

Chapter 1

The Benefits of Prayer

“Hear my prayer, LORD, listen to my cry for help.” —Psalm 39:12

The night before our hike, my wife and I reviewed the list: Weather forecast? Check. Study the route? Check. Gear? Check. Food and water? Check. We agreed to get up at 5:00 A.M. and leave at 6:00 A.M., in order to take full advantage of the day’s light. As we were tired enough, we went to bed early to enjoy a good night’s sleep.

The next morning, I got up, took my shower, and woke Annette up with a gentle touch, announcing that it was five-fifteen. She said that she was getting up. I proceeded downstairs to fix breakfast and get things ready.

The clock kept ticking, and I did not hear any movement upstairs. I did as much as I could in preparation for the hike and sat down to read. The clock kept ticking; I could not concentrate on my reading. I began to think that if she did not move, our day would be spoiled; we would not have time to reach the top and return with daylight to spare. My typical early morning sense of well-being was turning into edginess. I envisioned a frustrating day without time enough to reach the lake or, even worse, not making it out by dark. Suddenly, I noticed signs of movement, which gave me a sense of relief. But soon I realized that things were too slow. These are some of the sentences I was rehearsing: *Why so long to get ready? We are not going to a formal dinner, are we? We are almost one hour late! Didn’t we agree last night to leave by six?*

I said, “Stop!” and began to pray, “Lord, help me find calm. Help me to be patient and to be sweet when she comes down. Help me not to pronounce a word of reproach.” Afterward, I remained quiet with eyes closed for a few moments to fully gain the blessing of my prayer.

This little prayer was crucial; for when Annette appeared, my own plea of *Not a word of reproach, not a word of reproach* resounded in my mind, and God blessed me with a smile and a topic of conversation other than lateness. We had a pleasant breakfast and a most enjoyable day at Aneroid Lake, high in the

Wallowa Mountains. Departing forty-five minutes late did not make any difference at all. And I'd hate to think what an early argument would have meant to our whole day.

Prayer was the turning point for the day. As I noticed the jitters, I knew that I needed help and God provided it. Prayer was instrumental for interpersonal harmony. As we will see in this chapter, prayer is much more than asking for help in a time of need, but I am thankful for God's availability and willingness to provide simple changes that can lead to patience, wisdom, a suitable attitude, and appropriate words.

The overwhelming majority of believers from all faiths consider prayer as a primary means of spiritual growth and a sure bridge to commune with God. In recent years, research has reported that prayer brings about not only spiritual blessings but also helps keep people away from physical and mental illness. Furthermore, prayer has been correlated positively with subjective well-being (the research term for happiness). This evidence is confirmation that God has designed prayer for the total health of His children.

Prayer benefits

My college days at the University of Madrid, Spain, were marked by social turmoil and deep changes in society. After forty years of living under a dictatorship, most people wanted freedom from the tradition of one single political ideology and one single religious denomination—Roman Catholicism. In the political arena, old parties that had been previously repressed were declared legal, and many more new ones emerged. However, it was not the same for religion. Many people wanted not a plurality of faiths but the rejection of religion altogether. This was probably due to people equating religion with Roman Catholicism; also because the church and state had been intimately blended for decades, many stopped going to church.

Soon prayer and churchgoing were deemed outdated, and many broke from religious practices. But did this mean that people stopped praying? Most likely not. At least that was my impression when I engaged in meaningful conversation with peers. Many continued to pray in the way they did before, but they were less vocal about it. Years later, I found the same thing among students at Newbold College in England, at a time when religion was not “cool” in Europe. I conducted qualitative research about the religious experience of college students. Although the majority of my interviewees were Seventh-day Adventists, there were a number of nonbelievers as well as other Christians. Yet, I did not find a single individual who did not pray with some regularity. It seems that prayer is a necessity and brings enough benefits that most people will not

discard it easily. Depending on what survey one looks at over the past four to five years, 50 to 90 percent of Americans report that they pray daily.

And there are sectors of the population that pray more than others: people with limited resources, with little self-control, persons under stress, and those who may have a disadvantage because of gender (women, most typically), age (the elderly), members of minorities (especially oppressed groups), and individuals with low levels of education. This may help us understand Jesus' Beatitudes: those who are poor and humble, who mourn, who are victims of injustice, and who are persecuted for doing right are especially blessed (Matthew 5:3–12). It is the blessing brought by adversity; it is the prayer that takes place when dependence on God is needed. In fact, Jesus is pleased to answer the prayers of those whom He came to help, specifically the poor, the captive, the blind, and the oppressed (Luke 4:18).

