

SACRED HEALING OF MARRIAGE:  
A QUASI-EXPERIMENTAL STUDY OF PRAYER'S EFFECT ON MARITAL  
SATISFACTION AMONG CATHOLIC AND PROTESTANT CHRISTIANS

by

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ABSTRACT

Marriage as an institution in contemporary culture is in a state of distress, with a risk of divorce rate reaching into the 60% range for couples planning to marry in the near future. Research in the field of marriage and family therapy has attempted to explain this phenomenon, particularly through the study of couple interaction. Validated instruments are available to assess the level of satisfaction and adjustment in a marital relationship. A significant challenge for the marriage clinician is effecting positive change on the level of satisfaction perceived and experienced in the relationship. Other research has demonstrated the effectiveness of prayer as a medium for cognitive change toward optimism and increased health, both emotional and physical. This study explored the effect of specific spousal prayer in the lives of Catholic and Protestant Christian married couples on their level of marital satisfaction by using a nonrandomized control group pretest-posttest design.

### Introduction to the Problem

Marriage as an institution in contemporary culture is in a state of distress, with a risk of divorce rate reaching into the 60% range for couples planning to marry in the near future (Gottman, 1993a). A significant challenge for the marriage clinician is effecting positive change on the level of satisfaction perceived and experienced in the relationship in order to stabilize the relationship and reduce the risk for divorce (Baucom, Epstein, Sayers, & Sher, 1989; Beach, Etherton, & Whitaker, 1995; Berger & Hannah, 1999; Christensen, Atkins, Berns, Wheeler, Baucom, & Simpson, 2004; Fincham, Garnier, Gano-Phillips, & Osborne, 1995; Gottman & Notarius, 2000).

A change in marital satisfaction often hinges on a shift in the partners' ways of viewing each other in the relationship, referred to in the literature as marital sentiment (Fincham, Beach, & Baucom, 1987; Fincham & Bradbury, 1989; Fincham, Garnier, Gano-Phillips, & Osborne, 1995; Weiss, 1980; Hawkins, Carrere, & Gottman, 2002). Marital sentiment was first identified by Weiss (1980) in his evaluation of spousal reactions during marital interaction. The construct refers to a global dimension of affection or disaffection for one's spouse and the marital relationship (Hawkins et al., 2002). The sentiment is based on subjective interpretation, rather than objective data from the marital interaction. As such, it resides in the dimension of a cognitive evaluation that contributes to a skewed perception of the partner and the marriage.

When marital sentiment in one or both partners is negatively skewed, the potential for override in their interpretation of spousal behavior and intent is extremely high (Beach, Etherton, & Whitaker, 1995; Fincham et al., 1995; Weiss, 1980). Acting much like a filter distorting reality, the negative sentiment presents as a formidable resistance factor in marital treatment.

Doherty suggested that the cognitive attributions made by partners give support for their expectations which then influence spousal behaviors (1981a, 1981b). How individuals think about their spouses is a strong determinant of interpersonal attraction, which contributes to the partners' affective experience of the spouse and ultimately influences marital satisfaction (Montoya & Horton, 2004).

Psychotherapy has long held to the importance of effecting a change in client's cognitions as a pathway to improved psychological and interpersonal well-being (deTurk & Miller, 1986; Beach, Etherton, & Whitaker, 1995; Moller, A. T., Van Zyl, D. P., 1991). The thought processes are fundamental to a person's perception of reality and serve as predictive criterion of subsequent behavioral patterns and mood tendencies.

Research has demonstrated the effectiveness of prayer as a medium for cognitive change toward optimism and increased health, at the emotional, social, and physical level (Ai, Peterson, Bolling, & Koenig, 2002; Barrett, 2001; Biggar, Forehand, Devine, Brody, Armistead, Morse, & Simon, 1999; Butler, Stout, & Gardner, 2002; Kennedy, 2002; Ladd & Spilka, 2002; Omartian & Hayford, 2003). Barrett (2001) posited that prayer has a determined effect on psychological states, specifically beliefs, opinions, desires, and emotions, and further found that individuals were more likely to make requests of God to act psychologically, rather than mechanistically in their lives.

