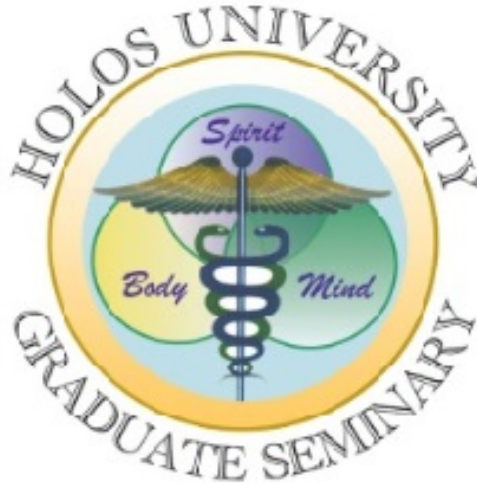


Prayer in the 21st Century: Unity Praying for Unity, A Research Study to Examine the Effects of Prayer.

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Dissertation
submitted to the Faculty of
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The work reported in this dissertation is original and carried out by me solely,
except for the acknowledged direction and assistance gratefully received
from colleagues and mentors.

Michael L. Ulm, M.A., Th. D.

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ABSTRACT

Prayer in the 21st Century: Unity Praying for Unity - A Research Study to Examine the Effects of Prayer

Purpose: To determine the healing effects of Unity style prayer on Unity Church participants.

Materials: Prayer effects were measured by the State-Trait Anxiety Inventory (STAI) for Adults, the Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale, the Arizona Integrative Outcomes Scale (AIOS-VAS) and journaling.

Method: The ML-DPI design was to investigate the effect(s) which Prayer Recipients (PRs) might/could/would receive from Prayer Agents' (PAs') intercessory prayers. All study participants were Unity church or organization members. The survey instruments (STAI for Adults, ASPIRES, and AIOS-VAS) were administered Pre, Post, and 90 days Post of the intercessory prayer intervention. Optional journaling was available and analyzed using NVIVO 10 software. The prayer intervention for the experimental group was administered after the baseline. The control group was offered the intervention after the study closed.

Results: A total of 165 participants from fourteen Unity Churches were recruited. Of the total group 80% were females and 20% were males with an average age of 58.82. Two sets of statistical analysis were done. In the first, the complete group of 165 participants were analyzed. . In the second, data was cleaned then age and sex were matched for a total of 42 participants in each group.

There were no significant differences between the experimental and control

groups in the initial results; however over time, collapsing across groups the data was statistically significant at a rate of $p \leq 0.05$ in six categories. All results suggested that prayers had positive effects on the PR's physical, emotional, mental, and spiritual well-being. The journaling analysis also reported that alleged healing phenomena was found (Time 1=76.92% & Time 2=84.38%) for the control group and (Time 1=85.29% & Time 2=80.00%) for the experimental group. A 135-day after close of the study follow-up (Time 3) was facilitated by the CI to further gather expanded explanation, possibility of long term sustainability, and accuracy of alleged healing phenomena. It was found that a significant number of PRs (C G Time 3=57.89% & E G Time 3=44.00%) did experience healing phenomena and maintained their life experience change.

Conclusion: The data demonstrated that over time, collapsing across groups, there were statistically significant improvements in the areas of: anxiety level, an increased spiritual or religious closeness to God, and an increased sense of well-being.

Key words: Anxiety, Religion, Spirituality, Healing, and Well-being.

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CHAPTER 1:

INTRODUCTION

Introduction

For millennia, prayer has been a staple of human existence. Prayer and ritual activities are recorded in the earliest of religious texts for every form of religion. Prominent theologian John Calvin stated that “the necessity and utility of (the) exercise of prayer no words can sufficiently express” (Krause & Bastida, 2011, p. 73). It is possible that prayer is a key element in change and the creation of change. Kynan Bridges wrote in his work *The Power of Prophetic Prayer: Release Your Destiny*, “If you haven’t discovered it by now, let me assure you that everything in the natural realm is subject to change. This is an inescapable reality of life on the earth. And it is really great news for every believer because it means that no difficulty, trial, or spiritual opposition is ever permanent” (2016, p. 85). If change can be created through prayer, let us use this fluidity to create better results in the form of life, expression, and expansion.

Background of Problem

Theology teaches that a human’s life, life style, or belief system can be enriched by prayer; still humans can be the best at stopping their good from materializing by their negative thoughts and self-sabotaging actions. Hypatia Hasbrouck illustrates in her book, *Handbook of Positive Prayer*, the power prayer has by stating, “In the practice of positive prayer, we deliberately choose thoughts, which focus on the good we desire rather than on the loss, lack, or limitation we may be experiencing” (1995, p. 13). Cora and Charles Fillmore wrote in their work *Teach Us To Pray*, that “It is man’s concept of God that makes prayer intellectual or spiritual” (1997, p. 22), which suggests that prayer may

make a difference in the lives of humans, if they allow their present reality to grow into their best good, creating the right and perfect outcome for all concerned.

Unity Church was selected as the appropriate environment in which to conduct this research project because of the organizations focus on positive prayer. Unity Church was founded in 1889 by Charles and Myrtle Fillmore. The movement started earlier with Myrtle Fillmore who spent three years studying and using prayers to heal herself of multiple life-threatening health conditions. Charles Fillmore followed his wife into the study of prayer and healed his leg from a childhood accident, which had left one of his legs shorter than the other (Unity, n.d.). The Unity movement is a spiritual organization with deep roots in both Christianity and the New Thought movement of the 1800's. The Unity archives are full of the Fillmore's writings about their beliefs and practices regarding prayer. These teachings are the foundations of Unity literature and have trained others to gain the same positive results of the Fillmore's through prayer in all human life experiences. The Unity movement encourages it's congregates to explore their spirituality through many sacred texts and practices because they acknowledge and accept all religious paths to creator God (Unity, n.d.).

Charles Fillmore wrote in his book, *Keep a True Lent*, "Prayer does not change God -- it changes us" (1995, p. 146). Many in the general population believe that prayer has health benefits. This is particularly true for mental health, but also for physical health. A study from the National Center for Health Statistics, National Center for Complementary and Alternative Medicine, and the Centers for Disease Control found that 43 percent of a national random sample of Americans used prayer for health reasons and almost 25 percent have asked others to pray for them (Barnes et al., 2004). Koenig,

King and Carson document well-being and scientific study of prayer's effects on recipients, in their *Handbook of Religion and Health*. Concerning religious practices, involvement, and psychological well-being they reported that, "Satisfaction with life, happiness, and joy are the most sought after of all emotions. Yet to many, they do not come easy [and] religion appears to be associated with well-being" (2012, p. 301). This work would seemingly support the belief that people turn to religion and prayer to benefit their health.

A review of the research prior to 2000, identified 102 studies that have quantitatively examined the relationship between prayer and well-being with 81 studies (79 %) finding a positive correlation to religiousness/spirituality (R/S) (including five at a statistical trend level). Since 2000, the research has exploded by over two hundred additional studies that have examined the same relationship. Of the 224 studies published in the past ten years, 175 studies (78 %) reported significant positive relationships between R/S and well-being.

Statement of the Problem

There has been no empirical research done on the effectiveness of Unity style prayer in the healing process. This research would help to support the founding doctrine of the Unity Church and the practices of its congregational community.

Purpose of the Study

The primary intention of this study was to determine if intercessory prayers (IP) affected the sense of well-being in other humans. A secondary intention was to determine if there is a possibility of healing phenomena (HP) generated by IP.

Research Questions

Specific Aim 1: To determine if prayer provided by each group produces a change in physical well-being.

Hypothesis 1: That church members physical well-being will show significant ($p \leq 0.05$) improvement as measured by the State-Trait Anxiety Inventory (STAI) for Adults.

Hypothesis 2: That church members physical well-being will show significant ($p \leq 0.05$) improvement as measured by the Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale.

Hypothesis 3: That church members physical well-being will show significant ($p \leq 0.05$) improvement as measured by the Arizona Integrative Outcomes Visual Analogue Scale (AIOS- VAS).

Specific Aim 2: To determine if prayer provided by each group produces a change in emotional well-being.

Hypothesis 1: That church members emotional well-being will show significant ($p \leq 0.05$) improvement as measured by the STAI for Adults.

Hypothesis 2: That church members emotional well-being will show significant ($p \leq 0.05$) improvement as measured by the ASPIRES Scale.

Hypothesis 3: That church members emotional well-being will show significant ($p \leq 0.05$) improvement as measured by the AIOS- VAS.

Specific Aim 3: To determine if prayer provided by each group produces a change in mental well-being.

Hypothesis 1: That church members emotional well-being will show significant

($p \leq 0.05$) improvement as measured by the STAI for Adults.

Hypothesis 2: That church members mental well-being will show significant

($p \leq 0.05$) improvement as measured by the ASPIRES Scale.

Hypothesis 3: That church members mental well-being will show significant

($p \leq 0.05$) improvement as measured by the AIOS- VAS.

Specific Aim 4: To determine if prayer provided by each group produces a change in
spiritual well-being.

Hypothesis 1: That church members spiritual well-being will show significant

($p \leq 0.05$) improvement as measured by the STAI for Adults.

Hypothesis 2: That church members spiritual well-being will show significant

($p \leq 0.05$) improvement as measured by the ASPIRES Scale.

Hypothesis 3: That church members spiritual well-being will show significant

($p \leq 0.05$) improvement as measured by the AIOS- VAS.

Importance of the Study

Hundreds of prayer, IP, and R/S studies have looked into human behavior, well-being, life expression, and longevity. At least 326 studies have examined relationships with R/S, with 256 (79%) reporting greater well-being among those who are more R/S. These findings are consistent with a much larger body of evidence suggesting that religious involvement is inversely related to almost every known risk factor for cardiovascular disease (CHD) (i.e., cigarette smoking, high blood pressure, high cholesterol, inflammatory markers, low exercise/physical activity, excess alcohol, poor diet/nutrition, psychosocial stress, low optimism, high hostility, anxiety, and depression) (Koenig et al., 2012). Prayer for well-being can manifest in many forms of life

expression. James Dillet Freeman emphasizes the importance of prayer in his book, *Prayer: The Master Key*, by stating, “Prayer is not anything changing, but everything changed” (1968, p. 250). Research findings suggest that spirituality and religion are in fact related to well-being on multiple levels and may play important roles in both the prevention and the treatment of many health issues.

Scope of the Study

This study is limited to discovering both the qualitative and quantitative impact of the Unity style prayer on members of the Unity Church community.

Delimitations and Limitations

This study focused on Unity style prayer only. There’s been a lack of research regarding specificity of prayer application as taught by Charles and Myrtle Fillmore and the impact it can exert on spirituality, well-being, and anxiety reduction which affects well-being. There was limited daily oversight of the prayer providers and as prayer was provided independently there is no way to confirm that the providers did the given prayer in the style required. Recruitment was solely done in Unity churches, so these findings do not apply to non-members of the Unity Church or to non-religious settings. No special effort was made to recruit men and minorities as Unity congregants tend to be a diverse population in terms of age, gender, and ethnicity with a higher proportion of women. Having a broader range of ages and more equal distribution of gender responses may have affected the study’s findings. There were a limited number of control subjects in the study. Finally, the instruments used to test the premise did not directly test the full range of all aspects of prayer.

CHAPTER 2:

REVIEW OF LITERATURE

Introduction

Prayer for many humans can be a way of treatment or response to/for a myriad of life experiences or woes. Theology teaches that human being's life, life style, or belief system, can be enriched by prayer. Schwartz and Dossey spoke to this idea when they stated, "Therapeutic intention expressed through prayer is now and always has been a universal human activity. We wear different clothes. Speak different languages. Eat different foods, spiced by different condiments, consumed using different implements. We worship different Gods, with different rituals, But the overwhelming majority of us, not only believe but operationalize some way of opening ourselves to a greater whole to express therapeutic intention" (2010, p. 305). Cora and Charles Fillmore, wrote in their book *Teach Us To Pray*, "It is man's concept of God that makes prayer intellectual or spiritual" (1997, p. 22). The Unity movement teaches that positive statements during prayer seem to be the key to successful prayer results. Stephen B. Stum in his book, *Beyond Inspiration*, wrote, "The best prayer you can state is the one in which you affirm that with God's help, all things will work out for your highest good" (1984).

Paulo de Aguiar et al. in their article, "Research on Intercessory Prayer: Theoretical and Methodological Considerations" wrote, "The practice of prayer is quite common in the United States; 57% of Americans report that they pray every day" (2016, p. 44). Prayer starts with a human's ability to overcome their physical eyes. Bombarded with the illusion of matter expressing around them, they must look differently, with eyes of a visionary, seeing: health instead of disease, life where death's stench abounds, love

in the presence of hate, peace in the midst of chaos, joy amongst the blossoms of sorrow, and from past pictures of failure and lack to the success and abundance lurking just beyond the horizon. J. Sig Paulson and Rick Dickerson wrote in their book, *Revelation: The Book of Unity* (1976), “Even the heavily scientific activity within a hospital can be considered a very sophisticated type of prayer, because it keeps the mind focused on the subtle planes of existence. The words are much different, of course, but essentially that activity is prayer” (p. 98).

IP is continually being researched for its correlation to health and well-being. Sloan and Ramakrishnan in their article, “Science, Medicine, and Intercessory Prayer”, wrote, “... IP studies appear to conform to the standards of randomized controlled trials (RCTs) and, as such, would have a significant advantage over observational investigations of associations between religious variables and health outcomes” (2006, p. 504). The review of the existing literature on the use of IP to affect people’s health and well-being is crucial to creating an understanding of the scope of the research in order to engage in new studies.

Candy Gunter Brown in her book, *Testing Prayer* (2012), talks of the scientific perspectives about prayer by using a comparison to an undeniably powerful example of scientific achievement, the Hubble Space telescope. She goes on to describe the various lenses through which scientists use to explore the universe and the “extraordinarily revealing pictures” taken by the use of these lenses with the telescope. While she uses this metaphor to describe the narrative of her book, it can also be applied to the study of the effects of prayer. Researchers are the various lenses’ through which the greater

scientific community and the world are able to view the extraordinary pictures “taken” by the studies they complete and the data that is rendered from those studies.

Biblical Foundations of Prayer

According to the Unity movement, God is inside our self (body) and everywhere, therefore the act of prayer is the act of connecting to God. In the Christian Bible John 15:5 provides a gripping visual as Jesus states to his disciples, “I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit; apart from me you can do nothing” (New International Version). The Bible speaks multiple times of the need for a constant connection to God through prayer whether in good times or bad. The apostle Paul writes in the book of 1 Timothy, “I urge, then, first of all, that petitions, prayers, intercession and thanksgiving be made for all people” (1 Timothy 2:1-3, New International Version). Paul again stresses the importance of prayer in his letter to the church at Philippi, known as the book of Philippians, by instructing them, “Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God” (Philippians 4: 6, New International Version). In Isaiah 65: 23-24 it reads, “They will not labor in vain, nor will they bear children doomed to misfortune; for they will be a people blessed by the Lord, they and their descendants with them. Before they call I will answer; while they are still speaking I will hear” (New International Version). This verse highlights the reaffirmation of God to his people that when they pray he will be listening to them. Connection to God through prayer is a key foundation of biblical beliefs.

Not only does the Bible show a need for prayer, it also speaks of the power of prayer in the lives of the faithful. The Bible speaks to this power in Mark 11: 23-25 when

it says, “Truly I tell you, if anyone says to this mountain, ‘Go throw yourself into the sea,’ and does not doubt in their heart but believes what they say will happen, it will be done for them. Therefore, I tell you, whatever you ask for in prayer, believe that you have received it, and it will be yours” (New International Version). This belief is echoed in Matthew 17:20 as it reads, “He replied, because you have so little faith. Truly I tell you, if you have faith as small as a mustard seed, you can say to the mountain, ‘Move from here to there,’ and it will move. Nothing will be impossible for you” (New International Version). Myrtle Fillmore, founder of the Unity movement, highlights the importance of these verses in her *Healing Letters* when she writes, “If we do not keep on thinking in accord with the prayers we have made, we do not get good results” (1954, p. 68). The bible even speaks directly to the topic of the use of prayer in medicine when it states in James 5: 14-16, “Is anyone among you sick? Let them call the elders of the church to pray over them and anoint them with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise them up” (New International Version).

Proximal Intercessory Prayer versus Distant Intercessory Prayer

In the existing research on IP there are two different types being used as intervention or complementary therapy (CT): proximal and distant. Proximal Intercessory Prayer (PIP) is prayer in which the prayer agent is in direct physical contact with the prayer recipient. Distant Intercessory Prayer (DIP) is prayer in which the prayer agent is not in physical contact with the prayer recipient and most often is not even in the same city or sometimes even country as them.

DIP has been the primary focus of much of the research completed to this point. Harris et al. in their study of the use of IP in outcomes of patients in coronary care units (CCU) questioned whether IP, with a focus on DIP, would reduce the adverse effects and overall stay of the patients (1991). They concluded that prayer was effective for their patients and could be effective when combined with standard medical care. A subsequent study of the effects of DIP on self-esteem, anxiety, and depression was done by O'Laoire in 1997. This study found that subjects improved significantly on all the measurable points; however they also noted that these improvements were directly linked to the belief by subjects that they were assigned to the group receiving prayer (O'Laoire, 1997). While these two studies have found outcomes that would support the use of IP in medical care, studies completed by Astin et al. and da Rosa et al. have not had the same level of success. In 2006 Astin et al. completed a research study on the efficacy of DIP for HIV patients in which they created three groups (two being prayed for by various groups and one control group) of patients and evaluated them at the end of a ten week period. They found after evaluation that there was no measurable difference between active and control groups on viral load, however they found that secondary symptomology was significantly reduced (Astin et al., 2006). Da Rosa et al. evaluated a prenatal group of women to see the effects of DIP on adverse outcomes of pregnancy (2016). They evaluated the apgar scores, types of delivery, and birth weight of these women and their babies and found that there was no significant difference between the experimental and control groups due to the use of DIP in their prenatal care routine. Although more research studies have been conducted to evaluate the effects of DIP use in health settings, the research does not form a consensus on the effectiveness of this method in all situations.

The research materials on PIP are significantly more limited than DIP. In their study on the effects of PIP on auditory and visual impairments in Mozambique, Brown et al. (2010) sought to counter the clear leaning of IP research towards DIP by using exclusively PIP as their intervention method. They found that the use of PIP created a significant improvement in the patient's auditory and visual functions and concluded that this was an area which should be studied further in order to assess the effectiveness of this paired with standard medical care. Clearly further studies on PIP are needed to help put the existing research into perspective and discover the true effectiveness of PIP in health settings.

Intercessory Prayer in Mental Health Intervention

The use of IP in mental health settings as an adjunct treatment to the traditional medical care has been studied with mixed results. The earliest study by O'Laoire in 1997 evaluated the effects of IP on self-esteem, anxiety, and depression and found significant improvement in all measurable points of evaluation of participants. Mathai and Bourne (2006) evaluated the effectiveness of IP incorporated into the treatment of child psychiatric disorders using a triple blind study and found no additional benefits to traditional care. Branching off from traditional IP research, the study of prayer and its use by African American women completed by Cooper et al. in 2014 did not specifically focus on IP; however it targeted a specific and important part of the greater prayer research by examining these women's use of prayer to combat racism related stress and cardiovascular activity. The study found a significant reduction in these women's stress levels and cardiovascular activity using prayer as the primary coping mechanism when faced with racism related stressors. While it is not focused on IP, this study represents a

foundation for which IP research can build upon to expand their scope of study. A recent study by Baldwin et al. examined the neural correlates of healing prayer (IP) on depression related to traumatic memories (2016). They used fMRI's to evaluate the patients pre and post prayer "treatments" and found that the prayers helped to dissociate the memory of trauma from the feelings patients associated with it. These various mental health IP studies have provided a solid foundation for the successful use of IP adjunct to the traditional treatment methods for mental health related issues.

The use of IP has also been studied as a part of a successful alcohol abuse treatment program. A study completed by Walker et al. evaluated the use of IP in the treatment of alcohol abuse through in-treatment facilities and found no clinical benefits to IP as there was not enough variance between the results of the control versus experimental groups (1997). A more recent study by Galanter et al. used fMRI's to evaluate the neural correlates of prayer in members of Alcoholics Anonymous to reduce alcohol cravings of participants (2017). This study concluded that there was a positive correlation between the use of IP and the reduction of the participant's cravings for alcohol. With these two studies at odds about the effectiveness of IP in alcohol treatment programs, clearly there are many more opportunities for the growth of the research in this area.

Intercessory Prayer with Medical Treatments & Procedures

IP has been studied as an intervention for patients facing various medical diagnosis and adverse health symptoms. Cardiovascular issues have been an area of focus for IP studies to integrate into "mainstream" medicine treatment programs. Byrd found success in his 1988 study using IP in a coronary care unit. This study focused on patients

who were diagnosed with heart related diseases or problems and the goal was to reduce the number of medical interventions needed by the patients (this includes hospitalization, new medicines, etc.). The study found that the intervention group showed a significant reduction in the need for medical intervention therefore the use of IP was deemed successful by Byrd. Despite the positive outcome from this study, the overwhelming majority of the studies completed have not proven the successful use of IP in medical treatment. Aviles et al. (2001), Benson et al. (2006), and Dusek et al (2002) completed separate but similar studies on the use of IP in cardiovascular medical intervention and treatment programs with no significant differences or changes measured. As with the rest of the research evaluated thus far, there are conflicting findings that create plenty of openings for further research and studies to be completed.

Researchers changed focus when they began evaluating the use of IP in intensely regimented treatments for cancer and kidney failure in patients. Anderson and Taylor used IP as a symptom management program for patients undergoing treatment for cancer in their study (2007). They found success in the use of IP to manage the patient's symptoms, not their medical diagnosis or interventions. Meanwhile Matthews et al. (2001) and Olver & Dutney (2012) completed studies with a different twist on IP research. Their focus was not on reducing medical interventions necessary or patient's symptoms, but on the improvement of the patients self-reported well-being through their medical treatments. These studies had mixed results as Olver & Dutney found a successful increase in reported patient well-being, while Matthews et al. found no significant changes in reported well-being of their patients.

Overwhelmingly IP research on a large range of other medical issues and treatments has found total success from their studies. In 2000 Matthews et al. studied the use of IP as a treatment for patients with rheumatoid arthritis and found significant improvements in patients afterwards. Cha and Wirth studied the use of IP in In Vitro fertilization (IVF) treatment in women in Korea and found that those in the intervention groups had a higher rate of success with their procedure (2001). In the same year Leibovici studied the use of IP in patients with bloodstream infections and found there was some reported success. While they did not have overwhelming success in the study, they had enough to recommend further use of IP in these treatment plans (2001). Vannemreddy studied the effects of IP on unconscious patients recovering from traumatic brain injuries and found that the intervention group recovered with more success than the control group (2009). Most recently Tajadini studied the effects of IP treatment for chronic migraine sufferers and found that participants reported lower levels of migraine symptoms, therefore the researchers deemed the use of IP successful (2017).

Likely use of Prayer and Belief in Prayer Healing Success

The research on prayer has also examined the likelihood of people using prayer as an intervention for healing. The starting point for this research was a shaky study conducted in 2006 by Hull et al. They evaluated people's use of prayer in the Southeastern United States by completing random phone interviews, which lead to a reported high use of prayer by participants. This study is not a strong foundation because of their questionable and unscientifically supported research methods. Gillum and Griffith took a different perspective to the study of prayer and evaluated the likelihood of one racial group using prayer for healing over another; they found that African

Americans were more likely than Caucasians to use healing prayer for illness' (2010). In 2016 Rao et al. and Levin conducted studies on the use of healing prayer. Rao et al. studied the prevalence of healing prayer use in Australian women and found that the number of users was significantly high, but they did not seek to know the reasoning behind their use (2016). Levin found an interest in the reasoning behind people's use of healing prayer in his study and concluded that the strongest indicator of people's use of healing prayer is their belief in a loving relationship with God (2016).

There has also been research on the believability by people in the effectiveness of healing prayer. Palmer et al. evaluated the "relevance of interpersonal belief factors as modifiers of the effectiveness of IP" (2004, p. 438). They concluded that no direct intervention effects were found, however they also discovered that only patients who originally believed their problem could be changed actually reported any effects from the IP. Schjoedt et al. evaluated people's beliefs of the effectiveness of healing prayer based on the charisma of the person praying (2011). They found that most people were more likely to believe a healing prayer was effective when delivered by an extremely charismatic person, but there was not an attempt to actually scientifically measure if that belief was true. These studies are important to the overall research topic of prayer, because they highlight the underrepresented belief by some that people's thoughts about a treatment, whether negative or positive, can affect their judgment of the effectiveness of those treatments.

Anxiety Research

Anxiety has been the topic of research by professionals for years and the wide array of subtopics makes it rich to explore. Voltas et al. evaluated anxiety symptoms in

adolescences throughout three separate age phases of their life and found that their anxiety was influenced by academic, social, and family problems within their lives (2017). Bandoli et al. continued upon this research by examining the link between childhood trauma, 30 day major depressive episodes (MDE) and generalized anxiety disorder (GAD) (2017). They recruited US Army soldiers and found that new stressors were more likely to trigger MDE and GAD in those who had childhood trauma versus those without. While these studies focused on the triggers for anxiety symptoms or disorder, a majority of the research about anxiety is focused on various treatment methods for it.

Sudhir, Rukmini, & Sharma in their 2017 study of GAD applied metacognitive strategies on top of Cognitive Behavioral Therapy (CBT) in the treatment of anxiety disorders in adults. Their study found that the combination of these two methods created a greater success in treatment than using either one on its own (2017). Klumpp et al. questioned the effects of sleep quality on regulatory mechanisms in clinical anxiety and depression in their 2017 study. They used fMRI's to view aversive images of participants brains during a validated emotional regulation task and concluded that sleep disturbance may play a role in anxiety and depressive disorders (2017). Marin et al. investigated the psychophysiological and neural correlates of fear conditioning and extinction recall in patients suffering from anxiety disorders (2017). While the study itself did not yield any promising or conclusive results, it opens up a greater longitudinal avenue of research by therapeutics to guide their treatments of patients by using an advanced neurobiological understanding of each disorder (Marin et al., 2017). Ellard et al. evaluated the use of emotion acceptance as an adaptive emotion regulation strategy that could be incorporated

into new CBT to counter chronic worry in those suffering from anxiety disorders (2017). They found that emotion regulation was a promising alternative for the treatment of chronic worry and believed that further research would be useful in this area. Lilliengren et al. evaluated the clinical and cost-effectiveness of intensive short-term dynamic psychotherapy (ISTDP) in adult patients with a focus on evaluating the mobilization of unprocessed complex emotions (MUCE) (2017). . The results showed a reduction in psychiatric symptoms and reduction in healthcare costs of GAD, which could lead to promising healthcare changes in the future for the treatment and management of GAD patients (2017). Goldin et al. decided to study two previously proven treatment methods in their study to see if they both performed at the same efficacy rate (2017). They studied the trajectories of social anxiety, cognitive reappraisal, and mindfulness during RCT of cognitive behavioral group therapy (CBGT) versus mindfulness based stress reduction (MBSR) for social anxiety disorders (SAD). They reaffirmed that both methods were successful as treatments for SAD, but they found that CBGT had an increase in disputing anxious thoughts/feelings and reappraisal success, while MBSR lead to greater acceptance of anxiety and acceptance success in patients (Goldin et al., 2017). This study provided key insight for treatment providers by distinguishing between the specific target successes of these differing treatment methods for use in patient interventions. Diwadker et al. evaluated the use of memory control induce dysfunctional brain activation profiles in GAD in their 2017 study. Researchers used fMRI's to study the brain activation profiles of patients during memory control by using word-association pairs. The study failed to provide the desired effect on GAD, but brain scans provided a reputable neural signature for well-established psychological characteristics of GAD which future

researchers can use to complete studies in this area (Diwadker et al., 2017). Dijkstra-Kersten et al. took a different approach to their study of anxiety by examining the longitudinal association of multiple physical symptoms with recurrence of depressive and anxiety disorders (2017). They found that the studies physical symptoms were positively related to recurrence of depressive and anxiety disorders independent of depressive and anxious symptoms themselves. These results could provide possibilities for better targeted interventions by professionals when treating depressive and anxiety disorders. Anxiety research is a wide and well-rounded field of study which provides thorough examination of various causes, triggers, and treatments of anxiety disorders.

Summary

Before diving head first into a new study, it is important to review the relevant existing research on healing, prayer, intercessory prayer, and anxiety. While the topic of healing prayers is relatively new to scientific research there is already a wealth of literature on the use of prayer in medical settings to heal both physical and mental ailments. These studies were not always conclusive or in agreement about the effectiveness of prayer; however, they form a strong foundation for future studies to build upon. On the other hand, anxiety research is a long standing topic of study in the scientific community; however, it is important to note that there appears to be no study on the use of healing prayer to treat anxiety, which could be an avenue of further research in the future.

Definition of Terms

Alternative (Altered) State of Consciousness (ASC): State in which consciousness differs from our everyday experience of awareness, as in dreams of mystical states, often characterized by unusual changes in time perception, distortions of everyday reality experiences, perception of transcendent realities, etc. (Benor, 2004, p. 669)

Anxiety: Anticipation of impending danger and dread, accompanied by restlessness, tension, tachycardia, and breathing difficulty not necessarily associated with a specific known stimulus (Myers, 2017, p. 119)

Anxiety Disorder: A disorder in which anxiety is the most prominent feature. The symptoms range from mild, chronic tenseness, with feelings of timidity, fatigue, apprehension, and indecisiveness, to more intense states of restlessness and irritability that many lead to aggressive acts, persistent helplessness, or withdrawal. In extreme cases, the overwhelming emotional discomfort is accompanied by physical responses, including tremor, sustained muscle tension, tachycardia, dyspnea, hypertension, increased respiration, and profuse diaphoresis. (Myers, 2017, p.119)

Awareness 's: Two or more episodes of being conscious of specific phenomena (Berube, 2014, p. 52)

Bodymind: The combined entity that is the body and the mind, acting in synchrony with each other. (Benor, 2004, p.670)

Bodymind Therapy: Psychotherapy that invites awareness of what the body is saying about our past and present relationships with ourselves and each other. (Benor, 2004, p. 575)

Centering: Finding a balanced state of being in which distractions do not intrude to mar the focus on healing. This facilitates maximal effects of intent for healing. (Benor, 2004, p. 670)

Cognitive Therapy: relies on clients' thinking functions to identify misperceptions and self-destructive behavior patterns. The therapist introduces new perspectives, and encourages clients to practice applying these in everyday life. (Benor, 2004, p 575)

Coherence: A property holding for two or more waves or fields when each individual wave or field is in phase with every other one. (Editors, p. 290)

Consciousness: The medium of universal and individual awareness. (Thompson, 1994, p. 25)

Cognitive Behavioural Therapy (CBT): Combines elements of both cognitive and behavioral approaches, which are symptom and goal oriented. (Benor, 2004, p 575)

Cognitive: Pertaining to the mental processes of comprehension, judgment, memory, and reasoning, as contrasted with emotional and volitional processes (Myers, 2017, p 396)

Congregant: The members of a specific religious group who regularly worship at a church or synagogue (Berube, 2014, p. 159)

Control Group: A set of items or people that serves as a standard or reference for comparison with an experimental group. It is similar to the E group in number and is

identical in specified characteristics, such as sex, age, annual income, parity, or other factors, but does not receive the experimental treatment or intervention (Myers, 2017, p. 438)

Deity: A form of divinity, a divine being having subordinate functions. (Berube, 2014, p. 198)

Depressive Disorders: A condition characterized by a persistent and pervasive pattern of depressive cognitions and behaviors, such as chronic unhappiness, low self-esteem, pessimism, critical and derogatory attitudes toward oneself and others, feelings of guilt or remorse, and an inability to relax or feel enjoyment (Myers, 2017, p. 517)

Electrodermal Activity (EDA): Electrical changes, measured at the surface of the skin that arise when the skin receives innervating signals from the brain. (Myers, 2017, p. 599)

Experimental Group: A set of items or people under study to determine the effect of an event, a substance, or a technique (Myers, 2017, p. 660)

Functional Magnetic Resonance Imaging (fMRI): A radiographic technique for imaging brain activity. In fMRI the examiner takes a rapid succession of scans designed to detect increases in oxygen consumption in various regions of the brain which reflects small changes in blood flow and increased activity in certain cells (Myers, 2017, p. 732)

Healing: The act or process in which the normal structural and functional characteristics of health are restored to diseased, dysfunctional, or damaged tissues, organs, or systems of the body (Myers, 2017, p. 809)

Healing Phenomena (HP): An event, circumstance, or experience which restores health that is apparent to the senses and can be scientifically described or appraised (Berube, 2014, p. 352, 552)

Health: The condition of being sound in body, mind, or spirit (Berube, 2014, p. 352)

Holographic: In a holographic image, any portion of the picture can be cut away and each portion will contain the whole picture. This is used as a metaphor for the fact that everything in the universe appears to be interconnected, so that each of us is a part of the "All". (Benor, 2004, p. 764)

Homeostasis: The state of healthy balance maintained by the body's automatic regulating systems. For instance, temperature, blood chemicals, hormones, and blood pressure are all kept within specific ranges so that the body can function at optimal biological levels. (Benor, 2004, p. 674)

Imagery/Visualization/Metaphor: Imagery stages upon which we can explore old and new ways to deal with our lives creatively. (Benor, 2004, p. 576)

Intercessory Prayer: When one person performs prayer for the benefit of another person, (Berube, 2014, p. 402, 576)

Longitudinal: Pertaining to a scientific study (non-experimental in design) that is conducted over a long period of time with data collected from study participants at more than one point in time (Myers, 2017, p. 1057)

Major Depressive Episode: A major disorder of mood characterized by a persistent dysphoria, anxiety, irritability, fear, brooding, appetite and sleep disturbances, weight loss, psycho-motor agitation or delay, decreased energy feelings of worthlessness or guilt, difficulty in concentrating or thinking, possible delusions and hallucinations, and thoughts of death or suicide (Myers, 2017, p. 1081)

Meditation: Practice of mental discipline that allows one to not focus on stressful issues, promotes physical, psychological and spiritual health in many ways. (Benor, 2004, p. 576)

Meridian Based Therapies: Invite clients to tap on acupressure points while mentally focused on a problem. Some of these therapies also have clients simultaneously recite an affirmation while tapping on these points. (Benor, 2004, p. 576)

Nervous System: The extensive, intricate network of structures that activates, coordinates, and controls all the functions of the body (Myers, 2017, p. 1215)

Neurobiological: A branch of biology that is concerned with the anatomy and physiology of the nervous system (Myers, 2017, p. 1217)

Non-local Consciousness: The mind can reach across space and time to obtain and share information with other people, with the collective consciousness of groups of people or of all of mankind, and with transpersonal consciousness's (spirits, spiritual luminaries, and God). This is possible through telepathy (mind-to-mind communication), clairsentience (knowing directly from the physical world), precognitive and retrocognition (knowing the past or the future). Coined by Larry Dossey, MD. (Benor, 2004, p. 676)

Precept: A rule or principle prescribing a particular course of action or conduct (Berube, 2014, p. 576)

Psychoneurocardiology: Combination of relaxation, meditation, diet, physical exercises and group support for treating heart disease. (Benor, 2004, p. 677)

Psychoneuroimmunology: Combination of relaxation, meditation, imagery and group support that enhances immune functions. (Benor, 2004, p. 577)

Psychophysiological: Of or related to physiological psychology; combining or involving mental and bodily processes (Editors, p. 1175)

Psychosomatic: Relating to, characterized by, or resulting from the integration of the mind or psyche and the body; relating to the expression of an emotional conflict through physical symptoms (Myers, 2017, p. 1481)

Psychosynthesis: A combination of approaches involving imagery, relaxation, meditation and more. (Benor, 2004, p. 677)

Randomized Controlled Trial: A study plan for a proposed new treatment in which subjects are assigned on a random basis to participate either in an experiment group receiving the new treatment or in a control group that does not (Myers, 2017, p. 1516)

Relaxation: Relaxing the body and mind individually and collectively promoting health (Benor, 2004, p. 577)

Religion: The service and worship of God or the supernatural; a personal set or institutionalized system of religious attitudes, beliefs, and practices (Berube, 2014, p. 618)

Self Healing: Dealing with your own problems through relaxation, meditation, imagery, prayer, giving yourself spiritual healing, and the like. (Benor, 2004, p. 678).

Self-regulation: A plan for patients to eliminate health risk behaviors. It includes self-monitoring, self-evaluation, and self-reinforcement (Myers, 2017, p. 1614)

Social Anxiety Disorder (SAD): As called social phobia, an anxiety disorder characterized by a compelling desire for the avoidance of and a persistent, irrational fear of situations in which the individual may be exposed to scrutiny by others. Examples of such situations are speaking, eating or performing in public, or using public lavatories or transportation (Myers, 2017, p. 1652)

Spirituality: The first is an individual's basic quest or alignment with ultimate meaning and value. Spirituality often results from primary experience, gnosis, which is often stimulated by traumatic or transformational life occurrences, such as dramatic loss and grief; kundalini phenomena; psychic or even psychotic episodes; and other encounters beyond ordinary experience. These may, but do not always, include healing crises. (Benor, 2004, p. 623)

Standard Deviation: A mathematic statement of the dispersion of a set of values or scores from the mean (Myers, 2017, p. 1679)

State Anxiety: A temporary condition of anxiety in adults. (Spielberger, 1977, p. 1)

Stress: Any emotional, physical, social, economic, or other factor that requires a response or change. Examples include dehydration, which can cause an increase in body temperature, and a separation from parents, which can cause a young child to cry. Stress can be negative or positive. (Myers, 2017, p. 1693)

Succor: A person or thing that gives help, relief or aid (Berube, 2014, p. 723)

Therapeutics: A branch of health care that is concerned with the treatment of disease, seeking to relieve symptoms or produce a cure (Myers, 2017, p. 1755)

Trait Anxiety: A general and long-standing anxiety in adults. (Spielberger, 1977, p. 1)

Transcendent: Relating to realities that are perceived as being outside of the physical world (but may include the physical), associated with a consciousness that is vastly higher and wiser than that of humanity. (Benor, 2004, p. 624)

Transcendent Realities: Realms in which we encounter our “higher self”, spirits, angels, “The Being of Light,” Christ, Buddha, God (in his many descriptions and manifestations) and have other spiritual experiences – such as clear awareness of being one with everything. (Benor, 2004, p. 679)

Transpersonal: Relating to consciousness that extends beyond our personal boundaries, including psychic and spirit dimensions, alternative states of consciousness, mystical experiences, collective consciousness and spiritual awareness. (Benor, 2004, p. 680)
Awareness extending beyond people’s physical boundaries. (Benor, 2004, p. 624)

Transpersonal Psychotherapy: Introduces a variety of spiritual elements into psychotherapy, such as meditation, prayer, and discussions of spiritual issues. (Benor, 2004, p. 577)

Unity Church: A spiritual community that accepts and honors all pathways to God (Unity, n.d.)

Unity Movement: A movement that aims to demonstrate that the teachings of Jesus Christ can be lived every day (Unity, n.d.)

Unity Worldwide Ministries: An association that includes Unity ministries, their leaders and congregants, divided into regions and over seen by a central office (Unity Worldwide, n.d.)

Well-being: Achievement of a good and satisfactory existence as defined by the individual (Myers, 2017, p. 1886)

CHAPTER 3:

RESEARCH METHODS

Introduction

This study seeks to determine if prayer done by Unity Church members is successful in improving the physical, emotional, mental, and spiritual aspects of Unity Church participants. This was a multi-site, 120-day, whole person prayer study with wait-list control group and 90-day follow-up. It included 187 participants' ages 21 – 75, separated into 124 experimental (E) group members and 63 control (C) group members.

Materials

Three quantitative and one qualitative measure were selected for this study. The Survey Instruments and their functions were: The STAI for Adults to measure levels of anxiety, the ASPIRES scale to measure R/S, and the AIOS to measure the feelings of well-being. Hard copy journaling opportunities were offered during the two post intervention data samplings and the 135-day follow-up.

State-Trait Anxiety Inventory (STAI) for Adults

The STAI for Adults - Y form was developed by Charles D. Spielberger. The State portion of the survey explores trends in short term anxiety. The Trait portion of the survey explores trends in long term anxiety. The long established and credentialed STAI for Adult was the motivation for using this instrument. For many researchers, the STAI for Adult is held as the gold standard for emotional research.

“The State-Trait Anxiety Inventory for Adults™ (STAI-AD) is the definitive instrument for measuring anxiety in adults. It clearly differentiates between the temporary condition of “state anxiety” and the more general and long-standing quality of “trait anxiety”. It helps professionals distinguish between a client’s feelings of anxiety and

depression. The inventory's simplicity makes it ideal for evaluating individuals with lower educational backgrounds. Adapted in more than forty languages, the STAI is the leading measure of personal anxiety worldwide. The STAI has forty questions with a range of four possible responses to each” (Spielberger, 1977, p. 1).

Designed for individual or group administration these 40 items (two 20-item scales) have an average completion time of 10 minutes and can be used on ages 16 and older with at least a 6th grade reading level comprehension. The instrument is most often used for differentiating anxiety from depression and in the assessment of clinical anxiety in medical, surgical, psychosomatic, and psychiatric patients (Spielberger, 1977). Norming groups include: High School, College, 19-39 years old, 40-49 years old, 50-69 years' old.

It contains the following scales:

State Anxiety (S-Anxiety)

The essential qualities evaluated by the STAI S-Anxiety scale are feelings of apprehension, tension, nervousness, and worry. Scores on the STAI S-Anxiety scale increase in response to physical danger and psychological stress, and decrease as a result of relaxation training.

Scale: Trait Anxiety (T-Anxiety)

On the STAI T-Anxiety scale, consistent with the trait anxiety construct, psychoneurotic and depressed patients generally have high scores.

The Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale

The ASPIRES scale (Piedmont, 2004) was normed and tested in multiple sites throughout the world including Canadian aboriginals, Christian, Hindu, Muslim, and Jewish faith traditions. “All of these studies demonstrated that the constructs underlying the ASPIRES are of value for understanding the religious and spiritual strivings of people from different religious faiths and cultures” (Spielberger, 1977, p. 1). The ASPIRES' ability to sample R/S regarding cross-culture and cross-religious beliefs was adequate for

sampling of Unity churches. “The ASPIRES was developed explicitly to identify those fundamental, motivational aspects of spirituality that underlie all religious traditions. The ASPIRES provides very specific operational assessment for the constructs of religiosity and spirituality” (Piedmont et al., 2009, p. 132).