Why do people pray? People often pray because they are in some sort of trouble. In my culture, we have a saying: "He prays to Saint Barbara when he hears thunder" (Saint Barbara being the saint of danger from thunderstorms and fire). Others pray because they think they should, praying out of obligation, perhaps pressed by religious prescription. People also pray because they are thankful to God and wish to show gratitude and appreciation. Yet others pray because prayer brings them a sense of closeness to God; they feel His presence and they experience the comfort of being near the Almighty. People also pray for others, asking God to intervene in the life of a friend, a relative, or a person who is struggling with some special need. This can be done because of having been asked or because one is moved by love and compassion.

I pray because prayer has become a habit in my life. I know that habits run the risk of becoming meaningless routines, and that is something I have to watch out for. I pray because I need a connection with God in order for me to keep going, to have the sense that I am not alone and that He surrounds me with His warmth and love. I pray every day when I leave my house to exercise. I thank God for the past night and for the stars (I usually see the stars because, where I live, it is more often clear than not). I thank God for my wife and my children and other people who are part of my life: friends, relatives, colleagues, and students. I thank Him for my job and the opportunities to grow and share experiences with others and learn from them. I praise God for all those provisions and especially for the gift of Jesus Christ and salvation through Him. Petitions come easily in my prayers, so I think of my close family members, one by one, as I know of their challenges. Then I pray for others whom I know are struggling in some way. I pray for myself and for the tasks I have ahead. Invariably, I ask for wisdom in the way I make decisions, treat people, manage my life, my thoughts

and actions as well as for health and strength and for understanding on how to preserve them. I also ask for forgiveness for specific sinful thoughts, words, and behaviors as well as for getting bogged down with worthless worries. Lastly, I share my desire to commit my life to Him and for help to do so.

I cherish my prayer life and know that prayer brings me great benefits. I don't need to read empirical studies that show prayer as a good thing. But many people, especially educated ones, may begin to show interest in prayer and religion only because of these studies. Besides, it is helpful to know that the academic community now recognizes prayer and other religious and spiritual factors.

In the last couple of decades, studies have shown differences between those who report they pray and those who say they do not. Results show that people who pray tend to be physically and mentally healthier than those who do not. It is true that we cannot use prayer in the same way we use a pill or an ointment—prayer is the result of a relationship! But it is good to be aware of some of the possible dividends of prayer.

Brain activity

One of the earliest attempts to record brain activity during prayer was conducted by Walter Surwillo and Douglas Hobson at the University of Louisville School of Medicine.¹ It was the modest beginning of neurological studies on Christian prayer before the times of functional magnetic resonance imaging (fMRI). Researchers recruited six adult participants, members of the Church of God in Anderson, Indiana. Their electrocortical activity was recorded via electroencephalograms (EEGs) during prayer. The purpose was to discover whether rhythms during prayer were slower than they normally are in a state of rest. They expected to find these cycles slowing down during prayer time, just as other research had found with transcendental meditation. However, findings did not show evidence of EEG slowing down during the prayers of these three men and three women. In fact, they observed a general speeding up of the EEG.

These findings showed a difference between Christian prayer and transcendental meditation. While Christian prayer is focused on a personal conversation with God, transcendental meditation is centered on a quiet repetition of a mantra—a syllable, word, or group of words. Faster EEGs are the product of a more intense cognitive activity, due to the high concentration displayed by those praying. This was confirmed via one-on-one conversations with participants reporting an intense mental activity as they prayed with fervor.

This is, in fact, not foreign to those who practice Christian prayer as “the opening of the heart to God as to a friend.”² When I come to God's presence and share a burden with Him, I try to articulate what I think of the issue and

ask God to intervene. I talk about my concerns and how I see the problem. Of course, God knows it much better, but that does not stop my conversation because I know that praying will strengthen my faith and help me accept the outcome as directly blessed by the Lord. If I thank God for His blessings, I have to search in my mind for the multiple details that make the blessing special and wonder at the circumstances surrounding the blessing. In doing all this, I need concentration and mental effort. Fervent prayers are not necessarily relaxing. They may, in fact, be rather intense to make the communication more meaningful to me; hence, the faster EEGs observed in the study above. But the real relief comes after prayer: a sense of unloading, of having laid my heavy burden on Jesus as He invites me to do so (Matthew 11:28). This counts among the greatest benefits of prayer.