This study explored the effect of 30 days of spousal prayer, using the Omartian prayer book series (2004a; 2004b) in the lives of Catholic and Protestant Christian married couples on their level of marital satisfaction. The uniqueness of this approach lies in the combination of

sound psychological theory regarding cognition, reliable constructs concerning partner sentiment as a determinant in marital satisfaction, and the religious practice of prayer.

### Purpose of the Study

The sentiment of spouses in marriage, including their attitude and motivation, was the target for the proposed treatment. Assisting a person in altering his perception of the marriage partner, particularly when the relationship has deteriorated into a significant condition of distress is a formidable task. The corroded interaction of the couple leads to a negative feedback loop in which the individual falls into a confirmation bias, believing the worst about the partner and looking for that which confirms the belief (Markman & Hahlweg, 1993).

Perception, or to use Weis' (1980) terminology – marital sentiment, seems to be the problem that feeds the resistance. The key to effective intervention will include an altering of this sentiment into a more positive one, reminiscent of former days in the couple's early relationship. Courting couples are quite optimistic with their sentiment toward each other, willing to give each other the benefit of the doubt in most cases (Gottman, Coan, Carrere, & Swanson, 1998). Their emotional bank account (Gottman, 1999), a metaphor for the couple's friendship, runs high with positive sentiment, evident in feelings, attitudes or cognitions, and behaviors toward the partner (Hawkins, et al., 2002). In a positive feedback loop, the couple engages in behaviors that are kind, loving, and considerate with each other which subsequently build the account balance higher. When the inevitable argument or negative behavior takes place, the partners, now filled with positive sentiment, either overlook the negativity or even re-frame it in a more positive light, i.e. "I know she didn't mean that. She's just having a bad day" (Hawkins et al., 2002).

### Research Questions

This research was aimed at three questions relevant to marital satisfaction. First, does 30 days of daily prayer by marriage partners result in a statistically significant improvement on marital satisfaction measured by the Dyadic Adjustment Scale (Spanier, 1976) dyadic adjustment (DAS) scores? Second, does 30 days of daily affirmation by marriage partners result in a statistically significant improvement on marital satisfaction measured by the DAS dyadic adjustment scores? And third, does daily spousal prayer result in a greater difference than daily cognitive affirmations? Given the differences apparent among professing Catholic and Protestant Christians (McDowell & Stewart, 1983), the study explored possible differences in outcome from the treatment intervention with the two groups. In an effort to add value to the pool of interventions utilized in the service of marital stability, improvement, and maintenance, the focus of the work is on the integration of the religious activity of prayer.

The measures for the study included one dependent variable and two independent variables. The dependent variable was the marital adjustment score on the Dyadic Adjustment Scale (DAS). The DAS is measured on a continuous scale with a theoretical range of possible values of 0 to 151. Two independent variables were measured in the study. The first independent variable was time, which was measured on nominal scale with two categories, baseline—prior to 30 days of daily spousal prayer, and follow-up—after 30 days of daily spousal prayer. The second independent variable was type of intervention, which was measured on nominal scale with two categories, scripted daily Prayer versus scripted daily Thoughts.

### Literature Review

Since the early work of Jacobson and Margolin (1979), a modified approach to traditional behavioral couples therapy (BCT), known as integrative behavioral couple therapy (IBCT) or cognitive behavioral marital therapy (CBMT) has developed with a greater focus on cognitive aspects of marital distress (Jacobson, Christensen, Prince, Cordova, & Eldridge, 2000). The primary aim of behavioral couples therapy is helping spouses change in light of their partners' complaints, necessitating a participative interactive process between the partners (Jacobson et al., 1979). In the integrative approach (IBCT) a key strategy is to assist spouses in accepting traits of their partners that were previously deemed negative and unacceptable (Christensen et al., 2004; Jacobson et al., 2000). This dimension of the model incorporates a cognitive element of the treatment recognized in the literature as a critical factor in marital dysfunction warranting treatment (Fincham, Garnier, Gano-Phillips, & Osborne, 1995; Gottman, 1993a, 1999, Hawkins, Carrere, & Gottman, 2002; Montoya & Horton, 2004).