Spirituality and religiosity have received increased attention as important domains of study in the physical and social sciences. Such consideration is based on emerging research that continues to demonstrate the relation of spirituality and religiosity with salient outcomes such as well-being (sic), positive affect, and satisfaction with life (see Dy-Liacco, Kennedy, Parker, & Piedmont, 2005; Emmons & Paloutzian, 2003; Hill & Pargament, 2003; Idler et al., 2003; Piedmont, Ciarrocchi, Dy-Liacco, Mapa, & Williams, 2003). In other words, spirituality and religiosity contribute significantly and uniquely towards understanding and interpreting the human experience (Piedmont et al., 2009, p. 163).

The ASPIRES is designed to measure religiosity and spirituality preferences and habits (shift in attitude about God). Because the ASPIRES has nine sub sets which can be confusing a composite of all nine subsets was selected to represent the R/S preferences and habits.

Arizona Integrative Outcomes Scale - Visual Analogue Scale (AIOS- VAS)

AIOS, a global well-being scale is a one-item, 100-mm visual analogue scale (range 0–100, with higher scores indicating greater sense of well-being). Subjects self-rate their combined physical, mental, emotional, social, and spiritual sense of well-being in the present moment. AIOS was specifically developed for use in complexity theory-riven research in Whole Systems of Complementary and Alternative Medicine

(WSCAM), has demonstrated distinguishing healthy from unhealthy populations as measured by physical health, and is inversely related to psychological distress. This instrument is sensitive to any change in participant's sense of well-being. Utilization of the AOIS - VAS allowed investigation of sustainability of prayer effects and possible continued improvement of well-being.

Method

Study Team

Study team personnel consisted of Primary Investigator (PI), Dr. Michael Ulm, Co-Investigator (CI), Rev. Ellen Valentine, Statisticians: Dr. Paul Tomlinson and Dr. Jens Eickhoff, thirty (30) Prayer Agents (PAs), and fourteen (14) Assistant Church Facilitators (ACF).

The duties of the PI are, but not limited to: conceive, define, prepare, and write the problem for the research project study. Define, focus, and evaluate the problem for study. Conceive, prepare, establish, and write the question for study. Envision and establish the scope of the study. Set the parameters for the scope of the study. Define and record the methods that were applied. Establish the target audience of the study. Supervise the CI's recruitment of the Prayer Recipients (PRs). Establish the target audience of PAs. Recruit the PAs. Define unusual terms used in the study. Establish the target audience of the study. Establish the PRs and PAs audience. Recruit CI and PAs for study. Train the CI and PAs. Supervise the CI. Establish the research project budget, monitor all expenditures and re-imbursement of monetary outlays of the participating churches during the data collection process. Preparation, supervision, re-evaluation, revision, and updating of the recruiting: documents, video presentations, and web site.

Prepare and revise PA, ACF, and PR literature, information, and packets. Research project PR data and journal responses to include: Setting time lines for data collection, preparation, and dissemination, supervision of raw data and journal gathering, and supervision of raw data and journal recording. Recruit a statistical consultant. Communicate and coordinate with the statistical consultant. Analyze project PR data and journaling reports from the statistical consultant. Write the narrative of the data results giving indications and directions shown by the information. Manage the flow of information with the editor. Present the PR journaling giving indications and directions found in the journaling analysis reports. Apply the narrative and journaling, giving indications and direction from a 21st century perspective. Manage the flow of information with: dissertation committee chair, dissertation committee members, CI, statistical consultant, editor and PAs. Write and rewrite the dissertation document from dissertation committee input before and after dissertation defense.

The CI's duties are, but are not limited to: Assist in generation of interest in the Ministerial Long-Distance Prayer Intervention (ML-DPI) research project. Recruit Unity churches to participate in the ML-DPI research project. Direct communication with Unity church participates in the research study. Recruit an ACF at each participating Unity church. Travel to each participating Unity church to present the Informational Informed Consent meeting (IICM) to prospective research project participants. Train ACFs at each participating Unity church. Establish and maintain the research project Data Headquarters. Act as research project data officer. Act as primary agent for accountability of data packages returned to Data Headquarters. Assist in adapting travel plans for recruitment of participating churches and their PRs. Communicate with the participating

Unity churches and their ACFs regarding key dates for raw data collection. Communicate with the participating Unity churches and their ACFs regarding key dates for transmittal of collected raw data forms. Follow-up with ACFs regarding straggling PRs at each church to minimize PR losses. Follow-up with each PR that was lost during the study in order to gather the reason for leaving the research study. Coordinate with the PI and communicate with the PAs the dates for the commencement of prayer weeks one and two. Account and record the research project raw data and journaling. Communicate with the PI and statistical consultant the raw data and journaling progress. Transmit all recorded research project raw data and journaling to the statistical consultant. Prepare the financial reports and transmit all receipts for postage, office supplies, recruiting travel, research project meals and other research project expenditures to PI.

Site Selection

From March to September 2015, fourteen Unity Churches were actively recruited for participation in the study. Churches were recruited from the Unity International website with the intention of drawing a representative population of Unity congregants. The churches were from eight different states: Florida, Georgia, Minnesota, Tennessee, North and South Carolina, Virginia, and Wisconsin. Emails were sent to prospective churches. When a response was received from that church a follow-up phone call was done and arrangements were made to proceed with the study. All churches signed study site participation hold-harmless agreements.

Recruitment Method for Prayer Agents

Prayer Agents were Unity Church congregants or Unity organization members in good standing recruited from Unity Churches and other Unity sources by announcement

during services, in the church bulletins, and flyers. PAs were asked to call in to a specific phone number and were interviewed briefly prior to being invited to participate.

Prayer Agent Selection

Thirty-three (33) PAs and fourteen (14) ACF were selected to support this study. Each ML-DPI PA had over thirty hours of prayer training and prayer experience. The PAs volunteered to send focused prayer to their assigned PRs for the recipient's highest good. The PA was also able to agree with these three statements: I believe in God or a higher power in the universe, I believe that this God or higher power is personal and interacts with individual lives, I believe that this God or higher power responds to prayers requested by one's self or on behalf of others.

Qualifications for the Prayer Agents

PA shall have successively completed a perspective PA interview with the PI. Has been validated by receiving the thirty (30) hours of prayer training and performed at least one-year of organized prayer application. Has a willingness to administer focused prayer for PRs during the two prayer weeks not to exceed six hours of donated prayer time. Communicate with the PI & CI in a timely manner by: receipting PR information and dates of the two prayer weeks, filling out and mailing in the "tally of used suggested prayers" form (see Appendix F) to the CI after each prayer week, and communicating the PA's impressions of their prayer time and experiences to the CI after each prayer week.

Recruitment Methods for Prayer Recipients

PR candidates must have attended a one-hour IICM or a private meeting with the CI and/or ACF in which they received full disclosure about the study. They have chosen to participate in the study of their own volition by submitting a completed information

form, receiving a personal research control number to identify their information during the study, verifying that they meet the inclusion criteria, and signing a copy of the informed consent form stating their qualifications and consent to participate in the study.

Informed Consent

During the IICM at their church each PR acknowledged that they received information on the nature of: the research study participation requirements, prayer procedure(s) to be used during the ML-DPI study by the PAs, time requirements of participation in the study, the lack of any known risks from participation, and the possibility of benefits.

With this knowledge, each PR candidate chose of his/her own volition whether to participate in the study. The participating PRs left the IICM with an Informed Consent Form containing Holos, PI, CI contact information, agreeing that each could benefit from the application of prayer and that each could manifest healing of existing conditions. Each also knew that neither Holos University Graduate Seminary nor the PI guaranteed any change. Each person was informed that they could withdraw from the study at any time without penalty of any kind.

Inclusion/Exclusion Criterion for Prayer Recipients

PR candidates were included if they show willingness to participate by completing an information form, signing the informed consent form, attending all research study data collection meetings, and completing all required survey instruments.

PR candidates were excluded if they had not reached their 21st or had achieved their 76th birthday, were illiterate or dysfunctional with the English language either verbally or written, were not a member of a Unity church, were a client, friend or family

member of any of the study team members, did not complete all survey instruments fully, were a former participant in any All Light Ministry International or All Light Ministry US event(s) (Workshop, Seminar, Healing Service or Phone Healing Service), or were a participant that personally felt that he/she had a condition that would limit being emotionally stable, mentally awake, intellectually coherent, or able to express feelings, state of consciousness, or emotional well-being during the 120 days of the study.

Population Sample of Prayer Recipients

All participants were volunteers from Unity churches or organizations who formally consented to participate in the study. PRs ranged in age from 21 to 75. The one hundred eighty-seven (187) PRs were assigned by thirds, sixty-three ($\frac{1}{3}$) to C group and one hundred twenty-four ($\frac{2}{3}$) to the E group. This ensured that the study goal of fifty or more participating PR in each group was met. No special effort was made to recruit women and minorities as Unity congregants tend to be a diverse population in terms of age, gender, and ethnicity with a higher proportion of women. The study's population median age was 59 years old.

Randomization

Participants were assigned subject numbers and placed in a lottery which randomized them into E and C groups. Once assigned to a group, each PR was randomly assigned to two PAs. The CI sent each PA a list of their PRs containing the PR's control number, age, and city and state of residence for each prayer week.

Procedure

All subjects were given baseline questionnaires at consenting. The C group participants simply attended regular Unity Church activities. After the study's data taking was completed, all C group members were offered and did receive the intervention.

The E group participants received the intervention during the study. PRs received the intervention of DIP. The frequency of prayer was once a day, for at least three minutes, for six days. Two PAs were assigned to each PR, and each one worked independently of the other. This generated a total of six prayer contacts for each PR per PA, for a total of twelve prayer contacts for each PR.

Each PA was trained to send focused DIP, with the intention for spiritual growth and healing, to their PRs. These PAs delivered prayer to their PRs, for their highest and best good with a right and perfect outcome, while respecting the recipients and their life path. PAs were instructed to be mindful that PRs were not broken or that the PRs needed to be fixed (See PA packet in Appendix F). Sample prayers were included in PA packet and were for the PA's convenience only and were not a dictation of what or how they were to pray. The PAs were encouraged to allow the Holy Spirit or Universal Knowing to guide them in their prayer time. PAs were also encouraged to take note of what came into their awareness during their prayer time for each recipient for possible inclusion in the next prayer session with that recipient.

The intervention was a six-day prayer week initiated after the PR recruitment was completed when the consenting baseline data was taken and was facilitated within six weeks of recruitment during the data gathering portion of the study for the E group and after the close of the study for the C group. The C group's intervention was a six-day

week initiated after the close of the study. PRs were not informed of when their prayer week would begin. At the completion of the prayer week for the E group a second set of instrument data was taken and 90 days post the E group's intervention a third set of instrument data was taken. Journal data was taken at completion of the E group's prayer week and again at 90 days post. A final 135-day longitudinal assessment was done via self-reporting journaling in response to an email query containing the PRs first and second journaling responses.

Data Collection and Management

Confidentiality

Personal information will be kept confidential. Demographic data will be maintained in a separate drawer from the research questionnaire data. All data on the computer is double password protected. All backups of the data collected are kept in a fire proof secure safe. All data transported between sites was carried in a locked brief case and in the trunk of the car.

Data Retention

Data will be maintained for a period of seven years. At that time all hard copy/paper data will be shredded and all soft copy/computer data will be deleted. The demographic linkage to subject number also will be destroyed at that time.

Data Analysis

Data analysis of the quantitative data included descriptive statistics, calculation of central tendency, and the difference between the pretests/posttests of the means and for standard deviations, ANOVA and correlating the C and E groups using the STAI, ASPIRES, and AIOS data was conducted. Data was taken at baseline, after completion

of the E group's prayer cycle,-90 days post the E group's prayer cycle completion, and before the C groups' prayer cycle. Repeated measures looked at the dependent variable using the STAI, ASPIRES, and AIOS survey instruments to measure reduction in anxiety, improved feelings of R/S and heightened feelings of well-being. An additional longitudinal data sampling was taken 135 days post close of the study via a self-reporting email quarry.

Journaling captured subjective PR comments regarding their experiences and well-being. The qualitative analysis was applied using NVIVO 10 qualitative analysis with the journaling responses. The NVIVO 10 qualitative analysis looked for HP and trends in the journaling responses. These were examined for indications of reduction in anxiety, improved feelings of R/S and/or heightened feelings of well-being in the journaling responses. Sustainability and possible continued growth or improvements of situational, emotional, mental or physical life expressions were also evaluated. The follow-up, 135-days after close of the study, was done to gather further expanded explanation, determine the possibility of long term sustainability, and the accuracy of the potential HP. A cap of twenty-five (25) participants was set for each church to preclude skewing of the data by any one church. This participant cap was not exceeded at any location.

Ethical Considerations

Risks

There are no known risks to prayer.

Benefits

No monetary compensation was offered to participants. However, this study may provide a way to document an intervention which has no known side effects and may assist in their personal health and well-being.

Summary

Research into prayer has unique confounding issues. These include participants may pray at any time so that variable may not be truly controlled, that participants within a single church community may dialogue within themselves so active and control groups become meshed, and that no one truly understands how the best and most effective prayer will be configured. This study has made an attempt to standardize a protocol to address some of those issues so that greater clarity can be seen in the results of this and future studies. Using a common instrument such as the ASPIRES allows for deeper comparison of the data against other studies. Selection of the AIOS allows for participants to self-report the depth of their experience.

CHAPTER 4:

RESEARCH FINDINGS

Introduction

While the completed study included over 100 individuals there was a significant size difference between the E and C groups. The decision was made to do the data analysis in stages, with the first analysis done on the entire study population and the second cleaned for exact sample size with age and sex matching. Both analyses yielded as many interesting results as they did questions.

Population Sample of Prayer Recipients

All participants were volunteers from Unity churches or organizations who formally consented to participate in the study. PRs ranged in age from 21 to 75. The one hundred eighty-seven (187) PRs were assigned by thirds, sixty-three ($\frac{1}{3}$) to the control group and one hundred twenty-four ($\frac{2}{3}$) to the experimental group. This ensured that the study goal of fifty or more participating PR in each group was met. No special effort was made to recruit women and minorities as Unity congregants tend to be a diverse population in terms of age, gender, and ethnicity with a higher proportion of women. The study's population median age was 59 years old.

Randomization

Participants were assigned subject numbers and placed in a lottery which randomized them into PR and C groups. Once assigned to a group, each PR was randomly assigned to two PAs. The CI sent each PA a list of their PRs containing the PR's control number, age, and city and state of residence for each prayer week.

Procedure

All subjects were given baseline questionnaires at consenting. The C group participants simply attended regular Unity Church activities. After the study's data taking was completed, all C group members were offered and did receive the intervention.

The E group participants received the intervention during the study. PRs received the intervention of DIP. The frequency of prayer was once a day, for at least three minutes, for six days. Two PAs were assigned to each PR, and each one worked independently of the other. This generated a total of six prayer contacts for each PR per PA, for a total of twelve prayer contacts for each PR. The frequency of prayer was once a day, for at least three minutes, for six days from two PA's per Recipient.

Each PA was trained to send focused DIP, with the intention for spiritual growth and healing, to their PRs. These PAs delivered prayer to their PRs, for their highest and best good with a right and perfect outcome, while respecting the recipients and their life path. PAs were instructed to be mindful that PRs were not broken or that the PRs needed to be fixed (See PA packet Appendix F). Sample prayers were included in PA packet and were for the PA's convenience only and were not a dictation of what or how they were to pray. The PAs were encouraged to allow the Holy Spirit or Universal Knowing to guide them in their prayer time. PAs were also encouraged to take note of what came into their awareness during their prayer time for each recipient for possible inclusion in the next prayer session with that recipient.

The intervention was a six-day prayer week initiated after the PR recruitment was completed when the consenting baseline data was taken and was facilitated within six weeks of recruitment during the data gathering portion of the study for the E group and

after the close of the study for the C group. The C group's intervention was a six-day week initiated after the close of the study. PRs were not informed of when their prayer week would begin. At the completion of the prayer week for the E group a second set of instrument data was taken and 90 days post the E group's intervention a third set of instrument data was taken. Journal data was taken at completion of the E group's prayer week and again 90 days post. A final 135-day longitudinal assessment was done via self-reporting journaling in response to an email query containing the PRs first and second journaling responses.

The hypothesized differences between C and E groups over the three measurement periods (pre-test, post-test, and follow up) was the projected primary statistical finding for this study. The C group was designed to give a baseline for comparison with the intent being to level out the factors of SP and the "normal" calming effects of Unity church activities. This objective was not accomplished as the data showed both C and E groups responded both positively and equally to their IP. As ANOVA over time collapsing within group and NVIVO results reported the PRs did respond with improved sense of well-being, with a heightened closeness to God, and measured reduction of long and short-term anxiety.

There were no significant interaction effect (group X time), meaning that the C and E groups on all survey instruments did not show differential changes. The slight variances in the results could be attributed to chance but instead lead to the over time, collapsing across the group evaluation. When reviewed over time, collapsing across the groups ANOVAS analysis showed that all three survey instruments rendered similar positive trends.

Specific Aims and Hypothesis Results

Specific Aim 1: To determine if prayer provided by each group produces a change in physical well-being.

Hypothesis 1: That church members physical well-being will show significant ($p \leq 0.05$) improvement as measured by the State-Trait Anxiety Inventory (STAI) for Adults.

- ❖ Yes – “The mind and body are linked.” The most significant reductions in anxiety (C group -- p value of 0.0033 E group -- p value of 0.0007) would allow the PRs’ bodies to self-repair by less physical stressor. This reduction is a powerful first step to more vibrant physical health. The VIVIO reported 30% of the PRs having physical health improvements.

Hypothesis 2: That church members physical well-being will show significant ($p \leq 0.05$) improvement as measured by the Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale.

- ❖ Yes – The PRs in the E group prayed consistently more often. Prayer and church attendance has a calming effect again leading to self-repair. The VIVIO reported 30% of the PRs having physical health improvements.

Hypothesis 3: That church members physical well-being will show significant ($p \leq 0.05$) improvement as measured by the Arizona Integrative Outcomes Visual Analogue Scale (AIOs- VAS).

- ❖ No.

Specific Aim 2: To determine if prayer provided by each group produces a change in emotional well-being.

Hypothesis 1: That church members emotional well-being will show significant ($p \leq 0.05$) improvement as measured by the State-Trait Anxiety Inventory (STAI) for Adults.

- ❖ Yes - The most significant reductions in anxiety (C group -- p value of 0.0033 E group -- p value of 0.0007) showed the PRs ability to respond to life and function in society was heightened as reported by the VIVIO Analysis. 30% of the PRs experienced having emotional/mental health improvements.

Hypothesis 2: That church members emotional well-being will show significant ($p \leq 0.05$) improvement as measured by the Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale.

- ❖ No

Hypothesis 3: That church members emotional well-being will show significant ($p \leq 0.05$) improvement as measured by the Arizona Integrative Outcomes Visual Analogue Scale (AIOS- VAS).

- ❖ Yes - The huge increase in their sense of well-being by the mean movement of 8.90 on a 100-point scale would contribute to emotional health and well-being. The VIVIO reported 35% of the PRs having emotional health and other (relationship, work, life experience) improvements.

Specific Aim 3: To determine if prayer provided by each group produces a change in mental well-being.

Hypothesis 1: That church members emotional well-being will show significant ($p \leq 0.05$) improvement as measured by the State-Trait Anxiety Inventory (STAI) for Adults.

- ❖ Yes - The most significant reductions in anxiety (C group -- p value of 0.0033 E group -- p value of 0.0007) showed the PRs ability to respond to life and function in society was heightened. The VIVIO reported 30% of the PRs having emotional/mental health I health and other (relationship, work, life experience) improvements.

Hypothesis 2: That church members mental well-being will show significant ($p \leq 0.05$) improvement as measured by the Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale.

- ❖ No

Hypothesis 3: That church members mental well-being will show significant ($p \leq 0.05$) improvement as measured by the Arizona Integrative Outcomes Visual Analogue Scale (AIOS- VAS).

- ❖ Yes - The increase in their sense of well-being by the mean movement of 8.90 on a 100-point scale would contribute to physical health. The VIVIO reported 30% of the PRs having emotional health I health and other (relationship, work, life experience) improvements.

Specific Aim 4: To determine if prayer provided by each group produces a change in spiritual well-being.

Hypothesis 1: That church members spiritual well-being will show significant

($p \leq 0.05$) improvement as measured by the State-Trait Anxiety Inventory (STAI) for Adults.

❖ No

Hypothesis 2: That church members spiritual well-being will show significant ($p \leq 0.05$) improvement as measured by the Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale.

❖ Yes - The PRs attended religious services and prayed more often and were consistently. Prayer and church attendance has a spiritually uplifting effect. Through these activities the PRs “ability to experience and integrate meaning and purpose in life through a person’s connectedness with self, others, art, music, literature, nature, or a power greater than oneself “would be enhanced.

Hypothesis 3: That church members spiritual well-being will show significant ($p \leq 0.05$) improvement as measured by the Arizona Integrative Outcomes Visual Analogue Scale (AIOS- VAS).

❖ No

ANOVA Analysis

N=42 each group C & E for a total 84 of the 162

Significant findings $p < 0.05$ as an α level standard of 0.05. There were six significant findings in this study from the comparison of study outcomes between groups at pre- and post-assessment - sampling one compared with sampling two (Pre and Post).

1. **ASPIRES Section 1 – Question 3 – How often do you pray?** In sampling one - the Pre - $p = 0.0207$

Both groups prayed often for they had means of 6.64 and 6.95 (0.31 difference) very close to the top value on a 7-point scale. The E group prayed as a group more often and was consistent as depicted by their Standard Deviation (SD) of 0.22. The C group more sporadic with prayer giving them a much wider SD of 1.06. This wider SD of the C group is what flagged this relationship as deriving a significant result of a p value of 0.0207.

Table 1.1. ASPIRES Section 1 – Question 3 pre assessment baseline for E and C groups.

			C		E		
Scale	Outcome	Time	Mean	SD	Mean	SD	P-value
ASPIRES	Section 1 - Question 3	Pre	6.64	1.06	6.95	0.22	0.0207

2. **ASPIRES Section 1 – Question 3 – How often do you pray?** C group compared with itself - first sampling (pre), with the second sampling or pre to post – $p = 0.0393$

Comparing the first sampling (pre), with the second sampling the C group reported that they prayed more on the second sampling than the first, p value of 0.0393.

Table 1.2. ASPIRES Section 1- Question 3 significant findings from pre to post assessment for group C.

		Change from Pre- to Post Group C				Change from Pre- to Post Group E				
Scale	Outcome	Mean	L 95% CI	U 95%	p-value ¹	Mean	L 95% CI	U 95%	p-value ²	p-value ³
ASPIRES	Section 1 - Question 3	0.19	0.01	0.37	0.0393	0.00	-0.18	0.18	1.0000	0.1424

3. **ASPIRES Section 1 – Question 4 - How frequently do you attend religious Services?** E group compared with itself pre to post – $p = 0.0350$

The E group reported that they were attending religious services more often at the second sampling than they did when the first sampled - p value of 0.0350.

Table 2. ASPIRES Section 1- Question 4 significant findings from pre to post assessment for group E.

Scale	Outcome	Change from Pre-to Post Group C				Change from Pre- to Post Group E				p-value ³
		Mean	L 95% CI	U 95%	p-value ¹	Mean	L 95% CI	U 95%	p-value ²	
ASPIRES	Section 1 - Question 4	0.02	-0.13	0.18	0.7602	0.17	0.01	0.32	0.0350	0.1974

4. STAI Trait evaluation of long term anxiety C group - $p = 0.0033$

5. STAI Trait evaluation of long term anxiety E group - $p = 0.0007$

Both C and E groups experienced most significant reductions in long term anxiety when compared within their group on the second sampling as compared to where they were on the first sampling – C group - p value of 0.0033; E group - p value of 0.0007.

Table 3. ASPIRES Anxiety-Trait significant findings from pre to post assessment for both E and C groups.

Scale	Outcome	Change from Pre-to Post Group C				Change from Pre- to Post Group E				p-value ³
		Mean	L 95% CI	U 95%	p-value ¹	Mean	L 95% CI	U 95%	p-value ²	
STAI	Anxiety-Trait	-2.95	-4.89	-1.01	0.0033	-3.45	-5.39	-1.51	0.0007	0.7181

These substantial STAI reductions in short-term and long-term anxiety seen in C and E groups become more significant. This means that the PRs were substantially less stressed with the stimuli of life and could possibly respond to life with more grace and ease.

6. AIOS evaluation of sense of well-being $p = 0.0035$

The C group experienced a large increase in their sense of well-being by the mean movement of 8.90 on a 100-point scale. They were happier with less stress stimuli and/or better able to cope with stressor stimuli which in turn elevated their sense of well-being as represented by the p value of **0.0035**.

Table 4. AIOS- Score significant findings from pre to post assessment for group C.

Scale	Outcome	Change from Pre- to Post Group C				Change from Pre- to Post Group E				p-value ³
		Mean	L 95% CI	U 95%	p-value ¹	Mean	L 95% CI	U 95%	p-value ²	
AIOS	AIOS-Score	8.90	3.02	14.79	0.0035	4.57	-1.32	10.46	0.1263	0.3036

Table 5. Summary of repeated ANOVA assessment

ASPIRES	Section 2 – PF subscale	Group	0.35 (1,82)	0.5560
		Time	0.62 (1,82)	0.4344
		Group × Time Interaction	0.22 (1,82)	0.6387
ASPIRES	Section 2 – CT	Group	0.23 (1,82)	0.6324
		Time	1.06 (1,82)	0.3073
		Group × Time Interaction	1.37 (1,82)	0.2458
ASPIRES	Section 2 – UN	Group	0.00 (1,82)	0.9999
		Time	0.02 (1,82)	0.8792
		Group × Time Interaction	0.01 (1,82)	0.9394
ASPIRES	Section 2- ASPIRE-Total	Group	0.03 (1,82)	0.8659
		Time	0.94 (1,82)	0.3348
		Group × Time Interaction	0.59 (1,82)	0.4438
STAI	Anxiety-State	Group	0.10 (1,82)	0.7470
		Time	1.36 (1,82)	0.2468
		Group × Time Interaction	0.02 (1,82)	0.9008
STAI	Anxiety-Trait	Group	0.18 (1,82)	0.6699
		Time	21.53 (1,82)	<0.0001
		Group × Time Interaction	0.13 (1,82)	0.7181
AIOS	AIOS-Score	Group	0.45 (1,82)	0.5052
		Time	10.36 (1,82)	0.0018
		Group × Time Interaction	1.07 (1,82)	0.3036

The two STAI and AIOS occurrences for Time are just validation of significant findings numbers four (4), five (5), and six (6) above. This reinforces that the study PRs reported being less affected by life stressors allowing them to feel a heightened sense of well-being. By changing the α standard to $p < 0.10$ there are three additional significant findings found in the study.

ASPIRES Section 1 - Question 1 – Section Post = 0.0738

For the question, *How often do you read the Bible/Torah/Geeta?* C group had a higher occurrence as a group with a 3.67 mean (53.42%) vs the E group's 2.86 (40.86%) (0.81 difference) on the 7-point scale. With very similar SDs of 2.16 and 2.01 the significance is obtained by the higher mean of the C group deriving a

p value of 0.0738. The large sampling size of 42 each group (84 total) made the different means significant.

Table 6. ASPIRES Section 1- Question 1 pre assessment baseline for E and C groups.

			C		E		
Scale	Outcome	Time	Mean	SD	Mean	SD	P-value
ASPIRES	Section 1 - Question 1	Pre	3.67	2.16	2.86	2.01	0.0738

ASPIRES Section 1 Section 1 – Question 10 – Post =0.0910

On the question 10, *I feel abandoned by God*, the C and E groups did not feel abandoned by God. Both of their means are very low at 1.14 (22.8%) and 1.40 (28.00%) on a 5-point scale with SDs of 0.65 and 0.91. The E group did feel abandoned by a quarter point (0.26) difference than the C group deriving significance of a p value of 0.0910.

Table 7. ASPIRES Section 1 – Question 10 significant findings from pre to post assessment for both E and C groups.

			C		E		
Scale	Outcome	Time	Mean	SD	Mean	SD	P-value
ASPIRES	Section 1 - Question 10	Pre	1.17	0.38	1.36	0.76	0.2170
ASPIRES		Post	1.14	0.65	1.40	0.91	0.0910

ASPIRES Section 1 – Question 7 C and E groups– $p = 0.0393$

When comparing the groups sampling 1 to 2 (Pre to Post) the E group on the question, *How important to you are your religious beliefs?* E group reported that their beliefs became slightly more important after the intervention deriving a p value of **0.0393**

Table 8. ASPIRES Section 1 – Question 7 significant findings from pre to post assessment for group E.

		Change from Pre- to Post Group C				Change from Pre- to Post Group E				
Scale	Outcome	Mean	L 95% CI	U 95%	p-value ¹	Mean	L 95% CI	U 95%	p-value ²	p-value ³
ASPIRES	Section 1 - Question 7	0.14	-0.20	0.49	0.4137	0.31	-0.04	0.66	0.0788	0.4998

A significant time effect was detected for the Anxiety-Trait ($p < 0.0001$) and AIOS-Score ($p = 0.0018$). Within the C group, a significant decrease in the Anxiety-Trait score of -2.95 (95% CI: -4.9 - -1.0, $p = 0.0018$) and with the E group (-3.45 (95% CI: -5.4 - -1.5, $p = 0.0007$). Within the C group, a significant increase in the AIOS score of 8.90 (95% CI: 3.2 - 14.8, $p = 0.0035$) while there was no significant change within the E group. Other than these nine examples of significance, there were no other significant findings.

NVIVO ANALYSIS

PR N=162

The ML-DPI study did find there were positive changes in the feeling of well-being and HP occurrences. The NVIVO data analysis shown in Question 1 - Times 1 & 2 did not vary much from Time 1 to Time 2 substantially. What was shown is that PRs reported over 80% of the time positive feelings and events in their lives. It also found that life expression changes were recorded in all categories of life expression: Emotional/Mental, Physical/Health, Spiritual, other (work, relationship, other) were experienced. No one of the categories experienced a significant monopoly of healings. HP percentages over 75% were reported which was significantly higher than anticipated.

A 135-day follow-up was done to verify the Question 2 - Time 1 & 2 findings for accuracy, gather further explanation, and verify long term sustainability. The 135-day PR follow-up for Question 2 was executed by email. Of the one hundred sixty-two (162) PRs that completed the research project, one hundred and one (101 or 62.34%) were seen as having possible HP. They were queried for clarity and longevity of their possible HP journaling responses. Of the one hundred and one (101) queried, seventy-two (72) (21 or 72.41% CG & 51 or 70.83% EG) responded.

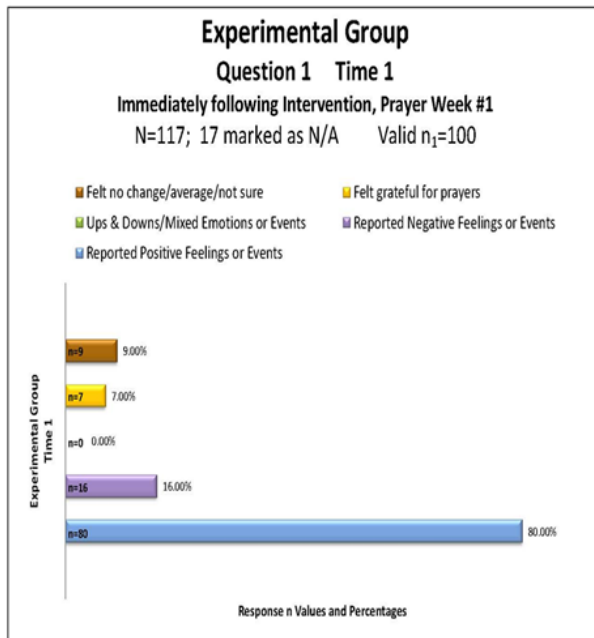


Figure 1.1. Experimental group journaling data analysis from Question 1 Time 1 of the NVIVO analysis.

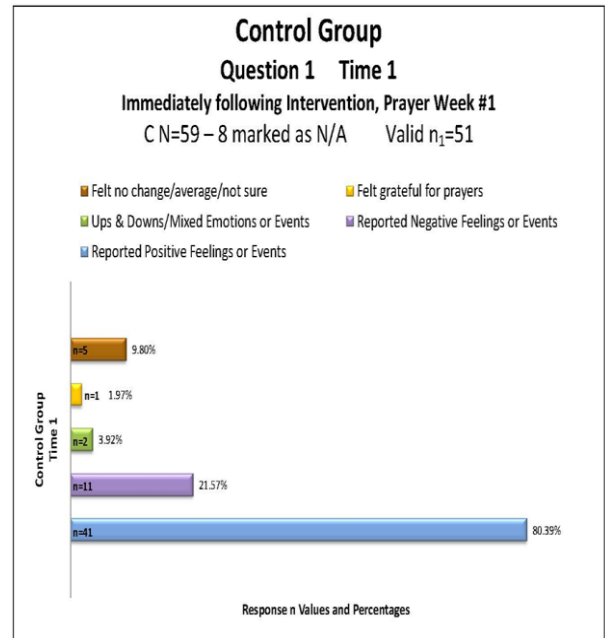


Figure 1.2. Control group journaling data analysis from Question 1 Time 1 from the NVIVO analysis.

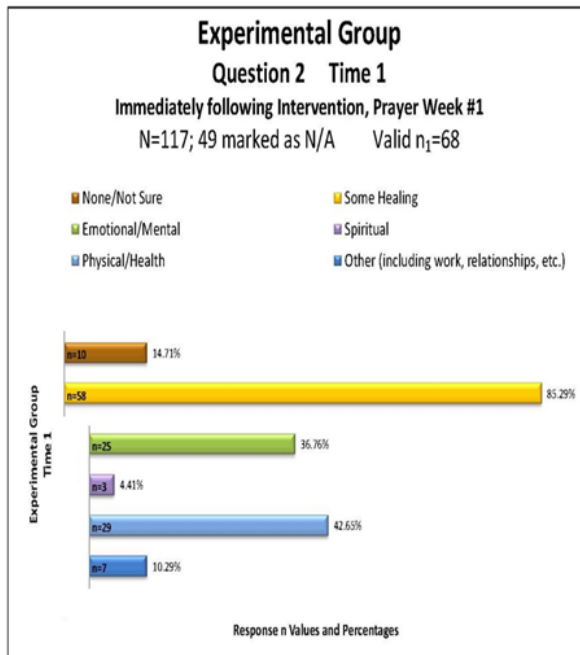


Figure 2.1. Experimental group journaling data analysis from Question 2 Time 1 from the NVIVO analysis.

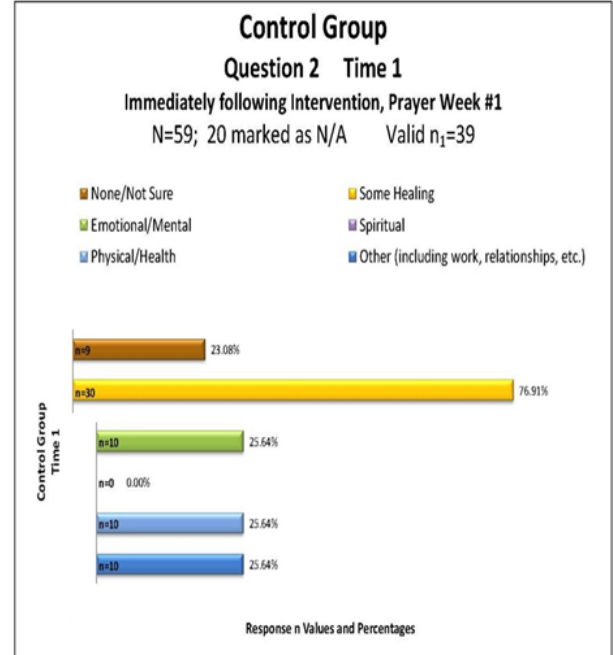


Figure 2.2. Control group journaling data analysis from Question 2 Time 1 from the NVIVO analysis.

The NVIVO Questions 2 – Time 1 & 2 findings were upheld by the follow-up. Also it was found that HP continued to manifest during the extra 135 days. From the responding PRs' third journaling, the research team determined that possible HP occurred N=8 (38%) for the C group and N=23 (45.10%) for the E group. The research team established two categories of possible HP: Questionable and Solid.

Questionable HP was responses from the PR that required more investigation to confirm, while Solid HP was obvious or beyond question in the research team's opinion. Question 2 Time 3 graphs record that the C group recorded N=3 (14.29%) Questionable and N=5 (23.81%) Solid, where the E group recorded N=9 (17.65%) Questionable and N=14 (27.45%) Solid. These are exceptionally high percentages even with the decreasing valid N values.

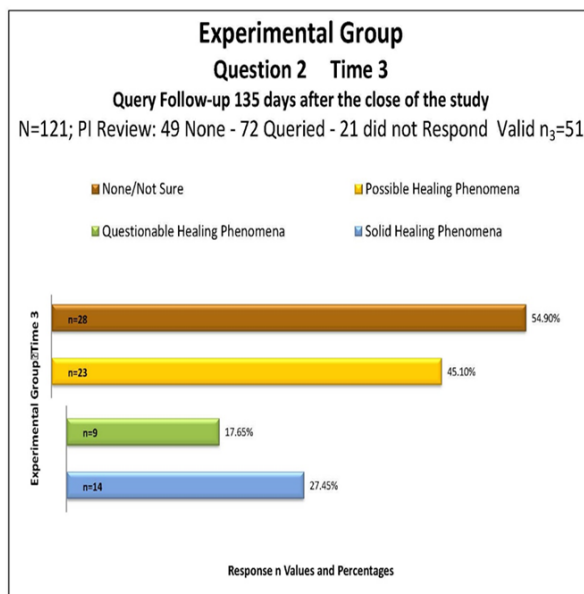


Figure 3.1. Experimental group journaling data analysis from Question 2 Time 3 from the NVIVO analysis.

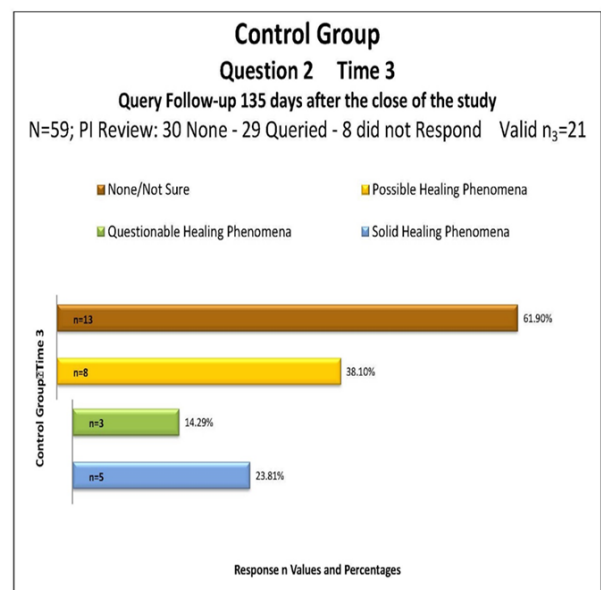


Figure 3.2. Control group journaling data analysis from Question 2 Time 3 from the NVIVO analysis.

The qualitative journaling supported the quantitative findings when viewed over time, collapsing within groups. The data indicated that the application of prayer was effective for reducing anxiety and improving the sense of well-being. The PRs were affected by the IP or the knowledge that IP from the PAs was scheduled for them. The knowledge that someone was praying for them gave a calming effect and made a difference in their life expression. They were happier with an increased sense of well-being. They responded to life stressors more easily and their sense of God and their closeness/intimacy with their religious beliefs shifted positively.

Summary

There were a number of good quality findings in this study. Hypothesis one and two of specific aim one, hypothesis one and three of specific aim two, hypothesis one and three of specific aim three and hypothesis two of specific aim four all showed significance. In a prayer study of this type, with the many confounding issues that can arise, findings which support our understanding of the actions of prayer, the mechanisms of prayer and complexity and power of prayer help to advance our understanding. It is hoped that this data will inspire others and will lead to future studies.

CHAPTER FIVE:

DISCUSSION

Introduction

While the study was an initial foray into the empirical assessment of Unity style prayer both based on the sample size and based on the complexity of result it presents the community with as many questions as it answers. Some of the answers may be based in research design issues such as the selection of the instruments chosen for assessment and some may be based in the larger philosophical and spiritual questions surrounding what is God's will for humans and how does belief in God promote and impact healing. Positive improvements from the intercessory prayer intervention were seen within both the C and E groups on all survey instruments when viewed over time, collapsing across group. The recorded changes varied between survey instruments. Based on the results, further exploration of this area is both necessary and exciting.

Discussion

The hypothesized differences between C and E groups over the three measurement periods (pre-test, post -test, and follow up) were the projected primary statistical findings of interest for this study. The C group was to give a baseline for comparison of C and E groups, factor out the effects of SP, and the “normal” Unity church activities. Both C and E groups responded to intercessory prayer. Subtle differences exist between the groups which analysis of the quantitative and qualitative data demonstrates.

Positive improvements from the intercessory prayer intervention were seen within both the C and E groups on all survey instruments when viewed over time, collapsing

across groups. The recorded changes varied between survey instruments. All the PRs knew was that they would be prayed for, just not when. The ML-DPI C group responded as if it was a second experimental group. Both quantitative and qualitative results on the C group demonstrate that they also received prayer benefits.

All three survey instruments: the STAI for Adults, the ASPIRES, and the AIOS, reported similar improvements over time and within group for both C and E groups. The quantitative and qualitative results depicted over time, collapsing across groups, show an overall improvement in long and short-term anxiety levels, a slight shift in spiritual or religious PR attitudes towards God/worship, and very significant improvements in well-being. Their results show that the ML-DPI applied to PRs in the E and C groups

demonstrates collapsing across groups statistically significant improved measured levels on the STAI for Adults and AIOS; with very slight improvements seen in the ASPIRES total through time, the second and third samplings with nine examples of significance at the $p \leq 0.10$ and six occurrences at $p \leq 0.05$ shown in chapter four.

Table 9. Results of Quantitative Analysis for significant findings from all measuring instruments.

