

## Unconscious Prayer and Psychotherapeutic Healing



I have been trying to figure out how psychotherapy works (or doesn't work) for a long time. I have also been very interested in matters of the spirit for a long time. I guess it could be said that my writing this article was only a matter of (long?) time.

I have long been intrigued by the notion of invisible forces. In the physical domain electromagnetic radiation, or even just electrical current flowing through a copper wire, fascinates me. My father was an electrical engineer who gave me my first Lionel train when I was 3, so I had plenty of support for my interest and curiosity about such matters. My mother, on the other hand, has always been an enthusiastic spiritual seeker, so she modeled and supported my interest in unseen psychological and spiritual forces, such as prayer and love. The combined impact of genetic and environmental influences of having these two parents has certainly made for an interesting life.

In graduate school, a quarter of a century ago, my favorite postulate (which I believe was my own creation, as much as anything ever is) was the following: It is impossible to hate anyone whom one knows deeply, and it is probably impossible to refrain from loving such a person.

This postulate came immediately to mind when I read *Primary Speech: A Psychology of Prayer* by Barry and Ann Ulanov (1989), and seemed to go hand-in-glove with what they postulate about the nature of prayer:

Everybody prays. People pray whether or not they call it prayer. We pray every time we ask for help, understanding, or strength, in or out of religion. Then, who and what we are speak out of us whether we know it or not. Our movements, our stillness, the expressions on our faces, our tone of voice, our actions, what we dream and daydream, as well as what we actually put into words say who and what we are.

To pray is to listen to and hear the self who is speaking. This speech is primary because it is basic and fundamental, our ground. In prayer we say who in fact we are—not who we should be, nor who we wish we were, but who we are. All prayer begins with this confession.

If my graduate school theory and the Ulanovs' concepts about prayer are added to the recently emerging scientific research pertaining to prayer, it appears that the result may be a new way of understanding how psychotherapy heals.

Recent scientific research pertaining to prayer (summarized in Dossey, 1990) indicates that (1) prayer works (i.e., it influences the health of people and other living organisms), (2) its effect is not a function of the distance between the person doing the praying and the object of the prayer (this finding seems to be predictable from all the previous parapsychology research showing that the inverse square law, which predicts the diminished intensity of radiated physical energy as a function of the distance from the source, does not apply to psychic transmissions), (3) the amount of time spent in prayer directly influences the effectiveness of the prayer, (4) more-experienced persons who pray have a greater impact than less-experienced persons who pray, (5) how well the person praying knows the object of the prayer directly influences the power of the prayer, and (6) nondirective prayer is far more effective than directive prayer.

The last four findings are the ones which seem to have the greatest implications for how psychotherapy heals. I will refer to them by their numbers (3 through 6).

With regard to finding that nondirective prayer is more effective than directive prayer (#6), some clarification is in order. Nondirective prayer is prayer in which one simply holds lovingly (or prayerfully) the object of prayer in one's consciousness without specifically wishing or asking for a particular effect other than its highest good. (Kenneth Wapnick, in a personal communication, points out that the concept of "joining," as presented in *A Course in Miracles*, fits very nicely with the notion of nondirective prayer. According to *A Course in Miracles*, it is through the joining with others that one is able to undo the belief that one is separate from God.) One does not pray that a cancer be cured, a marriage survive, or that financial prosperity be attained. Rather, one attempts to adopt the attitude of "thy will be done," rather than "my will be done," with the only specification being that the highest good be realized for the object of the prayer. (Gerald May, in a personal communication, suggests that the Judeo-Christian evolution of prayer has been from the very directive prayer of the Psalms and prophets to the very nondirective prayer of the mystics, who came to understand prayer as an attempt to tune into God's own prayer.) Hence, nondirective prayer can be seen as essentially an overtly spiritual version of client-centered therapy.