#### *The Role of Cognition in Marital Processes*

The dimension of cognition as a factor in the development and maintenance of marital distress and maladjustment is derived largely from Beck's (1976) and Ellis' (1962) cognitive theories of abnormal behavior. Because of the relative nature of partner perceptions concerning marital events and partner behavior, a major task of integrative behavior couple therapy is to help spouses become more discriminating of their observations and their subsequent cognitions in order to minimize distortions (Fincham, Beach, & Baucom, 1987; Montoya et al., 2004). The use of prayer as a healing agent or activity is evident in a variety of life contexts, including the physical or medical when we or someone near to us is experiencing a life-distressing or life-

threatening illness or crisis (Ai et al., 1998; Ai et al, 2002; Biggar, Forehand, Devine, Brody, Armistead, Morse, & Simon, 1999; Kennedy, 2002).

A key distinctive of this study was the methodology of the experimental design, involving married partners in praying for their spouses. As has been discussed previously, spousal sentiment is not a stable factor in marriage (Doherty, 1981a, 1981b; Fincham et al., 1987; Gottman & Notarius, 2000; Hawkins et al., 2002). This work did not so much aim to establish a scientific basis for the theological or metaphysical efficacy of prayer as an intervention for couples, although the author maintains a confidence in such, rather to determine how the recitation of marriage-oriented prayers by the partners affects the sentiment of the partners, as tested through the use of validated measures of marital satisfaction.

#### *Prayer as a Cognitive Psychological Intervention*

Cognitive theorists in the field of psychology have argued that apart from the theological and metaphysical properties or benefits of prayer, the activity of praying informs and influences cognition (Barrett, 2001; Lawson & McCauley, 1990). The benefits of prayer for personal health are increasingly supported in the literature (Koenig, 1997; Koenig & Cohen, 2002; Larson, Swyers, & McCullough, 1998; Lauer, 2003). Observations from research suggest improvement in health and even life expectancy for those who are engaged in the activity of praying (Powell et al., 2003). Dossey (1993) views prayer as one of the best kept secrets in modern medicine. His work in the field of medicine on the health benefits of prayer have been heralded by a wide range of religious traditions. Despite criticism from his colleagues in the medical community he optimistically promotes prayer as an alternative medical treatment in the future of healthcare in the United States (Dossey, 1993).

It is unclear precisely how prayer works to promote physiological or psychological health in the life of the individual. The very act of contemplative introspection in the midst of a stressful lifestyle and culture may offer respite for the devout person given to consistent rituals of prayer. Some suggest it is the optimism and hope that comes from a foundation of faith behind the prayers offered (Ai et al., 1998, 2002). The present work builds on the premise that the recitation of prayers with relevant content to a particular life situation, in this case one's marriage and spouse, can effect a positive movement in the way that individual perceives the partner about and for whom he/she is praying. By altering that perception in a positive way, the prayers constitute an intervention targeted at the cognitive dimension of the two married partners (Barrett, 2001; Baucom et al., 1989, 1990, 1996; Beach et al., 1995; Hawkins et al., 2002).

Butler, Stout, and Gardner (2002) examined the use of prayer as a conflict resolution ritual in their study of religious couples and families ( $n = 217$ ), building on an earlier study (Butler, Gardner, & Bird, 1998) that investigated religious' couples use of prayer to invoke God's involvement in marital process with a primary focus on conflict. This type of research lends support for incorporation of prayer in marriage, particularly the benefit for the participating couples in the domain of marital sentiment as indicated in the decreased negativity, contempt, and hostility, as well as the increase in partner empathy (Butler et al., 2002).