Results of Quantitative Analysis using the full 162 Prayer Recipients			
State Less Anxiety	Trait Less Anxiety	ASPIRES Total improvement	AIOS improvement
3.48 diff – 10.33%	4.17 diff – 11.71%	0.88 diff – 0.014%	12.35 diff – 12.35%
3.58 diff – 10.41%	4.35 diff – 12.12%	0.63 diff – 0.010%	10.50 diff – 10.50%
0.10 / 80 = 0.0013%	0.18 / 80 = 0.0023%	0.25 / 92 = 0.0027%	1.85 / 100 = 01.85%

Legend: Control - Blue
 Experimental - Green

Points different between C & E groups and % of change difference

Journaling results from the three follow up collection points demonstrate significant improvements in all life expressions over time and across groups. HP occurrences of 3 to 5 % were at the top limit of expectancy given other studies on prayer healing from other faiths. Potential HP was found in one-hundred and one (60%) of the PRs from the complete C and E groups' journaling during the study. The 135-day follow-up was sent to one hundred one (29 CG & 72 EG) PRs reporting HP (Time 1 and/or Time 2) after the close of the study to further investigate, clarify, and verify sustainability of the alleged HP. The follow up found that a significant number of PRs did experience HP (C G Time 3=57.89% & E G Time 3=44.00%) and maintained their life experience change. Five (5) C and fourteen (14) E group PRs did experience HP and maintained or expanded their life expression through these HP experiences. Some PRs shared their total amazement of their life experience change, which was beyond their concept of reality before the research study started.

The results of the journaling indicate that prayer allows PRs to change their life expressions. It is clear from the data that in this study the MLD-PI, prayer worked for this community. It is possible that familiarity with this style of prayer, knowledge of and comfort with the individuals providing the prayer, and belief in the inherent capacity of prayer to produce change may account for some or all of these results. In addition, experimenter effect particularly in the analysis of the journal entries may be a factor in the positive nature and assessment of the data. Studies might be well advised to use a less recognized style of prayer and should consider mixing the prayers of different faiths or different styles of prayer within a particular faith to help clarify those issues. Reproducing the study with a PI who is an atheist or agnostic would also be interesting as

it might clarify the issues around experimenter effect. In addition, greater focus on the interpersonal aspects of human to human contact might be explored. While the data in this study did not specifically explore that aspect of prayer, it is important that it be explored as the element of contact has been shown to be critical in childhood development and may be critical to adult health.

Confounding Variables

One of the major lessons from this research study is the confounding variable of a functioning C group. In the MLD-PI study, all PRs' survey instrument samplings were completed and the data from these samplings turned in for processing prior to the C group's intervention, prayer week two. This prayer week two took place after the study's closing, 135 days after the E group's prayer week. One would expect the C group, by the timing of their prayer week, to show flat results due to the intervention's timing; however, when the study statistics were analyzed it was found that the C group responded similarly to the E group on all three surveys instrument results. There are a number of possible reasons for this result. Examples such as communication within each church grouping may have provided a sharing of experience, the tendency of compassionate individuals who are prayerful to pray for all those around them, and active membership in a prayer filled community may have contributed to this result.

Recruiting

The MLD-PI PAs were given formal prayer training but many had no more than a year of practice in the direct action of praying for others. Each prayer agent for the MLD-PI had over 30 hours of training in prayer and prayer application either through Unity Urban Ministerial School, Unity Institute core instruction in prayer, Unity Prayer

Chaplaincy training, Silent Unity in-house training, or All Light Ministries ministerial training. While a year minimum on the surface seems reasonable, greater experience would make a further impact.

Training Packets

For further research, it is recommended crafting manuals/packets for church locations, PA's, and ACF's with great care. It is encouraged to get as many proof readers to read all study literature and documents for confusing statements, flaws and/or omissions of or weak explanations of key information before publishing these information tools. Special attention and scrutiny is suggested in the ACF instruction manual and scripts. Clear, concise literature, manuals/packets will significantly reduce the need for costly rewrites, postage and training costs of research due to reprinting, additional postage, and overruns due to time expenditures correcting/defining/updating improvements/refinements during the research recruitment period. It is expected that fewer issues would be encountered during recruiting of PAs and PRs.

Pilot Projects

It is suggested that future researchers seriously consider adding a pilot project of at least three locations that total more than ten participants to their research project. This Project would add sixty to one hundred and twenty days to the research timeline but it should catch any unforeseen omissions, flaws in method, and/or execution errors. A check list of items to produce and have on-site of the IICM prior to launching the recruitment phase of the pilot study and before attempting research is:

1. Creation of a refined proposal for research that targets the sought after information or defines what is to be studied.

2. Creation of the PA instructions and packet that supports the refined proposal.
3. Creation of the Church requirements, duties, time requirements on a one-page brief, which outlines the research project.
4. Creation of the Church Packet with expanded requirements, duties, time requirements, instructions, and mounting these in the packet for presentation to the interested perspective research study locations.
5. Creation of the ACF duties, time requirements, instructions, scripts and guidelines for inclusion in the church packet.
6. Creation of a website to post Church and ACF information; to include recruitment invitation letter for churches to participate in the research project.

Health Care Screening Information

Future research could include pre and post screening of medical information which could be used as a base line for comparison in the event of any PR self-reported HP of health improvement(s).

More Advanced Planning

In a study that includes multiple study sites and over 100 subjects it would be valuable to have more advanced planning and participation at each of the study site. Further, it would be valuable to have all ACFs be designated early in the church's participation. This designated ACF for each location needs to communicate with the study team a minimum of two weeks in advance and have an ACF meeting to go over all the ACF duties well in advance.

For the most part Unity church programs are planned four to twelve plus months in advance. Church leaders and their prospective ACFs, who were contemplating

participation, thought the recruitment process would be better received if they had had adequate time to review the research proposal before adding this project to their full schedules. They need time to consider, evaluate, program, and disseminate research project information to their church leadership. With the additional lead time, the contact person will have time to completely understand the project and be willing or able to brief the church leadership so they can be proactive with their expended planning. The recommendation is for a maximum of six months advanced notice. Most churches that did not participate could not because they were too busy with previously committed activities for the time frame that was programmed for this dissertation research project. If an email preceded a personal telephone contact with a follow up email, instead of cold calling there might be greater participation. Churches generally asked for a one-page brief of the research project which outlined the project so the church could make a time saving initial decision of whether or not to participate.

By scheduling the IICMs further into the future, it allowed their church leadership to recruit and assign an ACF with enough time for the ACF and the study team to have training session(s) to discuss the responsibilities and requirements of the ACF position.

The ACF position was found by the MLD-PI study to be critical to the success of the research project. This person must review all documents in the ACF training session(s) to answer any questions they or the perspective PRs might have. This must be done before the IICM so the ACF understands all responsibilities and requirements before the meeting. After each sampling, the ACF should review all PR documents to ensure that all survey instruments questions are correctly notated.

It would be prudent, in future research, to stress that during the ACF training(s) to have each of the ACFs sign an agreement. This agreement should state each responsibility, duty, and set of instructions, enumerated with boxes or lines to be initialed. This would enhance consistency of the research by ensuring all ACF functions were covered in the ACF/CI meeting and that each facet of the ACF's job was clear for the duties and responsibilities involved. At the IICM, it is recommended that estimated second and third sampling dates would be presented for PRs to write on their Informed Consent Form that each PR takes home with them. Each of the PRs would be aware of and have a hard copy of the proposed future sampling dates at their data collection site. It is recommended, for further research, that each ACF would stress the importance of completing every document and every question.

Research Video

The research video was very informative, but should have been shorter and more concise: no more than 20 minutes with a follow-up Q & A by the research team and ACF. In the MLD-PI IICMs, it was found that some of the prospective PRs started to fade about half way through the thirty-eight-minute video due to all the technical information required by full disclosure. In the Q & A portion of the IICM, some prospective PRs asked questions covered in the video. In future research, it would be helpful to display/project, on a screen, each page of the survey instruments as they are discussed by the video or the ACF/CI.

Demographic Form

The demographic form was found to have some confusing questions. It is recommended that future researchers have multiple proof readers and execute a pilot

project to catch any flaws or unclear questions on their demographic information solicitation. Further, advanced preparation of answers to common questions presented by PR should be developed. For example, many perspective PRs wanted to know why the cutoff age was 75. Preparing clear and concise answers would speed along the informational meetings.

Informed Consent Meetings

All IICMs should be followed by in person one on one consenting to confirm that no coercion has taken place on the part of participants. This will confirm an individual's desire to participate without peer pressure.

Summary

This data warrants replication studies with more balanced sample sizes. In addition, studies should be done which address experimenter effects, comfort with prayer providers, comfort with the specific style of prayer being provided, and more comprehensive exploration of the day to day experience of the recipients. It would also be valuable to do a comprehensive exploration of the physical state of participants prior to addressing the question of the impact of prayer on healing.

CHAPTER 6:

FUTURE RESEARCH SUGGESTIONS AND SUMMARY

Introduction

The study of the use of prayer for healing purposes, whether in mental or physical health, is an important field of study as it could provide endless opportunities to pair with and possibly decrease the need for extensive and expensive medical care. The results of the ML-DPI were not as hypothesized; however the “glitches” in this study provide valuable feedback for future studies in the field of healing prayer. Despite the flaws in study certain aspects of the study it was shown that the application of prayer was effective for the participants.

Future Research Suggestions

In the future we would encourage other studies of this type to do consider making some of these suggested changes in the existing protocol. We encourage PRs be pre and post screened for medical issues. This will allow changes in health levels to be determined with greater accuracy. We suggest utilization of normed questionnaires, which have both internal and external validity, and appropriate sub-scales be selected for the study which will strengthen the study results. We hope that the ML-DPI study will be expanded to other Christian religious organizations as well as non-Christian religious organizations and that both Unity style and other styles of prayer be examined. We encourage future studies to use different churches for experimental and control groups to limit confounding issues. Further, once a study is done with a PI who has religious beliefs, consideration should be given to using an individual with no religious background so that the experimenter effect may be explored.

Summary

There were a number of good quality findings in this study. Hypothesis one and two of specific aim one, hypothesis one and three of specific aim two, hypothesis one and three of specific aim three and hypothesis two of specific aim four all showed significance. The results showed that the ML-DPI applied to the PRs of the E and C groups demonstrated statistically significant improved measured levels on all three survey instruments, with the C group behaving as a second E group. The differences between the E and C groups were insignificant and could be attributed to chance. It also must be considered that the use of both E and C groups within the same church community had an impact on the results of the study. When members of a spiritual organization such as a Unity church are in constant communion and connection with one another it opens up more chances for outside influences such as common church activities, SP within the church community, and discussion about ongoing progress in the study, to effect the results of a study. In the future the researcher must take into heavy account all possible connections of those groups of participants and be intentional about minimizing the interaction of those groups through the use of separate organizations for E and C groups. Different methodology must be developed by researchers that will deal with the confounding variable of the dysfunctional control group.

Researchers should also take into account the strength of the belief in prayer held by participants. If a participant in the C group has such a strong belief that they are being prayed for, despite the opposite being true, then that could lead to self-manifestation of the fulfillment of past prayers or current healing needs. Adversely, if a participant is the E group has little to no belief that they are being prayed for, despite the opposite being true,

this could lead to no manifestations of HP. While this is a downside to blind randomized group assignments, if the participants were to be told whether they were or were not being prayed for it would absolutely affect the results as peoples HP could become more questionable rather than solid creating even further chaos in the data.

The ethics of prayer must absolutely be a part of the conversation about the design of any study on the topic of prayer, whether for physical or mental health needs. There are plenty who would argue that denying a person who desires prayer access to that prayer is unethical. While this study did give those in the control group access to prayer after the E group phase was done, some would even argue that small window of time was unethical. It is a debate that can be centered on R/S viewpoints or medical viewpoints. When looking at it from the medical viewpoint, if a person was injured or hurting and was seeking medical attention at a hospital and the doctors refused to treat them that would be considered unethical. The argument some would make is that the situation is the same; if a prayer believer is actively seeking prayer by a trained professional and they refuse to do it, would that also be considered unethical? While this study is not making the argument for either side, it is a thought that future researchers must examine as they design and implement their studies.

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APPENDIX A:

Comprehensive Statistical Analysis

NOVAs Analysis

N=42 or total 84 of the 162 Prayer Recipients that finished the prayer study.

(1) Study Description

Study Design: Two-group (C vs. E) study with two assessments (pre- and post) with N=42 participants per group.

Study Outcomes: ASPIRES, STAI for adults, and AIOS-VAS

Statistical Analysis: Demographic variables were summarized in terms of frequencies and percentages, or mean standard deviation and range (age). Repeated measure Analysis of Variance (ANOVA) using a compound symmetry correlation structure was conducted to evaluate changes within groups and compare changes between groups. The results were summarized in terms of least squares adjusted means, 95% confidence intervals and p-values. All reported P-values are two-sided and $P < 0.05$ was used to define statistical significance.

(2) Study Outcomes

(2.1) ASPIRES Instrument

(2.1.1) Section I

Item	Question	Scale
Question 1	How often do you read the bible/Torah/Geeta?	1-7
Question 2	How frequently do you read religious Literature other than Bible?	1-7
Question 3	How often do you pray?	1-7
Question 4	How frequently do you attend religious Services?	1-5
Question 5	To what extend do you have a personal, Unique, close relationship..?	1-5
Question 6	Do you experiences where you feel A union with ...?	1-5
Question 7	How important to you are your religious beliefs?	1-6
Question 8	Over the past 12 months, ...?	1-7

Question 9	I feel that God is punishing me	1-5
Question 10	I feel abandoned by God	1-5
Question 11	I feel isolated from others in my	1-5
Question 12	I find myself unable, or unwilling..	1-5

(2.1.2) Section II

Section II consists of 23 items, each on a 1-5 Likert scale. There are three subscales, i.e., Prayer Fulfillment (PF) with 10 items, Universality (UN) with 7 items, and Connectedness (CN) which consists of 6 items. The subscale scores were calculated as the sums over the individual items. **A higher score indicates a higher level of PF, UN and CN.** The ASPIRES Total score is the sum over all 23 items.

Outcome	Number of Items	Range
Prayer Fulfillment (PF)	10	10-50
Universality (UN)	7	7-35
Connectedness	6	6-30
ASPIRE Total Score	23	23-115

(2.1.3) State-Trait Anxiety Inventory (STAI)

STAI for adults consists of 40 items and two subscales. The Anxiety-State (20 items) is measured on a 4-point Likert scale (1="not at all" – 4="very much so"). The Anxiety-Trait (20 items) is measured on a 4-point Likert scale (1="almost never" – 4="almost always"). **A higher score indicates a higher level of Anxiety.**

Outcome	Number of Items	Range
Anxiety-State	20	20-100
Anxiety-Trait	20	20-100

(2.2) Arizona Integrative Outcome Scale

The AIOS is based on **a single item (measured between 1-100)**, a higher score indicates a higher level of well-being.

(3) Results

(3.1) Demographics

Table 1: Demographics

	C (N=42)		E (N=42)		Combined (N=84)		Comparison C vs. E
	N	%	N	%	N	%	p-value
Gender							
1	7	17	9	21	16	19	0.5784
2	35	83	33	79	98	81	
Education							
1	0	0	1	2	1	1	0.3517
3	2	5	1	2	3	4	
4	8	19	3	7	11	13	
5	2	5	0	0	2	2	
6	6	14	4	10	10	12	
7	12	29	11	26	23	27	
8	3	7	5	12	8	10	
10	8	19	15	36	23	27	
11	1	2	2	5	3	4	
Marital Status							
2	10	24	9	21	19	23	0.7797
3	16	38	19	45	35	42	
4	2	5	1	2	3	4	
5	2	5	3	7	5	6	
6	3	7	2	5	5	6	
7	3	7	2	5	5	6	
8	5	12	2	5	7	8	
9	1	2	4	10	5	6	
	Mean (SD)	Range	Mean (SD)	Range	Mean (SD)	Range	
Age	60.5 (8.9)	27-74	60.7 (8.4)	32-74	60.6 (8.6)	27-74	0.9393

There are no significant differences in baseline characteristics between the Control and Experimental group.

(3.2) Comparisons of Study Outcomes at Baseline and Post-Test Assessment between Groups

Table 2: Comparison of study outcomes between groups at pre- and post-assessment

Scale	Outcome	Change from Pre-to Post Group C				Change from Pre- to Post Group E				p-value ³
		Mean	L 95% CI	U 95%	p-value ¹	Mean	L 95% CI	U 95%	p-value ²	
ASPIRES	Section 1 - Question 1	-0.14	-0.59	0.31	0.5280	0.17	-0.28	0.62	0.4618	0.3344
ASPIRES	Section 1 - Question 2	0.07	-0.49	0.63	0.7999	0.07	-0.49	0.63	0.7999	0.9999
ASPIRES	Section 1 - Question 3	0.19	0.01	0.37	0.0393	0.00	-0.18	0.18	1.0000	0.1424
ASPIRES	Section 1 - Question 4	0.02	-0.13	0.18	0.7602	0.17	0.01	0.32	0.0350	0.1974
ASPIRES	Section 1 - Question 5	0.12	-0.05	0.29	0.1611	0.00	-0.17	0.17	1.0000	0.3203
ASPIRES	Section 1 - Question 6	0.14	-0.04	0.33	0.1237	0.05	-0.14	0.23	0.6055	0.4655
ASPIRES	Section 1 - Question 7	0.14	-0.20	0.49	0.4137	0.31	-0.04	0.66	0.0788	0.4998
ASPIRES	Section 1 - Question 8	-0.12	-0.51	0.27	0.5484	0.00	-0.39	0.39	1.0000	0.6711
ASPIRES	Section 1 - Question 9	0.12	-0.13	0.37	0.3498	0.07	-0.18	0.32	0.5741	0.7909
ASPIRES	Section 1 - Question 10	-0.02	-0.25	0.20	0.8353	0.05	-0.18	0.27	0.6777	0.6593
ASPIRES	Section 1 - Question 11	0.02	-0.29	0.34	0.8804	0.07	-0.24	0.39	0.6520	0.8316
ASPIRES	Section 1 - Question 12	0.07	-0.14	0.28	0.5019	-0.17	-0.38	0.04	0.1194	0.1157
ASPIRES	Section 2 - PF subscale	0.48	-0.59	1.54	0.3768	0.12	-0.95	1.19	0.8247	0.6387
ASPIRES	Section 2 - CT	0.74	-0.21	1.68	0.1243	-0.05	-0.99	0.90	0.9204	0.2458
ASPIRES	Section 2 - UN	0.02	-0.85	0.90	0.9571	0.07	-0.81	0.95	0.8719	0.9394
ASPIRES	Section 2 - ASPIRE-Total	1.24	-0.76	3.24	0.2222	0.14	-1.86	2.15	0.8875	0.4438
STAI	Anxiety-State	-1.48	-4.69	1.74	0.3638	-1.19	-4.41	2.03	0.4636	0.9008
STAI	Anxiety-Trait	-2.95	-4.89	-1.01	0.0033	-3.45	-5.39	-1.51	0.0007	0.7181
AIOS	AIOS-Score	8.90	3.02	14.79	0.0035	4.57	-1.32	10.46	0.1263	0.3036

^{1&2}: p-value for evaluating changes from pre- to post within group

Post – Pre = result

³: p-value for comparing changes from pre- to post between the C and E group

There were no significant differences detected between the C and E groups at the pre- or post-test assessment (except for ASPIRE - Section 1 - Question 3, where the score in the control group was significantly lower than the experimental group, $p=0.0207$).

Table 4: Summary of repeated ANOVA

ASPIRES	Section 2 – PF subscale	Group	0.35 (1,82)	0.5560
		Time	0.62 (1,82)	0.4344
		Group × Time Interaction	0.22 (1,82)	0.6387
ASPIRES	Section 2 – CT	Group	0.23 (1,82)	0.6324
		Time	1.06 (1,82)	0.3073
		Group × Time Interaction	1.37 (1,82)	0.2458
ASPIRES	Section 2 – UN	Group	0.00 (1,82)	0.9999
		Time	0.02 (1,82)	0.8792
		Group × Time Interaction	0.01 (1,82)	0.9394
ASPIRES	Section 2- ASPIRE-Total	Group	0.03 (1,82)	0.8659
		Time	0.94 (1,82)	0.3348
		Group × Time Interaction	0.59 (1,82)	0.4438
STAI	Anxiety-State	Group	0.10 (1,82)	0.7470
		Time	1.36 (1,82)	0.2468
		Group × Time Interaction	0.02 (1,82)	0.9008
STAI	Anxiety-Trait	Group	0.18 (1,82)	0.6699
		Time	21.53 (1,82)	<0.0001
		Group × Time Interaction	0.13 (1,82)	0.7181
AIOS	AIOS-Score	Group	0.45 (1,82)	0.5052
		Time	10.36 (1,82)	0.0018
		Group × Time Interaction	1.07 (1,82)	0.3036

Summary: There were no significant differences detected in any of the outcomes between treatment groups. A significant time effects was detected for the Anxiety-Trait ($p < 0.0001$) and AIOS-Score ($p = 0.0018$). Within the C group, a significant decrease in the Anxiety-Trait score of -2.95 (95% CI: -4.9 - -1.0, $p = 0.0018$) and with the E group (-3.45 (95% CI: -5.4 - -1.5, $p = 0.0007$). Within the C group, a significant increase in the AIOS score of 8.90 (95% CI: 3.2 -14.8, $p = 0.0035$) while there was no significant change within the E group.

The STAI for Adults Analysis

State Anxiety Inventory (STAI for Adults)

Results for the mixed analysis of variance with one between groups factor (with two levels, C/E group) and one within groups factor (with three levels, pre-test, post-test, and follow up) for the STAI for adults dependent variable are presented here. A plot of all state anxiety (SA) means for both groups is shown in Figure 1 below. Table 1 shows

the full descriptive statistics results portrayed in Figure 1. The two groups were not significantly different when collapsing across repeated measures (i.e., there was no significant main effect for group), with the following statistical results: $F(1,163) = .185$, $p = .668$. There was a significant main effect for time (i.e., the repeated measures), meaning that pre-test, post-test, and follow up measurements showed significant reductions of short term anxiety when collapsing across groups, with the following results: $F(2,326) = 9.845$, $p < .001$. There was no significant interaction effect (group X time), meaning that the C and E groups did not show differential changes in SA over the three measurement periods, with the following statistical results: $F(2,326) = .009$, $p = .991$.

Test of Within-Subject Effects for the SA

Table 1.1. Tests of Within-Subjects Effects

Measure: MEASURE_1

Source		Type III Sum of Squares	df	Mean Square	F
StateAnx	Sphericity Assumed	944.438	2	472.219	9.845
	Greenhouse-Geisser	944.438	1.986	475.605	9.845
	Huynh-Feldt	944.438	2.000	472.219	9.845
	Lower-bound	944.438	1.000	944.438	9.845
StateAnx * Group	Sphericity Assumed	.875	2	.437	.009
	Greenhouse-Geisser	.875	1.986	.441	.009
	Huynh-Feldt	.875	2.000	.437	.009
	Lower-bound	.875	1.000	.875	.009
Error(StateAnx)	Sphericity Assumed	15637.158	326	47.967	
	Greenhouse-Geisser	15637.158	323.679	48.311	
	Huynh-Feldt	15637.158	326.000	47.967	
	Lower-bound	15637.158	163.000	95.933	

Table 1.2. Tests of Within-Subjects Effects

Measure: MEASURE_1

Computed using alpha = .05

Source		Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power ^a
StateAnx	Sphericity Assumed	.000	.057	19.689	.983
	Greenhouse-Geisser	.000	.057	19.549	.983
	Huynh-Feldt	.000	.057	19.689	.983
	Lower-bound	.002	.057	9.845	.877
StateAnx * Group	Sphericity Assumed	.991	.000	.018	.051
	Greenhouse-Geisser	.991	.000	.018	.051
	Huynh-Feldt	.991	.000	.018	.051
	Lower-bound	.924	.000	.009	.051

Table. Tests of Within-Subjects Contrasts

Measure: MEASURE_1

Source	StateAnx	Type III Sum of Squares	df	Mean Square	F	Sig.
StateAnx	Linear	938.438	1	938.438	19.685	.000
	Quadratic	6.001	1	6.001	.124	.725
StateAnx * Group	Linear	.183	1	.183	.004	.951
	Quadratic	.691	1	.691	.014	.905
Error(StateAnx)	Linear	7770.714	163	47.673		
	Quadratic	7866.444	163	48.260		

Table. Tests of Within-Subjects Contrasts

Measure: MEASURE_1

Computed using alpha = .05

Source	StateAnx	Partial Eta Squared	Noncent. Parameter	Observed Power ^a
StateAnx	Linear	.108	19.685	.993
	Quadratic	.001	.124	.064
StateAnx * Group	Linear	.000	.004	.050
	Quadratic	.000	.014	.052

Table. Tests of Between-Subjects Effects

Measure: MEASURE_1

Transformed Variable: Average

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	456810.865	1	456810.865	1967.256	.000	.923
Group	42.865	1	42.865	.185	.668	.001
Error	37849.770	163	232.207			

Table. Tests of Between-Subjects Effects

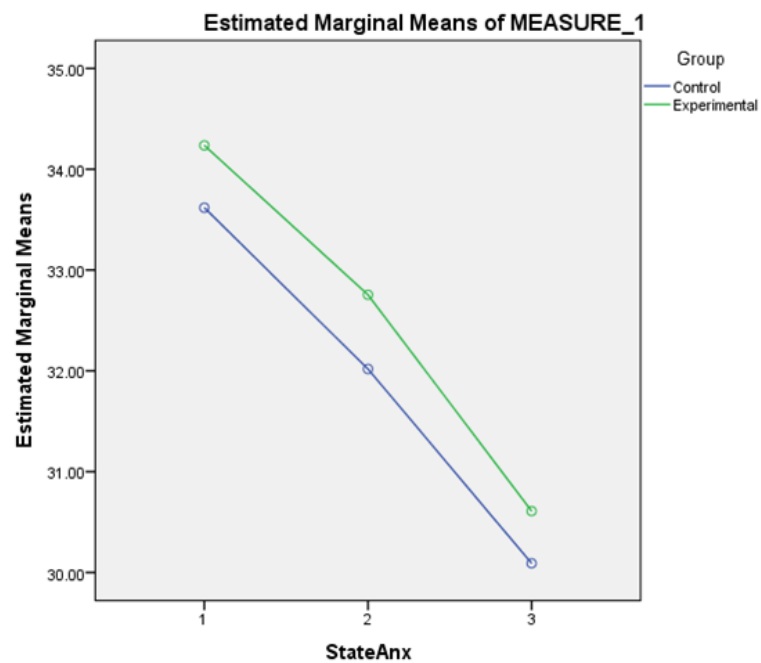
Measure: MEASURE_1

Transformed Variable: Average

Computed using alpha = .05

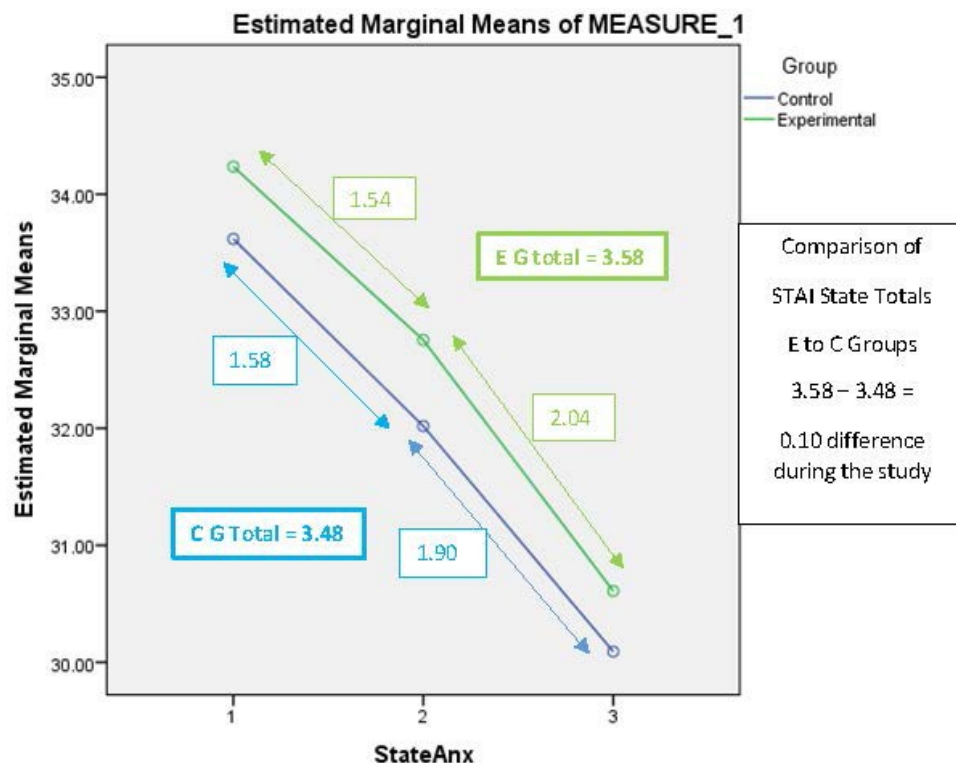
Source	Noncent. Parameter	Observed Power ^a
Intercept	1967.256	1.000
Group	.185	.071

Profile Plots for SA



STAI Plots of Means for the State Anxiety Lay Presentation

In lay terms, the STAI for Adults plots of means demonstrated statistically lower levels of short term anxiety through estimated marginal means over time collapsing across groups for SA (C=1.58 & E=1.54). These results were derived by comparing the pre-intervention sampling with the second sampling, immediately after the prayer intervention. The STAI also demonstrated sustainability with continued reduction of short term anxiety with further statistically lower levels of SA (C=1.90 & E=2.04). These results were derived by comparing the second and third sampling data, 90-days post intervention. The STAI for Adult total improvement in estimated marginal means over time collapsing across groups through the complete study was derived by comparing the pre-intervention sampling with the third giving the total improvement of lower levels of short term anxiety for SA (C=3.48 & E= 3.58).



Test of Within-Subject Effects for the Trait Anxiety (TA)

Table. Tests of Within-Subjects Effects

Measure: MEASURE_1

Source		Type III Sum of Squares	df	Mean Square	F
TraitAnx	Sphericity Assumed	1370.972	2	685.486	27.998
	Greenhouse-Geisser	1370.972	1.786	767.711	27.998
	Huynh-Feldt	1370.972	1.815	755.223	27.998
	Lower-bound	1370.972	1.000	1370.972	27.998
TraitAnx * Group	Sphericity Assumed	2.261	2	1.130	.046
	Greenhouse-Geisser	2.261	1.786	1.266	.046
	Huynh-Feldt	2.261	1.815	1.245	.046
	Lower-bound	2.261	1.000	2.261	.046
Error(TraitAnx)	Sphericity Assumed	7981.703	326	24.484	
	Greenhouse-Geisser	7981.703	291.084	27.421	
	Huynh-Feldt	7981.703	295.897	26.975	
	Lower-bound	7981.703	163.000	48.968	

Table. Tests of Within-Subjects Effects

Measure: MEASURE_1

Computed using alpha = .05

Source		Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power ^a
TraitAnx	Sphericity Assumed	.000	.147	55.995	1.000
	Greenhouse-Geisser	.000	.147	49.998	1.000
	Huynh-Feldt	.000	.147	50.825	1.000
	Lower-bound	.000	.147	27.998	1.000
TraitAnx * Group	Sphericity Assumed	.955	.000	.092	.057
	Greenhouse-Geisser	.941	.000	.082	.057
	Huynh-Feldt	.943	.000	.084	.057
	Lower-bound	.830	.000	.046	.055

Table. Tests of Within-Subject Contrasts

Measure: MEASURE_1

Source	TraitAnx	Type III Sum of Squares	df	Mean Square	F	Sig.
TraitAnx	Linear	1341.638	1	1341.638	41.356	.000
	Quadratic	29.334	1	29.334	1.775	.185
TraitAnx * Group	Linear	.947	1	.947	.029	.865
	Quadratic	1.314	1	1.314	.079	.778
Error(TraitAnx)	Linear	5287.859	163	32.441		
	Quadratic	2693.844	163	16.527		

Table. Tests of Within-Subject Contrasts

Measure: MEASURE_1

Computed using alpha = .05

Source	TraitAnx	Partial Eta Squared	Noncent. Parameter	Observed Power ^a
TraitAnx	Linear	.202	41.356	1.000
	Quadratic	.011	1.775	.263
TraitAnx * Group	Linear	.000	.029	.053
	Quadratic	.000	.079	.059

Table. Tests of Within-Subject Effects

Measure: MEASURE_1

Transformed Variable: Average

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	489422.368	1	489422.368	2146.420	.000	.929
Group	11.782	1	11.782	.052	.820	.000
Error	37166.933	163	228.018			

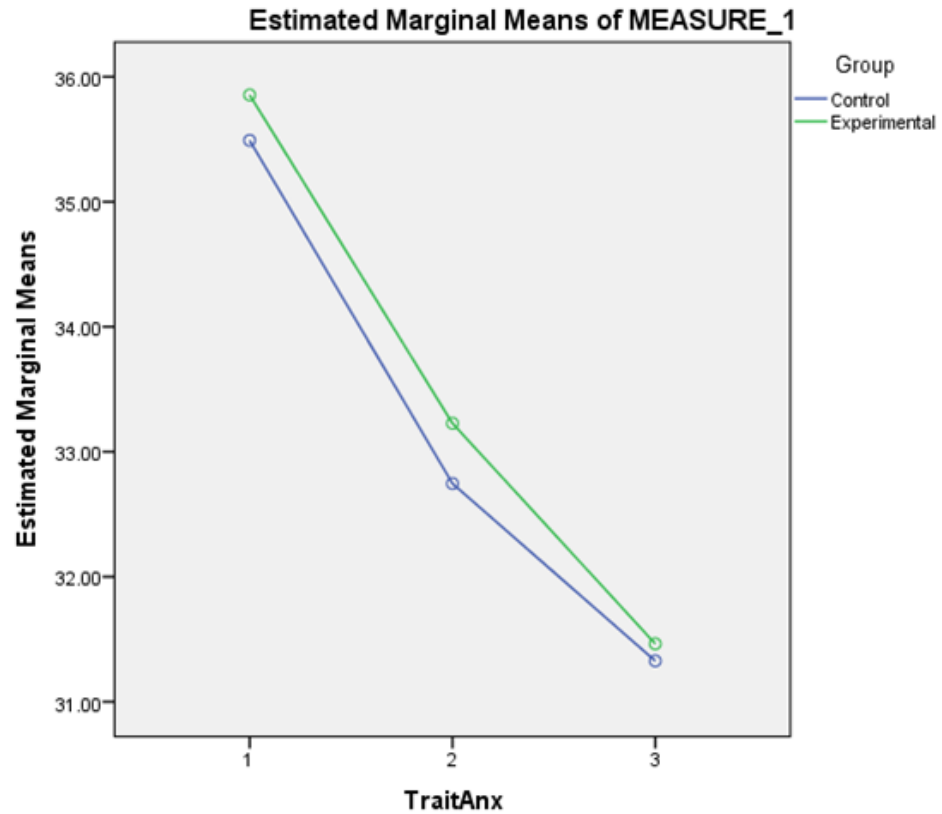
Table. Tests of Within-Subject Effects

Measure: MEASURE_1

Transformed Variable: Average

Source	Noncent. Parameter	Observed Power ^a
Intercept	2146.420	1.000
Group	.052	.056

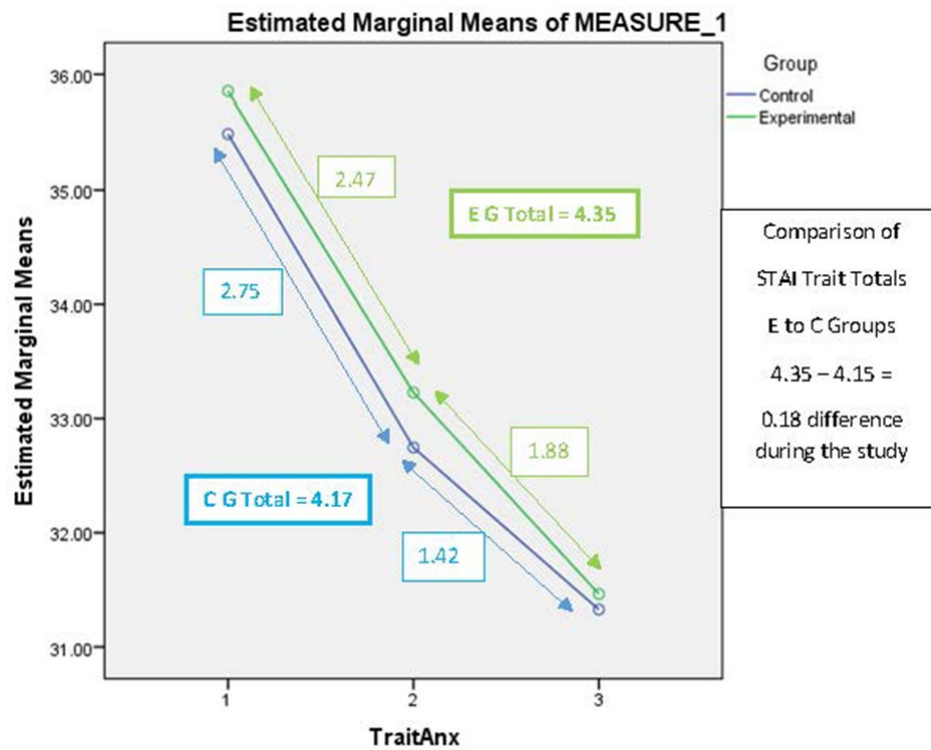
Profile Plots for TA



In lay terms, the STAI plots of means for the TA demonstrated statistically lower levels of long term anxiety through the estimated marginal means over time, collapsing across groups, for TA ($C=2.75$ & $E=2.47$). These results were derived by comparing the pre-intervention sampling with the second sampling, immediately after the prayer intervention. The STAI also demonstrated sustainability with continued reduction of long term anxiety statistically of TA ($C=1.42$ & $E=1.88$). These results were derived by comparing the second and third sampling data, 90-days post intervention. The Trait STAI for Adults total improvement in estimated marginal means over time, collapsing

across groups, through the complete study, was derived by comparing the pre-intervention sampling with the third, giving the total improvement of lower levels for TA (C=4.17 & E= 4.35).

STAI Plots of Means for the TA Lay Presentation



The STAI total improvement of anxiety through the estimated marginal means over time, collapsing across groups, for the complete study composite was lower levels for both short-term anxiety SA (C=3.48 & E= 3.58) and long-term anxiety, TA (C=4.17 & E= 4.35).

The ASPIRES Scale

The ASPIRIES Scale was used to explore whether the PRs experienced changes in spirituality or religiosity. The patterns (ASPIRES Total) are slightly different, as you can see from examining the plots of means, but the result is consistent with the previous analyses (STAI for Adults and AIOS) - none of the interaction effects are statistically significant, meaning that the C and E groups did not perform differentially from each other over the measurement periods. The ASPIRIES has ten reports, nine subscales and an ASPIRIES Total reports used for the cleaned version. The ASPIRIES total did show slight changes ($p < .725$) with the second sampling slight improvement in higher levels of R/S ($p < .883$) in the third sampling. But over time collapsing across the group results were substantial. As a third member of the sampling battery, it showed again a positive shift, even though slight, which added to the significance and overall rounded benefit of prayer.

