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# Prayer and health: a Portuguese literature review

*Oração e saúde: revisão de literatura em língua portuguesa*

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## Abstract

Prayer has been a subject of systematic research in the United States in the context of health. In Brazil, there have been frequent allusions to prayer in a variety of research in the health sciences, but it has appeared as only one of the findings. Based on theses, dissertations and articles, this text discusses Brazilian studies on prayer that have been produced in the Portuguese language in the social sciences, theology, psychology, and sciences of health. It starts with an overview of the studies on prayer followed by an analysis of them. The text concludes by pointing out some important issues that should be considered in future research on prayer and health, as well as some suggestions for developing research on prayer.

**Keywords:** Prayer. Health. Portuguese Literature Review.

## Resumo

*A oração tem sido objeto de pesquisa sistemática nos estados Unidos, no contexto da saúde. No Brasil, têm sido frequentes as alusões à oração em uma variedade de pesquisas nas Ciências da Saúde, porém isso tem aparecido apenas como um dos achados em tais pesquisas. Com base em teses, dissertações e artigos, este texto discute os estudos brasileiros sobre oração que têm sido produzidos/publicados em língua portuguesa no campo das ciências sociais, teologia, psicologia e ciências da saúde. O estudo começa com uma apresentação geral dos estudos sobre oração, seguida por uma análise deles. O texto conclui apontado algumas questões importantes que deveriam ser consideradas em pesquisas futuras sobre oração e saúde, assim como algumas sugestões para desenvolver pesquisas sobre oração.*

**Palavras-chave:** Oração. Saúde. Revisão de literatura.

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## Introduction

There are three words in Portuguese that correspond to the English word *prayer*: *oração*<sup>1</sup> (prayer), *prece* and *reza* (recitation). The first one, *prayer*, derives from the verb *to pray*, therefore, it is related to the action of prayer. The second one, *prece*, does not derive from a verb. It is a noun. There is not an equivalent word in English. The third one, *reza*, derives from the verb *to recite* and it refers to the action of reciting from memory or reading written prayers. In the Brazilian culture, the use of these terms varies according to the religious group preference. For instance, it is said that the Catholics *recite* and Evangelicals *pray*. Such discourse was popularized because Catholics are used to reciting ready prayers (or formal prayers) like the Lord's Prayer, Hail Mary, and others. However, the word *prayer* has started to become more popular among the Catholic Charismatic groups, since they do not only recite ready/formal prayers, but also pray in a similar manner to Evangelical groups. The Spiritualists

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<sup>1</sup> The Portuguese word *oração* also has the meaning of clause, in the grammatical sense.

prefer the word *prece* to highlight it is neither a reciting (*reza*) nor a prayer (*oração* — related to *oratory*).

The Portuguese literature on prayer is wide and diverse. However, the majority is devotional in nature. This review presents and discusses academic studies, such as theses, dissertations and peer-reviewed articles published in open journals.

To better understand what has been produced on the theme of prayer and health, the theses and dissertations of the Coordination of Enhancement of Higher Education (CAPES), SciELO (Scientific Electronic Library Online), and the Ministry of Health Virtual Library (Biblioteca Virtual em Saúde do Ministério da Saúde – BVS MS) databases were searched. The Portuguese terms of search were: *oração*, *prece*, *reza*, and *oração e saúde* (prayer and health). The search system could find these terms in the title or in the content.

The first search returned 432 theses and dissertations, and 222 articles. However, many of them were related to the homonym, *oração*, which means *clause* in the grammatical sense, duplicate materials, or studies without any relation to prayer. After a careful examination, 86 studies remained to be analyzed: 18 theses, 45 dissertations and 23 articles. A significant number of these studies is related to research undertaken in *prayer groups* and *prayer retreats*. With regard to *prayer and health*, studies where prayer figures as just *one of the findings* were also found. As we will see later on, few studies examine the subject of prayer *per se*.

