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Stirring The Soul: The Influence Of Prayer On Mind And Body

By E. James Baesler

Individuals within and outside of the field of communication sometimes ask me what I do for a living. When I respond, "I do prayer research," nearly everyone looks rather puzzled. After I explain that prayer is a type of spiritual communication, then most individuals immediately see the connection between communication and prayer. However, many communication scholars are not convinced that prayer is a communication-related phenomenon amenable to social scientific inquiry. Yet I believe that prayer is indeed worthy of further investigation.

There is considerable evidence that prayer has, at the very least, an effect on those who engage in it. As early as 1947, a landmark study conducted by A.T. Welford demonstrated that petitionary prayer is much more complex than simple word magic, and that prayer can indicate a positive means of adjusting to difficulties in life. A decade later, in a controlled experimental setting, William Parker and Elaina St. Johns reported that prayer therapy groups showed more improvement than those involved in weekly individual therapy.

In 1988, in a double-blind medical study of 393 coronary patients, conducted by Randolph Byrd, patients for whom others prayed showed statistically significant improvements when compared to those for whom no prayers were said. A number of quantified, behavioral indicators were observed, such as the need for ventilatory assistance, antibiotics and diuretics. Three years later, in 1991, Margaret Poloma and Brian Pendleton, using a random sample of 560 telephone interviews, found that prayer was positively related to a variety of measures for well-being, such as life satisfaction, general happiness and existential well-being. More recently, in 2000, Dale Matthews, Sally Marlowe and Francis MacNutt provided evidence that verbal healing prayers accompanied by laying on of hands significantly reduced the number of tender, swollen and painful joints, and increased grip strength for individuals diagnosed with rheumatoid arthritis.

These are but several examples of empirical prayer studies that suggest there is some connection between prayer and physiological or psychological outcomes for those who suffer in body and/or mind. Why, then, the reluctance for additional investigations on the part of communications professionals? Perhaps it has to do with a kind of academic skepticism.

Defining Prayer

In a 1991 Poloma/Gallup poll, 10 percent of the general American population surveyed said they do not pray. Thus, prayer scholarship for academics who make up part of this 10 percent would have no personal or professional meaning. Conversely, while other communication scholars might be part of the estimated 90 percent of the population that does pray, some may not consider prayer important in their daily lives. Such individuals may pray on special occasions or

in an emergency, but personal prayer may remain primarily on the periphery of their lives. Even if a significant percentage of communication practitioners are among those who believe prayer to be important in their daily lives — and therefore most likely to engage in prayer research — many of these individuals may view prayer as a private religious activity inappropriate for scholarship.

Despite the limited interest in prayer research in the communication discipline, there are still many valid traditions of prayer that could be investigated among the major world religions (e.g., Islam, Buddhism, Judaism, Hinduism). Initially, I have focused on the study of Christian prayer since this is the spiritual tradition with which I am most familiar. In this context, prayer is defined as the spiritual communication between the believer and God.

Prayers can be categorized as having one or more verbal and/or nonverbal characteristics, such as talking, listening, dialoging, meditating and contemplating. These prayers can culminate in the experience of mystical union, and may potentially increase cognitive thoughts and observable behaviors related to positive Christian virtues, while decreasing negative thoughts and behaviors.

Ideally, prayer is a deliberate, intentional, willed and grace-filled response by the believer to God's invitation. Prayer may be planned or spontaneous, and may be motivated by a variety of needs. For example, a believer may be unemployed and spontaneously turn to God in prayer to satisfy a physical need, or desire a deeper spiritual relationship with God and plan on praying more frequently in the future, or be in emotional need of healing some undesirable past memory.

The actual "praying" part of prayer potentially involves several types of processes. Each may occur independently or in combination with other prayer processes. For instance, a believer might begin with a monologue to God, move into dialog, and end with a prayer of silence, or employ only one of these processes during any given period of prayer.

The end result of prayer is that it has an effect. For example, external circumstances may show that a petitionary prayer has been answered. More often, however, it is the nature of the relationship between the believer and God that changes: Specifically, prayer changes the believer. As the Christian's relationship with God develops, either naturally over the course of time as a tree might grow or perhaps suddenly, as in the case of a dramatic life event, or a combination of the two, prayer becomes less self-oriented and more God-oriented. Eventually, many believers begin to experience what can be characterized as "divine infusions," or what I think of as "radically divine" types of communication. Christian mystics through the ages have translated the ineffable initial experiences associated with radically divine types of communication using the terms quiet, gentle and peaceful. These "love touches" may grow in intensity and duration over time, potentially culminating in experiences described by Christian mystics in poetic language as rapture, ecstasy and love union.

