

Review Article

A Review on How Prayer Could Comfort Terminally Ill Patients

Michael S Ball^{1*}

¹Voluntary Research Assistant at Durham University, UK

Abstract

Background

The objective of this article was to review how prayer could be used to comfort terminally ill patients.

Methods

The methodology was a literature search, which included books, journals, and papers in collection. The papers contained data acquired from clinical and non-clinical trials, and were published between 1984 and 2015. The review was then divided into three sections: how prayer affected patients physically, emotionally and whether patients welcomed prayer from health professionals. Each section contained a table listing the percentage of terminally ill and non-terminally ill patients who benefitted from prayer in the areas mentioned previously.

Results

While the numbers were small, patients reported that prayer was a useful coping mechanism that led to improved physical and emotional well-being, most notably higher tolerance of cancer, heart disease, chronic pain, and mental health problems. At the same time, the results showed that much more research needed to be done to reinforce these findings and that many neglected areas required further study.

Conclusion

Although early findings look promising, much more research needs to be done on how prayer affects terminally ill patients' blood pressure, hypertension, brain activity, and compliance. Once scholars have done more research, they should make comparisons between terminally and non-terminally ill patients to see whether both groups react differently to each other and possible reasons why.

Introduction

This article is a literature review of how prayer could comfort the terminally ill, which is important to consider because research has shown that prayer has numerous health benefits for both terminally and non-terminally ill patients [1, 2, 3]. However, as this article will show, there are many unexplored areas, and it is important to resolve these issues to determine whether prayer is an effective treatment for life-threatening and serious diseases.

Although 'prayer' is a debated term, many scholars identify it as communicating with God or some higher being. It is typically associated with religious practices, but can also be used as a non-religious practice [1, 4, 5].

Caroline Young and Cyndie Koopsen outline six different types of prayer:

- Petitionary prayer: asking God to respond to a specific request.
- Intercessory prayer: a petitionary prayer on behalf of others, with or without their knowledge, sometimes regarding a specific disease [6].
- Adoration prayer: glorifying and praising God.
- Ritual prayer: using scriptural readings or formal prayers.
- Meditative prayer: listening to one's inner voice and having a sense of communion with God.
- Colloquial prayer: communicating with God in an honest, informal, and self-revealing manner [2].

As Wendy Greenstreet argues:

'Prayer as a means of conversing with God provides clients/patients with a source of coping in times of duress (...) Careers who do not share a client/patient's faith can feel uncomfortable when asked to participate in prayer or read religious literature. However, it is important to differentiate between reading and belief. Staying with a client/patient while they pray, or reading to them, does not imply belief but evidence of supportive relationship' [1].

In summary, conversing with God or a higher power can give patients a means of coping in times of distress. Wright and Sayre-Adams note that 'many healthcare settings do provide on-site chapels and chaplaincy services and in a multicultural society, attempt to make these multi-faith as well' [5].

Methodology

The methodology for this review was a literature search, which involved typing keywords into search engines-Google Scholar and the Durham University Library. The keywords were spirituality, prayer, palliative care, and death, and the survey included books, journals, and papers in collections. All of these were searched

***Corresponding author:** Michael S Ball, Voluntary Research Assistant at Durham University, UK, E-mail: MSBall1990@gmail.com

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manually to identify how prayer has affected patients physically, emotionally, and whether they welcomed prayer from hospital staff.

The papers had to pass two sets of entry criteria to be accepted:

- Their arguments needed to contain data from clinical (including randomized control trials) and nonclinical trials on both terminally ill patients (TIPs) and non-terminally ill patients (NTIPs).
- They had to be published between 1984 and 2015.

The review was then divided into three subcategories: physical health, emotional health, and patients who welcomed prayer from physicians. Each subdivision included a table on the percentage of patients affected and the percentage of TIPs and NTIPs benefitted.

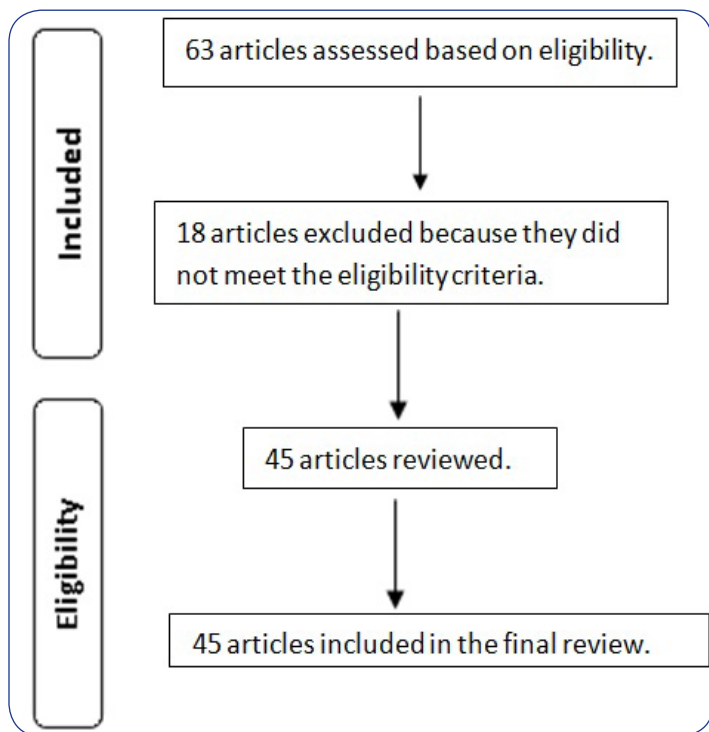
Areas for further research were recommended based on the following topics:

- Areas that had been covered for NTIPs but not TIPs
- Areas that had been covered mainly for NTIPs but only partially on TIPs

If TIPs reacted differently to NTIPs, comparisons were recommended based on the quality of the prayer and the patient's emotional state.