A more recent study conducted by Dr. Mario Beauregard, a neuroscientist from the University of Montreal, assessed the brain activity of fifteen Carmelite nuns during their mystical experience, of which prayer was a central component.³ It was not easy for him to convince these women to participate. They live a life of silence and prayer. With the exception of twenty minutes after lunch and another twenty minutes after supper, when they engage in conversation with each other, Carmelite nuns spend their lives working and praying. Their day consists of working in their gardens, sewing, washing, maintaining the convent, and manufacturing crafts and sweets for income. The rest of the time is devoted to prayer and contemplation. Dr. Beauregard estimated that at the time of the study the fifteen participants had spent a combined 210,000 hours of prayer in their lives.⁴ Having led this lifestyle for most of their lives, these cloistered nuns in modern-day Montreal were suspicious and thought that the researchers intended to disprove the validity of their devotion. Dr. Beauregard explained that the team was not materialist, and they had the honest purpose of using neuroimaging techniques to identify the electrochemistry of the brain during prayer and meditation. In fact, praying nuns would be among the few individuals in the world able to help. Negotiation with the prioress and a letter from the archbishop made the research possible.

The participants' ages were between twenty-three and sixty-four, with an average of fifty. They had been with the order for an average of nineteen years, and none had a history of psychiatric or neurological disorder. None smoked or was taking psychotropic medications at the time of scanning. Beauregard used fMRI to observe the activity of various brain areas. Mystical experience was a state of closeness to God evidenced by high ratings of statements such as "I have experienced profound joy," "I have had an experience which I knew to be sacred," or "I have had an experience that cannot be expressed with words." During

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interviews, nuns stated that during the mystical segment they felt “the presence of God, His unconditional and infinite love, as well as plenitude and peace.”⁵

These are some of the findings: the caudate nucleus, an area of the brain previous studies have associated with happiness, maternal love, joy, and unconditional love, was found to be very active during the mystical experience. The left brain stem, also associated with the regulation of joy and unconditional love, was especially active during prayer. The insula, which controls the central nervous system and is connected with visceral responses to positive feelings, was also firing during the scanning. Lastly, high levels of activity were observed in the prefrontal cortical region, the area controlling subjective pleasantness, particularly the pleasantness of taste, smell, or music.

Two years later, Beauregard conducted another experiment but with fourteen of the fifteen nuns from the first study.⁶ This time he used electroencephalography (EEG) to obtain data during mystical experiences. Several cortical areas were recorded with high activity during the experience as compared with the resting state and with the control condition. These are some of them:

1. The anterior frontal activity, an area related to peace, joy, and unconditional love.
2. The parietal cortex, normally associated with religiously charged visual mental imagery.
3. The right middle temporal gyrus, the area previous studies found quite active during meditation.

In addition, neural coherence (an index of functional connectivity between two or more cortical regions) was found in the following areas:

1. Connectivity between the frontal and the posterior cortices, the connection that has been traditionally associated with positive emotional experiences.
2. Connectivity between the right frontal and the temporal and parietal regions.
3. Connectivity between the right central and the parietal region.

Both 2 and 3 indicate a reduction in sensory processes; in other words, when participants were in the midst of their prayers, sensory stimuli would not be consciously perceived (i.e., they would not be easily affected by noise, light, touch, etc., during prayer), presumably due to the concentration and intimacy of the prayer experience.

Observations like these emphasize the remarkably unique electrochemical activity of the brain during prayer. This helps me understand why the apostle Paul advises us to “pray without ceasing” (1 Thessalonians 5:17). When laboratory observations show prayer putting to work areas of the central nervous system that control emotions such as happiness, well-being, joy, gratitude, love, and compassion, I conclude that God designed prayer to be not only the primary way of communication with His children but also a way to provide refreshing effects in a world of suffering, injustice, and despair. This also teaches me that God communicates with human beings through these intricate neural structures.

At times, these intricate neural structures can become damaged, but there are many stories that illustrate how God works on the human brain despite damage.

For instance, Julie, a schoolteacher who was hit by a car, is a prime example of how an injured brain can work to restore its ability to communicate with God.⁷ In her accident, Julie suffered a number of serious head injuries. She was left deaf, with very little speech and poor mobility. She received occupational therapy for several years at the Loma Linda University Medical Center and developed strong ties with the therapists and other staff. She managed to send her messages out via a Dynavox communication device.