Effects And Outcomes

Chronological age appears to predict variations in the prayer life of believers and in their relationship with God. Evidence culled from 131 participants in a recent study of individuals aged 18 to 65 that I led, suggested that as individuals age, they tend to pray more frequently,

engaging in the types of prayer known as adoration, confession, supplication, thanksgiving and contemplation. Older respondents report more experiences of positive effect during prayer, including a greater sense of the holy/sacred, and rate their relationship with God higher on several items associated with intimacy.

College students engage in more supplicatory types of prayer than the other three types of prayer. There are many times that students need assistance with such immediate matters as studying, test-taking, speech-making, job-hunting and personal relationships. Students may also appeal to God with supplicatory prayers to assist their friends and/or family members in need. My data on college students suggest that prayers in times of need are much more common than prayers of confession in times of wrongdoing, or prayers of thanksgiving and adoration in times of blessing or awe.

More insight on the nature and effect of prayers comes from those suffering from severe illness. A 2001 study conducted by myself, Barbara Winstead, Val Derlega, and Anita Barbee focused on women diagnosed with HIV, who reported that their relationship with God was an important type of support that helped them cope with their illness. What is noteworthy about this finding is that the majority of the women made particular mention of their personal prayer lives.

Twenty-five mothers — 64 percent African American and 36 percent European American, ranging in age from 18 to 54 — were recruited from HIV/AIDS service organizations in Virginia during 1997 and 1998. Of the original 25 participants, 23 were asked about their spiritual beliefs (One of these did not meet the criterion of "mother" and was therefore discarded from the sample). Ultimately, results were based on 22 of the original participants.

Queried about their spirituality, 95 percent reported engaging in one or more activities that could be classified as personal prayer. Prayer was described by 18 of the 22 mothers using the term "prayer" or a derivative thereof. Three respondents used other terms to describe prayer as "talking to God," "feeling God's presence," and "worship," and one participant did not describe any activity related to prayer, maintaining that, "Religion is not a big issue for me." Fifteen participants disclosed information regarding the frequency of their prayer, with the majority (93 percent) praying at least once a day. Several participants reported praying more than once a day (e.g., "every morning and every evening," "constantly," and "all the time").

Consistent with McCollough's (1995) finding that prayer generally functioned as a positive psychological coping mechanism for non-HIV illnesses, this investigation found that prayer functioned as a positive interpersonal coping mechanism for mothers living with HIV. One explanation for this finding is that, in cases of serious illness such as HIV, individuals may experience a shift of priorities. Material things become less important and relationships become vitally important. As individuals turn to others for social support during their illness, so too, for people of faith, there is a turning to God in prayer for spiritual support. Several findings from the present data supported this line of reasoning.

All but one participant in the sample reported that they engaged in one or more forms of active prayer. When the content of these prayers was analyzed, many participants asked God for guidance, help, and good health in addition to thanking God for blessings. There was a sense of

optimism in the attitudes of the women as they described the specific outcomes of prayer and their attribution to God's work in their lives: feeling supported by God, a positive attitude, a sense of peace, and physical health. These results are also consistent with the finding by Biggar et al. (1999) that women living with HIV rated prayer as an effective method of coping with HIV.

What, then, do these and other studies have to tell either the believer or nonbeliever? It is my judgment that scholars need to pay more attention to such findings. Perhaps one day, one or more universities could collaborate to create an institute where scholars from different disciplines could teach and engage in prayer research. Psychologists could contribute to the understanding of the cognitive processes and states of consciousness that accompany prayer. Sociologists could address how networks of relationships and organizational affiliations shape believers' prayer lives, and explore the diffusion of different types of prayer within different types of religious communities. Those in the medical field could examine the physiological correlates of prayer. Ideally, such a prayer institute would be comprised of a critical mass of scholars who would bring the same kind of scrutiny and understanding that other disciplines have long insisted upon and practiced.

E. James Baesler is an associate professor of communication at Old Dominion and author of the study Communication and Prayer: Theoretical Explorations and Empirical Investigations, *from which this article is adapted*

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