Test of Within-Subject Effects for the ASPIRES Total

Table. Tests of Within-Subject Effects

Measure: MEASURE_1

Source		Type III Sum of Squares	df	Mean Square	F
STSRtotal	Sphericity Assumed	41.794	2	20.897	4.273
	Greenhouse-Geisser	41.794	1.910	21.883	4.273
	Huynh-Feldt	41.794	1.944	21.499	4.273
	Lower-bound	41.794	1.000	41.794	4.273
STSRtotal * Group	Sphericity Assumed	1.216	2	.608	.124
	Greenhouse-Geisser	1.216	1.910	.637	.124
	Huynh-Feldt	1.216	1.944	.625	.124
	Lower-bound	1.216	1.000	1.216	.124
Error(STSRtotal)	Sphericity Assumed	1584.632	324	4.891	
	Greenhouse-Geisser	1584.632	309.400	5.122	
	Huynh-Feldt	1584.632	314.933	5.032	
	Lower-bound	1584.632	162.000	9.782	

Table. Tests of Within-Subject Effects

Measure: MEASURE_1

Computed using alpha = .05

Source		Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power ^a
STSRtotal	Sphericity Assumed	.015	.026	8.545	.743
	Greenhouse-Geisser	.016	.026	8.160	.729
	Huynh-Feldt	.016	.026	8.306	.735
	Lower-bound	.040	.026	4.273	.538
STSRtotal * Group	Sphericity Assumed	.883	.001	.249	.069
	Greenhouse-Geisser	.874	.001	.237	.069
	Huynh-Feldt	.878	.001	.242	.069
	Lower-bound	.725	.001	.124	.064

Table. Tests of Within-Subject Contrasts

Measure: MEASURE_1

Source	STSRtotal	Type III Sum of Squares	df	Mean Square	F	Sig.
STSRtotal	Linear	41.126	1	41.126	6.999	.009
	Quadratic	.669	1	.669	.171	.680
STSRtotal * Group	Linear	1.153	1	1.153	.196	.658
	Quadratic	.063	1	.063	.016	.899
Error(STSRtotal)	Linear	951.931	162	5.876		
	Quadratic	632.701	162	3.906		

Table. Tests of Within-Subject Contrasts

Measure: MEASURE_1

Computed using alpha = .05

Source	STSRtotal	Partial Eta Squared	Noncent. Parameter	Observed Power ^a
STSRtotal	Linear	.041	6.999	.749
	Quadratic	.001	.171	.070
STSRtotal * Group	Linear	.001	.196	.072
	Quadratic	.000	.016	.052

Table. Tests of Within-Subject Effects

Measure: MEASURE_1

Transformed Variable: Average

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	1504437.193	1	1504437.193	35954.536	.000	.996
Group	5.211	1	5.211	.125	.725	.001
Error	6778.528	162	41.843			

Table. Tests of Within-Subject Effects

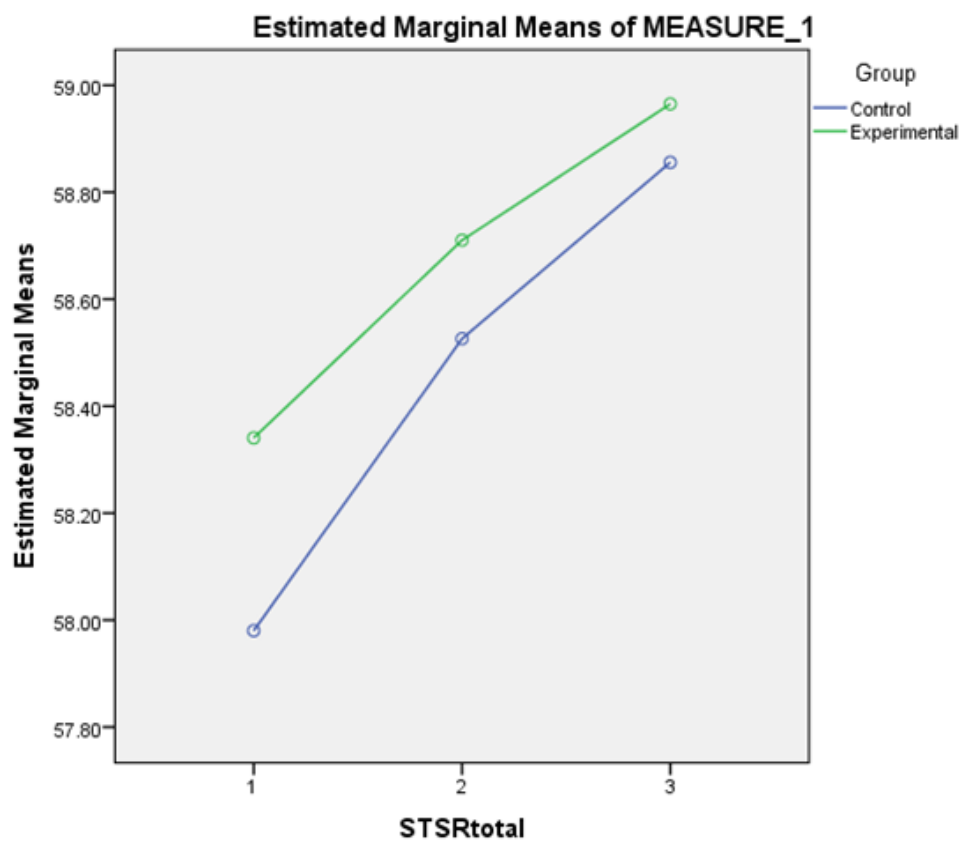
Measure: MEASURE_1

Transformed Variable: Average

Computed using alpha = .05

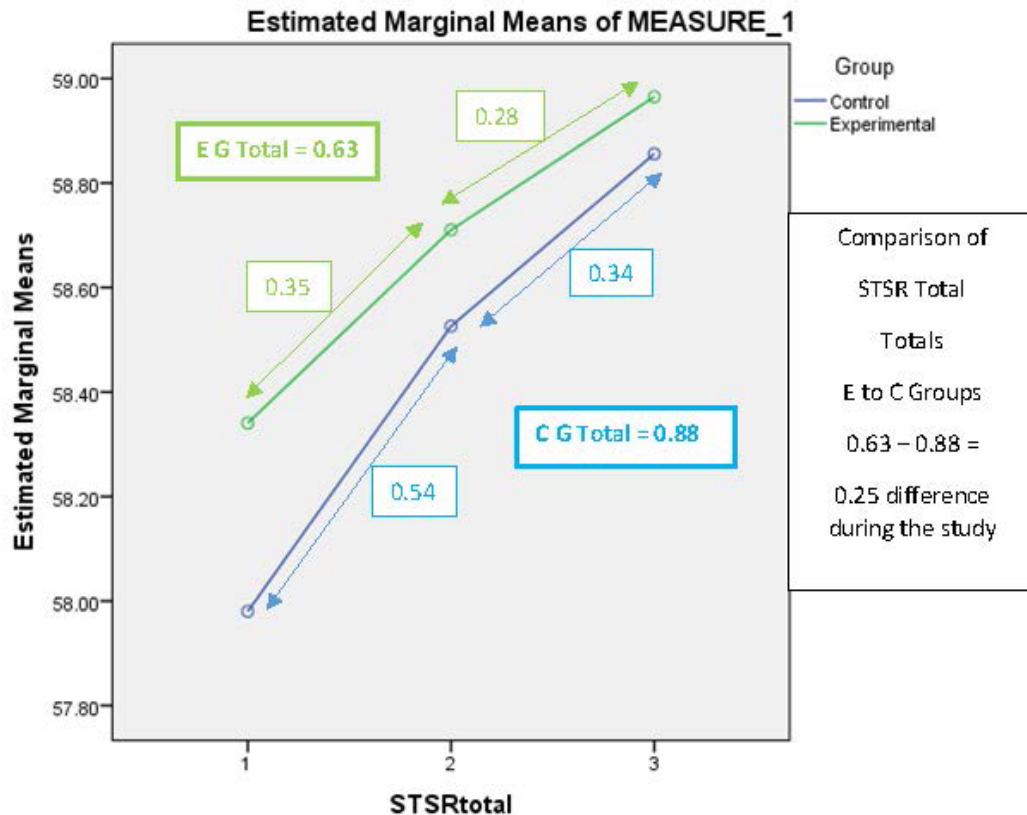
Source	Noncent. Parameter	Observed Power ^a
Intercept	35954.536	1.000
Group	.125	.064

Profile Plots for ASPIRES Total



Plots of Means for the ASPIRES Total Lay Presentation

In lay terms, the ASPIRES total plots of means did show small changes on levels of estimated marginal means over time, collapsing across groups, (C=0.54 & E=0.35). These results were derived by comparing the pre-intervention sampling with the second sampling, immediately after the prayer intervention. The improvements were maintained and further continued to improve showing marginally higher levels of R/S (C=0.34 & E=0.28). These results were derived by comparing the second and third sampling data, 90-days post intervention. The total improvement in the ASPIRES Total, estimated marginal means over time, collapsing across groups, through the complete study was derived by comparing the pre-intervention sampling with the third giving the total improvement was (C=0.88 & E= 0.63).



Arizona Integrative Outcomes Scale (AIOS)

Test of Within-Subject Effects for the AIOS

Results for the mixed analysis of variance with one between groups factor (with two levels, C/E group) and one within groups factor (with three levels, pre-test, post-test, and follow up) for the AIOS dependent variable are presented here. A plot of all AIOS means of well-being for both groups is shown in Figure 4a below. Table 4, the thumbnail descriptive statistics results, are portrayed in Figure 4a. The two groups were not significantly different when collapsing across repeated measures (i.e., there was no significant main effect for group), with the following statistical results: $F(1,163) = .185$, $p = .668$. There was a significant main effect for time (i.e., the repeated measures), meaning that pre-test, post-test, and follow up measurements showed significant reductions when collapsing across groups, with the following results: $F(2,326) = 23.482$, $p < .001$. There was no significant interaction effect (group X time), meaning that the C and E groups did not show differential changes in SA over the three measurement periods, with the following statistical results: $F(2,326) = .001$, $p = .965$.

Table. Tests of Within-Subject Effects

Measure: MEASURE_1

Source		Type III Sum of Squares	df	Mean Square	F	Sig.
Arizon	Sphericity Assumed	11020.588	2	5510.294	23.482	.000
	Greenhouse-Geisser	11020.588	1.950	5652.670	23.482	.000
	Huynh-Feldt	11020.588	1.985	5551.879	23.482	.000
	Lower-bound	11020.588	1.000	11020.588	23.482	.000
Arizon * Group	Sphericity Assumed	16.855	2	8.427	.036	.965
	Greenhouse-Geisser	16.855	1.950	8.645	.036	.962
	Huynh-Feldt	16.855	1.985	8.491	.036	.964
	Lower-bound	16.855	1.000	16.855	.036	.850
Error(Arizon)	Sphericity Assumed	76497.800	326	234.656		
	Greenhouse-Geisser	76497.800	317.789	240.719		
	Huynh-Feldt	76497.800	323.558	236.427		
	Lower-bound	76497.800	163.000	469.312		

Table. Tests of Within-Subject Effects

Measure: MEASURE_1

Source		Partial Eta Squared	Noncent. Parameter	Observed Power ^a
Arizon	Sphericity Assumed	.126	46.965	1.000
	Greenhouse-Geisser	.126	45.782	1.000
	Huynh-Feldt	.126	46.613	1.000
	Lower-bound	.126	23.482	.998
Arizon * Group	Sphericity Assumed	.000	.072	.055
	Greenhouse-Geisser	.000	.070	.055
	Huynh-Feldt	.000	.071	.055
	Lower-bound	.000	.036	.054

Table. Tests of Within-Subject Contrasts

Measure: MEASURE_1

Source	Arizon	Type III Sum of Squares	df	Mean Square	F	Sig.
Arizon	Linear	10760.947	1	10760.947	39.658	.000
	Quadratic	259.641	1	259.641	1.312	.254
Arizon * Group	Linear	14.850	1	14.850	.055	.815
	Quadratic	2.005	1	2.005	.010	.920
Error(Arizon)	Linear	44229.041	163	271.344		
	Quadratic	32268.759	163	197.968		

Table. Tests of Within-Subject Contrasts

Measure: MEASURE_1

Computed using alpha = .05

Source	Arizon	Partial Eta Squared	Noncent. Parameter	Observed Power ^a
Arizon	Linear	.196	39.658	1.000
	Quadratic	.008	1.312	.207
Arizon * Group	Linear	.000	.055	.056
	Quadratic	.000	.010	.051

Table. Tests of Within-Subject Effects

Measure: MEASURE_1

Transformed Variable: Average

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Intercept	2172270.582	1	2172270.582	2951.458	.000	.948
Group	1038.582	1	1038.582	1.411	.237	.009
Error	119967.855	163	735.999			

Table. Tests of Within-Subject Effects

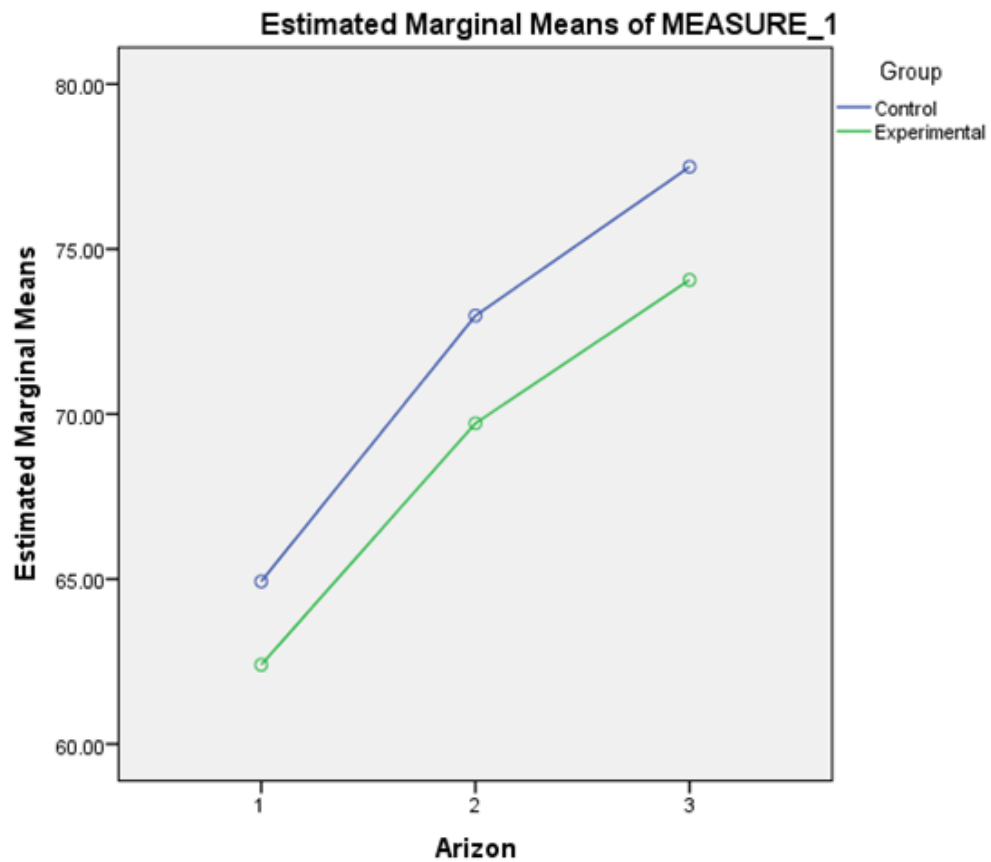
Measure: MEASURE_1

Transformed Variable: Average

Computed using alpha = .05

Source	Noncent. Parameter	Observed Power ^a
Intercept	2951.458	1.000
Group	1.411	.219

Profile Plots for Arizona



In lay terms, the AIOS plots of the estimated marginal means over time collapsing across group as measured by the AIOS for the sense of well-being improved ($C=8.80$ & $E=7.35$). These results were derived by comparing the pre-intervention sampling with the second sampling, immediately after the prayer intervention. The AIOS also demonstrated significant sustainability in the attained sense of well-being and reported continued significant improvement ($C=3.55$ & $E=3.15$). These results were derived by comparing the second and third sampling data, 90-days post intervention. The composite AIOS total improvement in estimated marginal means over time collapsing across groups through the complete study was derived by comparing the pre-intervention sampling with the third giving the total improvement in sense of well-being was ($C=12.35$ & & $E= 10.50$). This is the most significant improvement in all ANOVAS.

Plots of Means for the AIOS Anxiety Lay Presentation

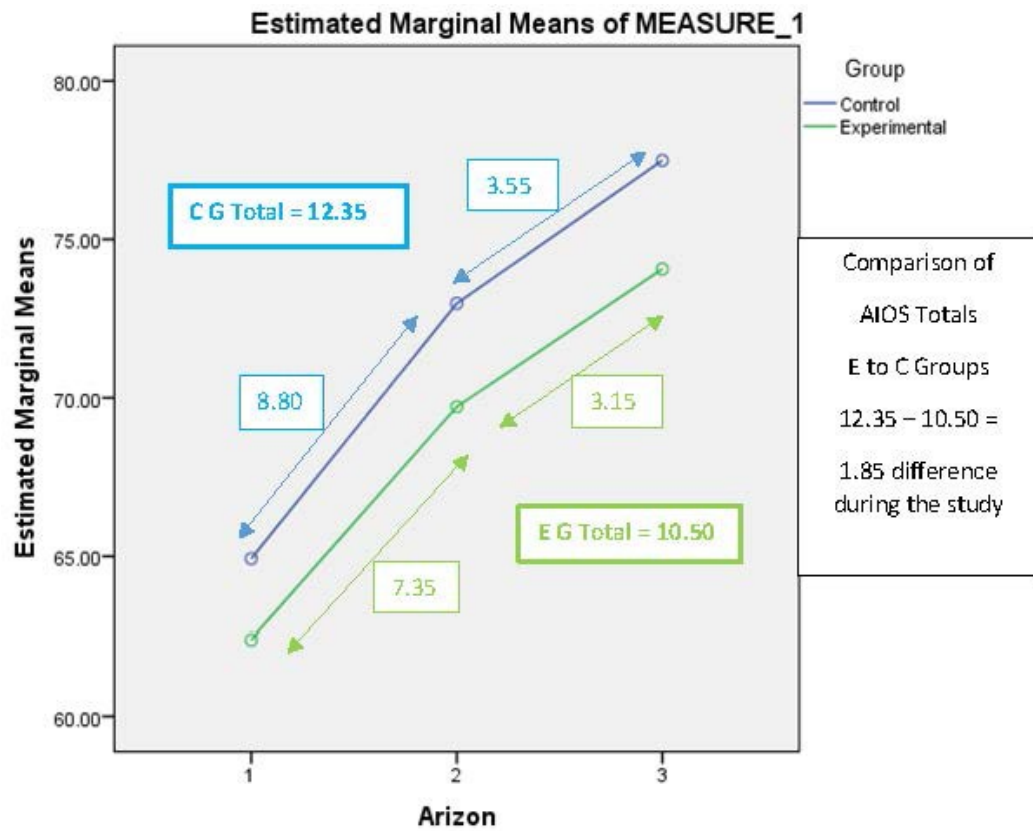


Table. Differences of Quantitative Analysis using 168 Prayer Recipients

State Less Anxiety	Trait Less Anxiety	ASPIRES Total	AIOS improvement
3.48 diff – 10.33%	4.17 diff – 11.71%	0.88 diff – 0.014%	12.35 diff – 12.35%
3.58 diff – 10.41%	4.35 diff – 12.12%	0.63 diff – 0.010%	10.50 diff – 10.50%
0.10 / 80 = 0.0013%	0.18 / 80 = 0.0023%	0.25 / 92 = 0.0027%	1.85 / 100 = 01.85%

Legend: Control - Blue
Experimental - Green

Points different between C & E groups and % of change difference

Prayer Agents' Tally Sheet for Suggested Prayers

Prayer Week One Experimental Group - 8 or 9 PRs assigned each PA:

Sixteen (16) PAs used spirit led prayer 100% of the time.

Fourteen (14) PAs used Suggested Prayer some of the time.

Prayer Week Two Control Group - 3 or 4 PRs assigned each PA:

Fifteen (15) Prayer Agents used spirit led prayer 100% of the time.

Fifteen (15) Prayer Agents used Suggested Prayer some of the time.

<u>Prayer Name</u>	<u>Prayer #</u>	<u>Usages</u>		<u>Total</u>
		<u>Prayer Week</u> <u>1</u>	<u>Prayer Week</u> <u>2</u>	
Our Father (The Lord's Prayer)				
-- Traditional -	- 1	116	+ 68 =	184
Native American -- O Great Spirit -	- 2	21	+ 36 =	57
Hail Mary -	- 3	133	+ 77 =	210
Guardian Angel Prayer -	- 4	86	+ 41 =	127
A Templars Prayer -	- 5	278	+ 52 =	330
An Adaptation Of - <i>A Crafted Prayer</i> -	- 6	133	+ 13 =	146
More Crafted Prayers				
Hear that all is of Love, -	- 7	69	+ 38 =	107
In all things, give thanks. Give the Glory -	- 8	76	+ 40 =	116
In all things, give thanks. Thank you -	- 9	89	+ 26 =	115
Believe in this healing -	- 10	101	+ 29 =	130
Holy Spirit, bless this woman/man -	- 11	69	+ 48 =	117
Believe in the journey to healing -	- 12	65	+ 29 =	94
May the peace of God -	- 13	116	+ 39 =	155
God Is Wisdom -	- 14	19	+ 19 =	38
The Four Great Vows -	- 15	13	+ 16 =	29
The Teaching Of The Seven Buddha's -	- 16	10	+ 14 =	24
The Threefold Refuge -	- 17	14	+ 10 =	24
Devotional Songs Of The Ashram -	- 18	41	+ 55 =	96
The Living Flame Of Love -	- 19	18	+ 21 =	39
Praise The Lord! -	- 20	43	+ 13 =	56
Lakota Prayer -	- 21	19	+ 10 =	29
Toltec Prayer -	- 22	30	+ 14 =	44
The Satchitananda -	- 23	17	+ 9 =	26
Be God with Me -	- 24	14	+ 13 =	27
A Celtic Prayer for Protection -	- 25	<u>18</u>	+ <u>18</u> =	<u>36</u>
Line Totals		1,608	+ 648 =	2,256

178 total PRs X 6 days X 30 PAs = 32,040 estimated prayers used during Prayer Weeks

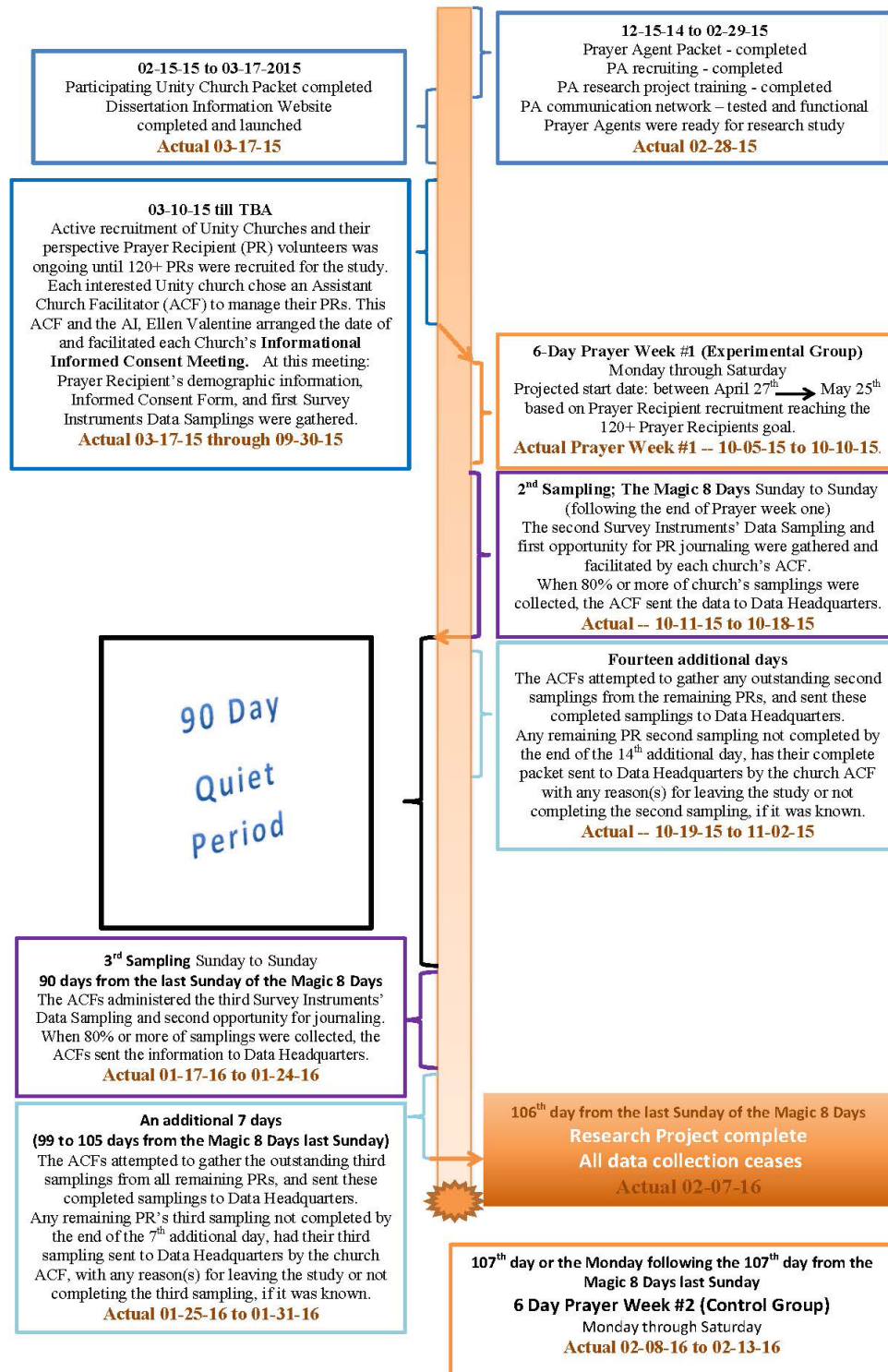
One and Two. $2,356 / 32,040 = .07$ or 7% PA's usage of Suggested Prayers

93% PA's usage of Spirit Lead Prayers

End of Study Prayer Agents' Tally Sheet Totals

As of March 09th, 2016

Research Project Timeline



APPENDIX B:

JOURNAL SAMPLING

Journaling Opportunity -- Post ML-DPI Sampling

My Experience Over the Last Few Days After Prayer Week Concluded Was:

Healing phenomena can manifest from any prayer, and may also occur in this study. If you did experience healing phenomena, would you please share?

Shift(s) in my sense of well-being or life expression:

Shift(s) in my sense of my physical life experience:

Shift(s) in me emotionally:

Shift(s) in me mentally:

Shift(s) in me spiritually:

Journaling Analysis

The following section is a qualitative analysis of the participants' journaling responses to each question (1 through 7) and for each measurement period depicted by tables and bar graphs. The NVIVO 10 was used to analysis the journaling responses. It is very impartial but it registered PRs responses in more than one category. For this reason, the percentages and n numbers may add up to more than the whole. These are not mistakes, just the n numbers produced by the NVIVO 10 program. The exceptions are Question 2 Time 3 for both the E and C groups. Their information and graphs is the product of the 135-day follow-up and were not analyses using the NVIVO 10. They are subjective choices by the PI. Because this data is so subjective the PR journaling PRs responses are included.

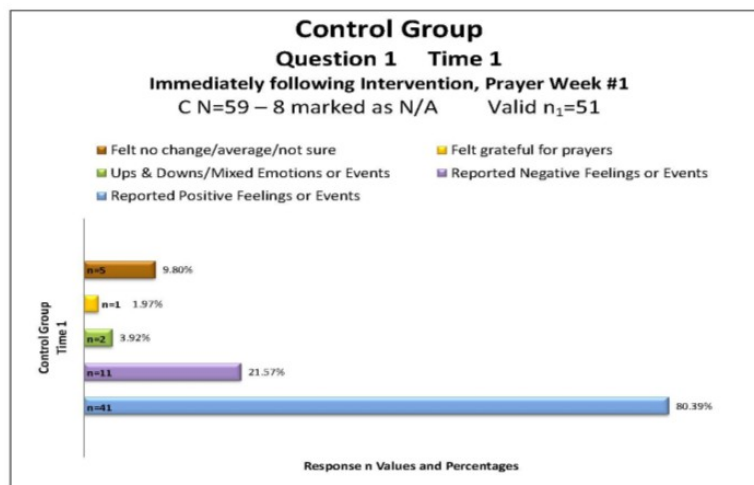
Question 2 - Time 1 and 2 results were above the percentages expected. They were suspected to be inflated for unknown reasons. Possibly there had not been enough time expired from the second sampling post intervention, to 90-day post to factor out any placebo or PR bias. It was decided to sample the journaling a third time. This was called the 135-day follow-up.

Question 1: Time 1 & 2

Control group:

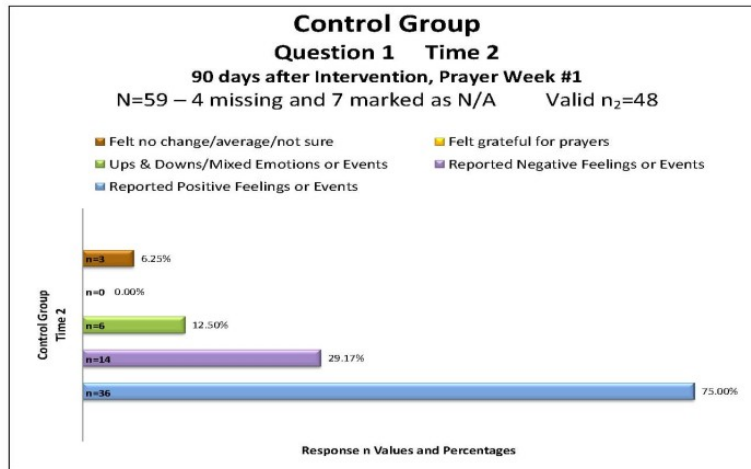
Time 1 (Immediately following Intervention/Prayer Week #1)

- N= 59; 8 marked as 'N/A' – **Valid n₁ = 51**
 - Felt no change/average/not sure – n=5 (9.80%)
 - Felt grateful for prayers – n=1 (1.97%)
 - Ups & Downs/ Mixed Emotions or Events – n=2 (3.92%)
 - Reported Negative Feelings or Events – n=11 (21.57%)
 - Reported Positive Feelings or Events – n = 41 (80.39%)



Time 2 (90 days after Intervention/Prayer Week #1)

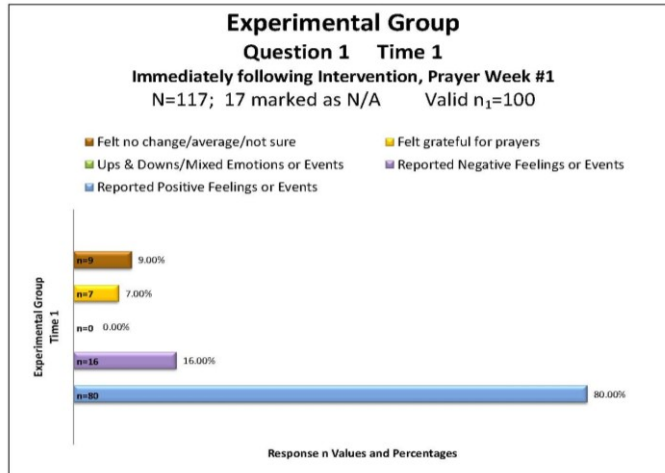
- N=59; 4 missing and 7 marked as 'N/A' – **Valid n₂ = 48**
 - Felt no change/average/not sure – n=3 (6.25%)
 - Felt grateful for prayers – n=0 (0.00%)
 - Ups & Downs/ Mixed Emotions or Events – n=6 (12.50%)
 - Reported Negative Feelings or Events – n=14 (29.17%)
 - Reported Positive Feelings or Events – n = 36 (75.00%)



Experimental group:

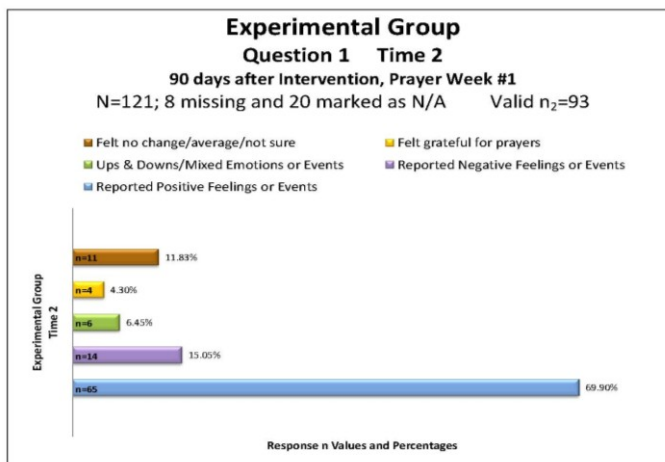
Time 1 (Immediately following Intervention/Prayer Week #1)

- N = 117; 17 marked as 'N/A' – **Valid n₁ = 100**
 - Felt no change/average/not sure – n=9 (9.00%)
 - Felt grateful for prayers – n=7 (7.00%)
 - Ups & Downs/ Mixed Emotions or Events – n=0 (0.00%)
 - Reported Negative Feelings or Events – n=16 (16.00%)
 - Reported Positive Feelings or Events – n =80 (80.00%)



Time 2 (90 days after Intervention/Prayer Week #1)

- N = 121; 8 missing and 20 marked as 'N/A' – **Valid n₂ = 93**
 - Felt no change/average/not sure – n=11 (11.83%)
 - Felt grateful for prayers – n=4 (4.30%)
 - Ups & Downs/ Mixed Emotions or Events – n=6 (6.45%)
 - Reported Negative Feelings or Events – n=14 (15.05%)
 - Reported Positive Feelings or Events – n =65 (69.90%)

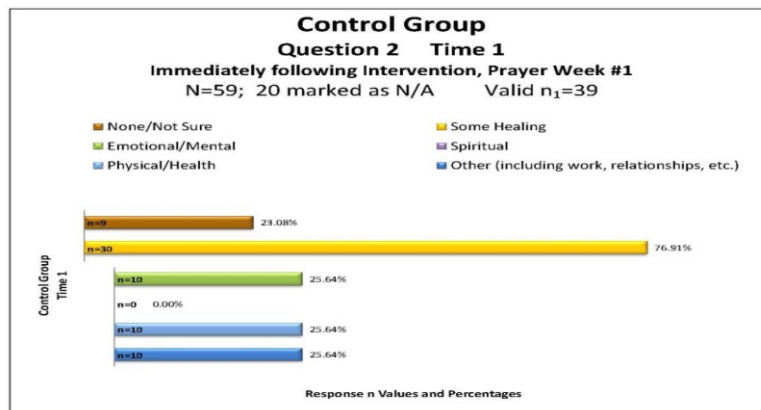


Question 2: Time 1 & 2

Control group:

Time 1 (Immediately following Intervention/Prayer Week #1)

- N= 59; 20 marked as 'N/A' – **Valid n₁ = 39**
 - None/Not Sure – n=9 (23.08%)
 - Some Healing – n=30 (76.92%)
 - Emotional/Mental – n=10 (25.64%)
 - Physical/Health – n=10 (25.64%)
 - Other (including work, relationships, etc.) – n=10 (25.64%)



Time 2 (90 days after Intervention/Prayer Week #1)

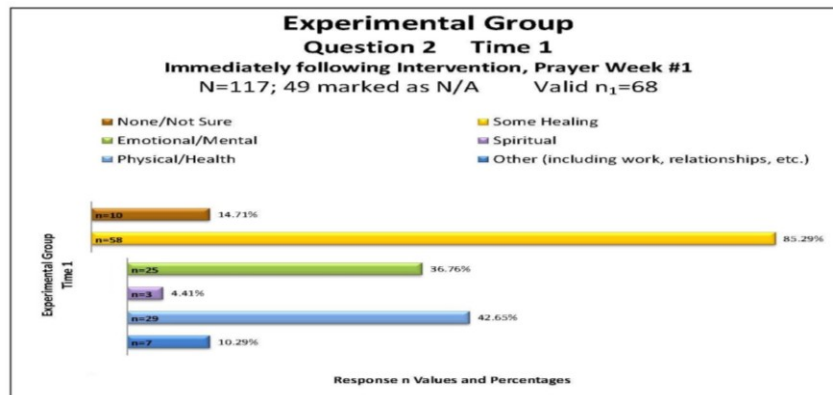
- N= 59; 4 missing and 23 marked as 'N/A' – **Valid n₂=32**
 - None/Not Sure – n=5 (15.63%)
 - Some Healing – n=27 (84.38%)
 - Emotional/Mental – n=11 (34.38%)
 - Spiritual – n=2 (6.25%)
 - Physical/Health – n=13 (40.63%)
 - Other (including work, relationships, etc.) – n=3 (9.38%)



Experimental group:

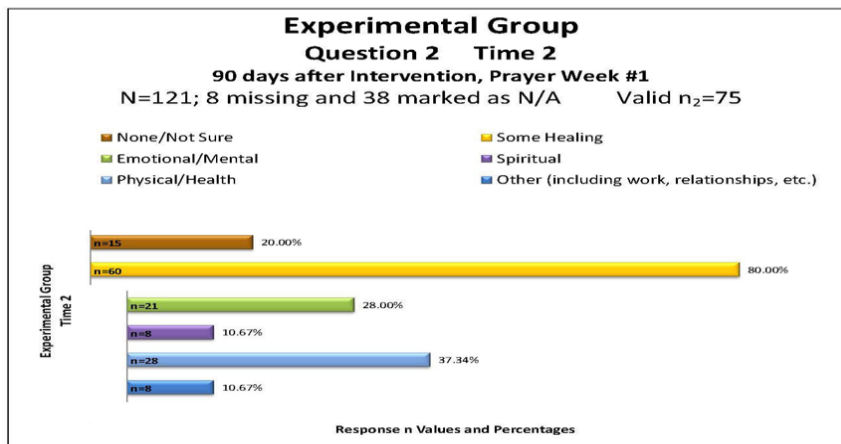
Time 1 (Immediately following Intervention/Prayer Week #1)

- N= 117; 49 marked as 'N/A' – **Valid n₁ = 68**
 - None/Not Sure – n=10 (14.71%)
 - Some Healing – n=58 (85.29%)
 - Emotional/Mental – n=25 (36.76%)
 - Spiritual – n=3 (4.41%)
 - Physical/Health – n=29 (42.65%)
 - Other (including work, relationships, etc.) – n=7 (10.29%)



Time 2 (90 days after Intervention/Prayer Week #1)

- N= 121; 8 missing and 38 marked as 'N/A' – **Valid n₂ = 75**
 - None/Not Sure – n=15 (20.00%)
 - Some Healing – n=60 (80.00%)
 - Emotional/Mental – n=21 (28.00%)
 - Spiritual – n=8 (10.67%)
 - Physical/Health – n=28 (37.34%)
 - Other (including work, relationships, etc.) – n=8 (10.67%)



Question 2: Time 3

Control Group

Results of the 135-day query for the Control Group PRs were:

29 queried; 8 did not respond. Valid Query $N_3=21$

Of the 19 responses, 11 (57.89%) were determined not reporting Healing Phenomena; 8 (42.11%) reporting possible Healing Phenomena.

Of these possible healing phenomena responses, three (3) were labeled questionable (14.29%) and five (5) as solid (23.81%) healing phenomena.

Experimental Group

Results of the 135-day query for the Experimental Group PRs were:

72 queried; 21 did not respond Valid Query $N_3 = 51$.

Of the 51 responses, 28 (54.90%) were determined not reporting Healing Phenomena; 23 (45.10%) reporting possible Healing Phenomena.

Of these possible healing phenomena responses, nine (9) were labeled as questionable (17.65%) and fourteen (14) as solid (27.45%) healing phenomena.

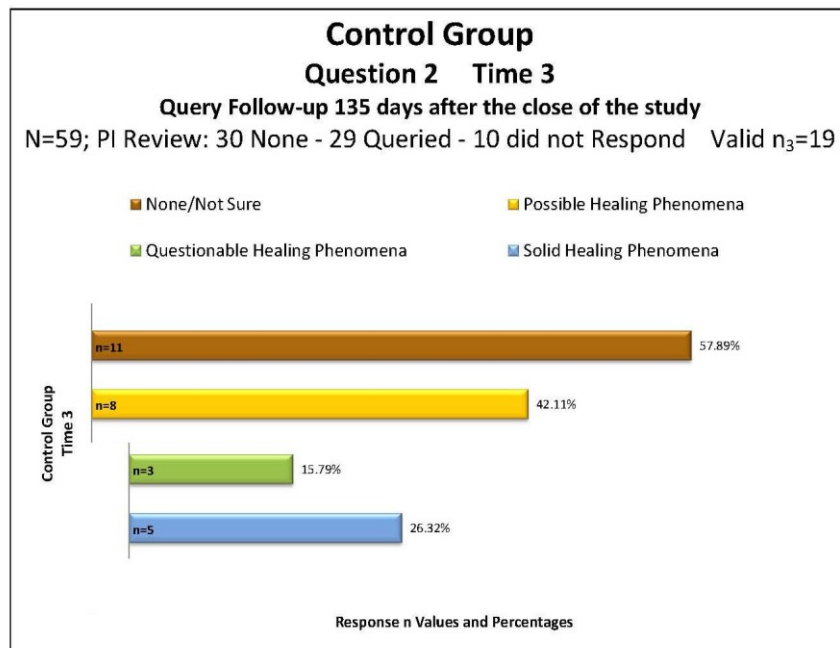
Total PRs queried= one-hundred-one; 72 PRs did respond

29 (8 control and 21 experimental) PRs did not respond.

Control Group

Time 3 (Query Follow-up - 135 days after the close of the study on 02-07-16.)

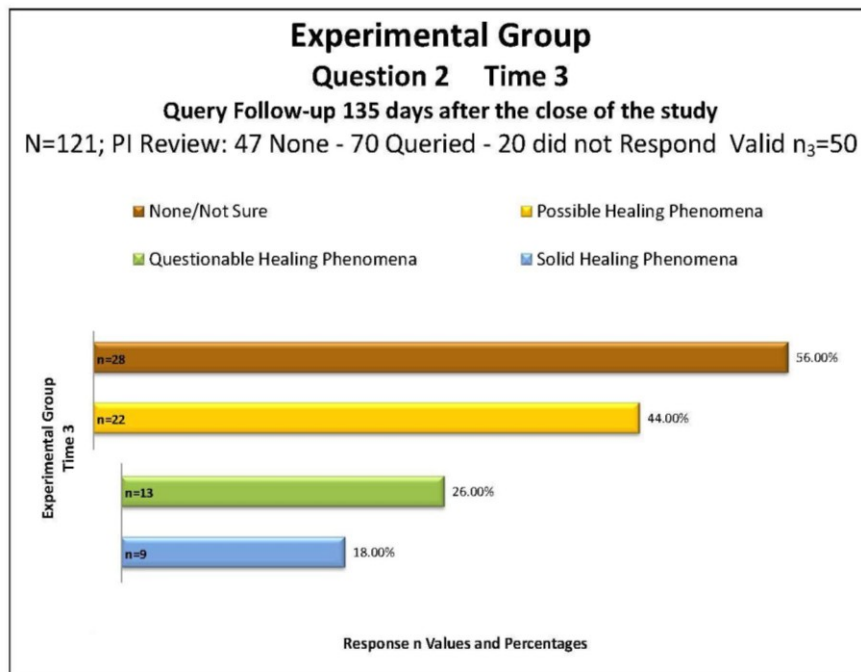
- N= 59; PI review 30 PRs reported No Healing Phenomena; 29 queried by email; 8 did not respond – **Valid n₃ = 21**
 - None/Not Sure – n=13 (61.90%)
 - Possible Healing Phenomena – n=8 (38.10%)
 - Questionable Healing Phenomena – n=3 (14.29%)
 - Solid Healing Phenomena – n=5 (23.81%)



Experimental group

Time 3 (Query Follow-up - 135 days after the close of the study on 02-07-16.)