After four years of therapy, and in order to honor a family tradition, Julie wanted to host a simple meal for her family, but this posed a serious challenge due to her limitations. Peggy, her therapy assistant, offered to help. They planned the event together; Julie did all she could, and Peggy completed the tasks. On the big day, Peggy drove Julie to her home and helped her with the food and decorations. Then she left for her own home. When Julie’s mother and brother arrived, seeing the delightful preparation, they were quite impressed. Julie’s mother asked her to pray for the food. Julie recited the entire Lord’s Prayer, the longest verbal message she had uttered since the day of the accident.

What a special blessing to be able to pronounce this prayer after struggling for years to speak only small bits! The brain is a wondrous organ with amazing plasticity, and God, at times, chooses to enhance its capacity using a beautiful outcome—this time to pronounce the Lord’s Prayer on a special occasion.

Although a person of faith does not need to know the electrochemical processes associated with his or her prayer, it is amazing to glimpse how God designed communication. Awareness of this mechanism may help many realize that prayer is made up of highly positive emotions, and that communion with God is powerful, positive, and life changing.

Calm and serenity

When a burdened person has the chance to converse with a close friend in an atmosphere of warmth, acceptance, and confidentiality, much of the heavy load will be relieved, even when the issue itself remains unresolved. A sincere and fervent prayer to God can have the same results. Those who pray habitually have learned the old hymn by experience:

Just a little talk with Jesus made me whole. . . .
Now when you feel a little prayer wheel turning,
And you know a little fire is burning,
You will find a little talk with Jesus makes it right.

Claire Hollywell and Jan Walker from the University of Southampton, United Kingdom, confirmed the idea.⁸ They conducted a systematic review of research on prayer as an intervention for hospitalized patients. Data from all the relevant peer-reviewed studies found in eight databases showed that the frequency of private prayer was associated with lower levels of anxiety. (They also found the same connection for depression.) Interestingly, when prayers were a result of an emergency, an urgent need not accompanied by a pre-existing faith, prayer increased distress and resulted in less personal function. But when prayer consisted of an ongoing, intimate dialogue with God, optimism, well-being, and the ability to function well were present. In all those studies under review, prayer brought that highly desirable sense of peace and solace.

Amy Ai, from the University of Pittsburgh, together with four other researchers, conducted an exhaustive study in order to assess the role of private prayer in cardiac patients prior to open-heart surgery and its effect on their quality of life.⁹ Two hundred ninety-four participants, who were scheduled for nonemergency, nontransplant cardiac surgery, a large majority from Judeo-Christian traditions, were recruited at the Cardiac Clinic of the University of Michigan Medical Center. Patients underwent a face-to-face interview two weeks prior to surgery and then a telephone interview two days before the operation. Lastly, they were interviewed thirty-six days after the operation.

In addition to socio-demographic and clinical data, patients provided information about their use of private prayer to cope with anxiety prior to surgery and its use after surgery for attaining quality of life. They were also administered psychological measures to assess fatigue, mental symptoms, depression, anxiety, coping, social support, post-traumatic symptoms, and prayer coping (using prayer to cope with anxiety).

Results expanded on the findings other researchers had obtained with cardiac

surgery patients: Ai's study found that cardiac patients who prayed were able to cope better with the stress and anxiety of the imminent surgery. Furthermore, they were able to attain a better quality of life for weeks after their surgeries. This successful coping was found to be both cognitive and behavioral. In other words, those using systematic and faithful prayer were better able to use their *thoughts and mental processes* to attain a positive and favorable outlook towards surgery and recovery; in addition, they were able *to act* in ways that prevented complications and attained a better quality of life after the intervention.

The studies argue, quite rightfully, that turning to a higher power, such as God, is a suitable mechanism to control crises, and that religion provides a large context in which to fit a personal crisis. Authors also state that private prayer may be superior to the strict support from secular resources because prayer "sheds a bright and unwavering light into a promising future in the presence of adversity."¹⁰

Prayer, therefore, promotes peace and calm before significant threats, such as hospital surgery. Prayer is an effective antidote for fear and anxiety. It is no wonder that expressions such as "do not fear" and "trust in the Lord" appear so many times in the Scriptures as God invites us to approach Him in prayer, to accept His grace and protection, and to put aside fear and anxiety.