## General overview of studies on prayer

As already noted by the French sociologist, Marcel Mauss (1909, p. 21), and also by the psychologist of religion, William James (1902, p. 447), prayer is the central phenomena, the essence, or the soul of religion. However, little attention has been given to the studies on prayer, even in the areas which traditionally conduct studies on religion, such as social sciences (anthropology and sociology), theology and the sciences of religion. It is quite remarkable, especially considering that there have been investigations focusing on healing that occurs in rituals of healing as a result of prayer offered by pray-ers. Moreover, studies on “prayer

groups” have been conducted in the fields of theology, social sciences and sciences of religion. More recently, as the studies in the sciences of health have shown, prayer is one of the most employed strategies people use to cope in difficult times, and one that complements medical treatment.

The studies on prayer, which are available in Portuguese, can be grouped into two categories, the essentialist and the functionalist. The essentialist approach focuses on the “essence” of prayer, meaning its substance, properties, and contents. This approach is more often found in theological studies, and they are bibliographical in nature. We can find some examples of this approach under the category of “prayer as an object of analyses”. The functionalist approach focuses on the role that prayer plays in the individual and social dimensions, and favours good health, as has been demonstrated more recently. This approach takes place in the social sciences (sociology and anthropology) and the health sciences (medicine and nursing).

## **Prayer in the social sciences perspective**

Some social sciences studies specifically treating the subject of prayer were found in a 2009 Religion and Society journal edition to celebrate the centenary of Marcel Mauss’ work *On prayer*. The eight articles published in this volume are a clear sample of the richness of this subject. João Pina de Cabral (2009) discusses some interesting hypotheses to explain the reasons that might have lead Mauss to give up publishing his manuscript, and he also analyzes, in depth, Mauss’ definition of prayer, questions his arguments with regard to the reasons why the gods respond, and poses that “it is possible today to advance a little further in the door left open by the father of sociology” (CABRAL, 2009, p. 13).

By means of an ethnographic analysis based on the Maussian perspective, Reesinki (2009) examines prayer in a traditional Catholic prayer group using the categories of *minimum gesture* (as a complete rite in itself), *composite form* (composed of several elements, for example, recitations, rosary and procession) and *communication system between the dead and living*. From the perspective of Reesinki, “the ideas of Mauss are particularly pertinent to understand prayer in the Catholic cosmological system

(that includes both rites and myths)” (REESINKI, 2009, p. 34). However, it might be different among non-traditional Catholics. Pereira (2009) explores the type of prayer called *glossolalia* (the language of the Holy Spirit) to understand how Catholic charismatic groups enter into connectivity with God. His results corroborate a recent qualitative study developed in the United States whose authors also noted that people perceive this type of prayer as a connectivity that is generated from the sacred toward the subject while in prayer (ESPERANDIO; LADD, 2013). Therefore, a deep transformation in the subjectivity<sup>2</sup> of the subject is set off through this experience of prayer, as the authors have noted (PEREIRA, 2009; ESPERANDIO; LADD, 2013). Pereira observes that this type of prayer is not offered in order to influence the sacred beings, as Mauss had stated. On the contrary, it is offered to enable them to act in human beings (PEREIRA, 2009, p. 77).

Prayer can also acquire new meanings, depending both on the physical space where prayers are offered and the physical posture employed by the subject (BLANES, 2009). This is what Blanes (2009) has observed in his research among the Tokoista church, a Christian prophetic movement in Angola. When linked up with sacred objects, as is the case of the Catholic rosary, prayer becomes a recitation, and gains other meanings, especially when it is set in the social circulation (OLIVEIRA, 2009).

