated with any noetic therapy compared with standard therapy. The lowest absolute complication rates were observed in patients assigned to off-site prayer. . . . In patients with questionnaire scores indicating a high level of spiritual belief, a high level of personal spiritual activity, a low level of community-based religious involvement, or a high level of anxiety, noetic therapies appeared to show greater reduction in absolute in-hospital complication rates compared with standard therapy. (p.760)

There is speculation among scientists as to why prayer, religion, and spirituality appear to have positive influences. William Strawbridge (2001) addresses this, indicating that religious attendance may promote good health behaviors:

Those reporting weekly religious attendance in 1965 were more likely to both improve poor health behaviors and maintain good ones by 1994, than were those whose attendance was less or none. Weekly attendance was also associated with improving and maintaining good mental health, increased social relationships, and marital stability. (p. 68)

In an effort to review evidence for determining a relationship between religion and health, Jeffrey Levin (1994) asks and answers the following questions about the impact religion has on health: “‘Is there an association?’, ‘Is it valid?’, and, ‘Is it causal?’ Evidence presented in this paper [Levin’s] suggests that the answers to these respective questions are ‘yes,’ ‘probably,’ and ‘maybe’”(p. 1475).

There have also been documented instances of religion demonstrating negative impacts on health. In a recent 2-year longitudinal study, researchers (Pargament, Koenig, Tarakeshwar & Hahn, 2001) discovered that “religious distress” might increase the possibility of death. They concluded that patients who “felt alienated from or unloved by God, and attributed their illness to the devil, were associated with a 19% to 28% increase in risk of dying during the approximately 2-year follow-up period” (p. 1883-4).

THE 14 FOUNDATIONAL STUDIES

Of the approximate 500 prayer studies and articles identified by the Office of Prayer Research, 14 of them have been determined as “foundational.” The studies have been termed foundational studies because collectively they address the following:

- The impact of prayer on health,
- The different types of prayer,
- The philosophical and scientific challenges of prayer studies,
- An analysis of the negative impact of religion,
- Some of the preferred research methodology needed to measure a subject that is intangible, such as prayer.

Additionally, the foundational studies identified by the Office of Prayer Research are those that researchers themselves independently and frequently reference as benchmarks or significant pioneering studies that helped them in the development of their own methodologies in subsequent studies. A foundational study may be the first study that has identified a significant result, has advanced methodology, or has revealed a challenge. A study can be classified as foundational regardless of its scientific conclusion.

Although the Galton study might not be considered a scientific study by modern standards, it is included among the foundational studies because of its historical relevance as the first known prayer study. Galton concluded that prayer was not effective in helping people live longer lives.

Additional foundational studies have come to different conclusions. Some concluded that prayer is a powerful healing agent. Others came to no specific conclusion, and instead focused on the difficulty of scientifically measuring the value of prayer.

A common thread weaving throughout the 14 foundational studies is that further research is warranted. There has yet to be a concurring scientific conclusion one way or another. But there is growing hunger among the public, the media, and researchers for more information.

The Office of Prayer Research recommends that for anyone seeking a broad, general knowledge of the field of scientific prayer research, reading these 14 studies will provide a helpful overview as a starting point, rather than trying to digest information from the hundreds of known prayer studies.

Listed are the 14 prayer studies that the Office of Prayer Research has identified as foundational studies:

Astin, J.A., et al. (2000). The Efficacy of “Distant Healing”: A Systematic Review of Randomized Trials.

- Byrd, R.C. (1988). Positive Therapeutic Effects of Intercessory Prayer in a Coronary Care Unit Population.
- Chibnall, J.T. (2001). Experiments on Distant Intercessory Prayer: God, Science, and the Lesson of Massah.
- Dusek, J.A., et al. (2002). Study of the Therapeutic Effects of Intercessory Prayer (STEP): Study Design and Research Methods.
- Galton, F. (1872). Statistical Inquiries into the Efficacy of Prayer.
- Harris, W.S., et al. (1999). A Randomized, Controlled Trial of the Effects of Remote Intercessory Prayer on Outcomes in Patients Admitted to the Coronary Care Unit.
- Koenig, H.G., et al. (1999). Does Religious Attendance Prolong Survival? A Six-Year Follow-Up Study of 3,968 Older Adults.
- Koenig, H.G., et al. (1988). The Use of Religion and Other Emotion-Regulating Coping Strategies Among Older Adults.
- Krucoff, M.W., et al. (2001). Integrative Noetic Therapies as Adjuncts to Percutaneous Intervention During Unstable Coronary Syndromes: Monitoring and Actualization of Noetic Training (MANTRA) Feasibility Pilot.
- Levin, J.S. (1994). Religion and Health: Is There an Association, Is It Valid, and Is It Causal?
- Matthews, D.A., et al. (1998). Religious Commitment and Health Status: A Review of the Research and Implications for Family Medicine.
- O'Laoire, S. (1997). An Experimental Study of the Effects of Distant, Intercessory Prayer on Self-Esteem, Anxiety, and Depression.
- Pargament, K.I., et al. (2001). Religious Struggle as a Predictor of Mortality Among Medically Ill Elderly Patients: A 2-Year Longitudinal Study.
- Poloma, M.M., & Pendleton, B.F. (1991). The Effects of Prayer and Prayer Experiences on Measures of General Well-Being.