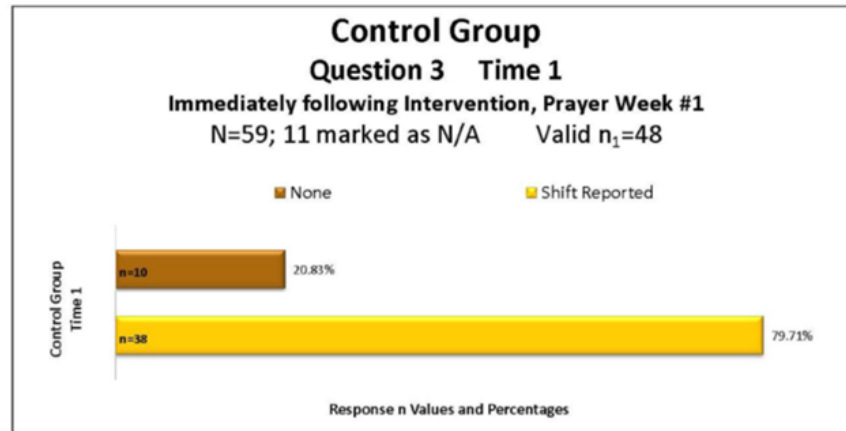
- N= 121; PI review: 49 PRs reported No Healing Phenomena; 72 queried by email; 21 did not respond – **Valid n₃ = 51**
 - None/Not Sure – n=28 (54.90%)
 - Possible Healing Phenomena – n=23 (45.10%)
 - Questionable Healing Phenomena – n=9 (17.65%)
 - Solid Healing Phenomena – n=14 (27.45%)



Question 3: Any shift(s) in my sense of well-being or life expression were:
Control group:

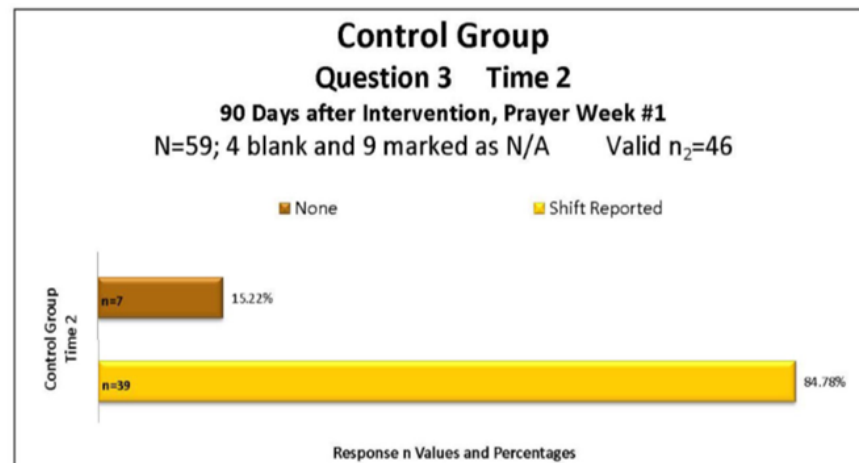
Time 1 (Immediately following Intervention/Prayer Week #1)

- N = 59; 11 marked as 'N/A' – **Valid $n_1 = 48$**
 - None – n = 10 (20.83%)
 - Shift reported – n = 38 (79.17%)



Time 2 (90 days after Intervention/Prayer Week #1)

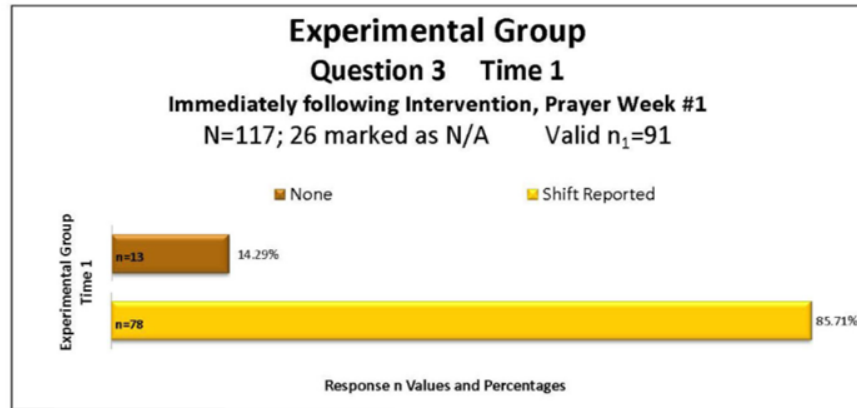
- N = 59; 4 blank and 9 marked as 'N/A' – **Valid $n_2 = 46$**
 - None – n = 7 (15.22%)
 - Shift reported – n = 39 (84.78%)



Experimental group:

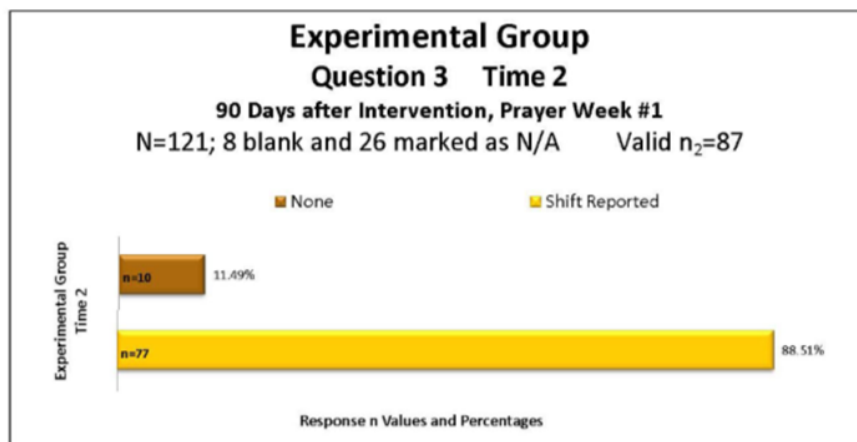
Time 1 (Immediately following Intervention/Prayer Week #1)

- N = 117; 26 marked as 'N/A' – **Valid $n_1 = 91$**
 - None – n = 13 (14.29%)
 - Shift reported – n = 78 (85.71%)



Time 2 (90 days after Intervention/Prayer Week #1)

- N = 121; 8 blank and 26 marked as 'N/A' – **Valid $n_2 = 87$**
 - None – n = 10 (11.49%)
 - Shift reported – n = 77 (88.51%)

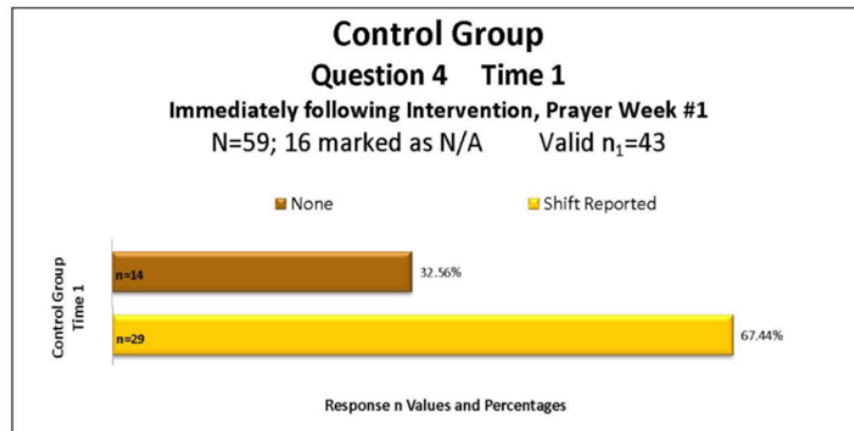


Question 4: Any shift(s) in my sense of my physical life experience were:

Control group:

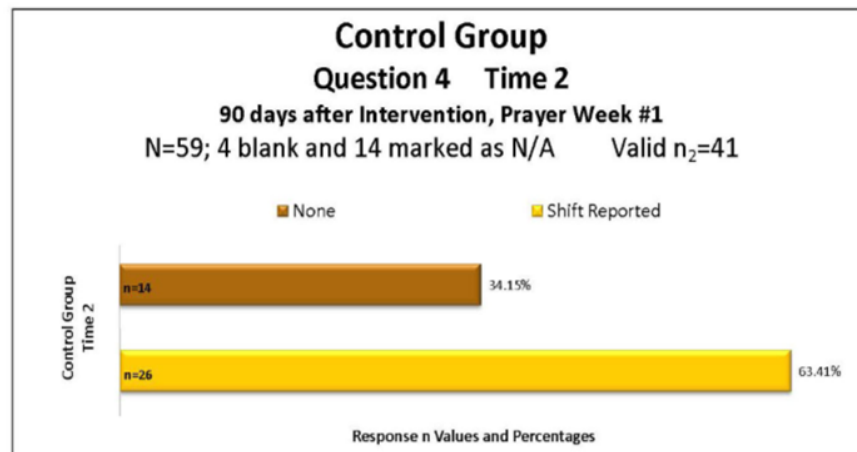
Time 1 (Immediately following Intervention/Prayer Week #1)

- N = 59; 16 marked as 'N/A' – **Valid $n_1 = 43$**
 - None – n = 14 (32.56%)
 - Shift reported – n = 29 (67.44%)



Time 2 (90 days after Intervention/Prayer Week #1)

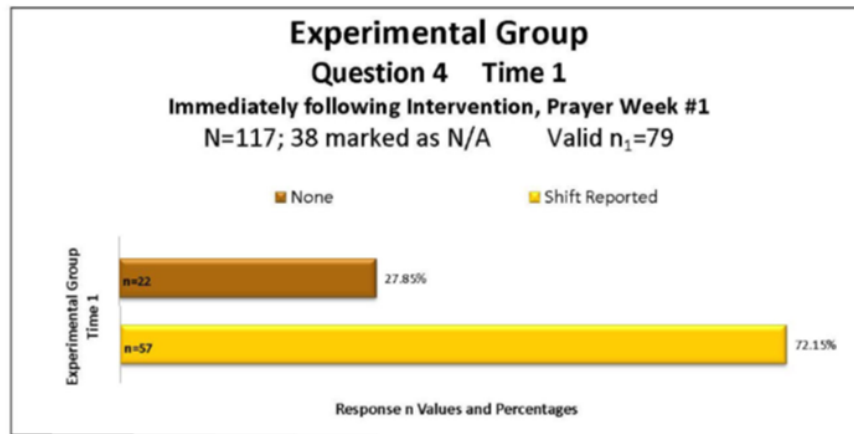
- N = 59; 4 blank and 14 marked as 'N/A' – **Valid $n_2 = 41$**
 - None – n = 14 (34.15%)
 - Shift reported – n = 26 (63.41%)



Experimental group:

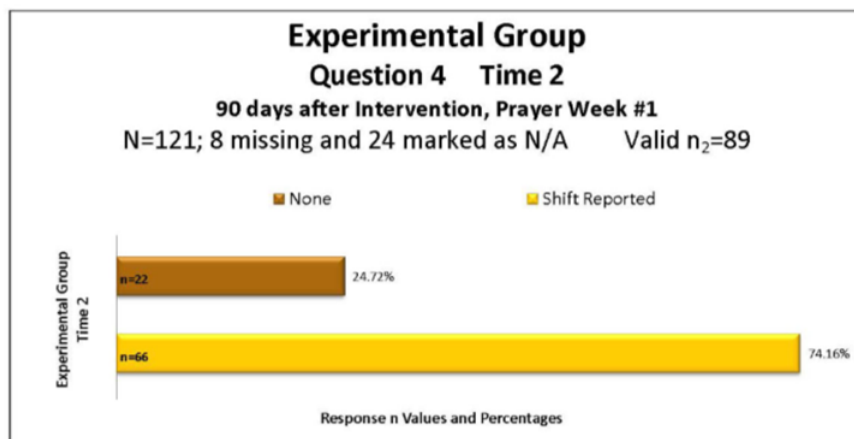
Time 1 (Immediately following Intervention/Prayer Week #1)

- N = 117; 38 marked as 'N/A' – **Valid $n_1 = 79$**
 - None – n = 22 (27.85%)
 - Shift reported – n = 57 (72.15%)



Time 2 (90 days after Intervention/Prayer Week #1)

- N = 121; 8 missing and 24 marked as 'N/A' – **Valid $n_2 = 89$**
 - None – n = 22 (24.72%)
 - Shift reported – n = 66 (74.16%)

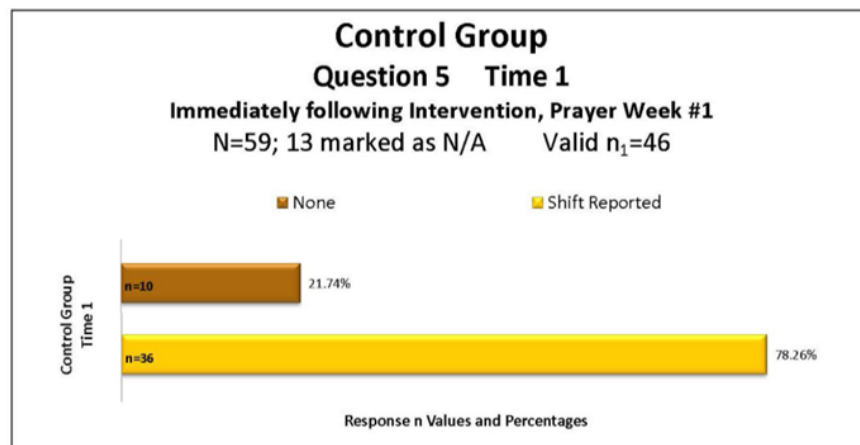


Question 5: Any shift(s) in me emotionally were:

Control group:

Time 1 (Immediately following Intervention/Prayer Week #1)

- N = 59; 13 marked 'N/A' – **Valid $n_1 = 46$**
 - None – n = 10 (21.74%)
 - Shift reported – n = 36 (78.26%)



Time 2 (90 days after Intervention/Prayer Week #1)

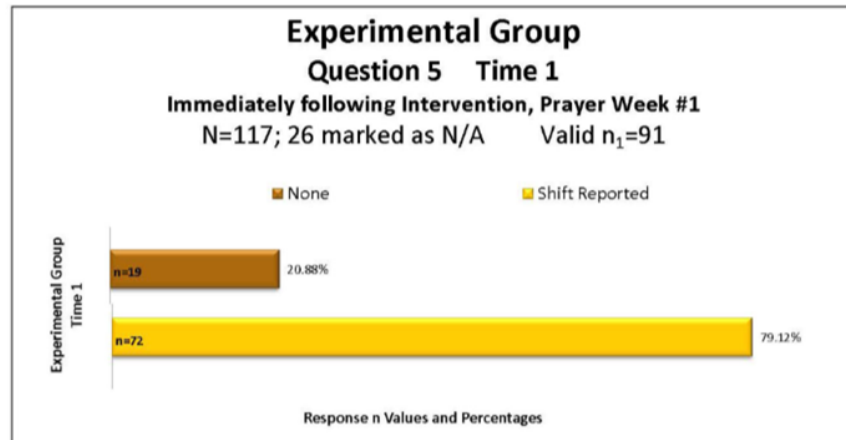
- N = 59; 4 blank and 11 marked 'N/A' – **Valid $n_2 = 44$**
 - None – n = 8 (18.18%)
 - Shift reported – n = 36 (81.82%)



Experimental group:

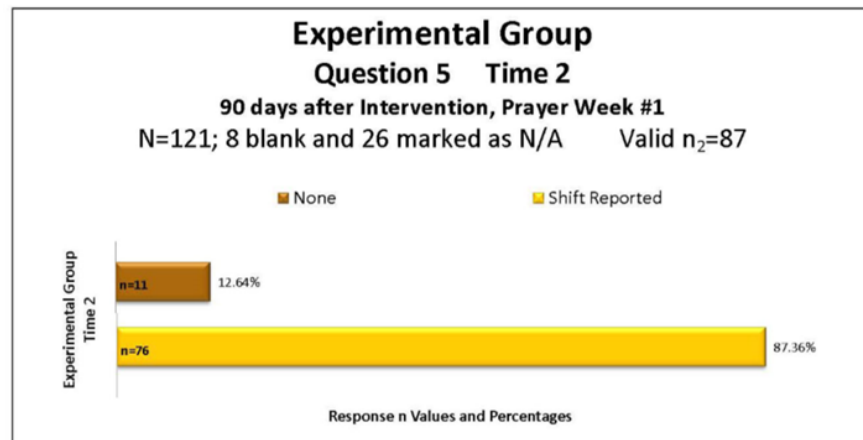
Time 1 (Immediately following Intervention/Prayer Week #1)

- N = 117; 26 marked 'N/A' – **Valid $n_1 = 91$** .
 - None – n = 19 (20.88%)
 - Shift reported – n = 72 (79.12%)



Time 2 (90 days after Intervention/Prayer Week #1)

- N = 121; 8 blank and 26 marked 'N/A' – **Valid $n_2 = 87$** .
 - None – n = 11 (12.64%)
 - Shift reported – n = 76 (87.36%)

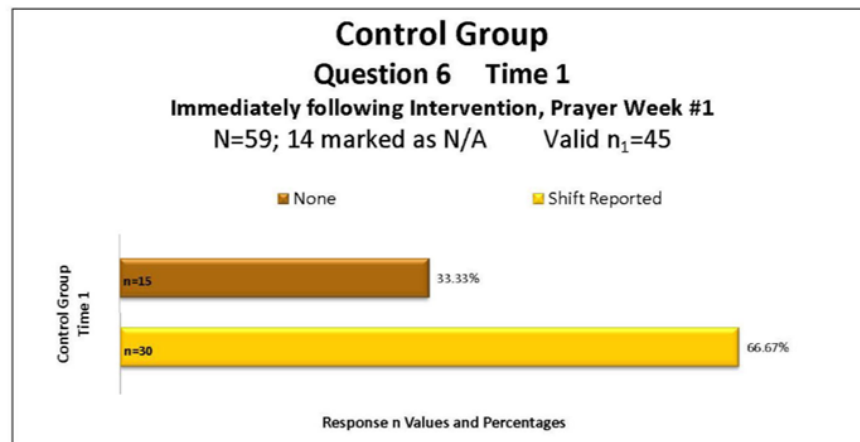


Question 6: Any shift(s) in me mentally were:

Control group:

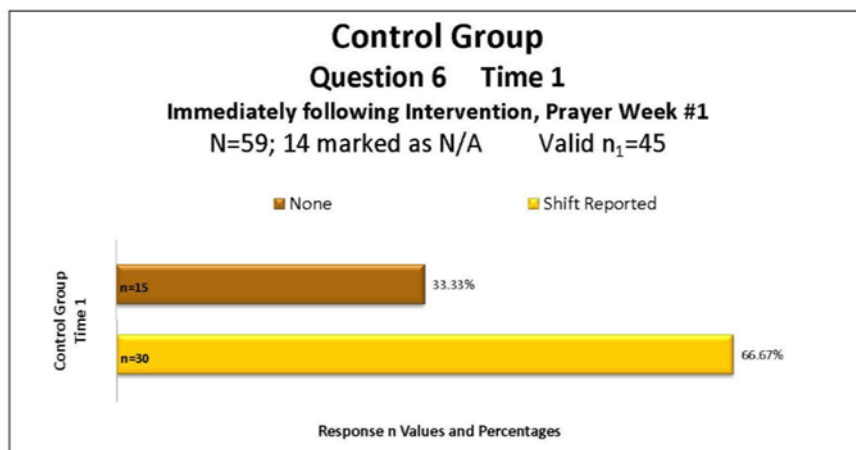
Time 1 (Immediately following Intervention/Prayer Week #1)

- N = 59; 14 marked 'N/A' – **Valid $n_1 = 45$**
 - None – n = 15 (33.34%)
 - Shift reported – n = 30 (66.67%)



Time 2 (90 days after Intervention/Prayer Week #1)

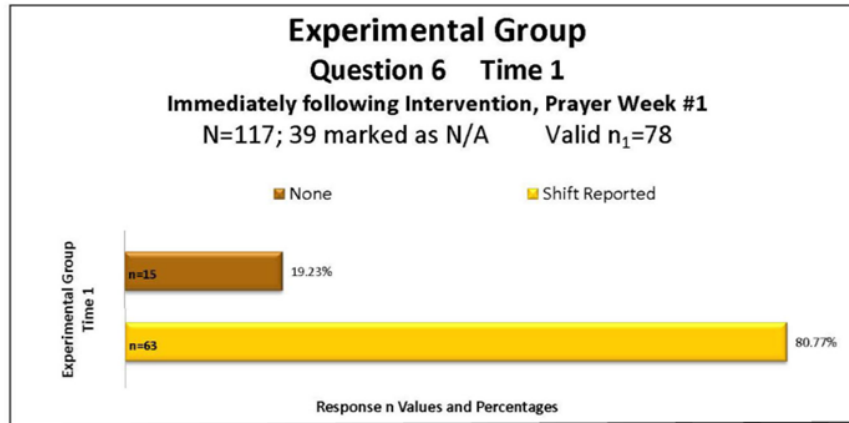
- N = 59; 4 blank and 15 marked 'N/A' – **Valid $n_2 = 40$**
 - None – n = 12 (30.00%)
 - Shift reported – n = 28 (70.00%)



Experimental group:

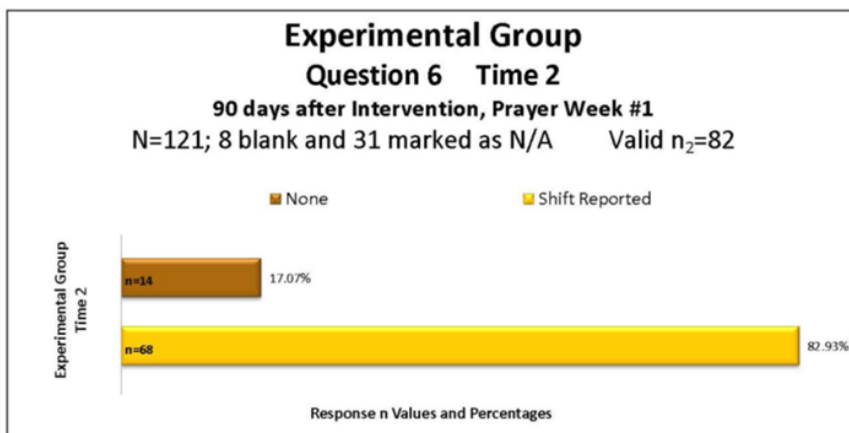
Time 1 (Immediately following Intervention/Prayer Week #1)

- N = 117; 39 marked 'N/A' – **Valid $n_1 = 78$** .
 - None – n = 15 (19.23%)
 - Shift reported – n = 63 (80.77%)



Time 2 (90 days after Intervention/Prayer Week #1)

- N = 121; 8 blank and 31 marked 'N/A' – **Valid $n_2 = 82$** .
 - None – n = 14 (17.07%)
 - Shift reported – n = 68 (82.93%)

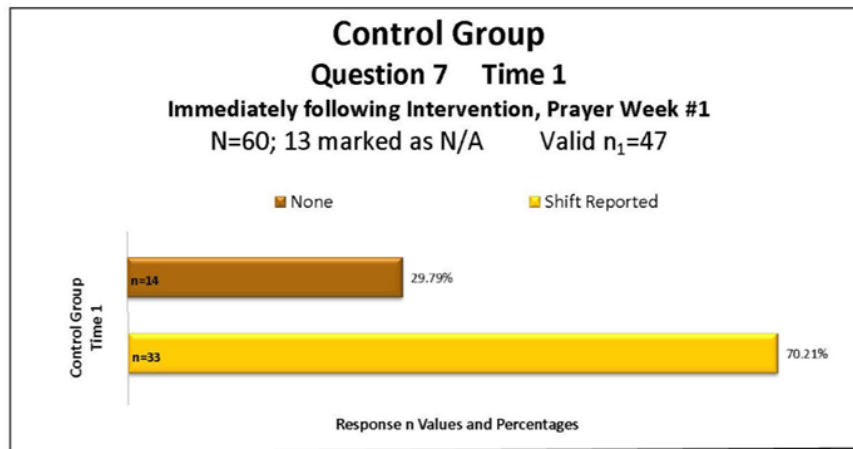


Question 7: Any shift(s) in me spiritually were:

Control group:

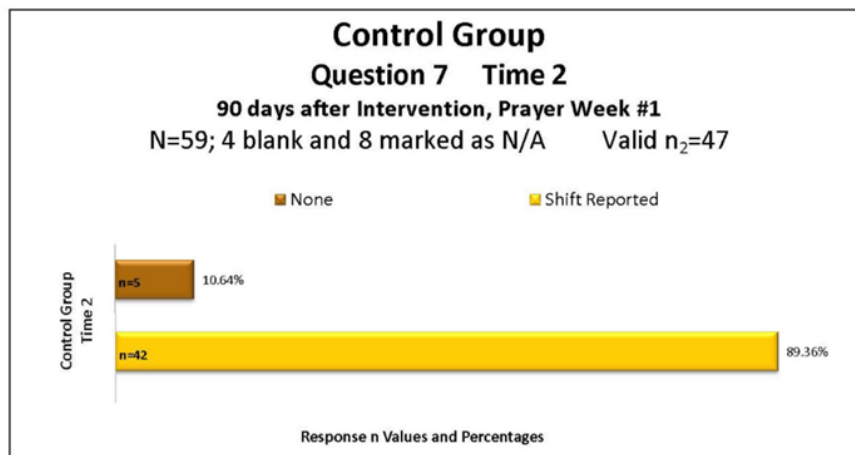
Time 1 (Immediately following Intervention/Prayer Week #1)

- N = 60; 13 marked 'N/A' – **Valid $n_1 = 47$**
 - None – n = 14 (29.79%)
 - Shift reported – n = 33 (70.21%)



Time 2 (90 days after Intervention/Prayer Week #1)

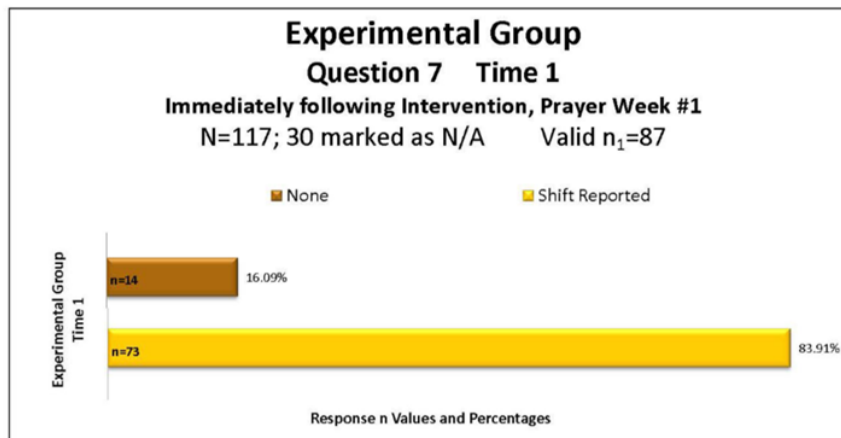
- N = 59; 4 blank and 8 marked 'N/A' – **Valid $n_2 = 47$**
 - None – n = 5 (10.64%)
 - Shift reported – n = 42 (89.36%)



Experimental group:

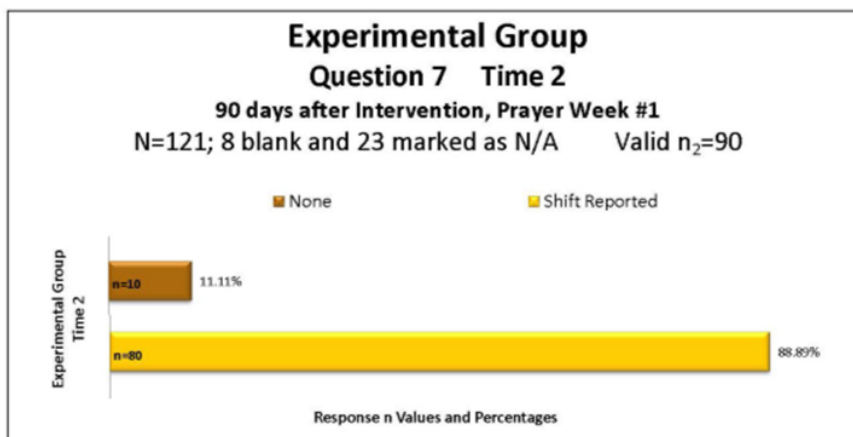
Time 1 (Immediately following Intervention/Prayer Week #1)

- N = 117; 30 marked 'N/A' – **Valid $n_1 = 87$** .
 - None – n = 14 (16.09%)
 - Shift reported – n = 73 (83.91%)



Time 2 (90 days after Intervention/Prayer Week #1)

- N = 121; 8 blank and 23 marked 'N/A' – **Valid $n_2 = 90$** .
 - None – n = 10 (11.11%)
 - Shift reported – n = 80 (88.89%)



135-DAY FOLLOW-UP

Journaling Question #2 Control Group

Question #2: Healing phenomena can manifest from any prayer, and may also occur in this study. If you did experience healing phenomena, please share in your own words.

Twenty-nine (29) (46.00%) of the total Control Group responses indicate possible healing phenomena.

Results of the 135-day query for the Control Group PRs was:

29 queried; 8 did not respond.

Valid Query $N_3=21$

Of the 19 responses:

11 (57.89%) were determined not reporting Healing Phenomena;

8 (42.11%) reporting possible Healing Phenomena.

Of these possible healing phenomena responses:

3 were labeled as questionable (14.29%)

5 as solid (23.81%).

Experimental Group

Results of the 135-day query for the Experimental Group PRs was:

72 queried; 21 did not respond

Valid Query $N_3 = 51$.

Of the 51 responses, 28 (54.90%) were determined not reporting Healing Phenomena;

23 (45.10%) reporting possible Healing Phenomena.

Of these possible healing phenomena responses:

9 were labeled as questionable (17.65%)

14 as solid (27.45%).

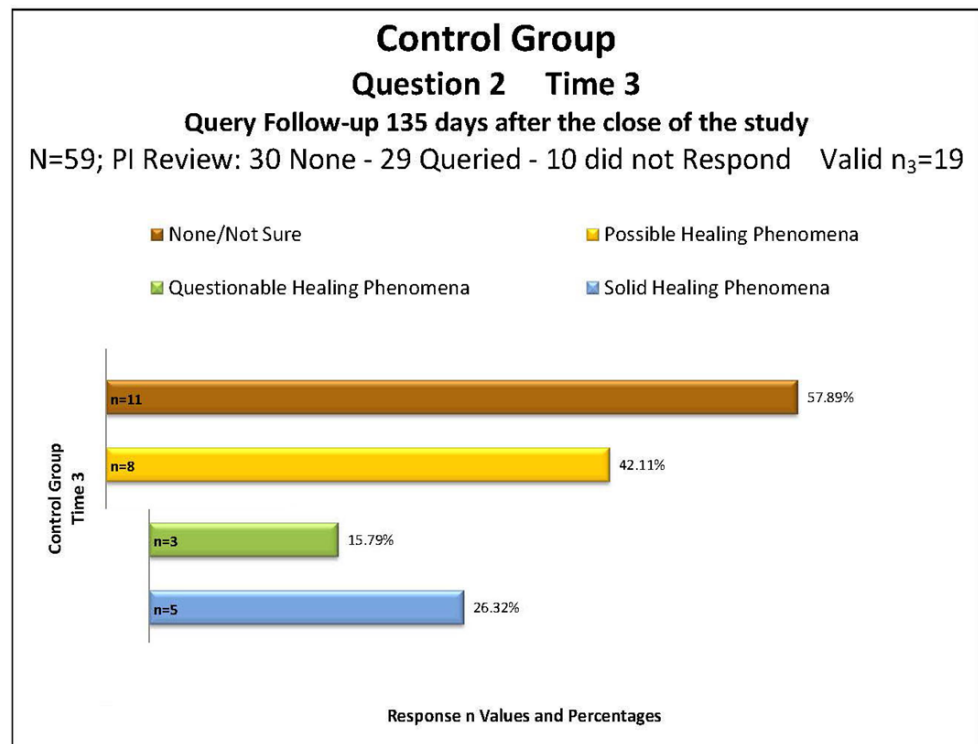
Total PRs queried= one-hundred-one; 72 PRs did respond

29 (8 control and 21 experimental) PRs did not respond.

Control Group

Time 3 (Query Follow-up - 135 days after the close of the study on 02-07-16.)

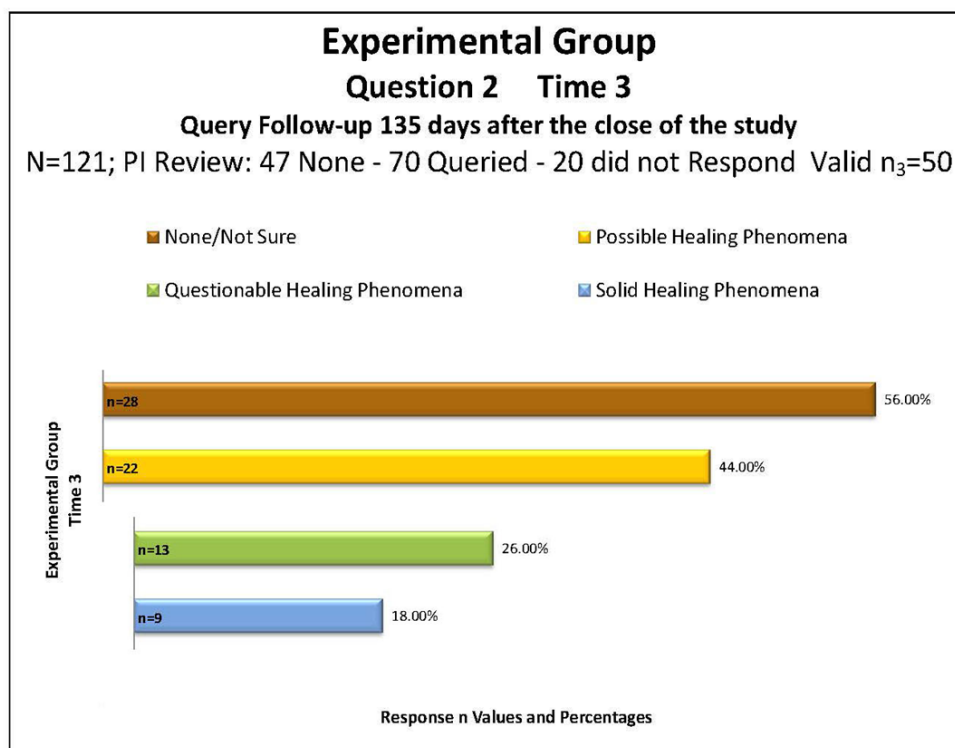
- N= 59; PI review 30 PRs reported No Healing Phenomena; 29 queried by email; 8 did not respond – **Valid n₃ = 21**
 - None/Not Sure – n=13 (61.90%)
 - Possible Healing Phenomena – n=8 (38.10%)
 - Questionable Healing Phenomena – n=3 (14.29%)
 - Solid Healing Phenomena – n=5 (23.81%)



Experimental group

Time 3 (Query Follow-up - 135 days after the close of the study on 02-07-16.)

- N= 121; PI review: 49 PRs reported No Healing Phenomena; 72 queried by email; 21 did not respond – **Valid n₃ = 51**
 - None/Not Sure – n=28 (54.90%)
 - Possible Healing Phenomena – n=23 (45.10%)
 - Questionable Healing Phenomena – n=9 (17.65%)
 - Solid Healing Phenomena – n=14 (27.45%)



The PR's journaling is posted below so the reviewer may make their own evaluation of Healing Phenomena.

Eight (8) Control Group PRs did not respond

These PRs did not respond to the query.

A_{DNR} **S2:** N/A

S3: Improved general overall well-being.

FP: Did not respond.

B_{DNR} **S2:** I am able to move more easily and am more active than before.

S3: I seem to be healing my relationship with my past. It is no longer the central focus of my life. I am very interested in trying new hobbies and interests like essential oils and art.

FP: Did not respond.

C_{DNR} **S2:** Able to do more physical activity.

S3: Increase in my ability to work out.

FP: Did not respond.

D_{DNR} **S2:** Achilles Bursitis on right ankle.

S3: Healing of neck and back.

FP: Did not respond.

E_{DNR} **S2:** I feel a newness to my life.

S3: Felt stronger.

FP: Did not respond.

F_{DNR} **S2:** Emotional anxiety has almost fled and much relief has emerged.

S3: I just feel great.

FP: Did not respond

G_{DNR} **S2:** Have healed very fast after surgery and feel better than I have in years!

S: Old feeling and thoughts gone!

FP: Did not respond.

H_{DNR} **S2:** Some healing seems to have happened, but I have also been trying to involve God power to heal myself.

S3: Pass some infections better and pass some other symptoms better.

FP: Did not respond.

Of the 21 that did respond - thirteen (13) (61.90%) not reporting Healing Phenomena

These are the PR responses which represent no or not sure Healing Phenomena.

ANRHP S2: A feeling of wholeness feels apparent.

S3: I can encompass the world easier.

FP: Happy to share a bit more, not knowing how it fits into the study. My Heart has expanded towing my mind along. I feel like the whole world, the earth, is for ME. I can learn to play, learn to love more freely and deeply. That is why I am here. Yet my mind often tugs me back. Watch politics: It's fascinating today. Indulge with two bowls of ice cream, not just one. Feel alone and then I do remember: I AM a Child of God. And all is well. Thank-you for your mighty efforts.

BNRHP S2: I divorced almost 5 years ago and have been holding onto all those boxes of personal possessions. I have released some and held onto a lot until last week. Now I'm releasing at a new level and feeling freer and clearer than I have in years.

S3: A change in my attitude; a willingness to take care of myself with no excuses. Holding myself accountable and making different choices. I have released 28 pounds of flesh, and know that I will release at least 90 more and be successful!!!

FP: I am 50 pounds down. I live in a new state, Asheville, NC. I feel a little stuck and am shifting and opening up to new and different possibilities. I feel like I am still in the process and a little stuck at the moment. Blessings

CNRHP S2: An irritable bowel syndrome cause and effect seems to be getting better.

S3: N/A

FP: Sorry, I have not been available or close to my email.

The statement I made above was true and I am still believing a healing is coming. However, I am still experiencing difficulty with IBS. Certain items trigger the symptoms and uncomfortable scenarios that i wouldn't wish on anyone! I wish i could say that it was gone or better but I have to report it is the same. Thank you for your help as I look forward to reading the report.

DNRHP S2: None

S3: Continued growth in calmness and self-awareness.

FP: Nothing much has really changed. I continue to meditate daily, sometimes short sessions, sometimes longer, sometimes multiple. I have continued in my Healing Touch Spiritual Ministry classes, and have the last Level One class this Sunday. I've been on two, back-to-back one-week meditation retreats and other "healing" events/classes. I continue as a Prayer Chaplain at Unity North Spiritual Center. I attend two different men's communication/support groups. I just got

into an 8-week long Resilience Training program at the hospital where I work. So, all in all I'm pretty "covered" healing-wise. I would like to find out if I was in the "prayed for" group or the control group. I do look forward to reading the final study results. Thank you for working on it.

E_{NRHP} **S2:** N/A

S3: Not phenomena, but health issues disappear quickly with prayer claiming health and wholeness.

FP: I believe when we call forth (claim) "health and wholeness" the universe/God responds immediately. I know my connection with God. My prayers and others praying with me is more than a request to God; it is my confirmation that I am not alone, and that the presence and power of God IS AT WORK. Healing is happening through love.

F_{NRHP} **S2:** For two days I felt tingling all over my body.

S3: I feel like the weight of thoughts being lifted. The anger and slights I have felt don't seem so important. Not groveling in my past.

FP: PR said she didn't experience any overall healing and that's why she didn't respond. *ACF reports for PR.*

G_{NRHP} **S2:** N/A

S3: Decrease in the volume of tinnitus.

FP: I haven't a clue what S2-1182 is, so I can't speak to that. As to S3: the slight decrease in tinnitus volume continues – to my delight! However, my hearing loss is still significant and on July 14th I will undergo cochlear implant surgery at Mayo Clinic. Healing occurs through many venues! Please join me in affirming that the surgeon's hand is divinely guided, that recovery is quick and easy, and that the results of the implant are spectacular! Whether or not the implant will in any way affect the tinnitus is unknown. Time will tell.

H_{NRHP} **S2:** Well rested and better sleep.

S3: N/A

FP: Over the last 120 days my sleep/rest has been not so good and having physical and emotional challenges.

I_{NRHP} **S2:** Fast healing.

S3: N/A

FP: I have not experienced any significant healing phenomenon during the time span of this study. My healing experience is an underlying, ongoing state of consciousness of health and wholeness. Love, Light and Unlimited Abundance

J_{NRHP} **S2:** Psychologically, I could not sleep, think straight, had terrible conflict at work, then there was an abrupt improvement in the relationship and my way of handling it.

S3: N/A

FP: I can't remember when I wrote that, but around January, the bullying, gossiping and poking fun at work resumed and became intolerable, so I sat with my feelings and wrote a detailed note to my manager telling her what was happening and offering to work with her and others (there were only 2 others of about 35) in the office to rectify whatever problems were going on. I waited almost 2 months to reflect on whether I should proceed with sending it, had several close friends look at the e-mail before sending it to make sure it did not come from a place of anger, then sent the e-mail. My manager requested to see me as soon as possible when she returned from a trip. Upon her return we met and the meeting seemed very positive. However, I discovered later that after that meeting she called HR and told several in the office that she immediately planned to fire me although she had assured me that she would take positive action to rectify the situation. I was out the next day, but at 7am the next morning, she called me into her office, put HR on the phone and told me she was letting me go stating that "I was obviously unhappy, that no one else knew about what was going on and she would respectfully "escort me from the office."

Later I learned that the others in the office knew immediately that she planned this escorting (along with throwing my things in boxes and carrying them to the car). Since leaving this very negative work environment that included ageism, making fun of my voice, disrespect and other very negative aspects - I feel as though a great weight has been lifted from me. I have found respect and support I did not know was available. I have gotten rest I badly needed. I have been available to help others and provide volunteer opportunities at church. The "loss" of work felt like I had a million pounds lifted off of me. I continue to do very happy work with weddings. I still search for a full time job in addition to weddings, but am hopeful that the right opportunity(s) will open up - whether working for myself or others.

I also concentrate on forgiving this group of people and have no desire to focus on resentment or anger - I want to move on and go toward good. So there was a very positive resolution - just not the one I thought might occur.

KNRHP S2: I felt a major opening in a block I have been going through.

S3: N/A

FP: Hello, this is 1047. I have to admit that I don't remember exactly what this was about. I do have memory issues because of brain injuries. I cannot comment on this issue because I don't remember exactly what it was about. I apologize. I hope everything goes well in your endeavors.

LNRHP S2: 20 years ago recovered from alcoholism.

S3: My grandson is holding at the same level, which is great, and hasn't gotten any worse. I remain cancer free. **CI queries:** Please identify the issue and outcome clearer, so that we are clear of what you want to convey to us.

FP: As for this PR she had been diagnosed with stage for breast cancer and has other pressing things on her mind right now. ACF

M_{NRHP} S2: N/A

S3: Last month, ½, spiritual and emotional healing. I have felt the prayer; felt calmer at times than I thought I would. Husband died 12-06.

FP: Did not respond.

Of the eight (8) (38.10%) reporting possible Healing Phenomena, three (3) (14.29%) were labeled as questionable.

These PR's journaling's are, in the PI's opinion, a PR response which has merit but maybe questionable for Healing Phenomena. Further inquire by interview would be necessary to verify as Solid Healing Phenomena.

A_{CHP} S2: N/A

S3: I am healthier; I gave myself permission to spend the money on nutritional supplements.

FP: I would say I have stayed at the same level of health as 4 months ago. I feel that my business (self-employed) is doing better in getting business and knowing my worth and not being afraid to charge for it.

B_{CHP} S 2: I am better able to accept my father's terminal illness and transition.

S3: Have reduced high blood pressure meds by half and blood pressure is stable. ☺

FP: I'm doing well regarding my dad's transition, although Father's Day was one of tearing up occasionally. I do miss him. As for my blood pressure medication--I'm still maintaining on 1/2 dose and feeling great. All in all, life is good--I feel stronger in my spiritual quest and greatly appreciate the guidance from Rev. April.

C_{CHP} S2: Have experienced may own responses to events rather than how my abusive parents would have responded.

S3: N/A

FP: While I don't recall the question/prompt that caused me to write the statement, I can say this: "I continue to rarely react to events as my parents would have. I laugh or just step back where I would have gotten angry in the past."

Of the eight (8) (38.10%) reporting possible Healing Phenomena, five (5) (23.81%) were labeled as solid.

These PR's journaling's are, in the PI's opinion, a PR response which is solid Healing Phenomena.

A_{SHP} S2: N/A

S3: Not as worried about life in general; emotionally freeing.

FP: Well, a miracle happened for me. I was recruited on LinkedIn by a big educational technology company, making a lot more money, doing what I love to do! I was shocked they even found me, and I got the job! Now my finances are getting better, and I'm not so much in survival mode anymore. It has been a dream come true. Thanks!

