SCORES FOR SCHIZOTYPY AND FIVE-FACTOR MODEL OF A SAMPLE OF DISTANT HEALERS: A PRELIMINARY STUDY

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Summary.—A preliminary study was conducted to evaluate the personality scores of 18 distant healers on the NEO-Five Factor Inventory and the Schizotypal Personality Questionnaire-Brief. These distant healers differed significantly in their schizotypic tendencies, both in comparison to normed scores and to a control group of 19 masseurs. Further differences were found on scales of Conscientiousness and Openness to experience.

Distant healing can be defined as the "interaction between one individual (the healer) and a second (sick) individual with the intention of bringing about an improvement or cure of the illness. The phrase ‘distant healing’ is used here as an umbrella term for interventions such as energy healing, faith healing, intercessory prayer, nondirected prayer, Shamanic healing, spiritual healing, and therapeutic touch (Ernst, 2003, p. 241). One can differentiate among methods that include contact between healer and client (such as therapeutic touch) or methods without physical contact between healer and client (like intercessory prayer, remote healing), although members of both groups typically claim to use mental abilities.

Astin, Harkness, and Ernst (2000) identified 23 randomized clinical studies on distant healing (Therapeutic touch, Reiki, spiritual healing, etc.) in databases, of which 13 (57%) showed statistically significant positive effects, 9 indicated no effects, and 1 study found negative effects. The authors evaluated the studies according to “gold standard” criteria which allow double-blind experiments. Given methodological shortcomings and different research designs, no general conclusion could be offered about the effectiveness of distant healing. In a more recent meta-analysis Ernst (2003) took into account nine other randomized studies; however, he noted the new data do not support the assumption that distant healing is anything more than a placebo effect.

Several studies deal with distant healing and the personality correlates of its clientele, but no study dealt explicitly with the personality correlates of

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distant healers. In one study comparison of personalities of 12 community-based alternative healers and of 19 psychiatry residents (Heber, Fleisher, Ross, & Stanwick, 1989) indicated distant healers reported more first-rank symptoms of schizophrenia and secondary features of multiple personality disorder. Besides this study, also considered were studies of personalities of more standard professions such as psychiatric trainees, psychiatrists, or clergy members as approximations to distant healers. An interesting work of Scandell, Wlazelek, and Scandell (1997) reported on the personalities of psychiatric trainees, which perhaps could be considered to some extent roughly comparable to those of distant healers. These psychiatric trainees had higher scores on Agreeableness and Openness. Corroborating such results, Tosevski-Lecic, Pevovic-Milovancevic, Tenjovic, Draganic-Gajic, and Christodoulou (2005) reported psychiatric trainees had more stable personalities than medical trainees, as indicated by significantly lower psychotistic scores than a control group. On the other hand, psychiatrists are more likely to be at greater risk for suicide (Tsuang, Simpson, & Fleming, 1992) and divorce (Rollman, Mead, Wang, & Klag, 1997). Francis and Pearson (1991) also reported higher psychoticism and neuroticism scores for clergy members, which for many have a function more similar to that of distant healers than religious laypersons. This study investigated whether people who purport to be distant healers differ from the general population and a control group of masseurs, respectively, with regard to personality dimensions.

Distant healers often claim to heal by means of external, metaphysical beings and powers (Obrecht, 1999), which include such things as spirits or nature beings, saints of the Catholic Church, and also spirits of the deceased or even extraterrestrial beings. Regardless of whether one takes such propositions seriously, one can assume that both the clients of distant healers and the healers themselves believe strongly in such paranormal phenomena. Because there are substantial indications of a relationship between belief in paranormal phenomena and schizotypy (Irwin & Green, 1998; Thalbourne, 1998; Hergovich, Willinger, & Arendasy, 2005) and because the study of Heber, et al. (1989) yielded a relationship between alternative healing and symptoms of schizophrenia, here the hypothesis was that distant healers would show higher scores on the cognitive-perceptual dimension of schizotypy (which dimension encompasses schizophrenia-like cognitive and perceptual symptoms such as magical thinking or ideas of reference), as well as on the interpersonal dimension (this dimension is based on lack of relationships and social anxiety) and the disorganized dimension (which addresses odd behavior and speech) of schizotypy in comparison to a normative population and also in comparison to a control group. In addition to schizotypy, data were surveyed for the personality dimensions of the Five Factor Personality Model (Costa & McCrae, 1992). As distant healing contains elements of hypnotic influence first introduced by Franz Mesmer (Ellenberger, 1965), it was assumed that the personalities might in some part reflect the nature of the self-discovered hypnotic method the healers had developed (see the work of Cardena, 2005). Here then was hypothesized that distant healers who were willing to demonstrate their abilities on Austrian television would have higher scores on the dimensions Extraversion, Openness to experience, and Neuroticism. No hypotheses regarding the dimensions Agreeableness and Conscientiousness were specified in advance.