The studies on prayer in the perspective of social sciences lead to an understanding of prayer not only as a way of connectivity with the sacred, but also as a way to reveal the experience of the subject. Beyond that,

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<sup>2</sup> Subjectivity is a notion created by the French authors Felix Guattari (1999), Giles Deleuze (1998) and Michel Foucault (1999). Subjectivity is directly linked to the notion of subjectivation processes. First, subjectivation refers to processes. Second, in brief, such processes refer to the creation of ways of existence. Therefore, subjectivity can be understood as being a production of existential territories, but these territories are not apart, or, unstuck from the social. It is not equivalent to the idea of identity, either. In fact, identity, in the sense of being the “identical”, or the “same”, might be one of the results of certain processes of subjectivation. The processes of production of subjectivity are constituted within and simultaneously with the social configurations. Each socio-historical configuration produces its own forms of subjectivity in order to work and maintain its own regime. For example, in contemporary days, a “flexible subjectivity” (ROLNIK, 2006) has been produced in order to sustain the current regime’s continuous and unceasing market changes. Since the market has been changing continuously, it demands new forms of subjectivities that better fit into the new impermanent produced world (see ESPERANDIO, 2011).

prayer can also be understood as a “ritual practice throughout which certain segments and social actors attempt to act on their own world where they live in” (MAPRIL, 2009, p. 148). In other words, prayer works as a mechanism for the production of common identity. This relationship of prayer and identity will be discussed later on.

### **Prayers as an object of analysis: the liturgical and written prayers**

A set of 16 studies on prayer as an object for analysis come from different areas and lines of research, such as linguistics, literature studies, history, sciences of religion and theology. The majority of them, grounded in theology, analyze liturgical prayers, mainly Eucharistic prayers. They include an analysis of the theological literary structure of mass for children (MORAES, 2009), and a wedding blessing prayer (PINTO, 2011). Regarding written prayers, a variety of them were studied, like the Lord's Prayer (CARRARA, 2010; GAMA, 2010), the Hail Mary, and written prayers of some saints, like Mother Teresa, Anselm, Augustine and the Palestinian bishop Eusebius, from the fourth century. This last study is an analysis of Eusebius' prayer in praise of Constantine. The author asserts that it could be seen as a starting point to the building process of a Christian political theology (MARVILLA, 2010). Besides the analysis of Christian prayers, there is also a study of *kadish*, a Jewish prayer used in burial rites and during the Jewish mourning process (ZUCHIWSCHI, 2010). The author discusses the effects of this prayer in the mourning process and the collective sense that this prayer reinforces in Jewish religiousness and culture.

### **Prayer and health: clinical practice and pastoral care, complementary therapies, coping, and quality of life**

The studies that relate prayer and health have been predominantly developed in the area of health sciences, but three studies come from psychology. They relate prayer and clinical psychology. Prayer has started

appearing more often in the studies focusing on nursing care, complementary therapies, coping, and quality of life.

### **Prayer, clinical practice, and spiritual care**

Psychology and religion, in Brazil, have a tense and unsolved relationship. Despite that, three studies on prayer and clinical practice were found. The first one was developed by Aubert in 1998. In her dissertation, by means of a case study, Aubert (1998) examines the role that prayer plays throughout the therapeutic process of a patient. She points out the importance of welcoming religious issues in clinical practice. Thirteen years later, a new case study grounded on a phenomenological approach, conducted by Campaninni (2011), analyzed the effect of a petitionary prayer in which the request was not answered. The author concluded that the unanswered request affected both the way the subject lived the faith and made new meanings from the experience. Thereby, it is important to have professional psychological support and also spiritual care provided by spiritual leaders for those who have experienced this kind of situation (CAMPANINI, 2011). The third study focuses on the role of prayer during illness (PASCUOTTI, 2008). Based on the phenomenological approach, the author analyzes the experience of a subject who survived cancer. The author concludes that prayer played different roles and meanings, serving as comfort, peace, and emotional and psychological support during the process of illness (PASCUOTTI, 2008, p. 93)

In the area of theology, Bootz (2003) argues that prayer is a neglected spiritual resource in pastoral care and counseling. Therefore, he explores the contemplative and meditative prayers as spiritual tools to provide spiritual care and counseling.