B_{SHP} **S2:** I recovered from a sinus infection.

S3: N/A

FP: No. It did not return.

C_{SHP} **S2:** No anemia and normal uterine biopsy.

S3: N/A

FP: During the summer of 2015 I experienced 7 weeks of menorrhagia heavy uterine bleeding. I went to gyn in later Sept for uterine biopsy. Normal tissue and normal level of hemoglobin. I was surprised because during the bleeding I felt week and expected anemia.

D_{SHP} **S2:** Wonderful and peaceful.

S3: N/A

FP: I'm not sure what the questions were for those. The thing I experienced during the period of time that I thought I was being prayed for (with) was a more peaceful awareness of things. I seemed not to react but respond in this peacefulness. It felt wonderful to feel as if someone else was holding me in the light of God. The amazing thing was it didn't matter if they were or not, it felt as if I was a part of a bigger whole. Along these lines I realized that I didn't have to lose the feeling after the study was over. Thank you for the wonderful experience.

E_{SHP} **S2:** N/A

S3: Neck and shoulder pain do not bother me now.

FP: Doing very well no neck or shoulder pain. Even after taking a fall on pavement Friday. Praise God. Still feel a sense of overall well-being and more thankful for everything. Thank you.

Journaling Question #2 135-day follow-up - Experimental Group

Healing phenomena can manifest from any prayer, and may also occur in this study. If you did experience healing phenomena, please share in your own words.

Seventy-two (72) (56.00%) of the total Experimental Group responses indicate possible healing phenomena.

Results of the 135-day query for the Experimental Group PRs was:

72 queried; 21 did not respond

Valid Query $N_3 = 51$.

Of the 51 responses:

28 were determined not reporting Healing Phenomena (54.90%)

23 reporting possible Healing Phenomena (45.10%)

Of these possible healing phenomena responses:

9 were labeled as questionable (17.65%)

14 as solid (27.45%).

Twenty-One Experimental Group PRs that did not respond

These PRs did not respond to the query

A_{DNR} **S2:** My blood pressure is good and I have reduced my dosage. My cholesterol is better, but not where it needs to be. A cold only lasted a few days.
S3: N/A
FP: Did not respond.

B_{DNR} **S2:** One area of cancer has been healed.
S3: N/A
FP: Did not respond.

C_{DNR} **S2:** Today as I walked down a staircase I became aware that I was walking more normally and without pain.
S3: My health has been up and down with recent trip to emergency room for unexplained bleeding. Now on meds for different issue and it is improving.
FP: Did not respond.

D_{DNR} **S2:** I am on the way to better health.
S3: Parkinson's outcome is better.
FP: Did not respond.

- E_{DNR}** **S2:** Emotional healing; a burden has been lifted from me with 2 of my important relationships.
S3: My healing is at a spiritual level. I am standing in my truth on a more consistent basis. I am more open to the reminder.
FP: Did not respond.
- F_{DNR}** **S2:** N/A
S3: Gradual healing of old deep emotional wounds and gradual release of judgmental attitudes.
FP: Did not respond.
- G_{DNR}** **S2:** I was able to start and continue walking again.
S3: My job is on the line and it feels horrible, but I know it's time to leave and I am scared. Fear is taking me over causing sleepless nights.
FP: Did not respond.
- H_{DNR}** **S2:** N/A
S3: Lyme disease is almost resolved; much improved.
FP: Did not respond.
- I_{DNR}** **S2:** I finally got off the sofa and exercised yesterday.
S3: Finally went to dentist and found a primary care physician. Turns out my thyroid needed some help. Dental gum repair was successful.
FP: Did not respond.
- J_{DNR}** **S2:** My Positive thoughts caused saggy skin to tighten up and muscles look toned although I don't work out and do eat the same. A friend called to chat after not communication for a year.
S3: Simply able to stand my ground in knowing my truth works next to a disbeliever. Saw an entity leave me because I was a stronger light.
FP: Did not respond.
- K_{DNR}** **S2:** Painful as it is, enlarging my self-responsibility for the relationships I have, with God and people, and empowering. This I have "control" of.
S3: More clarity, acceptance, and curiosity.
FP: Did not respond.
- L_{DNR}** **S2:** N/A
S3: Physical and spiritual healing.
FP: Did not respond.
- M_{DNR}** **S2:** None that I'm aware of.
S3: I have released some negative feelings around my ex-husband and his family. I also feel lighter regarding my family – mom, dad, and sisters.
FP: Did not respond.

- N_{DNR}** **S2:** I experienced a divine intervention with my eyes. I am no longer going blind.
S3: Directed to my eye doctor and hearing.
FP: Did not respond.
- O_{DNR}** **S2:** Getting feeling back in my right foot.
S3: Feeling returned in bottom of left foot.
FP: Did not respond.
- P_{DNR}** **S2:** Weight loss and easier to eat healthy.
S3: Therapeutic breakthroughs/epiphanies that brought about calm and made some neurotic behavior no longer feel necessary.
FP: Did not respond.
- Q_{DNR}** **S2:** I had cancer.
S3: My cancer is better.
FP: Did not respond.
- R_{DNR}** **S2:** N/A
S3: Currently going through a healing.
FP: Did not respond.
- S_{DNR}** **S2:** N/A
S3: I feel righter, quicker, and calmer more often.
FP: Did not respond.
- T_{DNR}** **S2:** Knee not as stiff.
S3: Courage to step out of my comfort zone.
FP: Did not respond.
- U_{DNR}** **S2:** N/A
S3: I'm awakening baby.
FP: Did not respond.

The Experimental Group PR that transitioned during the study

- S2:** Overcame fear of Public Speaking.
S3: Less angrier.
FP: Please make a note that 1051 transitioned from the physical world a few weeks ago. *ACF*

Experimental Group

Results of the 135-day query for the Experimental Group PRs was:

72 queried; 21 did not respond
Valid Query $N_3 = 51$.
Of the 51 responses:
28 were determined not reporting Healing Phenomena (54.00%)
23 reporting possible Healing Phenomena (46.00%)
Of these possible Healing Phenomena responses,
9 were determined as questionable (18.00%)
14 as solid (28.00%)

Twenty eight 28 (54.90%) did not reporting Healing Phenomena;

These PR responses represent no or not sure Healing Phenomena.

ANRHP S2: Nope; started menopause, awful.
S3: Physical – no. Spiritual – yes, yes!
CI queries: Please identify the issue and outcome. So that we are clear of what you want to convey to us.
FP: I'm sorry but I can't remember it's been so long the details of what it was.

BNRHP S2: This last week I felt more uplifted by my beliefs, etc.
S3: N/A
FP: Mostly I feel like I am walking in a world of love. Even just walking in stores, people are very friendly. My Grand-dog, Max, (my son's dog) just died a couple of nights ago. I am able to stay within this pool of love as I am paddling through my grief. He is such a part of the family. Many days I sing songs that also keeps my spirits high. For example:
Thank you for this day, Spirit!
Thank you for this wonderful, wonderful Day!

Another example:
Row, row, row my boat
Gently down the stream
Merrily, merrily, merrily
Like is but a dream!

Such journaling is an excellent way to express myself! Thank you for giving me this opportunity!

CNRHP S2: I feel clearer.

S3: Yes, in the ____ of my heart.

CI queries: Please identify the issue and outcome clearer.

FP: Prayer is the cornerstone of my life, clarifying all things in Christ Light. Blessings to you and all your endeavors,

D_{NRHP} S2: N/A

S3: My mind is not so depressed or anxious.

FP: There have been no changes that I can feel right now. In the beginning I did feel less depression and anxious. The depression and anxiety did increase again.

E_{NRHP} S2: N/A

S3: I have reduced my meditation intake.

FP: I would add for my follow up - I am now including morning and evening meditation to include healing sounds, healing mediation. I am also using several affirmative saying that I use during the day that includes healing and health.

F_{NRHP} S2: N/A

S3: Felt prayer lead me to the doctor who has helped me physically. With God's help I am healed.

FP: In response to your question, my health has remained the same. Since surgery was not an option, the Doctor I found explained my situation in detail and was able to give me suggestions to relieve the pain without using medications. I may not have improved physically but feel through prayer I have grown spiritually and more accepting of the events in my life. I hope this is of help.

G_{NRHP} S2: The above experience may be considered healing my soul from indecision.

S3: Self-belief improved.

FP: I was at a standstill regarding my career. Through prayer, I was able to choose to quit that job and go out on my own as a consultant. Didn't look back.

H_{NRHP} S2: Spinal tension release and a feeling that I am stretching comfortable into my own body.

S3: N/A

FP: I do not have any changes to report regarding physical healing phenomena. However, I have significant phenomena to report that are psychological / emotional in nature. In the last 120 days, in one instance, I experienced deep agitation that I could not identify while at a Board retreat, and later learned that it was at exactly the same time that my Mom was feeling intense agitation as she and my Dad were leaving New Mexico (their new adopted home) to return to Wisconsin. Another healing phenomena was the release of a repressed memory of being sexually abused when a small child by a female babysitter. I used our sensitive, spiritually powerful men's group at Unity of Appleton to work through that, and all is well. Other than that, not much to report. Hope this helps.

I_{NRHP} S2: Emotional and family healing.

S3: N/A

FP: Everything is great, even amazing in my life. Thank you.

J_{NRHP} S2: I feel more comforted and loved.

S3: My bodily issues are overridden by my spiritual awareness and growth.

FP: Prayer and spiritual focus has not eradicated complex medical issues but it has reduced their intensity and given me a wider frame of reference. Being a prayer chaplain involved in healing has made me more whole. It keeps me focused on the higher spiritual values; it gives me the opportunity to communicate spiritually with others and makes me kinder to those whom I love. Prayer rocks!

K_{NRHP} S2: I notice that I respond more positively to statements that I would previously negate.

S3: I have been having medical problems and have found when I turned it over, in trust and letting go of my control, things started turning around.

FP: I consistently find that as long as I am actively involved in a spiritual community on an ongoing basis that my level of hopefulness and sense of well-being remain in tack. While I was involved in the prayer experience, I felt less stressed and more at peace, but unfortunately when it ended I became more stressed and less hopeful of events turning around in my life. I have had a very difficult past few years and unfortunately, when things are difficult for me, I tend to withdraw rather than become actively involved. I maintain my faith always, but have difficulty with overcoming depression with my life situation. I believe very much the power of prayer exists, but for it to work, it must be a constant in one's life. I hope this helps and sorry I didn't respond sooner.

L_{NRHP} S2-1031: The first Sunday, late afternoon, when Ellen came to talk, I felt calmness, wholeness in my body and spirit. I thought: "they can't already be praying for me, can they?"

S3: Now there is no physical cause for my acid reflux. There may have been before. For whatever reason, it has lessened. If I burp, I look at my thoughts and emotions.

FP: In the last couple of weeks, I have felt more sadness and tiredness than usual. I have thought that my lack of energy is due to the summer heat and allergy season. I have been working my 40 hours, coming home, watching soccer, etc. nothing else. No spiritual practice. Last Thursday, my boss quit and there is more pressure at work. The acid re flux returned. I saw it as my sign to return to prayer, spiritual reading, and meditation. It is already helping. I do not turn on the TV when I arrive home. This is my time to stop.

M_{NRHP} S2: I experienced my heart chakra opening and staying open for the first time ever for several days. This was an amazing feeling!

S3: My body and especially my emotional and spiritual health have greatly improved!

FP: I have graduated from college with my Master's degree, and am on my way to having the future job I've dreamed of. My life is in significant transition right

now, but I am doing the best I ever have emotionally and spiritually, despite this. I did have a job which lasted a little less than a month before being unexpectedly terminated, but somehow I seem to always have enough money to pay my bills and to get my basic needs met. I'm confident that I will have a more reliable income soon. Thank you for allowing me to participate in this project!

N_{NRHP} S2: I feel healthier.

S3: I only feel sick when I am out of center in my life.

FP: I am feeling just the same. No big changes in my health.

O_{NRHP} S2: N/A

S3: I have a recurring problem with my knee. After meditation it eased the pain and allows me to walk normally.

FP: I do not remember making these notes so I can't specifically respond to them.

P_{NRHP} S2: N/A

S3: Stomach issues cleared.

FP: 1085 husband responded on her behalf: 1085 continues to have stomach issues. We believe it is diet related but irritable bowels continue to be a challenge. At this point, it is the only challenge she is dealing with. She is in good health mentally, spiritually and emotionally and feeling good.

Q_{NRHP} S2: N/A

S3: I feel like I am moving into a different level of being & need a higher level of something.

FP: Lately, I have been feeling motivated to make changes but there is a lot of uncertainty and impatience. I am not quite sure what changes need to be made or where I am headed.

R_{NRHP} S2: N/A

S3: The lack of healing in myself and most others that I know I find troubling; sense I know of a few cases of healing. I wonder why healing seems to be difficult and infrequent.

CI queries: Please identify the issue and outcome.

FP: I have been involved in Unity since 1981. My wife Lora Beth went to ministerial school at Unity Village in 2001. (I tagged along.) We know quite a few ministers and congregants. It is my observation and analysis that there is no statistically significant number of healings in the Unity community. This is troubling to me since all, or at least most, of the New Thought organizations started after somebody's healing. As for my emotional state, I have an ongoing emotional discomfort around the lack of healing in myself and others in Unity. As for my physical state, I am generally healthy as I approach my 64th birthday. However, I have several physical conditions which are occasionally troublesome. I have recently---in the last few months---started taking two long-term medications. My first choice is to live drug-free. My conclusion is that I have not benefitted physically from my spiritual practices, which include New Thought

practices. As a side note, I do not need physical benefit in order to do spiritual practices.

S_{NRHP} S2: In moments of angst; found grace.

S3: N/A

FP: 1186 learned earlier today that her oldest brother John was killed when a piece of farm machinery that he was unloading fell on him. *ACF - Unity in the Heart*

T_{NRHP} S2: Ankle bones spur less painful, but haven't done anything differently.

S3: Bone spur in right ankle not bothersome or only slightly.

FP: I did see a foot doctor and received a shot for the bone spur. I was told the shot may not help longer than 3 to 6 months. It has been about a year and I am doing great. No pain. Was it prayers???

U_{NRHP} S2: I cut artificial sweeteners and caffeine out of my diet very easily. This has been very difficult for me in the past.

S3: Some emotional healing; seemed negative at the time, but has become positive.

FP: Unfortunately, my Diet Coke habit has returned, and I have not been able to wean myself off again. I can't remember the specific event S3 discussed, however, I do remember handling emotional stresses better than usual during that time and for a short while afterwards. I witnessed my boyfriend's suicide in Aug 2014. Blocked memories resurface without warning. It seemed that healing from the grief that came with these memories was easier around that time.

V_{NRHP} S2: Better blood sugars, weight loss (healthy), less depression and more positive thoughts. I am more productive with less anxiety.

S3: My blood sugars took a turn for the worst before the holidays (I am diabetic). I have since learned of a fellow coworker struggling with the same and we both started to see a very quick recovery.

FP: Right now my health directly correlates with my thoughts and emotions. I have had a stressful few months, most of which was admittedly my fault for adding so much to my agenda. I have since started graduate school and have been active in searching for career options in either Missouri or Iowa. I also have taken a 2nd job here in my home city as well as maintained my full-time work where I was recently promoted requiring more overtime. Just recently I have found the balance between all this as I am a few months into this transition. I have been more accepting and happy with my weight regardless of whether I lose weight or not. I have since manifested a new wardrobe from an unexpected source which is more flattering, and this changed my perspective on my physical appearance. My health supplies have been provided for and my doctor has been very informative about other options to correcting my blood sugars.

W_{NRHP} S2: N/A

S3: Emotionally healing.

FP: Thank you for the reminder as I had forgotten. When I initially took the survey, which I believe might have been in late spring, early summer, I was in a lot of emotional upset because my marriage of 30+ years was not going well and I was having an identity crisis. I felt like the foundation of everything in my life was being shaken and at the same time, I was being pushed forward on the spiritual path with no turning back. I was deeply in need of prayer support. I don't remember when the prayer from All Light Ministries ended, but by September-October my life was back together, but in a new, better way. My marriage was healing, I was much more open about my spiritual journey and I was feeling very calm and centered. That continues to be the situation for me today. Thank you -- I hope this helps.

X_{NRHP} S2: Feel more happy and content with personal accomplishments lately.

Good has been coming to and I gratefully accept it.

S3: Greater peace of mind even in times of turmoil.

FP: Lately I've been doing very well. No more bouts of serious depression, which I've suffered with my entire life. (It lasted 3 days; couldn't get out of bed) Now I am blessed with my church family, and my spiritual nature, my faith, and knowledge. However, I'm also very fortunate to have an excellent hormone doctor who has helped me tremendously. I realized after many years of suffering that my brain chemistry was way off and needed the right combo of hormones, supplements for the brain. I've been under his care for 2 years now, and we're still checking blood levels, still changing hormone levels when needed. I believe heavily in the power of prayer, and I know God has been with me all the while. Overall, I am (finally) feeling very well balanced.

Y_{NRHP} S2: I have requested specific healing for my back (spinal fusion 2002) and my feet. I believe that there is improvement in both areas.

S3: No healing so far, but I feel as though I am a work in progress.

FP: My back has not improved.; however, I celebrated my 75th birthday last November. I continue to be open and receptive to all that Spirit has in store for me...Yea! Peace

Z_{NRHP} S2: The past 2 weeks I have been having great awareness's and shifts.

S3: Found new eating plan that feels optimistic.

F: Yes, I do feel that that time of my life was very significant...I cannot remember specifically what shifts I was having, but I do remember there being a great number of awarenesses and aha moments... The eating plan has recently changed for me. I had switched to plant-based eating at that time and had been eating that way until about 1 month ago. I am moving on from that deciding I want more amino acids in my diet, but, am not sure if I will go back to the veganism or not...I am at a point right now that I do feel particularly stressed, but I believe it is because I am in the middle of some more transformation that is bringing up some

deep, old emotional blocks to the surface...a good thing, although uncomfortable.
Thank you

AA_{NRHP} **S2:** I came to an important decision in my life.

S3: During my meditations I have had several visions and verbal messages that were very healing.

FP: The only update is that I have moved to another state close to my family. This was the important decision I mentioned earlier. I'm happy with my decision. □

BB_{NRHP} **S2:** Great healing happened in my relationship.

S3: N/A

FP: It has been a crazy year and I can't quite remember the situation 120 days ago. I was not with the First Unity chaplains since January or so. Anyways, my marriage was in shambles a year ago. I didn't think we would make it. My husband became very ill last summer/fall and focusing on his well-being when he almost died has made me realize how precious and worthwhile our union is. It all happened for a reason, we have grown a lot.

Nine (9) (17.65%) were labeled as questionable.

These PR responses have merit but may be questionable for Healing Phenomena. Further inquire by interview would be necessary to verify as Solid Healing Phenomena.

AQHP **S2:** N/A at this time.

S3: Small release of past perceived failings.

FP: I have found release from my perception of shame over past failings and shortcoming.

BQHP **S2:** My dog, as I said. My job is demanding and quite stressful. I feel calmer and more organized.

S3: N/A

FP: My dog: I had been working toward competitive obedience with my dog and was quite upset about my dog's behavior at training class (silly, puppyish behavior, running around, jumping on people, submissive urination, etc.) and my own lack of consistency and success in working with my dog. I ended up deciding to discontinue the training classes for a while. It was a difficult decision, but I know it was the right one, and it felt happy. My dog's behavior has improved and I feel more relaxed about her. The submissive urination has stopped. She is a sort of mascot at First Unity Church because I take her with me when I work in the garden every Saturday. So instead of doing competitive obedience, right now her puppyish behavior is bringing joy to people who meet her. She is improving about not jumping on people, and I am much more relaxed and happy with her. So that issue is somewhat resolved in an unexpected

direction. I have also found a suitable trainer and daycare for her to attend. I can still improve on my commitment to work with her. So that entire dog issue is stress free. I am satisfied with the outcome. I don't have the feeling of panic or urgency I had before.

My job: this was my final year before retirement this June. My job stress was significantly lessened; my relationship with my students was much more positive than it has been in past years. (I teach fifth grade in a Title One school and often have students whose families are undereducated, struggling financially, and students who themselves can be one to three years below grade level in reading and/or math, so behavior, student attitude, bullying, and lack of cooperation, difficulties with parents are not unusual). In fact, this was such a wonderful group of students that I would have followed them all the way to college! This was the same demographic, but there was a notable difference. My students' behavior (both individual and considered as a whole class) was the best of all the fifth grades in our school this year. There were few conflicts between students or between students and adults (much fewer than usual), and the students really focused on their work. Most of my students ended up with "excellent" in behavior on their report cards. Most students made good academic gains. I did find myself quite upset at the prospect of retiring, but that wasn't my original issue at all. As far as work went, I enjoyed my year and made decisions that lessened my stress. The year went very smoothly.

C_{QHP} **S2:** No change
S3: Arthritis is mostly gone.
FP: Arthritis under control. Did change diet.

D_{QHP} **S2:** N/A
S3: Handling past hurts that I have carried for 30+ years.
FP: I would be glad to. On June 18th, I had a car accident. The way I handle the accident was so different from past. This time I did go negative. Instead, I am seeing this as a time to grow and take care of myself. I even had the courage to look at my past accidents and black ice issues. One past accident was with my mother driving her car. I was in the back seat and her friend was in front. As I worked with this memory, I realized how I was able to let go my angry at her being more concerned about her friend than me. To my surprise how easy it was easier than the past. Also, I have invited people to join me in a pre-Olympic wellness project. We are going to pay attention to our thoughts, pick women over 70 who in great shape, choose an eating plan and add one new movement to our habits. I am expecting during these next 40 days to become stronger in many ways and I have a group of 4 other people to it with me. A few years ago I would have saw this a bad event, now it is an opportunity to heal. I am excited about life even with pain. WOW! I sit here tonight in gratefulness. I hope this is helpful,

- E_{QHP}** **S2:** I've made decisions to focus on my health issues and have taken steps to begin a plan.
S3: Improved self-confidence and calmness, which allowed me to weather storms in my spiritual journey.
FP: Thanks for the follow-up. Since my last update, I have secured a contract position in my programming field but, more importantly, I have had the clarity and wisdom to see this as a brief return to previous work as I embark on a healing teaching /ministry career. I believe the prayer project sparked my divine prayer connection and inspired an ongoing shift in the spiritual core of my being toward a healing ministry and service. Thank you for helping me take the first steps.....
- F_{QHP}** **S2:** Clean and sober for 5 ½ months now. As circumstances arise I navigate them more easily.
S3: I have experienced a healing in my professional life having gotten a great full time year round job. I also experienced healing in my love life having fallen in love with a great partner.
FP: My updates are rather challenging I'm afraid. My partner and I broke up at the beginning of April, and I subsequently relapsed on May 13th. I am now getting clean and sober again. On a lighter note, my job continues to prove a source of great satisfaction. I have more money now than I have had in many years. I have also cleared up all of my legal troubles. Thank you for your diligence in this study. I appreciate your prayers.
- G_{QHP}** **S2:** I did not experience healing.
S3: I had two insights about work that has lowered my anxiety about work.
FP: While I have not experienced a specific healing, I continue to feel more calm about work, and more optimistic that everything will work out for the best. Thank you for including me in this research.
- H_{QHP}** **S2:** Less tension in gut.
S3: I've had recent surprisingly pleasant and helpful experiences in my career and new surroundings.
FP: I continue to have many positive & surprising coincidences in my career! And I've found a nearby physician with very helpful health advice & herbs to soothe my gut issues...
- I_{QHP}** **S2:** My tooth fell out completely without having to be pulled – happy day!
S3: I went on a trip for an entire month.
FP: I have had new opportunities open for me since the project started. I am actually doing things with my music.

Very exciting, and thank you for your blessings,

Fourteen (14) (27.45%) were labeled as solid.

These, PR responses represent Solid Healing Phenomena.

A_{SHP} **S2:** N/A

S3: Starting my recovery from addictions.

FP: Hi, I'm doing a lot better, funny I forgot all about the prayer project. I don't feel stuck anymore, my life has had a powerful up swing! Thank you for all the prayers.

B_{SHP} **S2:** My psoriasis seems to be fading, healing more than in the previous weeks.

S3: My psoriasis flared some in the fall, but since mid-December the spots are flat, uninflamed, and seem to be healing.

FP: So it turns out that my doctor does not think I have psoriasis, but a type of inherited sun damage condition. In the last few months the spots have faded considerably and are minimizing. Almost every spot is flat and un-inflamed

C_{SHP} **S2:** N/A

S3: My back has stopped hurting all the time.

FP: My back continues to do well after being in constant pain since 2006 (10 years). The muscle spasms have stopped! Thank you for prayers.

D_{SHP} **S2:** Feel more able to quickly move to peace after an upset.

S3: I recovered from a stroke with very little problems. My healing was amazing to us.

FP: I am physically back to my previous abilities and working full time. I had a questionable EEG in March and then a longer one in May and it was normal. I believe I am able to stay focused in gratitude and love.

E_{SHP} **S2:** I have been in rehab for back issues for the last year and of recent, last 2 weeks, have turned the corner for a shift with no pain at work or while exercising.

S3: I did experience a healing of back pain that had been ongoing for 2 years.

FP: I continued to be healed from pain! It is a glorious thing!

F_{SHP} **S2:** My upper back has greatly improved to little or no pain.

S3: My back pain has decreased.

FP: My back pain has greatly decreased since starting this program, it is still not perfect, but is much better. I am grateful for any progress in this area! Thanks for your prayers.

G_{SHP} **S2:** A bit of skin cancer, not serious, looks to have nearly disappeared in appearance. It is still there, but you can hardly see it.

S3: I started seeing a chiropractor for the first time for back issues I've had for many years. More in tune with my overall health and condition of my life force.
FP: The spot (skin cancer) I had initial concerns over is completely gone! I haven't had any other concerns. I have been having very good results and improvements since starting chiropractic care. The data points on my scans for both nerves and muscles started out with lots of red and are now green and white (good indicators!)

H_{SHP} S2: A powerful sense of connection to others who have experienced profound loss. A desire and need to help others.

S3: I am stronger and more energetic. My sleep is more restful.

FP: Since the last time I journaled for this Prayer Project, I have experienced an increase in business opportunities which has improved my financial picture. I find I am more peaceful with whatever is happening around me; another way to say it I am ruminating and worrying less. I have more energy. My joints do not hurt. I am faithful about exercise classes. My confidence is up which emboldens me to take risks. I care less about what others think. Perhaps we'll never know for sure if I was one of the people prayed for or getting the placebo. It really doesn't make any difference to me because I am in a very good place, better than when the project started. For this I say thank you.

I_{SHP} S2: A new opportunity in my workplace appeared.

S3: I have experienced healing of my past emotional disappointments.

FP: Since the prayer project, the new opportunity was offered to me, promoting me to management of a community health center. I was offered more of a salary than I had asked for it expected. This has become an amazing job that I love. This previously had been a life challenge I faced. Always working very hard and not being paid what I knew my worth was. During this prayer project, by blocks to receiving God's good cleared. I have since then had incredible miracles in my financial life. I have healed my past emotions of being all things for all people and taking on others life Challenges, in hopes of preventing them from experiencing any emotional traumas. I now am on a place of allowing life to unfold in its beautiful tapestry, releasing my need of control to prevent sadness. Both of these are fully intertwined with each other. If I was indeed a chosen participant to receive prayer, I can offer the testimonial that it absolutely enhanced my life. If I wasn't a recipient, then perhaps my thinking that I may have been, partnered with my heart felt intentions and letting go, allowed Me to be in the receiving mode of God's best for me. Either way I am in eternal gratitude.

J_{SHP} S2: N/A

S3: Expressing myself from wholeness much more consistently. Major changes implemented and nearing fruition.

FP: **The major change** was getting off overnights and it **did happen**, (not easy where I work, it's hard to find replacements) I have since taken the plunge to move to part time, as I was not seeing enough improvement in my health and

energy level. . . . and am preparing to apply for Social Security to cut back more. that may sound negative, but it's not. My wish is to spend more time as an energy worker, and the job does not provide for adequate self-care (even for the young people.) I am continuing to grow (I am Unity after all) much better grounded, and opening up to an additional aspect of my calling. There have been quite a series of bumps and delays, but they all seem like part of the plan, as each event in its own way reinforces both the will and the faith to see this through. (PS - I've had a lot of help from my Unity community the last six weeks, but allowing and asking for help, just confirms the healing.)

K_{SHP} **S2:** Slow reversal of foot problem aided by medical means.

S3: N/A

FP: I no longer had challenges with the plantar fascistic (foot) issue on my final report. Is that enough.

L_{SHP} **S2:** Bright thoughts keep coming to me.

S3: I've had a reconciliation with a family member with whom I was estranged.

FP: I am not sure what I meant by my answer to S2-1081 "bright thoughts..." S3-1081 is very clear. My sister-in-law was separated by a chasm of distrust. Our conversations were sparse and getting information from her about my ailing brother was extremely stressful. That situation healed. She became open and trusting and I in return became more considerate of her position as the primary care giver for my brother. The relationship has continued to improve. I am grateful.

M_{SHP} **S2:** Nothing more than a continuation of what I have been working on.

S3: This past week I started every day with "Thank you God for an experience of generosity." I have generously received pain-free moments. On January 12 at an awards banquet every handshake was painful at the base of my thumb. I woke up Thursday morning with no pain in my thumbs.

FP: In 2013 I tore some muscles in my right thigh which appeared and felt like every muscle, joint and nerve was on high alert to tell me to change my health or I would walk like Festus in the Matt Dillon TV show. I never went to a doctor for it. I have a terrible aversion to western medical practitioners. My prayers had been to lead me to people who would help me with my healing process. Still today I have some issues and have added a fantastic yoga class to enhance my flexibility. Baby steps but I see progress. I'm really ready to give up the pain in my right leg and left knee for good. I don't see the need for it. As it relates to the thumb issue, I don't know why it occurred but it did. When the pain went away it never came back. I have added my thumb pad location to my monthly acupuncture visit. Thanks for including me in this prayer project.

N_{SHP} **S2:** I have been having a lot of back problems. I have had some procedures done to help. The results have exceeded my expectations and my physicians. I am currently totally free of the back pain that had plagued me!!

S3: I have had amazing healing to my back!! I have prayed for healing for a while. I actually have days without pain at all. It truly is a blessing and I give thanks for this.

FP: I would like to share an update on my responses since the last journaling. I did have another procedure for my back again and the results are amazing!! It has really changed my life not living with pain all the time. I am able to exercise again and my mood has improved so much. My doctor has even made comments that I looked taller. Well, I just had a yearly physical and I am an inch and a quarter taller!! I am able to stand straight up again. I hadn't realized how bad my body had become. To me, it is a small miracle and I do give thanks for it every day.

Recruitment, Consent, and Demographic Forms

Demographic Information Form for Prayer Recipient Participants

Mailing Address _____

 Street Name and Number City/Town State Zip Code

<p>Do you read and understand English</p> <p>Yes - No</p> <p>Religious Practice:</p> <p>Prefer not to say</p> <p>Buddhism</p> <p>Christian</p> <p>Hinduism</p> <p>Islamic</p> <p>Judaism</p> <p>Spiritual but not religious</p> <p>Other</p> <p>Health Care:</p> <p>Do you have access to Primary Health Care?</p> <p>Yes - No</p> <p>Are you in on-going care from your Primary Care Provider (MD, DO, PA or NP)?</p> <p>Yes - No</p>	<p>Gender:</p> <p>Male</p> <p>Female</p> <p>Date of birth</p> <hr/> <p>DD/MM/YYYY</p> <p>Age:</p> <p>21 22 23 24 25 26</p> <p>27 28 29 30 31 32</p> <p>33 34 35 36 37 38</p> <p>39 40 41 42 43 44</p> <p>45 46 47 48 49 50</p> <p>51 52 53 54 55 56</p> <p>57 58 59 60 61 62</p> <p>63 64 65 66 67 68</p> <p>69 70 71 72 73 74 75</p>	<p>Education:</p> <p>Prefer not to say</p> <p>Haven't graduated from High School</p> <p>High School graduate or GED</p> <p>Some Trade/ Vocational/ College</p> <p>Current Trade/ Vocational/ College student</p> <p>Trade/ Vocational/ Associates degree (2 year post-secondary graduate)</p> <p>BA/BS/BM (4 year college graduate)</p> <p>Some graduate school</p> <p>Current graduate school student</p> <p>MA/MS/MBA/MBS/CPA</p> <p>JD/Th.D./Ph.D./Post</p>
--	--	---

Demographic Information Form for Participants Cont. p.2

Circle the response that defines you for statistical analysis.

Race:	Marital Status:	Drinking:
Prefer not to say	Prefer not to say	Prefer not to say
African American	Single or never married	Not a drinker
Asian	Married	Light Drinker
Caucasian	Attached	Heavy Drinker
East Indian	Life Partnered	
Hispanic/Latino	Separated	
Middle Eastern	Widow/widower	Other
Native American	Other	
Various		

Please choose by circling do or don't below:

I do -- don't want a copy of the summary of the research study sent to me.

I want to receive my copy of Information and Study Summary by:

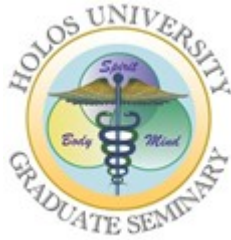
Circle one: electronically by Paper copy using the address above at no cost to me
 E-mail or fax **United States Postal Service (USPS)**

Please sign the INFORMATION FORM FOR PARTICIPANTS that you meet inclusion criteria for the study, with full knowledge that neither your name nor your information will be published in any way. You will be identified by a four-digit identification number to those in the study and to the public in the same manor.

Subject's Signature

Date

With my signature I acknowledge that I am within the 21 to 75 year age bracket, with an adequate command of the English language.



Informed Consent Form for Participants

RESEARCH STUDY

Primary Investigator: Michael Ulm, M. A., D. Min., CCI

Committee Chair: Robert Nunley, Ph.D.

Holos University Graduate Seminary supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without affecting opportunities for participation in other projects offered by this graduate program. Your participation is strictly voluntary. Do not hesitate to ask any questions about the study before, during, or after the research study is complete.

INTERVENTION: This study will compare the potential felt senses of well-being by Unity congregants participating in a Ministerial Long-Distance Prayer Intervention (ML-DPI) with Unity congregants experiencing "normal" Unity church activities. If you volunteer in this study you will:

- Attend a one hour informed consent/ informational meeting or a private meeting with the Co-Investigator (CI) or Assistant Church Facilitator (ACF) to receive full disclosure about the study.
- Agree to participate in this study, in which you understand that you may or may not be included in the list for receiving Ministerial Long-Distance Prayer Intervention over the initial period of the study.
- If included in the control group, you will receive Ministerial Long-Distance Prayer Intervention after the controlled research part of the study is completed.
- Fill out an information form and receive a personal research control number to identify your information for this study.
- Meet the inclusion criteria and sign a copy of this informed consent form stating your qualifications and consent to participate in this study.
- Complete three paper survey instruments facilitated by a ACF for that church location:
 - The first survey instrument sampling is day one of the churches' inclusion in the study at the informed consent/ informational meeting (requiring approximately 15 to 25 minutes).
 - The second survey instrument sampling is approximately four weeks after each church's inclusion in the study. The opportunity to add subjective journaling of each one's experience(s) so far (requiring approximately 15 to 25 minutes) will be given.

Initials of subject

date

- The third survey instrument sampling is at three months post (or 90 days after the second survey sampling). The opportunity to add subjective journaling of each one's experience(s) so far (requiring approximately 15 to 25 minutes) will be given.

Following the close of the study at each church, those assigned to the control group will be notified and will be able to receive a ML-DPI if desired.

INCLUSION CRITERIA/TESTING: Only those ages of 21 to 75 and literate in verbal and written English will be accepted as participants in the study. Participants will be assessed three times during the study: once at the participating churches' inclusion in the study, about four weeks later, and again three months later (or 120 days after the churches' inclusion in the study). The assessment will consist of completing three widely used survey instruments: 1) The Arizona Integrative Outcomes scale (AIOS), 2) the Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale, and 3) the State-Trait Anxiety Inventory (STAI) for Adults.

TIME COMMITMENT FOR PARTICIPATION – The total time required for a participant in the study shall be approximately 220 minutes divided into three meetings or private sessions. The preceding page enumerates each session's time requirement. Participants will have the option to add five to fifteen minutes of subjective journaling with the second and third survey instrument samplings allowing opportunity to share experiences during the study not covered by the survey instruments.

CONFIDENTIALITY: Participation in this study and any forms generated will be held in strict confidence. Personal information will be identified only by a personal research control number assigned at the informed consent/ informational meeting or a private meeting with the AI or ACF where you received full disclosure about the study. Results of the study may be reported in scientific presentations or publications. Neither the names of participants nor their personal information will be identified, published or associated in any way with the research findings.

POTENTIAL BENEFITS: The expected benefits for participants and churches associated with this study include: information will be obtained concerning the participants' pre and post feelings of well-being toward self and others compared with a cross section of Unity church congregants. There is also the possibility (but no promise) that there will be a noticeable improvement in these areas due to the effect(s) of the ML-DPIs application for your church's participants.

Initials of subject

date

POTENTIAL RISKS: This study explores the effects of prayer and is not a therapy. There is no known possibility of physical injury. The risks are minimal and could include the possibility of mental or emotional discomfort due to increased self-awareness or mindfulness. Neither Holos University Graduate Seminary, the ML-DPI, the ACF, the CI nor the PI makes claims that this study offers therapeutic benefits. Participants seeking therapeutic support are encouraged to find a trained professional.

The Primary Investigator or CI/AIDM (Data Manager) will gladly answer any questions that a participant may have regarding this study. Any further questions, please contact the PI, Michael Ulm, at (941) 932-3673 or by email at DrMichaelUlm@Yahoo.com or AI/AIDM Ellen Valentine (850) 688-3476 or by email at Admin@ALMIus.com.

For concerns or questions about rights of a research participant please contact the Holos University Graduate Seminary Dean, Ann Nunley, Ph. D., at (785) 863-2176, 4221 Nunley Lane, McLouth, KS 66054.

Sincerely,

Michael Ulm

Michael Ulm	Bob Nunley, Ph. D.,	Ellen Valentine
Principal Investigator	Chair of Dissertation Committee	Co-Investigator
12109 Landen Drive	4221 Nunley Lane	PO Box 78895
Charlotte, NC 28277	McLouth, KS 66054.	Charlotte, NC 28271
Home (941) 932-3673	Home (785) 863-2176	Office (850) 688-3476
DrMichaelUlm@Yahoo.com	AdmissionsDirector@	Admin@ALMIus.com
	holosuniversity.org	

Please sign the consent with full knowledge of the nature and purpose of the procedures, the benefits expected, and the discomforts and/or risks that may be encountered.

Subject's Signature

Date

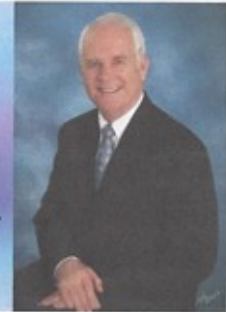
With my signature I acknowledge that I am within the 21 to 75-year age bracket and I have received a copy of the consent form to keep.

Flyer for Dissertation Informational Informed Consent Meeting



We need your help!

Are You Ready to Bring
Myrtle and Charles Fillmore's belief
about Prayer into the 21st century?



This is a call for commitment from you and your Unity family.

Research is only as good as the data that can be collected and analyzed.

Doctoral Dissertation Prayer Study needs Unity congregants
who are committed to seeing their part of this Prayer research project to the finish.

As a Prayer Recipient of this Prayer Research Study, you will:

- * Attend a one-hour Informational Informed Consent meeting for full disclosure of the Prayer study and your time commitments.
- * Fill out demographics and informed consent forms.
- * Complete three sets of Survey Instruments (Approximately 15 to 20 minutes).
- * After prayer week, have the opportunity to Journal any interesting occurrences in your life.
- * Incur no financial burden for participating in this study other than transporting yourself to the survey sampling sight.

August 15th, 2015 at 6:30 pm

Unity in North America

Address

City and State

**Come to the Informational Informed Consent meeting
and see if you are a good fit for this Prayer Research Study?**

APPENDIX D:

Church and Assistant Church Facilitator Packet



Invitation to participate in Doctoral Research Project by Michael Ulm

Subject: Effects of Prayer on Well-being

Question: Are Unity church members' physical, emotional, mental, and spiritual well-being affected by long distance prayer, as measured by the Arizona Integrative Out Comes Scale (AIOS), the *Aspires* – Spiritual Transcendence Scale (STS *Aspires*), and State-Trait Anxiety Inventory (STAI) for Adults?

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Background and Introduction to the Study

The Ministerial Long-Distance Prayer Intervention (ML-DPI) will explore whether long distance prayer has significance for religious and spiritual communities, energy medicine, and scientific models of healing through the ML-DPI experience. The Primary Investigator (PI), Michael Ulm, has seen miraculous events take place through his use of prayer in Charlotte, NC hospitals with members of his home church, Unity of Charlotte. He is following these experiences to explore and examine the nuances of prayer and the effects that prayerful application can manifest. The research focuses on feelings of well-being. The use of healing prayer and intention in the ML-DPI is expected to manifest changes in the felt sense of well-being in the participating Unity church members due to long distance prayer.

It is the PI's experience that Unity congregants, as a whole, are dedicated to a spiritual or religious practice as a personal life choice. An increased feeling of well-being in humans can be experienced and can manifest as a perceived improvement in life expression by participants involved in the ML-DPI.

Charles and Myrtle Fillmore the founders of the Unity movement, Silent Unity and the Silent Unity Healing Department "Had absolute faith in the power of absent healing to bring about positive results. 'No individual,' they indicated, 'can ever have the power of several united in absent work.'¹ Testimony of those who had been treated successfully in absentia convinced them (Fillmore's) of its efficacy. 'The wonderful success of absent healing,' the Fillmore's wrote in 1891, 'demonstrated that bodily presence is not necessary to those in spiritual harmony.'² Based on their own experience, they concluded that (group) absent healing was more effective than practitioner work.'³

This long distance absent healing by a group praying together rather than a face to face, healing practitioner and client (practitioner work), has been the model for documented successful healing and experiences by Silent Unity and the Unity literature for over 100 years.

This belief in absentee prayer is what the ML-DPI is based on and why Unity churches were chosen for this study. Whereas the Fillmore's employed "several united in absent work," as a model, the ML-DPI will employ two prayer agents working independently of each other to focus prayer to each prayer recipient. The ML-DPI explores the possibilities of the two prayer agents working independently rather than a group working together as in the Fillmore literature.