CHALLENGES FACED BY PRAYER RESEARCHERS

When studying the role of prayer and healing, the Office of Prayer Research has determined there are many methodological limitations. Challenges faced by researchers can be found in various components of studies, including the beliefs of the patient being

prayed for, the purity of the control group, and the circumstances of the intercessor doing the praying. Since prayer is often directed to a Supreme Being, the researcher's challenge entails moving beyond the measurement of the Supreme Being's role in the healing, which many studies conclude is impossible.

When the patient is the subject of prayer, standardized prayer treatment is an issue. The researcher has little or no control over the beliefs of the patient. Also the study may need to take into account the personal prayers of the patient as well as those of family and church members on behalf of the patient, all of which are exclusive of the study.

The faith of the patient involved may also play a role in the outcome of the study. William Harris (1999) attempted to replicate the 1988 study by Byrd. He indicated that only supplementary prayer (the prayer given by those providing the study's intercessory prayer) is measurable. The prayers offered outside the study—those given by family, friends, church and the patient, and sometimes called background prayer—have an unknown and immeasurable effect on the study.

Acknowledging the immeasurable impact of background prayer as a challenge, a similar problem exists when trying to create a pure control group. Byrd recognized this problem in his study and noted that ethically, the amount of prayer received by the patients in the control group cannot be controlled. He concluded by saying, limiting prayer to the control group, besides being unethical, “would probably [be] impossible to achieve” (Byrd, 1988, p. 829).

The spiritual and religious influences on the intercessor should also be examined. Jennifer Aviles, MD, says that an “assessment of intercessor belief in the power of prayer and an increased frequency of prayer offered may further standardize the treatment” (2001, p. 1198).

One issue, which can be addressed by researchers, is the training received by the intercessor. However, the question then becomes, “How does one measure the results of that training?”

At the most basic level, prayer is considered communication with God or a Supreme Being. It is therefore problematic for researchers to determine how, or even whether, to validate or prove the existence of God or a Supreme Being, and if so, what impact God has within the study.

John Chibnall, a psychologist with the Saint Louis University School of Medicine, speaks for many researchers when he says: “We conclude that research on the effects of religion and spirituality on health should avoid attempting to validate God through scientific methods” (2001, p. 2529).

An article in the *New York Times* further identified some of the challenges facing prayer researchers:

Even those who defend prayer research concede that such studies are difficult. For one thing, no one knows what constitutes a “dose”: some studies have tested a few prayers a day by individual healers, while others have had entire congregations pray together. Some have involved evangelical Christians; others have engaged rabbis, Buddhist and New Age healers, or some combination.... Another problem concerns the mechanism by which prayer might be supposed to work. Some researchers contend that prayer's effects—if they exist—have little to

do with religion or the existence of God. Instead of divine intervention, they propose things like “subtle energies,” “mind-to-mind communication,” or “extra dimensions of space-time;” –concepts that many scientists dismiss as nonsense. Others suggest that prayer may have a soothing effect that works like a placebo for believers who know they are being prayed for. (Carey, 2004, ¶15-16)

In reviewing the studies, perhaps the greatest challenge faced by prayer researchers is that prayer is an intangible concept. Researchers continue to attempt to determine whether science can prove or disprove something people take on faith. Chibnall states that trying to prove intercessory prayer is impossible. “Faith is belief in the absence of evidence. You’re basically using a scientific method to prove the transcendent. Those things are incompatible” (Spencer, 2004, p. 70).

Chibnall’s comments highlight a basic controversy underlying the whole field of prayer research: Can it be done in a valid, scientific way? Some scientists, medical professionals, and religious leaders strongly feel the answer is no.