### **Prayer and complementary therapies, coping, and quality of life**

Since the notion of complementary and alternative medicine (CAM) has multiple understandings, it is beyond the scope of this this



article. It is enough to say that in this study, CAM refers to the health treatments that happen in parallel to officially recognized medicine. These “non-conventional” treatments are not available in hospitals. Due to the wide search for non-conventional treatments such as acupuncture, homeopathy, and herbal therapy, research on these practices has become necessary and it has been growing rapidly. In Brazil, in 2006, the National Policy of Integrative and Complementary Practices (HEALTH MINISTRY, 2006) was approved in order to regulate these practices. Along with the development of research on complementary therapies, there has also been growth in the studies on coping, and quality of life as well. In all of these studies prayer has figured as one of the findings.

Aiming to verify the prevalence of the use of complementary treatments, Rodrigues Neto et al. (2009) conducted a quantitative study in the medium sized Brazilian city of Montes Claros, in the state of Minas Gerais where 3,090 were interviewed. The study showed that only 8.9% of the subjects paid for treatments such as homeopathy, acupuncture, chiropractic, techniques of relaxation/meditation, and massage. However, the percentage increased to 70% when no costs were involved. The most common remedy was prayer, with 52%. But, if the prayers offered by faith healers (15%) are added to that percentage the number increases to 67%. Another study, conducted by Samana et al. (2004) in the Institute of Oncology of the Faculty of Medicine of ABC Foundation, in São Paulo, 100 people diagnosed with cancer were interviewed. The research was designed to correlate the use of complementary therapies with quality of life. The most used treatment apart from conventional medicine was individual prayer (77.5%). The authors concluded that “the use of complementary/alternative medicine, probably through the patient’s faith in its efficacy or enhanced spirituality while praying, correlates with a higher quality of life. Therefore, physicians should not, in our view, discourage its use unless it can clearly be shown to be detrimental to their patients’ health (SAMANA et al., 2004, p. 62). As an example of a successful alternative treatment, Sanchez (2006) and Sanchez and Nappo (2008) present a work on recovery from drug addiction. The authors carried out a qualitative study in 21 religious institutions from three different religious segments, Catholic, Protestant and Spiritualist. 85 former drug users who

were clean from drugs for at least 6 months were interviewed. The authors state that in common to all treatments was the importance given to prayer as an anxiolytic method to control anxiety and craving.

Regarding coping, prayer appears as the most employed strategy to cope with difficult situations such as the process of health-illness (SOUZA, 2009), premature motherhood (VERAS, 2010), breast cancer surgery (FERREIRA, 2003), and hospitalization of a sick family member (BEUTER et al., 2012). Prayer is also related to high quality of life index among elderly people (SOUSA, 2011). Furthermore, prayer is the most common method of religious coping in all age groups from young adults to seniors (ZENEVICZ, 2009). The author interviewed 2,160 people in 30 neighborhoods of Chapecó, a medium sized Brazilian city in the state of Santa Catarina. Her study highlights that among elderly people spirituality is significantly more appreciated than other ages, and petitionary prayer is offered in order to have better health.

All of these studies point out the relevance of prayer as an important factor in the process of health-illness and make evident the necessity to develop future studies specifically on this theme.

### **Prayer and production of identity**

Prayer, as a means of connectivity (with the sacred dimension and with others), plays an important role in the existential process of those who pray. It works as a powerful element in the production of identity among some religious groups, as several studies on Muslim communities, Charismatic Catholic groups and on a Brazilian Buddhist movement have shown. In his research focusing on geography of migrated Bangladeshi Muslims in Lisbon, Mapril (2009) discusses how important the practice of *salat* (five daily prayers of the Islamic calendar) is among the Bangladeshis in Portugal. The author argues that the rooms where the practice of *salat* takes place are part of the dominant discourse about discipline, devotion and pietism that has been promoted by Bangladeshi pioneers, Portuguese Muslim elites, and transnational revival movements. According to the author, the *salat* can be used as an instrument to produce a certain kind of

identity, the “good Muslim”. Therefore, in such context prayer is much more than a ritual practice, it is an instrument through which practitioners act upon the world they live in (MAPRIL, 2009, p. 151).