The Fillmore's were staunch believers that healing by God was through the words spoken. "... 'The group (Silent Unity Healing Department) does all its work through the Word spoken in the name of Jesus Christ.' They (Fillmore's) declared: 'The Word having in it all the potentialities of Being has quickening, vitalizing, strength-giving, harmonizing, health-creating, prospering power, and all who have the faith that makes one receptive to the Word get the benefit of it in new thoughts, new states of mind, new conditions in body and affairs,' "The spoken word was a key element in absent healing. The Silent Unity Healing Department employs it exclusively."⁴ The Fillmore's practiced the use of the spoken word through prayer. Their teachings regarding the use of prayer by Silent Unity practitioners have influenced the PI's use of prayer and his belief in the power of prayer.

It is the PI's opinion that prayer is an effective intervention for change, which is the motivation for the PI's ongoing study of prayer. This research project is the PI's

investigation into what will happen through the use of prayer in an experimental environment in the twenty-first century.

Significant changes in the sense of well-being can manifest as physical and emotional growth and healing. Healing phenomena can manifest from any prayer, and could also occur in this study. These healing phenomena and felt sense changes could continue to manifest for months after the ML-DPI. The questions of sustainability and this latent possibility for healing phenomena and felt sense changes are reasons for third sampling of data from the Prayer Recipients (PRs) ninety days post the ML-DPI. This possible healing phenomenon is subordinate to the focus on the feelings of well-being for this study. Neither the PI nor Holos University Graduate Seminary guarantees that the participants in this study will experience the possible healing phenomenon, new awareness's, or an improved felt sense of well-being.

Duties of the Participating Churches

1. Agree to participate as a church in the Ministerial Long-Distance Prayer Intervention (ML-DPI), Holos University Graduate Seminary dissertation research project.
2. Select an Assistant Church Facilitator (ACF)
 - a) An Unity congregant, who will communicate and work closely with CI, Rev. Ellen Valentine and PI, Michael Ulm.
 - b) Assist with the one-hour informational meeting or private sessions with potential participants in the study at their church.
 - c) Administer and return the completed 3 sets of study sampling instruments to the CI, Rev. Ellen Valentine at data headquarters.
3. Provide adequate space for the informational meeting or private sessions as required to present the information to the potential volunteer Prayer Recipients.
4. Provide 10 or more potential volunteers for the study who will attend an informational meeting with the Co-Investigator (CI) or Assistant Church Facilitator (ACF) or private session with the ACF or CI.

Time and Financial Overview of Participating Church

A church contemplating participation in the Ministerial Long-Distance Prayer Intervention (ML-DPI), Holos University Graduate Seminary dissertation research project by Michael Ulm, will have a total time expenditure of less than six (6) hours. This time expenditure breaks down as:

1. Two (2) hours or less of review by the minister or a surrogate of the research project information to ascertain whether or not the church is interested in being involved.
2. A half ($\frac{1}{2}$) hour or less by the church administrator disseminating the electronic or hard copy research project church packets to the church board members.
3. One (1) hour or less of church packet review by the board members.
4. A half ($\frac{1}{2}$) hour or less interaction and discussion of the research project by the board members before voting at the board meeting.
5. A half ($\frac{1}{2}$) hour or less discussion at the board meeting of an Assistant Church Facilitator (ACF) candidate. This responsible individual will assist the CI with administrative paperwork for the project.
6. A half ($\frac{1}{2}$) hour or less time by the church's administrative assistant to execute an email stating the church's interest in participating in this research project. This email shall include the name and contact information for the church's proposed ACF.

The person contemplating serving as the ACF should have a total time expenditure of less than eight (8) hours:

1. One hour or less of review of the ACF packet.
2. Thirty (30) to sixty (60) minute discussion with the CI of dates for the full disclosure/informed consent, and informational meeting.
3. One hour or less in attendance at the full disclosure, informed consent, and informational meeting and first sampling with the AI and church volunteers.
4. Two (2) hours or less more of facilitation of the second and third samplings.

5. Possibly two hours or less gathering any stragglers' second and third samplings.
6. One (1) or less hour of mailing documents to the CI at data headquarters in the provided envelopes.

Neither the participating churches nor their ACFs will incur any financial burden while participating in this study. The PI is responsible for any and all financial obligations, including reimbursing the ACFs or churches for any mailing costs of the completed survey instruments and journaling to data headquarters.

Qualifications and Experience of the Experimenter

Michael Ulm, the Principal Investigator, holds a Bachelor of Music, Masters of Arts, and Bachelor of Holistic Health. The Bachelor of Holistic Health degree focused on homeopathy, herbals, and their preparations. Additional counseling training and instruction includes: Emotional Freedom Technique (EFT); Body Talk, Whole Body Concept (massage modality); Carolyn Myss's Sacred Contracts and Science of Medical Intuition; Intuitive Wisdom of the Body; and twenty-four additional hours of advanced graduate intuitive medical and personal counseling training, all culminating in national board certification as a Certified Counseling Intuitive from Holos Institute of Health, and the Medical Intuition Certificate 1, Holos University Graduate Seminary. Over the last fifteen years, the PI has been a massage therapist and holistic health practitioner, having interacted with over 1,800 clients for massage, body work, physical, and spiritual counseling.

The PI was a forum presenter at ISSSEEM's 22nd Conference, at Unity Village, MO. The topic was *As Above So Below – Hands on Healing and Prayer – A Reality or Illusion?* In this ISSSEEM presentation, the PI and Rev. Bill Morse, discussed prayer

and the impact that prayer has had on human beings' emotional, mental, physical and spiritual bodies. They included how changes in these energy bodies manifested into life expression changes. The last third of the presentation was prayer technique demonstrations. Perceived physical, mental and emotional changes were seen in volunteers from the forum by all in attendance.

As an ordained minister, the PI has led spiritual/religious services, trainings, retreats, and prayer vigils, at Holy Trinity Lutheran Church in Bowling Green, KY and First Lutheran Church of Chattanooga, TN. The PI served as a chaplain for the Boy Scouts of America for more than twelve years. For the past six years, the PI has served as the senior minister for two non-profit religious organizations, All Light Ministries US and All Light Ministries INTL.

Abbreviations and Unfamiliar Terms Used in the Study Document

ACF	Assistant Church Facilitator
AIOS	Arizona Integrative Outcomes Scale
ASPIRES	Assessment of Spiritual and Religious Sentiments Scale
Awareness's phenomena.	Two or more episodes of being conscious of something that is impressive or extraordinary.
Buddha	The Awakened One; an enlightened or awakened person who has completely abandoned all obscurities and perfected all positive qualities. ⁵
CAM	Complementary and Alternative Medicine ⁶
CCU	Coronary care unit
CI	Co-Investigator
Centre or center	The point, axis, or pivot about which a body rotates
Dharma	Natural law of the universe ⁷
Grandfather	Native American name for God ⁸
Harbours	Harbors - a place of refuge or safety ⁹
<i>neti neti</i>	Not this, not this ¹⁰
Hourourable	Honorable ¹¹
Kine	The mature female of a bovine animal ¹²
MAHI-CCU	Mid-America Heart Institute coronary care unit
ML-DPI	Ministerial Long-Distance Prayer Intervention
Militance	A militant aggressiveness ¹³
PA	Prayer Agent
PI	Primary Investigator
PR	Prayer Recipient
Sangha	A community of Buddhist monks ¹⁴
Satchitananda	(Sat) existence, (chit) felicity, (ananda) conceptual; Approximation of Brahman ¹⁵
STEP	Therapeutic Effort of Intercessory Prayer
STAI	State-Trait Anxiety Inventory
Succour	A person or thing that gives help, relief or aid
Vedas	The entire body of Hindu sacred writings, chief among which are four books, the Rig-Veda, the Sama-Veda, the Atharva-Veda, and the ajur-Veda. ¹⁶
Wakentanka	Native American name for God ¹⁷
WSCAM	Whole Systems of Complementary and Alternative Medicine
Medicine	

Protocol

Question for Research

Question: Are Unity church members' physical, emotional, mental, and spiritual well-being affected by long distance prayer, as measured by the State-Trait Anxiety Inventory (STAI) for Adults, the Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale, and the Arizona Integrative Outcomes Scale (AIOS)?

Purpose: Charles and Myrtle Fillmore believed in the power of prayer and the spoken word on behalf of self and other. This research project is a controlled study to explore prayer and the possible effects of focused long distant prayer, with the intention for an increased sense of well-being, spiritual growth and healing. The purpose of this research is to attempt to measure the sense of well-being experienced by participants through a Ministerial Long-Distance Prayer Intervention (ML-DPI). This study searches for a correlation between long distance prayer and a sense of well-being that can result from this focused application of healing prayer potential. The use of prayer in the ML-DPI is expected to manifest changes in the felt sense of well-being in the participating Unity church members. The project is about prayer, the effects of prayer, and is not a therapy.

The Principal Investigator (PI), Michael Ulm, has seen miraculous events take place through his use of prayer in Charlotte, NC hospitals with members of his home church, Unity of Charlotte. He is following these experiences to explore and examine the nuances of prayer and the effects that prayerful application can manifest. The research focuses on feelings of well-being. Healing phenomena can manifest from any prayer,

and could also occur in this study. These phenomena, if any, will be captured in the subjective journaling that is part of the second and third samplings. This possible healing phenomenon is subordinate to the focus on the feelings of well-being for this study.

Details of the Experimental Procedures and Execution

Study Design

The study uses a pre-test and multiple post-tests, which repeatedly measure the dependent variable for this project, the feeling of well-being or reduction of anxiety. The participants will consist of adult volunteers, between 21 to 75 years of ages, who attend the normal Unity church activities, without regard to: race, creed, social status, economic status, age, gender, or education level. Participants will choose, of their own accord, to be part of the study and the number of participants from any church shall not exceed twenty-five to preclude skewing of the data by any one church.

Study Description

This ML-DPI study is a self-selecting experience. All volunteers from the participating churches will, at the Informational Informed Consent meeting or a private meeting with the Co-Investigator (CI), Ellen Valentine, and/or Assistant Church Facilitator (ACF), receive full disclosure about the study. These volunteers will choose of their own volition to become prayer recipients (PRs) in the study. Each one will be assigned a control number that designates and differentiates them during the study. Assignment of participants to the control and experimental groups will be done by the statistics consultant and the CI. During this study only the statistics consultant, CI, and

ACF for the participant's church will have knowledge of who is participating in the study and their demographic information.

The PI, church leadership, and dissertation committee will only know the total number of participants and specific numbers in the control and experimental groups. The PRs will be known by control number throughout all the data analysis. The PRs will not know until the publication of the study whether they were prayed for as part of the experimental group during the study or whether they received prayer as participants of the control group after the study data collection was finished. Only the statistics consultant and the CI will know the composition of the control and experimental groups. PRs' personal information will be known only by the CI. This limited access to participant information constitutes a blind but not double blind for this study.

Sampling Frequency of the Prayer Recipients

Prayer Recipient's (PR's) well-being will be measured by three survey instruments: the Arizona Integrative Outcomes Scale (AIOS), the Aspires – Assessment of Spiritual and Religious Sentiments Scale, and the State-Trait Anxiety Inventory (STAI) for Adults. Using these three survey instruments the participants will be sampled three times:

1. First sampling, at the point of inclusion for the church in the study at the Informational Informed Consent meeting or private meeting with the CI or ACF.
2. Second sampling is four weeks after the church's point of inclusion into the study and following the end of the prayer week administered by the ACF. All prayers will occur the same week by all prayer agents.
3. Third and last sampling is three months (90 days) post the second sampling of the study and administered by the ACF.

Participants will have the opportunity to journal, during samplings two and three, which allows the capture of subjective input not covered by the survey instruments. The journaling is an opportunity to include information beyond the data derived by the survey instruments. The three-month re-assessment period for the third sampling should capture whether continued an increased sense of well-being, spiritual growth, and healing was maintained.

Method

The PI will conduct a multiple site, cross-sectional survey in North America with adult participants, 21-75 years of age, using three survey instruments: the Arizona Integrative Outcomes Scale (AIOS) to measure the feelings of well-being, the Assessment of Spiritual and Religious Sentiments Scale (Aspires) to measure spirituality/religiosity, and the State-Trait Anxiety Inventory (STAI) for Adults to measure levels of anxiety.

All PRs will be volunteers from Unity churches who formally consent to participate in the study. There will be a minimum of 100 participants in the study. The volunteers will be assigned to the experimental or control group by random assignment procedure insuring that there are 50 or more participants in each group. The AIOS, Aspires, and STAI samplings will be administered to all participants three times: pre-ML-DPI, post -ML-DPI intervention (the prayer week), and then three months post the conclusion of the intervention, prayer week. The three samplings of the survey instruments will be administered by an ACF.

The control group will not be prayed for during the study. They will attend normal Unity church activities of spiritual growth furthering and fostering spiritual awareness's which are designated to expand the emotional feelings of well-being in our ever changing world. These control group samplings, as recorded in the three survey instruments and two opportunities for journaling (samplings two and three), will set a baseline for normal growth and change by congregants of Unity churches' activities over the four-month period of the study.

During the data gathering portion of the study, the experimental group will be administered prayer by prayer agents during prayer week one. This application of prayer by the prayer agents is the intervention. The experimental group prayer recipient's experiences and awareness's as recorded in the three survey instruments and two opportunities for journaling (samplings two and three) are the variable in the study.

Comparisons between the experimental and control groups' will be applied to the data. Quantitative measurements will be applied to the survey instruments' data of their experiences. Minimum measurements will be made for central tendency, the difference between the pretests/posttests of the means and standard deviations, correlating the control and experimental groups using the AIOS and STAI. Additionally, testing of the question with mixed analysis of variance will be used to evaluate deferential outcomes of the two groups over time. These will be examined for indications of sustainability in the felt sense of well-being and reduction in anxiety through the samplings

Frequency and Length of Prayer for the Research Project

The PI and CI will recruit Prayer Agents from Unity churches and other Unity sources (Silent Unity, Unity Institute, Unity Urban Ministerial School, School, and Unity International). The agents will not be affiliated with any of the participating study churches with PRs. The PI will train each agent to send focused long distance prayer, with the intention for spiritual growth and healing, to the recipients. These agents will deliver prayers to their PRs, for their highest and best good, with a perfect and right outcome, while respecting the recipients and their life path.

Two prayer agents will work independently praying for the maximum of ten PRs assigned them from the experimental group determined during the data gathering phase of the study. The frequency of prayer shall be once a day for six days, for at least three minutes per session. This will generate a total of six prayer contacts for each PR per agent, for a total of twelve prayer contacts for each PR.

After the close of the data gathering portion of the study, the same prayer agents will administer prayer to the control group participants as they did for the experimental group. The control group PRs will not be sampled after their administrated prayer as was the experimental group PRs.

Population

The target group for the research will be persons who attend Unity Churches. Churches will be recruited from the Unity International website with the intention of drawing a representative population of Unity congregants.

The Unity church populations for the most part have had some exposure to prayer and healing through the teachings the founders of Unity and the Unity movement,

Charles and Myrtle Fillmore. Participants from these churches are steeped in many NewThought concepts. It is the PI's experience that the Unity congregants as a whole are dedicated to a religious or spiritual practice as a personal life choice. They tend to be a diverse population in terms of age, gender, and ethnicity with a higher proportion of women. The average age of this population tends to be 45+ years old. This population is older than a "normal" age sampling distribution by about 7 to 10 years.

Inclusion Criteria for the Prayer Recipients

1. Adults 21-75 years of age.
2. Literacy in the English language, both verbally and written.
3. Willingness to participate by:
 - a. Completing an information form.
 - b. Signing informed consent form.
 - c. Attending all research study meetings for data collection.
 - d. Completing all required survey instruments.

Exclusion Criteria for the Prayer Recipients

1. Illiteracy with the English language, either verbally or written.
2. Personal friendship or family member of the PI.
3. Client/therapist relationship with the PI.
4. Former participant in any All Light Ministry International or All Light Ministry US event(s) (Workshop, Seminar, Healing Service or Phone Healing Service).
5. Participants that personally feel that they have a condition that would limit their being emotionally stable, mentally awake, intellectually coherent, and able to express their feelings, states of consciousness, and emotional well-being during the 120 days of the study.

Choosing the Control and Experimental Groups

The Co-Investigator (CI) will prepare a master list of all study PRs numerically ordered by control number. The list will include each PR's name, control number, date of birth, and gender. This information will be gathered from page one of the PRs' information form. This master list will consist of over one hundred PRs' information.

A random assignment procedure will be applied to the master list to obtain the members of the control group and the experimental group from the master list of PRs, with at least fifty in each of the control and experimental groups.

Obtaining Informed Consent

Prayer Recipients complete list of research participation requirements follows.

1. Attend a one-hour Informational Informed Consent meeting or a private meeting with the CI or ACF to receive full disclosure about the study.
2. Fill out an information form and receive a personal research control number to identify your information for this study.
3. Meet the inclusion criteria and sign a copy of this informed consent form stating your qualifications and consent to participate in this study.

With this knowledge of the nature of the prayer procedure used in the ML-DPI, the time requirements of participation in the study, and any possible benefits, each individual prayer recipient will choose whether to participate in the study. Although prayer recipients should benefit from the application of prayer and could manifest healing of existing conditions, Holos University Graduate Seminary and the PI do not guarantee any change.

Survey Instruments to Be Used and Assessment Frequency

PRs' well-being will be measured by three survey instruments: The Arizona Integrative Outcomes Scale (AIOS), the Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale and the State-Trait Anxiety Inventory (STAI) for Adults. Anticipated testing time for samplings with the above survey instruments is fifteen to twenty-five (15 to 25) minutes plus journaling for samplings two and three approximately five to fifteen (5 to 15) extra minutes if the PR chooses to journal.

Arizona Integrative Outcomes Scale (AIOS)

Arizona Integrative Outcomes Scale (AIOS, a global well-being scale) is a one-item, 100-mm visual analogue scale (range 0–100, with higher scores indicating greater sense of well-being). Subjects self-rate their combined physical, mental, emotional, social, and spiritual sense of well-being in the present moment. AIOS was specifically developed for use in complexity theory-driven research in WSCAM, and has demonstrated to distinguish healthy from unhealthy populations as measured by physical health, and is inversely related to psychological distress.¹⁸

In samplings taken by the PI in All Light Ministry US healing services in Charlotte North Carolina, he found the AIOS to be very sensitive to life experiences of the sampled participants. This instrument is also expected to be sensitive to the ML-DPI experience. The sustainability of the ML-DPI experience as measured by the AOIS could be the major test of this instrument. Allotted testing time during sampling is one (1) minute for the AIOS.

The Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale

The Assessment of Spirituality and Religious Sentiments (ASPIRES) Scale (Piedmont, 2004a) was normed and tested in multiple sites throughout the world and included Canadian aboriginals, Christian, Hindu, Muslim, and Jewish faiths traditions.

“All of these studies demonstrated that the constructs underlying the ASPIRES are of value for understanding the religious and spiritual strivings of people from different religious faiths and cultures.”¹⁹ The Unity ideals accept all paths to God and the ASPIRES will allow a non-bias non-invasive spiritual attitude sampling. The ASPIRES ability to sample religiosity and spirituality cross-culture and cross-religious beliefs is well suited for sampling of Unity churches. The ASPIRES was developed explicitly to identify those fundamental, motivational aspects of spirituality that underlie all religious traditions. The ASPIRES provides very specific operationalization’s (sic) for the constructs of religiosity and spirituality.²⁰ Allotted testing time during sampling is six to ten (6 to 10) minutes for the ASPIRES.

The ASPIRES could record a change in religious preferences and habits. With a shift in well-being there could be a shift in attitude toward God and religious practices. If there is no change in the ASPIRES, then PI will notate this in the suggestions for further study.

State-Trait Anxiety Inventory (STAI) for Adults

The State-Trait Anxiety Inventory (STAI) for Adults developed by Charles D. Spielberger, “The State-Trait Anxiety Inventory for Adults™ (STAI-AD) is the definitive instrument for measuring anxiety in adults. It clearly differentiates between the temporary condition of “**state anxiety**” and the more general and long-standing quality of “**trait anxiety**”. It helps professionals distinguish between a client’s feelings of anxiety and depression. The inventory’s simplicity makes it ideal for evaluating individuals with lower educational backgrounds. Adapted in more than forty languages, the STAI is the leading measure of personal anxiety worldwide. The STAI has forty questions with a range of four possible responses to each....”²¹

In samplings taken in All Light Ministry US healing services by the PI, he found the STAI not to be very sensitive to life experiences of the sampled participants. The State portion of the survey data virtually was unchanged. The sustainability of the ML-DPI experience as measured by the STAI will also be interesting. The comparison of the three instruments data is the reason for this dissertation. Allotted testing time during sampling is eight to fourteen (8 to 14) minutes for the STAI.

Using the above mentioned three survey instruments the PRs will be sampled three times:

1. First sampling, at the point of inclusion of the church in the study at the Informational Informed Consent meeting or private meeting with the Co-Investigator (CI) or Assistant Church Facilitator (ACF).
2. Second sampling, four weeks after the church’s point of inclusion into the study and following the end of the prayer week. All prayers will occur the same week by all prayer agents.
3. Third and last sampling, three months (90 days) post the second sampling of the study.

PRs will have the opportunity to record any subjective information of their ML-DPI experiences through journaling, during the post ML-DPI samplings (samplings two and three), which can allow capture of any subjective inputs not available through the objective survey instruments. Anticipated testing time during samplings two and three for journaling is five to fifteen (5 to 15) minutes.

The three-month re-assessment period for the third sampling should capture whether any well-being shifts, spiritual growth or healing were maintained by the PRs.

Prayer Weeks for the Study

The prayer agents for the research project will pray for two different prayer weeks.

1. Week one - prayer week for the experimental group

Each agent will be assigned a maximum of ten experimental prayer recipients. These participants will be prayed for at least three minutes or more per day for six days. This prayer week will take place after the CI's preparation time, approximately three or four weeks after the church inclusion in the study. This administration time will consist of:

- a. Invitation of the churches to participate in the study
- b. Travel to perspective churches to facilitate presentations to gather prayer recipients for the study
- c. Gathering of the PR's personal information and first survey instrument samplings
- d. Creation of the control and experimental groups
- e. Assignment of PRs of the experimental group to their prayer agents
- f. Notification of prayer agents of their prayer recipients' information by the CI
- g. Notification to the prayer agents of the start date of the first prayer week
- h. Receiving verification from all prayer agents that they have their assigned PRs' information in a readable form and know the start date of the first prayer week.

2. Week two - prayer week for the control group after the close of the study approximately ninety to one hundred days after the start of the prayer week for the experimental group.

Each agent will be assigned a maximum of ten control participants. Like the experimental group participants, these control participants will be prayed for at least three minutes or more per day for six days. This second prayer week will take place after the close of the study data collection with the conclusion of the third and last sampling of survey instruments; approximately four months (120 days) post the start of the study. Each agent will:

- a. Be notified of their control participant's information
- b. Be notified of the second prayer week start date
- c. Return a response that they have received their assigned control group PR's information in a readable form and the start date of the second prayer week.

These two prayer weeks will represent three or more hours for each week separated by at least 90 days. This totals to a time expenditure of six plus (6+) hours of dedicated prayer time by each prayer agent for the experimental and control groups during the study.

Prayer Agents

The PI will recruit 30 to 35 Prayer Agents (this number of prayer agents will service 150 to 175 Prayer Recipients) from Unity churches and other Unity sources (Silent Unity, Unity Institute, Unity Urban Ministerial School, and Unity International). The Prayer Agents will not be affiliated with any churches with prayer recipients participating in the study. The PI will train each prayer agent to send focused long distance prayer, with the intention for spiritual growth and healing, to those in the study.

Two agents will work independently of each other praying for the maximum of ten prayer recipients assigned them by the CI. The agents will apply prayer to each recipient for at least three minutes. Each prayer recipient will receive their intercessory prayer applications for a six-day period during one of the two prayer weeks, generating a total of twelve prayer contacts from both agents. These agents will deliver prayer for highest and best good, with a perfect and right outcome, with respect for the prayer recipient, their life path, and the lives of all concerned.

Dr. Larry Dossey in his address to ISSSEEM in 2008 asserted that, “We ought to give more consideration to the selection of healers. Some of the most successful studies on record, such as Elisabeth Targ’s study with the patients with advanced AIDS, as well as the Achterberg study, have recruited veteran healers – people with a couple of decades of experience doing healing work.”²² Each prayer agent for the ML-DPI will have had over 30 hours of training in prayer and prayer application either from Unity Prayer Chaplaincy, Silent Unity, Unity Institute, Unity Urban Ministerial School, or All Light Ministries. Each agent will have over a year of active prayer application for others either through All Light Ministries, Silent Unity, Unity Institute, Unity Urban Ministerial School, Unity Church Prayer Chaplaincy, or other Unity Church activities.

Directions for Prayer Agents Prayer Intercessions

The PI instructs the prayer agents to pray first and foremost **as Spirit directs you**. Because it is the PI’s opinion that prayer works far better when directed intrinsically rather than extrinsically, he suggests:

1. That you pray for your PRs to grow and mature in their Spiritual awareness.

2. That you pray for your PRs to grow and mature within themselves physically, emotionally, mentally and spiritually.
3. That you pray that your PRs have opportunities and higher vibrational options opened to them.
4. That each PR has the power to shift their life expression.
5. That each PR has the opportunity to experience emotional felt sense of overall well-being.
6. That all of the above requests on behalf of your PR be manifested on the physical plane NOW. (At least included in Saturday's Prayers)

All of these for the prayer recipients' highest and best good with the right and perfect outcome in the participant's life and the lives of all concerned.

Although prayer recipients should benefit from the application of prayer and could manifest healing of existing conditions, Holos University Graduate Seminary and the PI do not guarantee any change.

Potential Risks of Participation

No medical or physical dangers are known to exist with the application of the ML-DPI.

In Daniel Benor's book, *Spiritual Healing Scientific Validation of a Healing Revolution*, he writes,

“We have answered ‘*Does healing work?*’ firmly in the affirmative. The research evidence adequately demonstrates that healing is an effective treatment and offers a potent complement to conventional therapies. We must get on with making it available to those in need.

Further research will clarify which problems respond more and which less to healing. Meanwhile, as there are no known serious risks with healing, there is every reason for healing to be used as a complement to conventional care and to other complementary/alternative therapies.”²³

Prayer is an open-ended expression of healing. It is the PI's opinion that it must be experienced to be appreciated. The PI is indebted to his dissertation committee for

their oversight of this research project's scientific procedures to demonstrate the effects of prayer on prayer recipients' feelings of well-being.

Duties of the Church and the Assistant Church Facilitator

1. Church will:
 - A. Decide to participate in the dissertation and grant the CI permission to come onto church grounds to present the one hour informational/informed consent meeting at the church.
 - B. Select an Assistant Church Facilitator (ACF) and send their name and contact information to the CI.
 - C. Provide a space large enough to adequately accommodate 25 or more potential participants for the informational/informed consent meeting.
 - D. Inform the church congregants of the opportunity to participate and when and where the informational/informed consent meeting will take place.
 - E. Provide an estimated 10 or more potential participants for the study, who will attend a one-hour Informational Informed Consent meeting or private session with the ACF or CI.
 - F. Provide a space large enough to adequately accommodate the participants as they complete their survey instruments and/or journaling during the study three testing periods.
2. The Assistant Church Facilitator (ACF) will:
 - A. Communicate and work closely with CI, Rev. Ellen Valentine.
 - B. Coordinate and communicate the date and time of the one-hour Informational Informed Consent meeting to the CI.
 - C. Assist with the one-hour Informational Informed Consent meeting.
 - D. Ensure that all volunteers meet the inclusion criteria.
 - E. Facilitate any private sessions necessary for potential participants in the study that could not attend the one-hour Informational Informed Consent meeting.
 - F. Administer and collect from those who volunteer to be participants in the study the completed:
 - 1) First survey instruments.
 - 2) PRs' information form.
 - 3) Informed consent form.

- 4) Ensuring that the information is legible.
- G. Record the participants study control number on the control sheet provided.
 - H. First survey instruments will be handed to the CI after the initial survey instrument session after the Informational Informed Consent meeting.
 - I. Maintain the expandable folder containing all the participant's individual manila folders for samplings two and three.
 - 1) Initially the individual manila folder will contain three sets of survey instruments and each set will be colored coded for ease of distribution.
 - 2) Each individual manila folder will have a control number and the participants name will be added to the outside of this folder at the Informational Informed Consent meeting for ease of administering the second and third sets of survey instruments by the ACF.
 - J. Administer and return the completed 2nd and 3rd sets of study instruments to the CI/AIDM (Data Manager), Rev. Ellen Valentine, at data headquarters.
 1. The conclusion of the first prayer week will be communicated to the ACF, by the CI or PI, to gather any change in well-being experienced (second sampling).
 2. Second and third survey instruments and journaling page(s) will be mailed to the CI at data headquarters within five days of the completion of 80+% of the churches participants.
 - a. Second survey instrument and journaling will take place after prayer week, approximately thirty days after the Informational Informed Consent meeting.
 - b. Any participant stragglers will be sampled privately if possible by the ACF and their survey instruments will be mailed to the CI at data headquarters within two additional weeks of the first mailing.

- c. Names of any participants that fail to complete either or both of the second and third survey instruments and journaling opportunities will be sent to the CI at data headquarters with the reason(s) for the incompleteness. The CI will follow up as needed. This information must be communicated to the oversight committee of Holos University Graduate Seminary by the CI or PI.

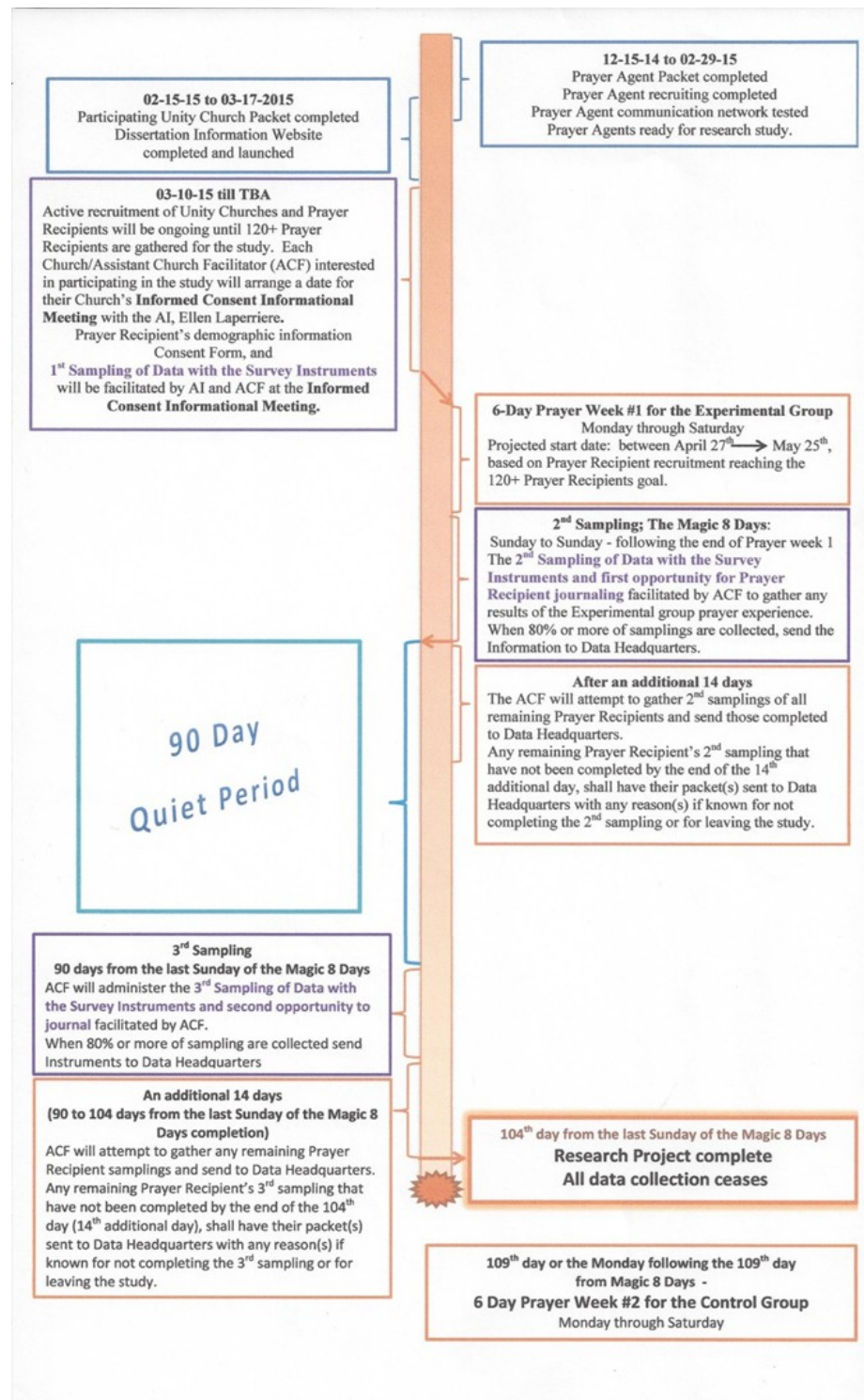
K. The CI will take a photo of each participant's manila envelope at the Informational Informed Consent meeting with the control number and the participant's name visible to be held at data headquarters as back-up to the document register.

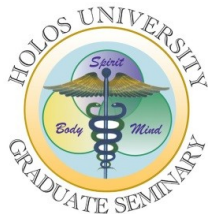
Method of Sharing Results with Participants and Churches

Dissertation results will be available online at www.AllLightMinistries.com for a period of six months upon completion for the study. Participants may also go to the school website, <http://www.holosuniversity.net>, where the dissertation results will be posted indefinitely.

All prayer participants will be informed, at the Informational Informed Consent meeting at the churches' inclusion of the study, of contact information for the PI, CI, Dissertation Chair, and the Dean of Holos University Graduate Seminary. This contact information is on the last page of the Informed Consent Form copy provided them at this meeting. Any prayer participant with questions, concerns or who experiences difficulties encountered from participation in the study before, during, or after the study concludes are encouraged to contact the cooperating personnel in this order: the PI, the AI, the Dissertation Chair, or Dean of Holos University Graduate Seminary.

Timeline for Dissertation





Informed Consent Form for Participants

RESEARCH STUDY

Primary Investigator: Michael Ulm, M. A., D. Min., CCI

Committee Chair: Robert Nunley, Ph.D.

Holos University Graduate Seminary supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without affecting opportunities for participation in other projects offered by this graduate program. Your participation is strictly voluntary. Do not hesitate to ask any questions about the study before, during, or after the research study is complete.

INTERVENTION: This study will compare the potential felt senses of well-being by Unity congregants participating in a Ministerial Long-Distance Prayer Intervention (ML-DPI) with Unity congregants experiencing “normal” Unity church activities. If you volunteer in this study you will:

- Attend a one-hour Informational Informed Consent meeting or a private meeting with the Co-Investigator (CI) or Assistant Church Facilitator (ACF) to receive full disclosure about the study.
- Agree to participate in this study, in which you understand that you may or may not be included in the list for receiving Ministerial Long-Distance Prayer Intervention over the initial period of the study.
- If included in the control group, you will receive Ministerial Long-Distance Prayer Intervention after the controlled research part of the study is completed.
- Fill out an information form and receive a personal research control number to identify your information for this study.
- Meet the inclusion criteria and sign a copy of this informed consent form stating your qualifications and consent to participate in this study.
- Complete three paper survey instruments facilitated by a ACF for that church location:
 - The first survey instrument sampling is day one of the churches’ inclusion in the study at the informed consent/ informational meeting (requiring approximately 15 to 25 minutes).
 - The second survey instrument sampling is approximately four weeks after each church’s inclusion in the study and will have the opportunity to add subjective journaling of each one’s experience(s) so far (requiring approximately 20 to 35 minutes) will be given.
 - The third survey instrument sampling is at three-month post (or 90 days after the second survey sampling) and will have the opportunity to add subjective journaling of each one’s experience(s) so far (requiring approximately 20 to 35 minutes) will be given.

Initials of subject date

Following the close of the study at each church, those assigned to the control group will be notified and will be able to receive a ML-DPI if desired.

INCLUSION Criteria/TESTING: Only those ages of 21 to 75 and literate in verbal and written English will be accepted as participants in the study. Participants will be assessed three times during the study: once at the participating churches' inclusion in the study, about four weeks later, and again three months later (or 120 days after the churches' inclusion in the study). The assessment will consist of completing three widely used survey instruments: 1) The Arizona Integrative Outcomes scale (AIOS), 2) the Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale, and 3) the State-Trait Anxiety Inventory (STAI) for Adults.

TIME COMMITMENT FOR PARTICIPATION – The total time required for a participant in the study shall be approximately 220 minutes divided into three meetings or private sessions. The preceding page enumerates each session's time requirement. Participants will have the option to add five to fifteen minutes of subjective journaling with the second and third survey instrument samplings allowing opportunity to share experiences during the study not covered by the survey instruments.

CONFIDENTIALITY: Participation in this study and any forms generated will be held in strict confidence. Personal information will be identified only by a personal research control number assigned at the informed consent/ informational meeting or a private meeting with the CI or ACF where you received full disclosure about the study. Results of the study may be reported in scientific presentations or publications. Neither the names of participants nor their personal information will be identified, published or associated in any way with the research findings.

POTENTIAL BENEFITS: The expected benefits for participants and churches associated with this study include: information will be obtained concerning the participants' pre and post feelings of well-being toward self and others compared with a cross section of Unity church congregants. There is also the possibility (but no promise) that there will be a noticeable improvement in these areas due to the effect(s) of the ML-DPIs application for your church's participants.

Initials of subject

date

POTENTIAL RISKS: This study explores the effects of prayer and is not a therapy. There is no known possibility of physical injury. The risks are minimal and could include the possibility of mental or emotional discomfort due to increased self-awareness or mindfulness. Neither Holos University Graduate Seminary, the ML-DPI, the ACF, the CI nor the PI makes claims that this study offers therapeutic benefits. Participants seeking therapeutic support are encouraged to find a trained professional.

The Primary Investigator or CI/AIDM (Data Manager) will gladly answer any questions that a participant may have regarding this study. Any further questions, please contact the PI, Michael Ulm, at (941) 932-3673 or by email at DrMichaelUlm@Yahoo.com or CI/AIDM Ellen Valentine (850) 688-3476 or by email at Admin@ALMIus.com.

For concerns or questions about rights of a research participant please contact the Holos University Graduate Seminary Dean, Ann Nunley, Ph. D., at (785) 863-2176, 4221 Nunley Lane, McLouth, KS 66054.

Sincerely,

Michael Ulm

Contact information:

Michael Ulm Principal Investigator 12109 Landen Drive Charlotte, NC 28277 Home (941) 932-3673 DrMichaelUlm@Yahoo.com	Bob Nunley, Ph. D., Chair of Dissertation Committee 4221 Nunley Lane McLouth, KS 66054. Home (785) 863-2176 AdmissionsDirector@ holosuniversity.org	Ellen Valentine Co-Investigator PO Box 78895 Charlotte, NC 28271 Of. (850) 688-3476 Admin@ALMIus.com
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Please sign the consent with full knowledge of the nature and purpose of the procedures, the benefits expected, and the discomforts and/or risks that may be encountered.

Subject's Signature

Date

Please sign the consent with full knowledge of the nature and purpose of the procedures, the benefits expected, and the discomforts and/or risks that may be encountered.

Research Project PR Packet Control

	CHURCH RECRUITING							#						
	PARTICIPATING:	DATE	TIME	DAY	EST	ACT	MIN	PRAY	CHP	PROJ	# OF	# ATTD	2nd	3rd
													SAMPLE	SAMPLE
1.	Unity in the 7 Hills, Lynchburg, VA	8/10/2015	6:30 PM	MON	5	7	1	2	Y	75	50		Received	Received
2.	Unity of Roanoke Valley, VA	8/12/2015	6:30 PM	WED	10	15	1	1	Y	250	150		Received	Received
3.	UnityTransformation, Knoxville, TN	8/16/2015	1:00 PM	SUN	10	10	1	0	Y	EXP	30		Received	Received
4.	Unity Church of Greenville, SC	8/22/2015	1:00 PM	SAT	25	17	1	5	Y	300	200		Received	Received
5.	Unity of Columbia, SC	8/23/2015	1:00 PM	SUN	15	11	1	5	Y	100	50		Received	Received
6.	Unity North Atlanta, Marietta, GA	8/24/2015	7:00 PM	MON	25	15	1	1	Y	600	375		Received	Received
7.	Unity Church & Spiritl Ctr, Conyers, GA	8/25/2015	5:00 PM	TUE	15	9		0	Y	115	55		Received	Received
8.	Unity of Lake Norman, NC	8/27/2015	7:30 PM	THU	5	11	1	0	N/A	31	20		Received	Received
9.	Unity of Naples, FL	8/30/2015	11:15 AM	SUN	25	18	1	0	Y	500	325		Received	Received
10.	First Unity Church, St. Pete, FL	9/8/2015	7:00 PM	WED	25	20		0	Y	1560	400		Received	Received
11.	Unity of Appleton, WI	9/15/2015	6:30 PM	TUE	5	14	1	3	Y	50	30		Received	Received
12.	Unity Christ Church, Eau Claire, WI	9/16/2015	6:30 PM	WED	25	12	1	2	Y	106	40		Received	Received
13.	Unity in the Heart, St. Paul, MN	9/20/2015	9:00 AM	SUN	10	13	1	1	Y	50	30		Received	Received
14.	Unity No. Spiritl Ctr, Coons Rapid, MN	9/21/2015	6:30 PM	MON	10	15	0	6	Y	100	60		Received	Received
					210	187	11	26						
	Did not complete 2nd Sampling					-13								
								For Statistical Analysis;				Total PRs used		
						174		Dr. Paul Tomlinson				162		
	Did not complete 3rd Sampling					-12		Dr. Jens Eickhoff,				84		
								Cleaned PRs N=42 C & E groups						
	162 is 62% more than needed for minus sample size			FINAL		162								
	Control Group completing					55								
	Experimental Group completing					107								

Table 1:

END NOTES CHURCH & ACF PACKET

-
- ¹ Filmore, Charles and Myrtle, *Unity Magazine*, May 1902, p. 295.
- ² Filmore, Charles and Myrtle, *Christian Science Thought*, April, 1891.
- ³ Vahle, Neal, *The Unity Movement, Its Evolution and Spiritual Teachings*, Philadelphia: Templeton Foundation Press. 2002. P. 228.
- ⁴ Vahle, Neal, *The Unity Movement, Its Evolution and Spiritual Teachings*, Philadelphia: Templeton Foundation Press. 2002. P. 228.
- ⁵ Ladouceur, Paul (edited and compiled by), 1996., *Sacred Words a selection of spiritual writings of all ages*, Findhorn Press, Forres IV36 OTZ, Scotland, p. 246.
- ⁶ Dictionary.com. <http://dictionary.reference.com/browse/CAM?s=t> . Accessed 05-30-2014, 11:06 am.
- ⁷ Ladouceur, Paul (edited and compiled by), 1996., *Sacred Words a selection of spiritual writings of all ages*, Findhorn Press, Forres IV36 OTZ, Scotland, p. 246.
- ⁸ Little Eagle Standing Strong, James, 1995. *21st Century Spirituality Daily Prayers*, p. 3.
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- ¹⁰ Ladouceur, Paul (edited and compiled by), 1996., *Sacred Words a selection of spiritual writings of all ages*, Findhorn Press, Forres IV36 OTZ, Scotland, pp. 232.
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- ¹² Dictionary.com. <http://dictionary.reference.com>, Accessed 05-13-2014, 5:54 pm
- ¹³ Dictionary.com. <http://dictionary.reference.com>, Accessed 05-13-2014, 5:48 pm
- ¹⁴ Dictionary.com. <http://dictionary.reference.com>, Accessed 05-13-2014, 6:09 pm.
- ¹⁵ Ladouceur, Paul (edited and compiled by), 1996., *Sacred Words a selection of spiritual writings of all ages*, Findhorn Press, Forres IV36 OTZ, Scotland, pp. 482
- ¹⁶ Dictionary.com. <http://dictionary.reference.com>, Accessed 05-13-2014, 6:03 pm.
- ¹⁷ Little Eagle Standing Strong, James, 1995. *21st Century Spirituality Daily Prayers*, p. 3.
- ¹⁸ Laurie Menk Otto, Amy Howerter, Iris R. Bell, Nicholas Jackson, Explore (NY) Author manuscript; available in PMC 2011. Published in final edited form as: Explore (NY). 2010 Nov–Dec; 6(6): 364–370. doi: 10.1016/j.explore.2010.08.001
PMCID: *Exploring Measures of Whole Person Wellness: Integrative Well-Being and Psychological Flourishing*, p. 1.
- ¹⁹ Piedmont, Ralph L., Mary Beth Werdel and Mario Fernando, 2009. *THE UTILITY OF THE ASSESSMENT OF SPIRITUALITY AND RELIGIOUS SENTIMENTS (ASPIRES) SCALE WITH CHRISTIANS AND BUDDHISTS IN SRI LANKA*, Research in the Social Scientific Study of Religion, Volume 20 © Koninklijke Brill NV, Leiden, pp. 133.
- ²⁰ Piedmont, Ralph L., Mary Beth Werdel and Mario Fernando, 2009. *THE UTILITY OF THE ASSESSMENT OF SPIRITUALITY AND RELIGIOUS SENTIMENTS (ASPIRES) SCALE WITH CHRISTIANS AND BUDDHISTS IN SRI LANKA*, Research in the Social Scientific Study of Religion, Volume 20 © Koninklijke Brill NV, Leiden, pp. 132.
- ²¹ Spielberg, Charles D., 1983. State Trait Manual, Mind Garden, Inc. p.
- ²² Dossey, Larry MD. HEALING RESEARCH: WHAT WE KNOW AND DON'T KNOW, Subtle Energies & Energy Medicine, Volume 19, Num. 1 • Page 21.