Depression

Barbara Kilbourne, PhD, professor of sociology and social work at Tennessee State University, together with Sherry Cummings, PhD, and Robert Levine, MD, conducted a follow-up study exploring depression and religion among diabetic participants from disadvantaged neighborhoods in a midsize southern city.¹¹ It is well known that the incidence of depression in diabetics is higher than in the general population; hence, the interest in studying this particular sample. Over a period of two years, the statistical (correlational) analysis showed significant and negative relationships between four indicators of religiosity and levels of depression. In other words, as levels of religiosity went up, depressive symptoms and intensity went down. The four measures of religiosity were prayer, religious reading, religious attendance, and religious belief. Again, the religious component was a protective factor against depression.

Another group with high risk of depression is that of postpartum women. Conservative estimates state that between 15 and 20 percent of women giving birth suffer postpartum depression. The disorder is characterized by anxiety, easy anger, hopelessness, guilt, low appetite, low concentration, decreased interest in the baby, and sleep alterations (either too much or too little sleep). In a study led by Kimberley Zittel-Palamara from Buffalo State College, forty-five

women with postpartum depression (current or past), most of them belonging to Christian churches, were questioned about their postnatal depressive symptoms as well as their religious practices and the support they had found from their religion.¹² Sixty-six percent of the women were said to have found strength in religion. Their improvement over depression was found to be greater than in nonreligious women. Prayer was a key component. The remaining elements were spiritual guidance, church-based counseling, congregational support, and spiritual-based support groups.

Jesus assured His disciples that they would weep and mourn (the depressive mood) but their sorrow would be turned into joy. In fact, Jesus illustrated this point referring to a mother's sorrow around birth. Soon after the delivery, "she forgets the anguish because of her joy that a child is born into the world" (John 16:21, NIV). Unfortunately, this is not the case with postpartum depression, but, as those women in Zittel-Palamar's study show, individual prayer, together with the warmth and support provided by a caring church community, can ease the pain of depression.

General health

The Survey of Health, Ageing and Retirement in Europe (SHARE) is one of the most powerful databases; it contains tens of thousands of participants, ages fifty-plus, and covers information on health, socioeconomic status, and social and family networks. Based in Munich, SHARE has collected data from Scandinavia, central Europe, and the Mediterranean since 2004, and it is now a major pillar of the European Research Area. Karsten Hank and Barbara Schaan, from the University of Mannheim, Germany, used SHARE data to study the link between the frequency of prayer and health among some 14,500 men and women from Sweden, Denmark, Germany, the Netherlands, Switzerland, Austria, Italy, Spain, and Greece.¹³ The results show that as the frequency of prayer increased, general health also increased. General health was assessed not only by how participants perceived their well-being but also as a count of their chronic conditions. A high frequency of prayer was also linked to a low frequency of depressive symptoms and a low number of functional limitations.

Although correlational results (such as the one above) cannot be used to establish cause-effect relationships (e.g., someone could infer that the correlation may be strong because health causes prayer, rather than the opposite), the study suggests that prayer might be an important resource to help people, especially those in midlife or older, deal more successfully with illness and discomfort.

The Bible offers promises of health related to communion with God and faithfulness. The psalmist writes,

Do not be wise in your own eyes;
fear the LORD and shun evil.

*This will bring health to your body
and nourishment to your bones* (Proverbs 3:7, 8, NIV; emphasis added).

A similar promise of general health, fertility, and long life is given in Exodus 23:25, 26: “Worship the LORD your God, and his blessing will be on your food and water. I will take away sickness from among you, and none will miscarry or be barren in your land. I will give you a full life span” (NIV).

Psychological health

Prayer works not only for physical well-being but also for mental and emotional fitness. Leslie Francis from the University of Warwick, United Kingdom, and colleagues studied more than a thousand Catholic and a thousand Protestant men and women, ages sixteen to eighteen.¹⁴ They were students in sixteen different high schools in Northern Ireland, a highly religious culture. These young people were given measures to identify tendencies to neuroticism and psychoticism, understood as a personality pattern marked by the tendency to aggressiveness and hostility toward people; these are seen as indicators of mental health or proneness to mental disorders. They also inquired about their prayer habits in terms of “daily/sometimes/never” frequency categories. The analysis found a correlation between the frequency of prayer and better psychological health—this was especially evident in the data on psychoticism. The index was negatively strong; in other words, the higher the frequency of prayer, the lower the levels of psychotic tendencies. Psychoticism, taken to an extreme, will make people vulnerable to schizophrenia or other psychotic disorders. Again, consistent prayer was seen in this study as protection against mental disease and as promotion of mental health.