What appears to follow from the aforementioned postulates and research findings is the possibility that psychotherapy at its most fundamental level allows the client to be known better—by himself, by the therapist, by other clients (in group, couple, or family therapy), and perhaps by God. The interpersonal processes of disclosure, confrontation, and affirmation are simply the ways in which this knowing is stimulated. If my graduate school postulate is true, then this knowing will certainly lead to an accepting (i.e., without hate) attitude, and will probably lead to a loving attitude. If this is the case, then in some way a form of spontaneous prayer may be engendered. To the extent that the therapeutic model is a nondirective one, this praying will maximize its impact (#6). If the persons involved are highly experienced (i.e., the clinician has been in practice a long time or the other members have been in the therapy group a long time), all the better (#4). The finding that the amount of time spent in prayer correlates

positively with outcome (#3) may explain the value of long-term psychotherapy. In addition, the interaction of the intensity and duration of the therapeutic involvement could be expected to influence how well a person would come to be known (by self as well as other), and this degree of known-ness should in turn influence how effective any spontaneous prayer would be (#5). To the extent that one might think in terms such as "intervening variables" or "modulating variables," one could think of human prayer as an intervening or modulating variable between human beings and the healing love of God.

A conceptual outline such as the one given above might explain the results published by Spiegel et al. (1989). They found that women with breast cancer lived significantly longer when randomly assigned to group therapy than to a control group. The original intention was simply to provide support for persons facing a potentially fatal illness, without any attempt to extend survival. It is interesting to note that the absence of the intention to extend survival may be exactly what made it possible to do so. If the goal had been to extend life, then the efforts of the group (including whatever spontaneous prayer might have occurred) would have been much more directed. The nondirective nature of the intention may actually have contributed unwittingly to the outcome.

Another historical piece of psychotherapy research supports an idea that psychotherapy heals through spontaneous, perhaps even unconscious, prayer. This is the finding (Fiedler, 1953) that experienced therapists of differing theoretical orientations tend to behave similarly in their practice of psychotherapy. It may be that there is a natural pull toward some sort of attitude, in turn reflected in therapeutic style, which could be described as prayerful. This attitude would be one of benevolence and of wishing the best for the client. Of course what I describe as "a natural pull" may be nothing more than the effects of operant conditioning. We may simply be reinforced by the outcome when our approach is nondirective, and therefore learn over time to emit more of these (covert) operants called prayer. It is also of interest that this particular finding is quite consistent with the finding in prayer research that more-experienced persons who pray are more effective. The notion that the development of a prayerful style of therapy might occur outside of the conscious awareness of the therapist is quite consistent with the degree to which therapists of differing theoretical orientations converge on a common behavioral pattern without conscious awareness.

It is particularly intriguing to me to think of the notion that coming to know myself better (i.e., finding ways to make conscious what had previously been unconscious) might make it possible for me to pray for myself more effectively. Extending that notion, the more any person gets to know self or other, whether in the context of psychotherapy or not, the greater the possibility that healing through prayer will occur.

Although hard-pressed to put it into words, I would say that something like this has been my personal experience with healing—as therapist, client, friend, and family member. My current growing edge includes some exploration of how such healing can occur between me and non-human, and even non-animal, entities.

The research implications of the aforementioned theorizing are summed up by Nikola Tesla, the physicist whose ideas and experiments a few decades ago caused him to be regarded by some as a genius, and by some as a crackpot. He is reported (Kalweit, 1984) to have said: "On that day when science begins to investigate non-physical phenomena, it will make greater progress in a decade than in all the centuries that it has existed." In a more concrete form, these implications would have to do with designing carefully controlled studies in which a number of variables would be studied in a double-blind fashion to assess their impact on whatever praying may occur in the course of psychotherapy. These would include (1) the degree of similarity between the theological beliefs of the therapist and client, (2) the presence or absence of conscious intentionality to pray as part of the psychotherapy process, (3) the degree of willingness of the client to have the therapist pray for him or her, (4) the impact of non-human prayer (e.g., domestic pets present in the therapy or the broader life of the client, as well as any non-human entities the therapist might invoke in a shamanic fashion), (5) the degree to which the therapist is consciously aware of praying (of course the measurement of unconscious praying would open a whole new chapter in projective testing), (6) the degree to which therapist and client believe that prayer is effective, and (7) the specific form of the prayer.

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