Similar observations have been made by Santos (2010) with respect to a Muslim group in Rio de Janeiro. The central role of prayer in the process of production of identity is also studied by Ferreira (2007, 2009) and Kamel (2001). Ferreira (2007) studied the Muslim communities in São Paulo for almost 10 years and observed that the gesture of bowing down is, for Muslims, a signal of surrender of thoughts, words, heart, and above all, a surrender of the body and the spirit. Chagas (2009) also points out the power that prayer holds among members of the Sunni community in Rio de Janeiro. She observes that through prayer, Muslims “create cumulative differences that give different positions, powers and identity to [their members], according to their ethnicities and ways of becoming Muslim (having a Muslim heritage or being Converted)” (CHAGAS, 2009, p. 176). The production of identity via prayer practices has also been studied on Charismatic Catholics (MAIA, 1998; CAMPOS, 2005) and on the Soka Gakkai Buddhist movement in the city of Recife, the capital of Pernambuco, in Brazil (MARANHÃO, 1999). In spite of the differences of each group, the authors observe similar effects related to the identity modeling process that prayer fosters. Based on these studies, we could say that prayer triggers a process of reappraising life and the subject’s reality because of the new beliefs produced by the group and assumed by the subject through the practice of prayer.

### **Final remarks: future research on prayer and health**

In Brazil, the studies on prayer have been undertaken in a variety of areas. However, it has started rapidly increasingly its appearances in the health sciences as the most used coping strategy that people employ in difficult times. This increase points out the importance and necessity to study prayer more deeply, for instance, in its expression, motivation and cognitive aspects. Furthermore, types of prayer, how it relates to coping, the relationship between prayer and health among religious and

non-religious people, the negative effects of prayer, and also how it relates to the subjectivation processes should be themes of future investigation. In addition, it should not be supposed that everybody knows what prayer is, nor that prayer has the same meaning for everybody, including the researchers, who must be encouraged to investigate this important subject in its multidimensionality.

When this theme starts appearing very often in research relating health and spirituality it is possible to hypothesize that the production of a new notion of spirituality, the “healthy spirituality”, has been underway. Since the Academy occupies a position of knowledge and power, it plays an important role in the processes of production of subjectivity. This position, along with other instances, such as market, mass media, and religion (especially the new forms of religiousness) work together making possible a naturalized idea of healthy spirituality as an expression of a “bio-spirituality” — a spirituality that emerges predominantly from, or is perhaps restricted to, the biological and the sensory realms. Theology could perhaps give a contribution in the discussion on this subject.

These remarks point out the importance of considering health beyond the biomedical understanding that usually restricts the notion of health to an absence of illness with a focus on treatment resulting in physical cure. The Winnicottian perspective of health could be a rich contribution on this debate. Winnicott (1965, 1971) asserts that health relates to processes of development of capacities. Such capacities include spontaneity, creativity (especially the creativity to act and transform the shared reality with others), expectations towards future, positive feelings about one’s self, responsibility to others, and the capacity to build a meaningful life (a capacity to make life worth living). This development of capacities could also involve suffering, pain, and in some occasions, psychosomatic illness. The Winnicottian perspective helps us to realize how important it is to see prayer and health beyond the biomedical view. Otherwise, prayer runs the risk of being mistaken as a remedy (probably a very ineffective one) for physical illness along with other kinds of treatments that aim to cure. We cannot forget that “from the perspective of the practitioner, prayer is a spiritual discipline with a spiritual goal” (LADD; SPILKA, 2013, p. 299). Added to this, an interdisciplinary view is

important, as well. As the present literature review has shown, the view-point of other areas enlarges the understanding of the subject, and theology should not be apart from such a discussion.

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