When people are affected by serious mental conditions, they use prayer to cope. This is the main finding of Steven A. Rogers and his colleagues from the Graduate School of Psychology at Fuller Theological Seminary.¹⁵ They studied individuals at a Los Angeles County mental-health facility who had chronic mental illnesses. There were 379 participants (58 percent men, 42 percent women), all firmly diagnosed with psychotic, mood, or anxiety disorders. Results showed that more than 81 percent were using religious beliefs and activities to cope. Those with more severe symptomatology were more inclined to pray than were those with less acute symptoms. Of all religious practices, prayer was by far the main religious coping mechanism. These were the percentages for each coping strategy observed:

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Prayer	58.57 percent
Going to religious services	35.62 percent
Worshipping God	34.83 percent
Meditation	32.98 percent
Reading Scripture	31.14 percent
Listening to religious music	21.90 percent
Singing religious songs	19.26 percent
Meeting spiritual leader	15.04 percent

Prayer is the strategy David chose in Psalm 31. He described himself as afflicted, with anguish in his soul; his eyes growing weak with sorrow; and his soul and body full of grief (verses 7, 9, NIV). Anguish, groaning, and affliction consumed his life, and his bones were growing weak (verse 10, NIV). He felt forgotten and fragile, and sensed terror on every side, with many conspiring to take his life (verses 12, 13). As a way out, he calls on the name of the Lord, and he ends up praising His wonders; (verses 14–18, 21, NIV). He concludes by saying,

Love the LORD, all his faithful people!
The LORD preserves those who are true to him,
but the proud he pays back in full.
Be strong and take heart,
all you who hope in the LORD (verses 23, 24, NIV).

Prayer and healing

One of the pioneer studies on the healing effects of prayer was conducted by Randolph C. Byrd, a cardiologist at the San Francisco General Medical Center and a professor at the University of California.¹⁶ All patients admitted at the coronary care unit were eligible for entry and those willing to participate signed their informed consent. Three hundred and ninety-three patients (33 percent women and 67 percent men) agreed and were randomly assigned to either the intercessory prayer group (IP) or to the control group (CP). Patients, doctors, and staff at the unit remained “blinded” so that they would not know who had been assigned to which group. Intercessors were individuals who practiced daily devotional prayer and were active worshippers in a local church. Intercessors received their assigned patients’ first name, diagnosis, and general condition. Each patient was given to more than one intercessor. They committed to pray for the patients during the patients’ hospital stay and to pray for a rapid recovery, no complications, and no death. Once the differences between the two groups

were observed, many clinical events came up with no significant differences.

But there were some events where the IP group was at an advantage as compared to the CP group. These were the events: congestive heart failure, diuretics, cardiopulmonary arrest, pneumonia, use of antibiotics, and use of intubation or ventilation. IP participants experienced less of the above than did the CP patients. Furthermore, there was not a single item where the CP group was better than the IP group.

Although there were twenty-three items with no significant difference between the two groups, those with sizable advantages were all in the prayed-for group. This kind of evidence should not be the foundation of belief in prayer. Paul warns us of how deep and rich and wise is the knowledge of God and how unfathomable, inscrutable, and unsearchable are the Lord's judgments (Romans 11:33). Yet, for certain nonreligious people, this may become the gateway to prayer and religious experience.

The promise is certain: "And the prayer of faith will save the sick, and the Lord will raise him up" (James 5:15). Now sometimes you can pray for healing with the best available measure of faith and healing does not come. But this was not the case of my family during our son's illness. My son was working at Sunset Lake Camp when we heard that he was having some digestive problems. We did not give much thought to it because he had always been healthy and strong. But we started to worry when he called and said he needed to go to the emergency room. "No worries," he said, "I just want to be checked up now that we are having a break at work during the weekend."

After various tests the doctor said that the problem was a gastric ulcer and began pharmacological treatment as well as dietary guidelines. However, the symptoms persisted—nausea, vomiting, weakness, and a very strong abdominal pain. He had to be sent home. The pain was so strong that he could not lie down and had to sleep in a sitting position. He slept in the car for a couple of nights as he found that it provided the best support to get some sleep.

His doctor detected a general inflammation and diagnosed gastritis and prescribed the corresponding treatment. However, to rule out major illness, he ordered an endoscopy and a computed axial tomography (CAT) scan. Results from those tests marked the beginning of one of the most fearful experiences in the history of our family. The endoscopy showed no problem in the upper tract, but the CAT scan showed an abnormality in the terminal ileum (the end of the small intestine), which suggested Crohn's disease. This was very scary as this condition is debilitating and serious enough to deeply affect your life, lead to surgery, increase your chance of cancer, and limit your life span.