### Design and Methodology

Three questions are addressed in this study. To what extent does 30 days of daily prayer by marriage partners result in a statistically significant improvement on marital satisfaction measured by the DAS dyadic adjustment scores? To what extent does 30 days of daily affirmation by marriage partners result in a statistically significant improvement on marital

satisfaction measured by the DAS dyadic adjustment scores? And to what extent is the average change from baseline to follow-up significantly greater for the treatment-prayer group couples and the control-affirmation group couples? This study employed a quantitative design, specifically, a quasi-experimental nonrandomized control group pretest-posttest design with a convenience sample of Catholic and Protestant Christian married couples for both the treatment and the control group (Bernard, 2000; Creswell, 2003; Leedy & Ormrod, 2001).

In an evaluation of the effectiveness of spousal prayer as a marital intervention as compared to a spousal affirmations intervention for marital couples, this study is well suited to a quantitative design. Giving particular attention to the control of potential confounding variables in the experiment, a number of precautions are proposed, including the use of a treatment group with scripted prayers and a control group with scripted affirmations.

The selection of a quasi-experimental design was derived from the formidable obstacle of securing a true randomized sample for the work in light of financial and resource constraints. Utilizing a nonrandomized control group pretest-posttest design represents the most expedient approach yielded trustworthy results for the analysis and interpretation. A pretest allowed for an examination of the sample group means and standard deviations, which increased the likelihood of an inference of randomization among the two comparative groups.

All couples participating in the treatment and the control groups were tested at the beginning of the 30-day period with the Dyadic Adjustment Scale and again at the end of the period, at the conclusion of the interventions, whether the daily prayers or the daily affirmations. The couples' average dyadic adjustment scores on the DAS were used as the basis for analysis in the study.

### *Treatment Group Intervention*

The treatment group was administered an intervention consisting of the daily recitation of two spousal prayers (Omartian, 2004a; 2004b) over a 30-day period. The prayers are published in separate books for the husband and wife, adding to the ease of use for this intervention. The Omartian Prayer books (2004a; 2004b) were chosen for the intervention in this study for several reasons. Each day of the 30-day period, the married partners read a prayer in the morning and a prayer in the evening out of the Omartian (2004a; 2004b) books. The men used the book *The Power of a Praying Husband* and the women used the book *The Power of a Praying Wife*.

Participating couples were given the option to pray the prayers in the book of prayers at a time of their choosing, providing they recited two each day over the 30-day period. It was not necessary for them to recite the prayers in the partner's presence, however, they were allowed to do so if they desired. To keep them on schedule they were each given a Prayer Tracking Log booklet containing instructions, the pages of the prayers for each day for the 30-day period, and a place for them to record the date and check that they prayed the prayers on that day.

Oral instructions for reciting the prayers were given to the participating couples at Time 1 testing with the DAS. By using the Prayer Tracking Log with the Omartian (2004a, 2004b) Prayer books, the couples were provided clear guidance for their self-directed application of the prayers over the 30 day period.

### *Control Group Intervention*

The use of a control group in this study permitted a more precise comparison between the proposed treatment intervention of prayer and a modified cognitive affirmation intervention found in the literature of marriage and family treatment (Gottman, 1999). Like the treatment

group, the couples in the control group participated in a 30-day period of two daily recitations aimed at improving marital satisfaction as measured by the Dyadic Adjustment scores on the DAS.

The control group intervention consisted of a modified version of Gottman's (1999) 7 Week Course in Fondness and Admiration. Gottman's 7 Week Course is a series of statements for couples to think about that are designed to elevate their thoughts and sentiments toward each other in the marriage relationship. The Gottman (1999) intervention was modified slightly for this study to better parallel the Prayer-treatment intervention over a 30-day period. For example, on day one, the participating couples were to recite the thought, "I am genuinely fond of my partner" in the morning and again in the evening. On day two the thought was, "I can easily speak of the good times in our relationship."