Results

Although the studies were few, prayer enabled TIPs to cope with cancer, heart disease, chronic pain, and other unspecified condi-



tions [7, 8, 3]. Patients used prayer to find meaning in their suffering, which meant that they had improved health [9, 10, 3]. There were even rare instances where patients recovered from cancer shortly after receiving petitionary prayer, and although scholars have attempted to give rational explanations for these healings, many of them continue to mystify researchers [11, 12]. On the other hand, the results also indicated that no work had been on how prayer affected the blood pressure or sleep patterns of TIPs, but small research showed that some NTIPs slept easier and had better blood pressure after praying [13, 14].

While little research had been done on TIPs, the results indicated that both groups used prayer to cope with a variety of mental health disorders, including anxiety, OCD, depression, and stress. Patients who prayed found meaning in their suffering and were less anxious, depressed and stressed [15, 1], although no work appeared to have been done on whether prayer increased their brain activity and compliance.

Few studies discussed whether patients wanted prayer, but everyone identified said that they would welcome it when faced with either a life-threatening or serious medical illness [16, 9, 17]. No one directly said whether they would refuse prayer.

Discussion

This study shows numerous gaps in contemporary research that must be addressed to discern whether prayer can comfort TIPs.

Firstly, more research should be done on how prayer affects the physical health of TIPs, particularly unexplored areas like blood pressure, hypertension, and sleeping problems. Although prayer seems to help a small number of TIPs suffering from cancer, heart disease, and chronic pain, much more research needs to be done to reinforce these findings. One could, admittedly, base one's arguments on how prayer has affected NTIPs, but such arguments would be too theoretical to be considered authoritative. Scholars must also continue to investigate miraculous healings associated with petitionary prayer and whether there is a rational explanation for them [11, 12].

Secondly, researchers should examine how prayer could improve TIPs' emotional health, especially neglected areas like brain activity and cooperation. Studies on mental health problems and coping look promising, but scientists should examine these areas further to make them more credible. Again, the investigations should be on TIPs only.

Thirdly, further study should be done on how many TIPs would welcome prayer and whether they feel that they have enough support.

Once more research has been done, comparisons should be made between TIPs and NTIPs to see whether prayer affects both groups differently. Again, people could use the comparisons in this review to argue that both groups respond similarly, but the

Table 1: How prayer affected patients’ physical health

Type of condition	Percentage of patients affected	Percentage involving terminally ill	Percentage of terminally ill benefitted	Percentage involving non-terminally ill	Percentage of non-terminally ill benefitted
Blood pressure	5%	0%	0%	5%	100%
Cancer	17%	17%	100%	10%	100%
Chronic pain	17%	5%	100%	14%	100%
Heart disease	12%	10%	100%	7%	100%
Hypertension	5%	2%	100%	5%	100%
Sleeping problems	2%	0%	0%	2%	100%
Unspecified	10%	2%	100%	7%	100%

Table 2: How prayer affected patients’ emotional health

Type of condition	Number of patients affected	Number involving terminally ill	Number of terminally ill benefitted	Number involving non-terminally ill	Number of non-terminally ill benefitted
Mental health problems, including anxiety, obsessive-compulsive disorder, depression, and stress	31%	10%	100%	26%	100%
Coping	33%	29%	100%	17%	100%
Increased activity in the brain	0%	0%	0%	0%	0%
Compliance	0%	0%	0%	0%	0%

Table 3: Patients who welcomed prayer

Type of condition	Number of patients affected	Number involving terminally ill	Number of terminally ill who said yes	Number involving non-terminally ill	Number of non-terminally ill who said yes
life-threatening	12%	12%	100%	0%	0%
Serious medical illness	12%	0%	0%	12%	100%

two groups were not tested together in this study, meaning that these comparisons would not be fair due to unseen variables. Both parties should, therefore, be tested together to make the tests fair. The same principle applies to whether one group of patients would welcome prayer more than the other. Although this review showed that both sets of patients welcomed prayer equally, this is not a fool-proof comparison for similar reasons, and so TIPs and NTIPs must be examined together.

Summary

This is a review article on how prayer could comfort terminally ill patients, which is an important issue to consider because, although little work has been done on the matter, studies have shown that prayer has the potential to benefit this group.

This review has forty-five articles on spirituality and prayer. Each piece contained data acquired from clinical and non-clinical trials and was published between 1984 and 2015. There are many different types of prayer, including petitionary, intercessory, adoration,

ritual, meditative, and colloquial. Each one acts as a means of conversing with one’s god, which a patient can use to cope with Life-threatening or serious diseases.

This coping appears to improve both terminally and non-terminally ill patients’ physical and emotional health by increasing their tolerance for cancer, heart disease, chronic pain, and mental health disorders. Research also indicates that some patients would welcome prayer from health professionals when faced with either a life-threatening or serious illness.

However, these studies are very small, and more research needs to be done for them to be considered authoritative. There are also many neglected areas that scientists should examine, most notably whether prayer affects the blood pressure, sleep patterns, and cooperation of terminally ill patients. Once more research has been done, scholars should compare how prayer affects both terminally and non-terminally ill patients, and if both groups react differently, scientists should investigate the potential variables.

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