**Method**

**Sample**

Subsequent to an experiment concerning alleged paranormal abilities, which was conducted by the GWUP ("Gesellschaft zur wissenschaftlichen Untersuchung von Parawissenschaften e. V.", the German pendant to the "Committee for the Scientific Investigation of Claims of the Paranormal" (CSICOP) in collaboration with Austrian television, a group of 18 distant healers was asked to complete questionnaires (Federstei, Poncncy-Seligor, Ponoczny, & Hergovich, 2005). One subject refused to answer the Schizotypal Personality Questionnaire–Brief. All subjects were recruited by an announcement on the Austrian telescast "Help-TV." Their ages ranged from 30 to 69 years, with a mean value of 49.9 and a standard deviation of 10.0 yr. Of the 18 subjects 7 were men (38.9%), and 11 were women (61.1%). The subjects reported that they had been practicing their curative occupation for 2 to 36 years.

A group of 19 masseurs was selected as a control group because massage is considered a form of therapy similar to healing, based on physical contact with the client, and typically is considered to be effective due to normal physiological and muscular activation rather than paranormal action. After an initial telephone call to the subjects, an appointment was made at which the questionnaire was administered. The ages of this group ranged from 24 to 60 years (M = 42.1 yr., SD = 11.1). Of the control group, 11 people were men (57.9%) and 8 women (42.1%). Professional experience ranged from 1 to 28 years. All masseurs had completed state-approved training lasting several years.

**Measures**

Apart from personal data such as age, sex, occupational title, and professional experience, respondents answered the Schizotypal Personality Questionnaire–Brief by Raine and Benishay (1995), which is an abbreviated version of the prior Schizotypal Personality Questionnaire by Raine (1991). This questionnaire has three subscales, the Cognitive-Perceptual subscale (8 items), the Interpersonal subscale (8 items), and the Disorganized subscale
Schizotypal Personality Questionnaire-Brief as dependent variables for the comparison between distant healers and masseurs with regard to schizotypy (multivariate $F_{11, 5} = 5.89$, $p < .01$). A second analysis of variance was conducted with age as a covariate, group (distant healers/masseurs) as the independent variable and the respective subscales of the NEO-Five Factor Inventory as dependent variables for the comparison between distant healers and masseurs in terms of personality (multivariate $F_{10, 30} = 2.06$, $p > .05$). Data for the univariate tests can be seen in Table 1.