In spite of this terrible prospect, he was feeling better, and this brought

courage to the family. Unfortunately, the symptoms returned with full force a few days later. The worry became more intense when a contrast-enhanced computed tomography (CT) X-ray was ordered, and doctors saw something that looked like a tumor in the bowel. This growth—I was told on the phone by the gastroenterologist—might be some five centimeters in diameter. If we had prayed intensely so far, we began to pray with even more fervor now. The next step was a biopsy to obtain the final, firm diagnosis. We shared the situation only with close friends and family, and, as never before, I prayed for his healing.

He went through the two-day biopsy preparation routine, and the procedure was performed on a Monday. There was no sign of Crohn's disease and no visible tumor, but the doctor told us that we had to see how the tissue would look under the microscope. It was a long week of waiting, for the lab analysis would not be finished until the following Monday. Scores of prayers petitioned that our son would not have to face such an unfair diagnosis in the prime of his life.

When the three of us drove to the doctor's office for the results, we were quiet and reflective. Once in his office, the doctor explained, "All tests we ran are negative. There is no sign of abnormality or pathology anymore. No sign of Crohn's disease. No visible tumor." The doctor explained possible reasons why. I vaguely remember hearing something about the inflamed mesentery possibly due to a virus that had already left the body. But I cannot remember details because my heart was joyous and my eyes tear-filled with happiness because, all medical explanations aside, for me, this was a miracle.

When prayers are not answered

Unfortunately, many times prayers are not answered, at least not in the way we ask. There is a story about two young brothers who had enrolled in a weekend camp and had spent many days planning for the event and dreaming about the wonderful time they anticipated. But when Thursday came, very heavy rain began to pour over the whole region. Fearing a spoiled weekend, the boys turned to God and prayed very hard that the rain might stop. They prayed intensely over Thursday and Friday. But the rain continued and the organizers had to cancel the event. The boys were crushed and did not understand why God had not answered their sincere prayers. Their father explained to them that God, although powerful enough to change the weather instantly, does not always answer our prayers. Farmers may have been praying for needed rain as well. We are just unable to see the whole picture, and God does not normally alter the natural order of events just to suit our comfort.

The Bible gives us hints on why our prayers may not be answered in the way we ask. One very important reason is because it may not be best for us: "we do

not know what we should pray for” (Romans 8:26). In the context of healing prayer, Ellen G. White suggested a prayer that includes this thought: “ ‘Lord, thou knowest every secret of the soul. Thou art acquainted with these persons. Jesus, their Advocate, gave His life for them. His love for them is greater than ours can possibly be. If, therefore, it is for Thy glory and the good of the afflicted ones, we ask, in the name of Jesus, that they may be restored to health. If it be not Thy will that they may be restored, we ask that Thy grace may comfort and Thy presence sustain them in their sufferings.’ ”¹⁷ This was the case of the apostle Paul after a light brighter than the sun struck him down on the road to Damascus. This left him with a pain that he asked the Lord several times to remove. But God chose not to do so; instead, He gave him reassuring words: “My grace is sufficient for you, for my power is made perfect in weakness” (2 Corinthians 12:9, NIV).

Another reason why we may not see an answer to our prayers has to do with our own lives of sin: “If I regard iniquity in my heart, the Lord will not hear” (Psalm 66:18). This cannot mean that one needs to be free from sin in order to approach God. Jesus clearly stated that He had “not come to call the righteous, but sinners, to repentance” (Luke 5:32). The text in Psalms means that if someone is not sorry for his or her sins and does not want to repent, the Lord will not hear.

I like the idea that prayer is effective in the midst of an intimate relationship. When there is a link between Jesus and me (I remain in Him) and I do the things He asks me to do (His words remain in me), then I can ask whatever I wish, and it will be done for me. That is precisely the language of John 15:7; and, of course, if those above conditions hold true, I would not be asking to satisfy my selfish desire.

It is also crucial to consider that God has put resources and means in our hands for us to do our part; then He will supply the rest, if it is His will. So, my prayer may not be answered if I do not work towards the goal. Again, in the area of healing, Ellen White counsels us to do our share to alleviate pain and to cooperate with God instead of simply sitting idly, praying and waiting for God to do the rest. “When we have prayed for the recovery of the sick, we can work with all the more energy, thanking God that we have the privilege of cooperating with Him, and asking His blessing on the means which He Himself has provided.”¹⁸

Lastly, our prayers may be insincere, mechanical, faithless, or for the wrong reasons: “When you ask, you do not receive, because you ask with wrong motives” (James 4:3, NIV). Jesus censured the hypocrites of His time that loved to “pray standing in the synagogues and on the street corners to be seen by

others” (Matthew 6:5, NIV), and I think that this happens today when we pray in public. Some long prayers, exquisitely elaborated, using the finest rhetoric, are designed to impress the congregation but they may not impress God. These prayers are perhaps the modern version of those referred to by Jesus.