Each couple in the control group received a booklet with two affirmations to be recited daily over the 30-day period. As with the treatment group, the participating couples received a Tracking Log for increased validation in the design. Cognitive interventions of this nature are more common in individual treatment of mood disorders (Beck, Rush, Shaw & Emery, 1979), particularly depression, however, the incorporation of such models within couples therapy is well documented in the literature (Baucom & Epstein, 1990; Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Berger & Hannah, 1999; Christensen, Atkins, Berns, Wheeler, Baucom & Simpson, 2004).

### *Sampling*

Twenty-eight (28) Catholic Christian couples and 20 Protestant Christian couples were solicited for the treatment group. Eighteen (18) Catholic and 20 Protestant Christian couples

were also solicited for the control group. Assignment of inquiring couples to the treatment or control group was made based on three factors, including the religious preference of the couple, the number of participants needed for each group, and an attempt to maintain an equal proportion of Catholic and Protestant couples in the control group. The design called for a minimum of 20 Catholic couples in the treatment group, 20 Protestant couples in the treatment group, 20 Catholic couples in the control group, and 20 Protestant couples in the control group. Both sample groups, treatment and control, were comprised of married couples espousing a Catholic or Protestant Christian belief system as demonstrated by an acknowledgement of the same on a demographic information form. All participating couples were 18 years of age or older, a married heterosexual couple, and Protestant or Catholic Christians.

#### Results of the Study

A two-sample t-test was conducted to answer the question of whether a statistically significant difference could be found in the baseline DAS score between Catholic and Protestant couples. It was found that the Catholic group of married couples had a statistically significant larger baseline DAS score (mean=111.25) with a range from 60 to 139, than the Protestant group (mean=101.40) with a range from 57 to 128. It is unlikely that this finding is generalizable to the population at large and may be attributed to the fact that 14 of the 21 participating couples who were also receiving marriage counseling were Protestant, representing 67%. A reasonable assumption would be that the couple seeking or currently in marital therapy would be experiencing a level of relationship distress that would be identifiable on the DAS with a lower score. The explanation of involvement in marriage counseling addresses the question of why the Protestant couples' average score was lower than that of their Catholic counterpart.

A repeated measures ANOVA revealed no statistically significant differences between the Catholic Treatment, Protestant Treatment and Control groups for the change in DAS score from Time 1 to Time 2 at follow-up. The Protestant Treatment group experienced the greatest change in mean from Time 1 (107.45) to Time 2 (116.625). The Catholic Treatment group went from a mean of 111.73 at Time 1 to a mean of 118.893 at Time 2. The Control group mean at Time 1 was 102.53 and 107.513 at Time 2.

### *Marriage Counseling*

Questioning regarding the couples' participation in marriage counseling found that 24.4% indicated they were in treatment. Given that a decision on the part of a couple to enter marital therapy is usually associated with a higher level of distress in the relationship and that therapy itself represents an intervention for positive change in the couple's marital satisfaction, it was important to control for this factor in order to determine statistical significance apart from the potentially confounding variable of involvement in therapy.

A two-sample t-test was conducted to determine if participation in marriage counseling is associated with the baseline DAS score of the couples in the study. The average baseline DAS score of the couples in marriage counseling was 96.8 (19.1), as compared to the baseline DAS score of 109.9 (14.4) for the group who were not receiving marriage counseling, lower at a statistically significant level ( $t=3.31$ ;  $df=84$ ;  $P=0.001$ ). The fact that the former couples in marriage counseling had lower scores on the baseline DAS supports the suggestion that a couple pursuing therapy are experiencing a lower level of satisfaction in their relationship.