### Table 1

<table>
<thead>
<tr>
<th>Inventory</th>
<th>Distant Healers</th>
<th>M</th>
<th>SD</th>
<th>Masseurs</th>
<th>F</th>
<th>df</th>
<th>p</th>
<th>$\eta^2$</th>
<th>Power</th>
</tr>
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<tbody>
<tr>
<td>Personality</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Neuroticism</td>
<td>1.48</td>
<td>.64</td>
<td></td>
<td>1.48</td>
<td>.62</td>
<td>.01</td>
<td>1/35</td>
<td>.92</td>
<td>.001</td>
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<td>Extraversion</td>
<td>2.33</td>
<td>.33</td>
<td></td>
<td>2.27</td>
<td>.28</td>
<td>.93</td>
<td>1/35</td>
<td>.34</td>
<td>.027</td>
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<tr>
<td>Openness to experience</td>
<td>2.60</td>
<td>.57</td>
<td></td>
<td>2.64</td>
<td>.55</td>
<td>1.13</td>
<td>1/35</td>
<td>.30</td>
<td>.032</td>
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<td>Agreeableness</td>
<td>2.80</td>
<td>.38</td>
<td></td>
<td>2.68</td>
<td>.37</td>
<td>.73</td>
<td>1/35</td>
<td>.40</td>
<td>.021</td>
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<td>Conscientiousness</td>
<td>2.81</td>
<td>.65</td>
<td></td>
<td>3.33</td>
<td>.37</td>
<td>8.69</td>
<td>1/35</td>
<td>.006</td>
<td>.204</td>
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<td>Schizotypy ($r = 17$)</td>
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<td></td>
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<td></td>
<td></td>
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<td>Cognitive-perceptual</td>
<td>3.24</td>
<td>1.44</td>
<td></td>
<td>3.11</td>
<td>1.94</td>
<td>11.78</td>
<td>1/34</td>
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<td>.263</td>
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<td>Interpersonal</td>
<td>2.76</td>
<td>1.68</td>
<td></td>
<td>2.26</td>
<td>1.37</td>
<td>27</td>
<td>1/34</td>
<td>.61</td>
<td>.008</td>
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<tr>
<td>Disorganized</td>
<td>2.76</td>
<td>1.39</td>
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<td>1.32</td>
<td>.99</td>
<td>8.61</td>
<td>1/34</td>
<td>.006</td>
<td>.207</td>
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<tr>
<td>Total score</td>
<td>10.76</td>
<td>3.21</td>
<td></td>
<td>6.08</td>
<td>3.27</td>
<td>9.89</td>
<td>1/34</td>
<td>.004</td>
<td>.231</td>
</tr>
</tbody>
</table>

$\eta^2$ = partial eta-squared.

In direct comparison with the control group of masseurs, significant differences were found for the Schizotypal Personality Questionnaire-Brief scales Cognitive Perceptual (Power $1 - \beta = .46$) and Disorganized (Power $1 - \beta = .59$), and for the Total scale (Power $1 - \beta = .61$). On both scales the distant healers had higher values.

For the NEO-Five Factor Inventory the only significant difference between groups of healers and controls occurred on the scores for the Conscientiousness scale (Power $1 - \beta = .26$). Distant healers scored significantly lower than the masseurs. The other scales of the NEO-Five Factor Inventory showed no significant mean differences between the two groups.

### Discussion

These results indicate that distant healers exhibit significantly higher schizotypal behavior patterns, both in comparison to the normative population and the control group. These findings confirm those of Heber, et al. (1989) and are also in line with those of a relationship between paranormal belief and schizotypy of Irwin and Green (1998), Thalbourne (1998), and...
Hergovich, A., & Arendasy, M. (2005) because it is clear that distant healers obviously at least believe in their paranormal ability to heal other people without any physical contact, although we did not assess their paranormal belief. Note that, although schizotypy has been described as a milder form of schizophrenia and involves cognitive, perceptual, and affective disorders, recently some authors have questioned the traditional model of schizotypy in which schizotypy is regarded relative to poor functioning, and instead suggested a full-dimensional model (McCreery & Claridge, 1995; Goulding, 2004, 2005). Within that model, schizotypy is described as a continuum whose traits are sources of healthy variation (Kennedy & Kamhmani, 1995) and also of predisposition to psychosis.

This study can also be regarded as an attempt to assess the personality structure of distant healers. Since people increasingly are considering alternative cures as a complement to conventional medicine, assessment of the validity of these alleged cures is crucial, as some are surrounded by myths and even claims of charlatanism. On the one hand, this requires a reliable exploration of the abilities of this specific person group, which is based upon accepted scientific methods, and, on the other hand, their personality scores should not be disregarded out of hand, since distant healers are individuals who have great influence over the people they treat. Our findings confirmed that distant healers possess above-average openness to experience. However, our assumptions that distant healers would be more extraverted and neurotic could not be sustained. Hence, this study provides preliminary information about the personalities of distant healers.

REFERENCES

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