I grew up in the Roman Catholic Church during the pre-Vatican II era when the church service was performed in Latin. There was pride in responding to the priest in the correct Latin while looking straight at those next to you in the pew who did not utter the correct words. These prayers were not only meaningless but were spoken with wrong motives. I particularly remember my grandmother who had memorized all the litanies and used to repeat them at home as prayers. I was amazed at her skill, but I soon realized that she did not understand what she was saying, although her intention was probably sincere. In any case, for prayer to accomplish its goal, it must be prayed with the right motive as well as carry meaning, being full of faith.

Conclusion

I have reviewed a number of beneficial effects of prayer upon various important areas of life. It is good to know that prayer may provide us with peace and tranquility and that it can facilitate physical and mental health. Prayer may even make an ill person whole. But beyond those dividends, prayer is the channel that keeps us in touch with the Creator, to talk, to listen, and to deepen our relationship with Him.

The challenge comes in how to pray meaningfully and systematically, how to follow Paul’s brief advice: “pray without ceasing” (1 Thessalonians 5:17).

A little book (almost a pamphlet) that has impacted my prayer life the most is *Brother Lawrence: The Practice of the Presence of God*.¹⁹ The original edition was printed in 1692 in French, and it is just a collection of sixteen letters written by Joseph de Beaufort, grand vicar to the archbishop of Paris at that time. The grand vicar visited Brother Lawrence, a lay brother working as cobbler and cook at a monastery in Paris. The high-ranking clergy listened very attentively to Brother Lawrence and went home to write these letters. The document describes how Lawrence experienced the presence of God in his life while he was amid his pots and pans, and how he turned the cake or picked up a stick from the floor for the love of Him. He had a familiar conversation with God all the time. He admitted that the spiritual exercises and the pious methods he was induced to in the community did not work for him, and he learned to apply his mind to the presence of God, even in the middle of his little tasks. In essence, he was in constant touch with the Master, no matter his chore.

This principle has helped me remain in frequent contact with Him. Years

back, while preparing a publication on stress management, I suggested that people should be in control of their thoughts, considering what they were thinking in a given moment and reminding themselves constantly of the right choice of thought. One of the tips was, “When your watch beeps at the hour, stop whatever you’re doing and spend a couple of minutes analyzing the previous hour and your current emotional state. Scribble down your feelings; try to find out why you feel differently than before. Learn to detect adverse thinking, and dispel it.”

Then it occurred to me that in order to lead a life of prayer, I could use the watch-beep method to remind me of prayer. So I began to offer a minute-or-two prayer on the hour. Within a few days, I realized that my companionship with the Lord was reaching a deeper level, and I have tried to keep up with this frequency of conversation with God. Everyone may have their method. But given the necessity of prayer to remain mentally and physically healthy and, above all, to abide in Him, it is important that every child of God prays without ceasing.

Study Questions

- Read Nehemiah 13. Try to understand the prophet’s sentiment when he pronounced his brief prayer in verse 14. Read *Prophets and Kings*, chapter 57, “Reformation,” in order to understand the context. Reflect on the difficulties of religious leadership and the special need of prayer by leaders.
- Use a concordance or a search feature on an electronic device to locate the word *prayer* in the Bible. Create a list of the most inspiring prayers in Scripture.
- Psalm 6:2 records a prayer for healing. Locate other prayers for healing in the Bible searching for words such as *heal*, *cure*, *revive*, or *restore* together with the word *prayer*.

Application Thoughts

- Read the Lord’s Prayer (Matthew 6:9–13) in more than one Bible version. What does each statement mean to you? What are some things you can change in your life as a result of practicing this prayer?
- Jesus said, “Ask whatever you wish, and it will be done for you” (John 15:7, NIV). What does this mean? In what context did Jesus say it? How can you, in your personal circumstances, remain in Jesus and Jesus’ words remain in you?

The Benefits of Belief

- Meditate on the message of Romans 8:26: “We do not know what we ought to pray for, but the Spirit himself intercedes for us through wordless groans” (NIV). Should this change the narrative of your prayers? How?

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