²³ Benor, Daniel MD, *Spiritual Healing Scientific Validation of a Healing Revolution*, Vision Publications, Southfield, MO. 2002. p. 453

APPENDIX E:
SCRIPTS FOR THE ACF TO FACILITATE THE ML-DPI
INFORMATIONAL INFORMED CONSENT MEETINGS

Introduction

These three survey instruments may be administered either individually or to groups. While the PI estimates the samplings will take 15 to 20 minutes, there is not a time limit for the data samplings. The most important aspect of the testing is that the administrator (the ACF) needs to have a trust relationship or establish a positive rapport with each of their Unity parishioner study participants. This is why you, the ACF, are so important. You are known by your church and will be available for all three study samplings.

Some of the survey questions could be viewed as inquiring of negative characteristics. Participants may feel uncomfortable sharing their feelings for fear of being seen as weak or insecure. To deal with any test anxieties, remind the parishioner participants that during this study, they will be known by their control number only. Your demographic information and responses are completely confidential. The PI, Michel Ulm and the CI, Rev. Ellen Valentine, whom you know from the informational informed consent meeting, are the only study staff members with access to this information. Their interest is only statistical.

The ACFs are encouraged to convey and assure each participant that the PI, Michael Ulm, truly wants their honest and candid responses to track change(s) that occur(s), if any, from the prayer intervention application.

With each administration the focus of the sampling will be different. The pre ML-DPI will want to know how the parishioner feels overall as an average for the last few weeks. Anyone can have a bad day; the study wants to know their average sense of well-being up until the Informational Informed Consent meeting. The two post ML-DPI samplings will want to know how the parishioner feels NOW, today, or over just the past few days.

Pre-Ministerial Long-Distance Prayer Intervention

Inventory Sampling

Informational Informed Consent Meeting

Prayer Recipients, please disregard all demographic information requests on the survey instruments. You have entered all necessary information for the study on your information form and any further demographics will not be necessary. For this survey sampling, reflect on your **sense of well-being**. Take into account your physical, mental, emotional, social, and spiritual condition **over the past month**. Please work quickly, do not spend too much time thinking about your responses to any single item. Your first impression for an answer is usually your best response, so generally go with your first reaction to each of the items.

Arizona Integrative Outcomes Scale (AIOS)

Note to the ACF: The estimated testing time during sampling is one (1) minute for the AIOS. There is no time limit to the sampling, yet the AIOS should take no more than a few minutes. Any more time expended on the AIOS, and the Prayer Recipient could experience *test fatigue* during the sampling.

Arizona Integrative Outcomes Scale (AIOS, a global well-being scale) is a one-item, 100-mm visual analogue scale (range 0–100, with higher scores indicating greater sense of well-being). Subjects will self-rate their combined physical, mental, emotional, social, and spiritual sense of well-being in the present moment.¹

Read the instructions for the Arizona Integrative Outcomes Scale silently, while I read the instructions aloud to the group. Please reflect on your sense of well-being, taking into account your physical, mental, emotional, social, and spiritual condition over the past month. Use an **X** on the line to mark your answer to the question.

Mark the line below with an **X** on the line at the point that summarizes your overall sense of well-being for the past month prior to inclusion in this study.

Worst you have
ever been

Best you have
ever been

An X mark placed at the end of the line to the left represents an overall sense of well-being that is the worst you have ever felt. An X mark at the end of the line to the right represents an overall sense of well-being that is the best you have ever felt. An X marked somewhere in between the left and right extremes represents an overall sense of well-being that reflects how you feel.

The Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale

Note to the ACF: The anticipated testing time for the ASPIRES during sampling is six to ten (6 to 10) minutes.

The Assessment of Spirituality and Religious Sentiments (ASPIRES) Scale (Piedmont, 2004a) was normed and tested in multiple sites throughout the world using subjects from Canadian aboriginals, Christian, Hindu, Muslim, and Jewish traditions. “All of these studies demonstrated that the constructs underlying the ASPIRES are of value for understanding the religious and spiritual strivings of people from different religious faiths and cultures.”² The Unity movement and churches accept all paths to God and the ASPIRES will allow a non-bias non-invasive spiritual attitude sampling.

Piedmont, Ralph L., Werdel, Mary Beth and Fernando, Mario, 2009. *THE UTILITY OF THE ASSESSMENT OF SPIRITUALITY AND RELIGIOUS SENTIMENTS (ASPIRES) SCALE WITH CHRISTIANS AND BUDDHISTS IN SRI LANKA*, Research in the Social Scientific Study of Religion, Volume 20 © Koninklijke Brill NV, Leiden, pp. 133.

This questionnaire will ask you about various perceptions you hold about your view of the world and your place in it. Answer each question on the scale provided by checking the box that best expresses your feelings. If you are not sure of your answer or believe that the question is not relevant to you, then mark the “Neutral” category.

Please work quickly, do not spend too much time thinking about your responses to any single item. Generally, your first answer is your best response, so go with your first reaction to the item.

State-Trait Anxiety Inventory (STAI) for Adults

Note to the ACF: It is critical to the validity of the inventory that study participants clearly understand that the “State” instructions, are for responses how they feel “right now, in the last few days, or at this moment” and the “Trait” instructions, indicate for the participants to respond how they “generally” feel.

Give an opportunity for anyone to ask questions before everyone starts. Answer any questions in a noncommittal manner such as, “**Just answer according to how you generally feel**” for the Trait, or “**Answer the way you feel right now**” for the State portion. These answers should usually suffice. Emphasize that all questions should have a response, that missing items skew the results of the survey.

Anticipated test time to complete the 40 questions of the State-Trait is six to twenty minutes.

The State-Trait Anxiety Inventory (STAI) for Adults developed by Charles D.Spielberger,“Form Y is the definitive instrument for measuring anxiety in adults. It clearly differentiates between the temporary condition of “state anxiety” and the more general and long-standing quality of “trait anxiety”. It helps professionals distinguish between a client’s feelings of anxiety and depression. The STAI has forty questions with a range of four possible responses to each.”³

Read the instructions for the State-Trait Anxiety Inventory Y form silently, while I read the instructions aloud to the group. A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate now you *feel right now*, that is, *at this moment*. There are no right or wrong answers, just mark what you feel is correct for you. Do not spend too

much time on any one statement but give the answer which seems to describe your present feelings best.

For the statements to the “**State**” questions 1 through 20, answer how you *feel right now*, that is, *at this moment*.

For the statements to the “**Trait**” questions 21 through 40 indicate now you *generally feel*.

Just read the statements and circle the appropriate number to the right of the statement which gives the answer which best describes you.

**Post Ministerial Long-Distance Prayer Intervention Inventory Sampling after
Prayer Week #1**

The Magic Eight Days

Prayer Recipients, please disregard all demographic information requests on the survey instruments. You entered all necessary information for the study on your information form at the informational informed consent meeting. For this first post-experimental prayer week sampling, reflect on your **sense of well-being**. Take into account your physical, mental, emotional, social, and spiritual condition **as of now after the prayer intervention by the Prayer Agents during Prayer Week #1, Monday through Saturday, October 5th to 10th, 2015.** Please work quickly, do not spend too much time thinking about your responses to any single item. Usually, your first answer is your best response, so go with your first reaction to the item.

During this sampling you will have your first journaling opportunity. All life experiences or changes cannot be measured by an objective survey instrument. On the journaling page and the back of the survey instruments if necessary, please share any of your noteworthy experience(s), especially healing phenomena, since the start of prayer week.

Arizona Integrative Outcomes Scale (AIOS)

Note to the ACF: The estimated testing time during sampling is one (1) minute for the AIOS. There is no time limit to the sampling, yet the AIOS should take no more than a few minutes. Any more time expended on the AIOS, and the Prayer Recipient could experience test fatigue during the sampling.

Prayer Recipients please reflect on your **sense of well-being**, taking into account your physical, mental, emotional, social, and spiritual condition **as of now after the prayer intervention by the Prayer Agents**.

Mark the line below with an **X** placed on the line at the point that summarizes your **overall sense of well-being now**.

Worst you have
ever been

Best you have
ever been

An X mark placed at the end of the line to the left represents an overall sense of well-being that is the worst you have ever felt. An X mark placed at the end of the line to the right represents an overall sense of well-being that is the best you have ever felt. An X mark somewhere in between these left and right extremes represent an overall sense of well-being that reflects how you feel between them.

The Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale

Note to the ACF: The anticipated testing time for the ASPIRES during sampling is six to ten (6 to 10) minutes.

The ASPIRES questionnaire will ask you about various perceptions you hold about your view of the world and your place in it. Answer each question on the scale provided by checking or filling in the box to the right of the statement that best expresses your feelings. If you are not sure of your answer or believe that the question is not relevant to you, then mark the “Neutral” category.

Please work quickly, do not spend too much time thinking about your responses to any single item. Generally, your first answer is your best response, so go with your first reaction to the item.

State-Trait Anxiety Inventory (STAI) for Adults

Note to the ACF: It is critical to the validity of the inventory that study participants clearly understand that the “**State**” instructions are for responses how they feel “**right now, in the last few days, or at this moment**” and the “**Trait**” instructions, indicate for the participants to respond how they “**generally**” feel.

Give an opportunity for anyone to ask questions before everyone starts. Answer any questions in a noncommittal manner such as, “**Just answer according to how you generally feel**” for the Trait, or “**Answer the way you feel right now**” for the State portion. These answers should usually suffice. Emphasize that all questions should have a response, that missing items skew the results of the survey.

Anticipated test time to complete the 40 questions is six to twenty minutes.

Read the instructions for the State-Trait Anxiety Inventory Y form silently, while I read the instructions aloud to the group. A number of statements, which people have used to describe themselves, make up the State-Trait Anxiety Inventory.

For the statements to the “**State**” questions 1 through 20, answer how you *feel right now*, that is, **at this moment**.

For the statements to the “**Trait**” questions 21 through 40, answer how right now you *generally feel*.

Just read the statements and circle the appropriate number to the right of the statement which gives the answer which seems to best describe how you *feel*. There are no right or wrong answers, just mark what you feel is correct for you.

Three Months Post Ministerial Long-Distance Prayer Intervention Inventory Sampling

Approximately 112 Days from the End of Prayer Week #1.

Prayer Recipients, please disregard all demographic information requests on the survey instruments. You entered all necessary information for the study on your information form at the informational informed consent meeting. For this second post-

experimental prayer week sampling, reflect on your **sense of well-being**. Take into account your physical, mental, emotional, social, and spiritual condition **as of now at the end of four months following the Ministerial Long Distance Prayer Intervention (ML-DPI)**. Please work quickly, do not spend too much time thinking about your responses to any single item. Usually, your first answer is your best response, so go with your first reaction to each item.

During this sampling you have another journaling opportunity. All life experiences or changes cannot be measured by an objective survey instrument. On the journaling page and the back of the survey instruments if needed, please share any of your noteworthy experience(s), especially healing phenomena, over the last three months since the last sampling.

Arizona Integrative Outcomes Scale (AIOS)

Note to the ACF: The estimated testing time during sampling is one (1) minute for the AIOS. There is no time limit to the sampling, yet the AIOS should take no more than a few minutes. Any more time expended on the AIOS, and the Prayer Recipient could experience test fatigue during the sampling.

Mark the line below with an **X** placed on the line at the point that summarizes your **overall sense of well-being now**.

Worst you have
ever been

Best you have
ever been

An X mark placed at the end of the line to the left represents an overall sense of well-being that is the worst you have ever felt. An X mark placed at the end of the line to the right represents an overall sense of well-being that is the best you have ever felt. An X mark somewhere in between these left and right extremes represent an overall sense of well-being that reflects how you feel.

The Assessment of Spiritual and Religious Sentiments (ASPIRES) Scale

Note to the ACF: The estimated testing time for the ASPIRES during sampling is six to ten (6 to 10) minutes.

The ASPIRES questionnaire will ask you about various perceptions you hold about your view of the world and your place in it. Answer each question on the scale provided by checking or filling in the box to the right of the statement that best expresses your feelings. If you are not sure of your answer or believe that the question is not relevant to you, then mark the “Neutral” category.

Please work quickly, do not spend too much time thinking about your responses to any single item. Generally, your first answer is your best response, so go with your first reaction to the item.

State-Trait Anxiety Inventory (STAI) for Adults

Note to the ACF: It is critical to the validity of the inventory that study participants clearly understand that the “**State**” instructions are for responses how they feel “**right now, in the last few days, or at this moment**” and the “**Trait**” instructions, indicate for the participants to respond how they “**generally**” feel.

Note to the ACF: Anticipated test time to complete the 40 questions is six to twenty minutes. Give an opportunity for anyone to ask questions before everyone starts. Answer any questions in a noncommittal manner such as, “Just answer according to how you generally feel’ for the Trait or “Answer the way you feel right now” for the State portion. These answers should usually suffice. Emphasize that all questions should have a response, that missing items skew the results of the survey.

Read the instructions for the State-Trait Anxiety Inventory Y form silently, while I read the instructions aloud to the group. A number of statements, which people have used to describe themselves, make up the State-Trait Anxiety Inventory.

For the statements to the “**State**” questions 1 through 20, answer how you *feel right now*, that is, **at this moment**.

For the statements to the “**Trait**” questions 21 through 40, answer how right now you *generally feel*.

Just read the statements and circle the appropriate number to the right of the statement which gives the answer which seems to best describe how you *feel*. There are no right or wrong answers, just mark what you feel is correct.]

End Notes SCRIPTS FOR THE ACF

¹ HHS Public Access. Author manuscript, Otto, Laurie Menk, Howerter, Amy, Bell, Iris R., Jackson, Nicholas. Explore (NY). 2010 Nov–Dec; 6(6): 364–370. doi: 10.1016/j.explore.2010.08.001, PMCID: *Exploring Measures of Whole Person Wellness: Integrative Well-Being and Psychological Flourishing*, p. 364. Accessed 06-13-2014, 2:08 pm.

² Piedmont, Ralph L., Werdel, Mary Beth and Fernando, Mario, 2009. *THE UTILITY OF THE ASSESSMENT OF SPIRITUALITY AND RELIGIOUS SENTIMENTS (ASPIRES) SCALE WITH CHRISTIANS AND BUDDHISTS IN SRI LANKA*, Research in the Social Scientific Study of Religion, Volume 20 © Koninklijke Brill NV, Leiden, pp. 133.

³ Spielberger, Charles D., 1983. State Trait Manual, Garden, Inc., <http://www.mindgarden.com/products/staisad.htm>, Accessed 07-12-2012, 2:54 pm.

APPENDIX F:

PRAYER AGENT PACKET



Prayer Agent Invitation to participate in Doctoral Research with Michael Ulm

Subject: Effects of Prayer on Well-being

Prayer Agent Packet

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Prayer Agent Requirements Overview

A person contemplating serving as a Prayer Agent of the Ministerial Long Distance Prayer Intervention (ML-DPI) will have a total time expenditure of less than ten (10) hours. This time expenditure breaks down as: one hour of training, three hours or less of administration interactions and six or more hours of dedicated prayer [three plus (3+) hours each for the experimental and control groups].

Each Prayer Agent (PA) will be assigned a maximum of ten (10) prayer recipients. Each prayer agent will pray for each prayer recipient for at least three minutes per day. If assigned fewer prayer recipients the time expenditure for the Prayer Agent will be less. There will be two prayer weeks with three or more prayer hours each week separated by at least 90 days.

Prayer Agents will incur no financial burden while participating in this study. The PI is responsible for any and all financial obligations.

Prayer Agent Candidates Acceptance and Participation Affidavit Form

I _____ (your name), prospective prayer agent for the ML-DPI study by Dr. Michael Ulm, Holos University Graduate Seminary Doctoral Candidate, am a member of a Unity church or Unity organization in good standing. _____ Initials

I agree to and affirm these three statements:

1. I believe in God or a higher power in the universe. _____ Initials
2. I believe that this God or higher power is personal and interacts with individual lives. _____ Initials
3. I believe that this God or higher power responds to prayers requested by self or on behalf of others. _____ Initials

I affirm that I have attended 30 hours or more of prayer training and its application either through Unity Prayer Chaplaincy, Silent Unity, Unity Institute/Urban Ministerial School, or All Light Ministries organized instruction. _____ Initials [Please circle which organization(s) apply]

I have practiced active prayer application for others for over a year through one of the above organizations. _____ Initials

I volunteer to serve as a prayer agent for the ML-DPI study, and will be responsible to send focused prayer to a maximum of ten recipients for their highest good. _____ Initials

I will incur no financial burden through my participation in this study. _____ Initials

I affirm these statements this _____ of _____ 201____. _____ Signature .

Information Form for Prayer Agent

Name _____ E-mail Address _____

Mailing Address _____
Street Name and Number

City/Town State Zip Code

Phone Numbers Home Cell

Please list any and all Unity church(s) or organization(s) you are a member or affiliated with...

Prayer Agent Packet

Introduction of the Study

The Ministerial Long Distance Prayer Intervention (ML-DPI) will explore whether long distance prayer has statistical significance for religious and spiritual communities, energy medicine, and scientific models of healing. The Primary Investigator (PI), Michael Ulm, will explore well-being through the ML-DPI experience. The focus of this research project is “Does long-distance prayer affect individual’s sense of well-being” both in the short term and the long term. It is the PI’s experience that Unity congregants, as a whole, are dedicated to a spiritual or religious practice as a personal life choice. An increased feeling of well-being in humans can be experienced and can manifest as a perceived improvement in life expression by participants involved in the ML-DPI. Neither the PI nor Holos University Graduate Seminary guarantees that the prayer recipients will experience new awareness or a felt sense of well-being.

The PI and the Co-Investigator (CI) will recruit Prayer Agents from Unity churches and other Unity sources (Silent Unity, Unity Institute, Unity Urban Ministerial School and Unity International). The prayer agents will not be affiliated with or a member of any church or churches that prayer recipients are drawn from for the study. The PI will train the prayer agents to send focused long distance prayer, with the intention for an increased sense of well-being, spiritual growth, and healing, to the prayer recipients for their highest and best good, with the right and perfect outcome in their lives and the lives of all concerned.

Significant changes in the sense of well-being can manifest as physical, mental and emotional healings. These changes can continue to manifest for months after the

ML-DPI. It is the PI's belief that the ML-DPI is a personal experience of high frequency infusion of God's love, similar to a peak religious experience, through long distance prayer.

Purpose

This research project is a study of the possible effects of focused long distance prayer, with the intention for an increased sense of well-being, spiritual growth, and healing, and is not a therapy. The purpose of this research is to measure the sense of well-being experienced by participants in a Ministerial Long Distance Prayer Intervention (ML-DPI). This study searches for a correlation between long distance prayer and a sense of well-being that can result from this focused application of healing prayer potential. The use of healing prayer and intention in the ML-DPI is expected to manifest changes in the felt sense of well-being in the participating Unity church members.

The Principal Investigator (PI), Michael Ulm, has seen miraculous events take place through his use of prayer in Charlotte, NC hospitals with members of his home church, Unity of Charlotte. He is following these experiences to explore and examine the nuances of prayer and the effects that prayer applications can manifest.

Population

This project will be a multiple site survey in North America with adult participants 21-75 years of age. The target group for the research will be persons who attend Unity Churches. Churches will be recruited from the Unity International website with the intention of drawing a representative population of Unity congregants.

The Unity church populations for the most part have had some exposure to prayer and healing through the teachings of the founders Charles and Myrtle Fillmore.

Congregants of these churches are steeped in many New Thought concepts. They tend to be a diverse population in terms of age, gender, and ethnicity with a higher proportion of women. The average age of this population tends to be 45+ years old. This differs from a “normal” age sampling distribution by about 7 to 10 years.

Overview of the Method

The Co-Investigator, Ellen Valentine, will prepare a master list of all study prayer recipients numerically ordered by research control number. The list will include each prayer recipient’s name, research control number, date of birth, and gender. This information will be gathered from page one of the participant’s information form. This master list will consist of over one hundred participants.

A random assignment procedure will be applied to the master list to obtain the members of the control group from the one hundred or more participants (at least fifty in each of the control and experimental groups).

Inclusion Criteria for the Prayer Agents

The prayer agents for the study will be members “in good standing” of a Unity church or Unity organization. Each prayer agent for the ML-DPI will have had over thirty hours of organized instruction or training in prayer and prayer application either through Unity Prayer Chaplaincy, Silent Unity, Unity Institute/ Unity Urban Ministerial School, or All Light Ministries. Each agent will have over a year of active prayer application for others, either through All Light Ministries, Silent Unity, Unity Institute, Unity Urban Ministerial School, Unity Church Prayer Chaplaincy, or other Unity Church activities. The prayer agents will volunteer to send focused prayer to the prayer recipients for the recipients’ highest good. The prayer agent shall agree with these three

statements: I believe in God or a higher power in the universe. I believe that this God or higher power is personal and interacts with individual lives. I believe that this God or higher power responds to prayers requested by self or on behalf of others.

Exclusion Criteria for the Prayer Agents

A candidate for prayer agent will be excluded if they cannot agree with any of these three statements: I believe in God or a higher power in the universe. I believe that this God or higher power is personal and interacts with individual lives. I believe that this God or higher power responds to prayers requested by self or on behalf of others. If a prayer agent applicant in the interview personally verbalizes their expectation for predetermined outcomes for the prayer recipients, they will be also excluded.

Sampling Frequency of the Prayer Recipients

Prayer Recipient's (PR's) well-being will be measured by three survey instruments: the Arizona Integrative Outcomes Scale (AIOS), the Aspires – Assessment of Spiritual and Religious Sentiments Scale, and the State-Trait Anxiety Inventory (STAI) for Adults. Using these three survey instruments the participants will be sampled three times:

1. First sampling, at the point of inclusion for the church in the study at the informed consent/ informational meeting or private meeting with the Co-Investigator (CI) or Assistant Church Facilitator (ACF).

2. Second sampling, four weeks after the church's point of inclusion into the study and following the end of the prayer week. All prayers will occur the same week by all prayer agents.
3. Third sampling, three months (90 days) post the second sampling of the study.

The three-month reassessment period for the third sampling should capture whether an increased sense of well-being, spiritual growth, and healing was maintained.

Time Requirements for Participation as a Prayer Agent

The prayer agents for the research project will serve during two prayer weeks.

1. Week one - prayer week for the experimental group

Each agent will be assigned a maximum of ten experimental group prayer recipients. These prayer recipients will be prayed for at least three minutes or more per day for six days. This time will total at least thirty minutes of prayer time each day for the six days for a total of three or more prayer hours. This prayer week will take place after the administration time, approximately three or four weeks after the church inclusion in the study. This administration time will consist of:

- i. Invitation of the churches to participate in the study.
- j. Travel to perspective churches to facilitate presentations to gather prayer recipients for the study.
- k. Gathering of the pre-study PR's personal information and first survey instrument samplings.
- l. Creation of the control and experimental groups.
- m. Assignment of PRs of the experimental group to their PAs.
- n. Notification of prayer agents of their prayer recipients' information by the CI.
- o. Notification to the prayer agents of the start date of the first prayer week.
- p. Receiving a return response from all prayer agents that they have their assigned PRs' information in a readable form and know the start date of the first prayer week.

2. Week two - prayer week for the control group.

Each agent will be assigned a maximum of ten control group PRs. Like the experimental group prayer recipients, these control PRs will be prayed for at least three minutes or more per day for six days. If assigned the maximum of ten participants, the agent will spend at least thirty minutes of prayer time for six days for a total of three or more hours of prayer time. If assigned fewer prayer

recipients the time expenditure will be less. The second prayer week will take place after the close of the data collection with the conclusion of the third and last sampling of survey instruments; approximately four months (120 days) post the start of the study. Each agent will:

- a. Be notified of their control prayer recipients' information by the CI.
- b. Be notified of the second prayer week start date.
- c. Return a response that they have received their assigned PRs' information in a readable form and the start date of the second prayer week.

These two prayer weeks will represent three or more hours for each week separated by at least 90 days. This totals time expenditure by each PA will be six plus (6+) hours of dedicated prayer time for the experimental and control groups during the study.

Prayer Agent Applications and Duties

The PI and CI will recruit twenty-five to thirty-five PAs (this number of prayer agents will service 125 to 175 participant PRs) from Unity churches and other Unity sources (Silent Unity, Unity Institute/ Unity Urban Ministerial School, and Unity International). The PAs will not be affiliated in any way with the participating PR's churches. The PI will train PAs to send focused long distance prayer, with the intention for an increased sense of well-being, spiritual growth, and healing, to those in the experimental and control groups.

Two PAs, working in pairs, will be assigned ten or fewer PRs from the experimental and control groups. The PAs will apply prayer to each PR for at least three minutes for their highest and best good with the right and perfect outcome

in their lives and the lives all concerned. The frequency of prayer shall be every day for six days. This will generate a total of six prayer contacts for each PR by the PAs or a total of twelve prayer contacts for each PR.

For this study each prayer agent will be mindful of their ability to create a positive or negative change in others. Dr. Larry Dossey, in his address to ISSSEEM in 2008, spoke “If there’s a take home about this (prayer), keep in mind that we’re engaged in endeavors that are sacred and precious. We ought to handle them with all the care we can.”¹ Each PA is instructed to apply prayer ethically with compassion and empathy for their PRs’ highest and best good with the right and perfect outcome in their life and the lives of all concerned.

Unity congregants are united in the oneness of all. The PI has experienced that Unity churches may offer the opportunity for Oneness Blessings as part of their church activities. It is the PI’s opinion that Unity individuals believe in the shifting from Pisces to Aquarian age and the resulting shift from separateness to oneness and all knowingness. This is why the PI feels that the PAs from Unity backgrounds will handle their duties “with all the care we can”².

The Knights Templar was an organization which was dedicated to protecting pilgrims in the holy lands in the 1300s and in the 21st century is dedicated to improving life for all. From the Templar’s website the PI draws their experience and instruction for intercessory prayer to offer as simple direction for the prayer agents.

Knights Templar of England

Intercessory prayer for others

Here we are on our own, perhaps in a quiet place. Our attention has been drawn to someone who needs our prayers or someone has asked us to pray for them or the Holy Spirit gives us a sick person to pray for. Our first reaction is to say,

“Lord this is too difficult. What can I do?” But St Paul tells us that: “The Spirit helps us in our weakness; for we do not know how to pray as we ought, but that same Spirit intercedes with sighs too deep for words. And God, who searches the heart, knows what is the mind of the Spirit, because the Spirit intercedes for the saints according to the will of God.” (Romans 8:26-27). This is often called ‘prayer in the Spirit’. It is not the easiest of instructions to follow because we so want to be actively doing something. But if we don’t know exactly what is wrong and we don’t know what to ask for, nor what to say, the danger is that we do nothing at all. But instead St Paul invites us to let the Holy Spirit do the praying as the Spirit knows exactly what the Father has in mind. By handing over the situation to God whilst staying silent for him, this trust will draw us into the prayer of the Spirit and

God himself will be present with us. His love and assurance will flow to us. In short we shall be blessed too.

We may have started out alone but now, with the Holy Spirit at work, we may well become aware that there are others also praying for the sick person and we may even be lifted up to realize that ‘the hosts of heaven’ – angels and saints – are with us in our prayer. Such experiences are the reward for putting our trust in God. And for that reason alone it is worth trying!³

Prayer Agents, the PI instructs you to let the Holy Spirit or Universal Knowing guide you in your prayer time. Be aware of what comes to you to include in your prayer time with each participant so you can be more effective in the next prayer session. Share your love and concern for humanity as a whole and for the PRs as a member of the oneness we all are.

Directions for Prayer Agents Prayer Intercessions

The PI instructs the prayer agents to pray first and foremost **as Spirit directs you**. Because it is the PI’s opinion that prayer works far better when directed intrinsically rather than extrinsically, he suggests:

1. That you pray for your PRs to grow and mature in their Spiritual awareness.
2. That you pray for your PRs to grow and mature within themselves physically, emotionally, mentally and spiritually.
3. That you pray that your PRs have opportunities and higher vibrational options opened to them.
4. That each PR has the power to shift their life expression.
5. That each PR has the opportunity to experience emotional felt sense of overall well-being.
6. That all of the above requests on behalf of your PR be manifested on the physical plane NOW. (At least included in Saturday's Prayers)

All requests are for the prayer recipients' highest and best good with the right and perfect outcome in each participant's life and the lives of all concerned.

Although prayer recipients should benefit from the application of prayer and could manifest healing of existing conditions, Holos University Graduate Seminary and the PI do not guarantee any change.

The PI has included some suggested prayers included in Appendix A of this document as part of your instruction packet. These prayers are for your convenience only and are not a dictation of what or how you are to pray. May you, by your actions of praying as a Prayer Agent for this study, be blessed as your Prayer Recipients are blessed.

I thank you for your time and service to humanity now. *Michael Ulm*

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¹ Dossey, Larry MD. HEALING RESEARCH: WHAT WE KNOW AND DON'T KNOW, Subtle Energies & Energy Medicine, Volume 19, Num. 1 • Page 27.

² Dossey, Larry MD. HEALING RESEARCH: WHAT WE KNOW AND DON'T KNOW, Subtle Energies & Energy Medicine, Volume 19, Num. 1 • Page 27

³ Knights Templar of England. <http://www.kt-england.org/prayersforhealing.htm>, Knights Templar of England, *Intercessory prayer for others.*, Accessed 05-09-2014, 12:13 pm.

Prayer Agents Packet Appendix A - Suggested Prayers for The Prayer Agents

Our Father (The Lord's Prayer)

**Our Father who is in heaven, Hallowed be Your name.
Your kingdom come. Your will be done, On earth as it is in heaven.
Give us this our daily bread.
And forgive us our debts, as we also have forgiven our debtors.
And do not lead us into temptation, but deliver us from evil.
For Yours is the kingdom and the power and the glory forever. Amen.¹**

Or

O great Spirit, Wakentanka, sacred is thy name, thy kingdom grows within us, thy will be our will, and the will of all dimensions. Grandfather, teach us to forgive and guide us into unconditional love, light and balance, for thine is the kingdom, the awareness and the glory we wish to share internally, for eternity. Ah Ho!²

Hail Mary

**Hail Mary, Full of Grace, the Lord is with thee.
Blessed art thou among women, and
Blessed is the fruit of thy womb, Jesus.
Holy Mary, Mother of God
Pray for us children (sinners) now, and at the hour of our transition (death).
Amen.³**

Guardian Angel Prayer

Angel of God, my Guardian dear, to whom God's love commits me here, ever this day (or night) be at my side, to light and guard, to rule and guide. Amen.⁴

A Templars Prayer

**Let Love and Light, Peace and Harmony, Joy and Charity be in:
this person's life, now.
this person's physical body, now.
this person's spiritual life, now.⁵**

An Adaptation Of - A Crafted Prayer

**I ask the God working through me to bless this healing opportunity
with the love and energy from the realm of Love,
and to seal me with all your love and knowledge
to work as a clear channel to bless this soul
that is participating in this study.
Thank you God!⁶**

More Crafted Prayers

**Hear that all is of Love, all is Love. Bless now this knowing, and terminate this
body's need and use of this sickness (fear, pain) within you. Release now this to the
Light and Love within and without you.**

**In all things, give thanks. Give the Glory of this healing to God, and the angels of
the Lord are around you, giving you Peace.**

**In all things, give thanks. Thank you, hurt energies of sickness, fear, chain of pain,
for serving us so well. Recognize this energy as no longer needing your attention.
Bless this energy, and send it to the Light.**

**Believe in this healing, believe in this joy, and believe in your own life as the
woman/man who is blessed. Be now healed.**

**Holy Spirit, bless this woman/man, and bless the alignment of her/his body, mind,
and soul with total healing for the highest good. NOW!**

More Crafted Prayers Cont.

**Believe in the journey to healing as the destination. Bless the journey and release all
fear regarding the experience of it. Be now healed. NOW!**

**May the peace of God that surpasses all human understanding be in your heart,
mind, body, soul, spirit, intellect and emotion; and may you know what it feels like
to be safe in every cell of your body. NOW!⁷**

God Is Wisdom

THE WAY AND THE VIRTUE

The way gives birth to all things,
Virtue fosters them,
Nature shapes them, each perfected according to its kind.
Therefore, all creatures honour the Way and esteem Virtue,
Not by command, but by their own nature.

Therefore, the Way gives all things life;
And Virtue nourishes them,
Develops and fosters them;
Harbours and comforts them.

Create, but do not possess;
Lead without mastering;
This is the mysterious Virtue.⁸

Lao Tzu, *Tao Te Ching*, LI

The Four Great Vows

However innumerable beings are, I vow to save them;
However inexhaustible the passions are, I vow to extinguish them;
However immeasurable the Dharmas are, I vow to master them;
However incomparable the Buddha-truth is, I vow to attain it.⁹

Prayers and Chants from D. T. Suzuki, *Manual of Zen Buddhism*

The Teaching of the Seven Buddha's

Not to commit evils,
But to do all that is good,
And to keep one's thought pure –
This the teaching of all the Buddhas.¹⁰

Prayers and Chants from D. T. Suzuki, *Manual of Zen Buddhism*

The Threefold Refuge

I take refuge in the Buddha;
I take refuge in the Dharma;
I take refuge in the Sangha.
I take refuge in the Buddha, the incomparably honoured one;
I take refuge in the Dharma, honourable for its purity;
I take refuge in the Sangha, honourable for its harmonious life.
I have finished taking refuge in the Buddha;
I have finished taking refuge in the Dharma;
I have finished taking refuge in the Sangha.¹¹

Prayers and Chants from D. T. Suzuki, *Manual of Zen Buddhism*

Devotional Songs of the Ashram

Early in the morning I worship him who is beyond the reach of thought and yet by whose grace all speech is possible. I worship him who the Vedas describe as *neti neti* (not this, not this). Him they, the sages, have called the God of gods, the unborn, the unfallen, the source of all.

Thou are the only refuge, thou are the only one to be desired, thou are the sole protector of the universe, thou art self-reveled, thou are the sole creator, preserver and destroyer of the universe, thou alone art supreme, immovable, unchangeable.

The face of truth I overlaid with a golden lid, O God, remove it so that I may see the true light. [*Isa Upanishad*]

OM! From untruth lead me unto truth, from darkness lead me unto light, from death lead me into life everlasting.¹² [*Brihadaranyaka Upanishad*]

Mohandas Gandhi, *Ahram Bhajanauali*

The Living Flame of Love

O living flame of love
That tenderly wounds my soul
In its deepest centre! Since
Now you are not oppressive,
Now consummate! If it be your will:
Tear through the veil of this sweet encounter!

O sweet cautery,
O delightful wound!
O gentle hand! O delicate touch
That tastes of eternal life
And pays every debt!
In killing you changed death to life.

O lamps of fire!
In whose splendors
The deep caverns of feeling,
Once obscure and blind,
Now give forth, so rarely, so exquisitely,
Both warmth and light to their Beloved.

How gently and lovingly
You wake in my heart,
Where in secret you dwell alone;
And in your sweet breathing,
Filled with good and glory,
How tenderly you swell my heart with love.¹³

John of the Cross, *"Stanzas the soul recites in intimate union with God"*

Praise The Lord!

**Praise God in his sanctuary;
praise him in his mighty firmament!
Praise him for his mighty deeds,
praise him according to his surpassing greatness!**

**Praise him with trumpet sound;
praise him with lute and harp!
Praise him with tambourine and dance;
praise him with strings and pipe!**

**Praise him with clashing cymbals;
praise him with loud clashing cymbals!
Let everything that breathes praise the Lord!
Praise the Lord!¹⁴**

Psalm 150

Lakota Prayer

**I pray with the Pipe in the four directions.
I pray to the west first because that is
where the thunders come from mostly.
I pray first to God, then to the animals and
then to the thunders.
The Pipe received its power from God.
There is no human being that made this Pipe
powerful and holy but it is from God.¹⁵**

John Iron Rope

Toltec Prayer
The Circle of Fire

**Today, the day of the Lord,
When the divinity returns to me
When living my free will,
And with all the power of my spirit
I decide to live my life
In free communion with God
With no expectations**

**I will live my life with gratitude,
Love, loyalty, and justice
Beginning with myself
And continuing with my brothers and sisters**

**I will respect all creation
As the symbol of my love communion
With the One who created me
To the eternal happiness of humanity¹⁶**

The Satchitananda

**O Adorable Lord of mercy and love,
Salutations and prostrations unto thee.
Thou art omnipresent, omnipotent and omniscient;
Thou art Satchitananda.
Thou art Existence, Knowledge and Bliss Absolute;
Thou art the indweller of all beings.
Grant us an understanding heart, equal vision, balanced mind, faith, devotion
and wisdom.
Grant us inner spiritual strength to resist temptation and to control the mind.
Free us from egoism, lust, anger, greed, hatred, and jealousy.
Fill our hearts with divine virtues.
Let us behold thee in all these names and forms;
Let us serve thee in all these names and forms.
Let us ever remember thee,
Let us ever sing thy glories,
Let thy name be ever on our lips,
Let us abide in thee for ever and ever.¹⁷**

Swami Sivananda, "The Universal Prayer"

Be God with Me (Celtic)

Be the eye of God betwixt me and each eye,
The purpose of God betwixt me and each purpose,
The hand of God betwixt me and each hand,
The shield of God betwixt me and each shield,
The desire of God betwixt me and each desire,
The bridle of God betwixt me and each bridle,
And no mouth can curse me.¹⁸

A Celtic Prayer for Protection

Krist of the Trees

*Thou Michael of militance,
Thou Michael of wounding,
Shield me from the grudge of ill-wishers this night,
Ill-wishers this night.*

*Thou Brigit of the kine,
Thou Brigit of the mantles,
Shield me from the ban of the fairies of the knolls,
The fairies of the knolls.*

*Thou Mary of mildness
Thou Mary of honor,
Succour me and shield me
With thy linen mantle,
With thy linen mantle.*

*Thou Krist of the trees,
Thou Krist of the cross,
Snatch me from the snares of the
Spiteful ones of evil,
The spiteful ones of evil.*

*Thou Father of the waifs,
Thou Father of the naked,
Draw me to the shelter-house
Of the Savior of the poor,
The Savior of the poor.¹⁹*

*a Christo-Druid prayer
(notice the title Krist of the Trees, clearly a druidic theme)*

Prayer Agent Packet Appendix B

Prayer Agents' Talley Sheet for Suggested Prayers

Our Father (The Lord's Prayer)

Traditional -	- 1 -
Native American --O Great Spirit -	- 2 -
Hail Mary -	- 3 -
Guardian Angel Prayer -	- 4 -
A Templars Prayer -	- 5 -
An Adaptation Of - A Crafted Prayer -	- 6 -
More Crafted Prayers	
Hear that all is of Love, -	- 7 -
In all things, give thanks. Give the Glory	- 8 -
In all things, give thanks. Thank you -	- 9 -
Believe in this healing -	- 10 -
Holy Spirit, bless this woman/man -	- 11 -
Believe in the journey to healing -	- 12 -
May the peace of God -	- 13 -
God Is Wisdom -	- 14 -
The Four Great Vows -	- 15 -
The Teaching Of The Seven Buddha's -	- 16 -
The Threefold Refuge -	- 17 -
Devotional Songs Of The Ashram -	- 18 -
The Living Flame Of Love -	- 19 -
Praise The Lord! -	- 20 -
Lakota Prayer -	- 21 -
Toltec Prayer -	- 22 -
The Satchitananda -	- 23 -
Be God with Me -	- 24 -
A Celtic Prayer for Protection -	- 25 -

Prayer Agent PacketEnd Notes

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