An analysis of covariance (ANCOVA) to re-test hypothesis 1 with the treatment group after removing the effect due to participation in marriage counseling revealed that the increase in

DAS score from baseline to follow-up was still statistically significant. The adjusted average DAS score was 104.7 at baseline and 114.6 at follow-up. As well, an analysis of covariance (ANCOVA) to re-test hypothesis 2 with the control group after removing the effect due to participation in marriage counseling also demonstrated a statistically significant increase in the DAS score from baseline to follow-up. The adjusted DAS score was 102.5 at baseline and 107.5 at follow-up for the control group.

This study has not attempted to associate the treatment intervention of spousal prayer with any other clinical intervention, only to determine the effect of the 30-day spousal prayer intervention on the couple's marital satisfaction level. Whether the prayers are given in the professional context by a marriage therapist or at the non-professional level, the effect is predictable.

#### *Does Prayer Make a Difference in Marriage?*

The first of the three research questions addressed in this study was whether 30 days of daily prayer by marriage partners results in a statistically significant improvement on marital satisfaction measured by the DAS dyadic adjustment scores.

A one-tailed paired t-test was performed on the data to compare the pre and post DAS scores for the treatment group who participated in the 30 days of daily spousal prayer. There was a statistically significant increase in DAS score from baseline to follow-up among these couples. The average (SD) DAS score was 109.95 (14.1) at baseline and 117.95 (11.0) at follow-up ( $t=5.08$ ;  $df=47$ ;  $P<0.0001$ ). The average difference from pre to post in the DAS score was -8.0 and the 95% confidence interval for the average difference was (-11.2, -4.8).

**TABLE 1.** Paired samples statistics of DAS 1 and DAS 2 for the treatment group

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	DA1	109.95	48	14.091	2.034
	DA2	117.948	48	11.0498	1.5949

**TABLE 2.** Results of the paired samples test for the treatment group from pre to post

Paired Samples Test				
		t	df	Sig. (1-tailed)
Pair 1	DA1 - DA2	-5.078	47	.000

**TABLE 3.** Paired differences for the treatment group from pre to post

Paired Samples Test					
		Paired Differences			
		Mean	Std. Deviation	95% Confidence Interval of the Difference	
				Lower	Upper
Pair 1	DA1 - DA2	-8.0000	10.9146	-11.1693	-4.8307

With the results from this study, we can reject the null hypothesis for hypothesis 1 in support of the alternative hypothesis and conclude that 30 days of spousal daily prayer by marriage partners does result in a statistically significant improvement on marital satisfaction measured by the DAS dyadic adjustment scores.

*Do Affirmations Make a Difference in Marriage?*

The second question addressed in this research was whether 30 days of daily affirmation by marriage partners results in a statistically significant improvement on marital satisfaction measured by the DAS dyadic adjustment score.

To test the hypothesis a one-tailed paired t-test was conducted to compare the pre and post DAS scores for the control group using the daily affirmations. The average (SD) DAS score was 102.15 (18.6) at baseline and 107.5 (16.1) at follow-up for the control group ( $t=-3.5$ ;  $df=37$ ;  $P=0.0005$ ). The average difference between the pre and post DAS scores was -5.0 and the 95% confidence interval for the average difference was (-7.8, -2.1), revealing a statistically significant increase in the DAS score from baseline to follow-up.

**TABLE 4.** Paired samples statistics for the control group

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	DA1	102.53	38	18.600	3.017
	DA2	107.513	38	16.1444	2.6190

**TABLE 5.** Results of the paired samples test for the control group from pre to post

Paired Samples Test				
		t	df	Sig. (1-tailed)
Pair 1	DA1 - DA2	-3.534	37	.0005

**TABLE 6.** Paired differences for the control group from pre to post

		Paired Samples Test				
		Paired Differences				
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference	
				Lower		Upper
Pair 1	DA1 - DA2	-4.9868	8.6988	1.4111	-7.8461	-2.1276

The results of the data on the control group support the null hypothesis and are not sufficient to accept the alternative hypothesis. Thirty days of daily affirmation by marriage partners does result in a statistically significant improvement on marital satisfaction measured by the DAS dyadic adjustment scores.