In the *Ottawa Citizen* article, David Stonehouse notes: “For centuries, religion and science have both sought for truth – separate quests that led them down widely divergent paths, cementing a strong divide between the two, at times a wary distrust. Now, they are coming together. Slowly” (2004, ¶ 9).

In the same article, Dr. Koenig concurs:

There has been more of a receptiveness, I think, from the scientific community and particularly from medical doctors. In particular, people who look after patients understand the relevance of it, they understand the role that religion and faith can play in enhancing hope and meaning and purpose in life. There is a long way to go—particularly in the scientific community where there is literally centuries of resistance that have built up and many scientists themselves are not religiously oriented, so they don’t see the value or the worth of this issue. (¶ 44)

Canadian researcher Marilyn Baetz, associate professor of psychiatry at the University of Saskatchewan, doesn’t see much of a future in intercessory prayer study: “It is sort of like trying to manipulate God’s hand. I just don’t have a strong sense of it being a fruitful type of research” (Stonehouse, 2004, ¶31).

Another opponent of scientific prayer study, Dr. Richard J. McNally, a psychologist at Harvard says, “Intercessory prayer presupposes some supernatural intervention that is by definition beyond the reach of science. It is just a nonstarter, in my opinion, a total waste of time and money” (Carey, 2004, ¶6).

An equally strong opinion is voiced by Andrew A. Skolnick, executive director of the Commission for Scientific Medicine and Mental Health, in Amherst, New York. He says he is not against the study of prayer itself, but he worries that “dishonest” research is eroding the integrity of science as a whole. Skolnick states:

The prayer research that I have seen, and I have seen much of it in the last 15 years, it is riddled with cooked data, fishing expeditions, things that any good group of editors of any good journal will reject. What these guys do is they shop

around until they find journal editors who will publish them. (Stonehouse, 2004, ¶40)

Newsweek magazine labeled Richard Sloan, director of behavioral medicine at Columbia-Presbyterian Medical Center, as the most outspoken critic of the role of religion in medicine (Kalb, 2003).

According to Sloan:

I became skeptical of the many reports in the popular media about the benefits of religious experience for health. ... A great deal of [the studies] have methodological flaws serious enough to question the conclusions that they draw. ... Nobody disputes that in times of difficulty, religion provides comfort for an enormous number of people. The question is whether medicine can add to that. My answer is no. (p. 50, 54).

Some religious proponents have strong opinions against prayer research. *Spirituality & Health* (2005) published in an editorial column, “What is interesting is that many theologians also argue that science has no business studying prayer. The research, whatever the results, is often seen as an attack on faith and God.”

The column notes that those conducting prayer research can be wading into choppy waters: “The fact remains that to enter the field is to open oneself to passionate and pointed attacks from both scientists and religious scholars. ... Intercessory prayer—prayer for others—has always been on the bleeding edge of spirituality and health research” (p. 16).

THE OFFICE OF PRAYER RESEARCH: THE BRIDGE TO THE FUTURE

Many areas of prayer research are yet to be explored. Future studies will likely identify methods to overcome the limitations and challenges that prayer researchers continue to face. As technology evolves, scopes of prayer studies expand, and methodologies improve, the Office of Prayer Research will not only continue to gather, analyze, and provide a central resource for that information, but because of its focus on providing a comprehensive database of all relevant studies, it will enable researchers to connect information of the past with prayer studies generated now and in the future.

In addition to providing the informational resource of a database, the Office of Prayer Research will expand its role to help promote understanding between the spiritual and scientific fields in several ways:

- The Office of Prayer Research will take the existing prayer research and begin to connect the dots in new ways. Not only will the Office of Prayer Research continue to identify the themes that are emerging in the existing research, but it will also look for new, undiscovered, or less obvious perspectives—to paraphrase a Chinese adage: Music is in the notes, but it is also in the spaces between.
- The Office of Prayer Research plans to participate in and host conferences and forums designed to unite the scientific and spiritual communities.

- Efforts will be made to provide resources for researchers that will enable them to easily locate relevant, potential funders for credible prayer studies.
- The Office of Prayer Research will help foster partnerships between researchers, who wish to further the scientific study of prayer and credible, intercessory prayer resources.
- The Office of Prayer Research will increase its visibility as a resource for media representatives seeking information.

The Office of Prayer Research was established because of a strong belief in possibilities, which is at the very heart of both prayer and science. Ultimately, the work of the Office of Prayer Research is all about the possibility of creating harmony where it once did not exist.

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