*Does Prayer Make a Greater Difference Than Affirmations?*

The third question in the research was whether the average change from baseline to follow-up for the treatment-prayer group is statistically significantly greater than the average change from baseline to follow-up for the control-affirmation group.

To test hypothesis 3, a two-sample t-test was conducted to compare the average change in DAS from baseline to follow-up between the treatment and control groups. There was not found a statistically significant difference in the average increase in DAS score from baseline to follow-up, between the two groups. The average (SD) increase in DAS score from baseline to follow-up was 5.0 (8.7) for the control group and 8.0 (10.9) for the treatment group (t=1.39, df=84, P=0.17).

**TABLE 7.** Independent samples test statistics for comparison of average change in DAS from pre to post between treatment and control groups

Independent Samples Test			
	t-test for Equality of Means		
	t	df	Sig. (2-tailed)
DA_Average Change in DAS (follow up - baseline)	-1.388	84	.169

As a result, the evidence from this study is insufficient to reject the third null hypothesis and accept the alternative. Although the average increase in DAS score from baseline to follow-up was greater for the treatment group than the control group, it did not reach a statistically significant level of difference and inferences will have to be limited in light of this result.

#### Limitations of the Study

Despite the strong evidence in support of daily spousal prayer and daily spousal affirmations over a 30-day period, this study is not without its limitations. Two pieces of demographic information about the couples, number of years married and whether this was a first or successive marriage, were omitted inadvertently, both of which would have been valuable in the analysis. Without that vital information, the application for couples at various stages of the marriage and family life cycle is uncertain, though still predictably beneficial. With that information we might well have been able to determine which couples, by years married, would most benefit from the prayer intervention. Whether the couple are in their first or a successive marriage may not be as critical as the years married, but it would have been intriguing to test for correlation with marital satisfaction as a factor in itself and also in combination with years married.

The sample for this research was drawn from predominately white middle to upper socio-economic class of married couples. While it is hoped that similar results could be expected with lower socio-economic populations and more diverse racial and ethnic groups of couples, this remains to be explored in future studies.

Given that 21 (24%) of the couples indicated they were also involved in marital treatment, we have no data about the type of therapy they are receiving and how the prayer intervention might better impact the overall effect of therapy when combined with traditional treatment.

The specific prayers (Omartian, 2004a; 2004b) chosen for this research, although selected for their applicability to typical marital issues and needs, as well as their scripted form for manualization, may also have limited application to certain styles of marriage and religious preferences. Utilization of other forms of prayer, or even individualized free-verse prayers by couples may have a different effect on the couples' marital satisfaction.

A final limitation that must be noted, though relevant to most research in the field of marriage and family studies, is the difficulty to control around potentially confounding variables. Although 30 days is not a long period of time, it is a sufficient amount of time for any number of experiences to take place that could impact a couple's level of satisfaction. As well, control for prayer is an even more difficult challenge in such research as this. Merely because the couples in the affirmation-control group were not administered the Omartian (2004a; 2004b) prayers does not ensure that those couples were not praying for each other over that same 30 day period. In fact, given that the couples were drawn from Catholic Churches, Protestant Churches and a faith-

based professional counseling center, it is likely that the couples were engaged in some type and frequency of prayer for their marriage and possibly for their spouses in particular.

### Conclusions

Essentially, this study has yielded support for the belief that 30 days of daily spousal prayer and that 30 days of daily spousal affirmations (Gottman, 1999) does make a statistically significant improvement in the marital satisfaction of couples as measured by the DAS dyadic adjustment score. What this study has failed to do is demonstrate that the 30 days of daily spousal prayer are more effective, at a statistically significant level, than an affirmation counterpart intervention of the same 30 day period.

Prayer is an effective intervention for married couples who are interested in improving their level of relationship satisfaction. More specifically, 30 days of daily spousal prayer does make a difference for the couple's marriage.

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