**The therapeutic function of prayer in cura animarum.[[1]](#endnote-1)**

For many years I have counseled up to 150 people a month. This included many Christians from a wide variety of beliefs and practices. I have been intimately exposed to all the evil and suffering that human beings can experience and commit. Rapists, murderers, child abusers and their victims have all entered my room. In my office I have prayed with and for all these broken people and I have learned much from listening to their prayers. To provide the reader of this paper with some reflective comments on prayer I will share what I learned.

My function as a psychotherapist in a counseling appointment involves influencing, changing, renewing and healing. In this meeting there are three active people. There is myself as the therapist and the counselee with his/her guilt/shame/ anger/ anxiety to name a few of the emotions. Finally, there is the Holy Spirit representing the immanent presence of God. Together we seek cura animarum - the cure of the human soul.

Let us be very clear about one thing. Prayer is not just about the composition of a message from the sender to God the receiver. I say this because I believe that prayer is not primarily conversation but fellowship and communion. There is a relation of trust in which the recipient of trust is true and faithful. Prayer loses its theological character and becomes a psychological phenomenon that is an introspection into oneself if there is no trusting faith and God who is faithful. Prayer is far more than human communication; prayer is true communion that expresses faith in God's trustworthiness.

Prayer is not a monologue, nor is it merely a dialogue with God. There is a difference between prayer as communication and prayer as communion. It is incorrect to describe prayer by analogy with human conversation; we do not communicate with God. Rather, weonly make ourselves communicable to Him. Prayer is a flowing of what is most precious in us toward Him, the outpouring of the heart before Him. It is not a relationship between person and person, between subject and subject.

Prayer moves within the paradox of God's immanent presence and his unique transcendence. Whilst God is not a person like one of us, yet in a dialogical situation He addresses us in personal terms. Prayer expresses a person's faith in God's presence. It is not so much the dialogical character of prayer that contains the communicative component, but the person's disclosure of his/her heart before God, thereby exposing him/herself to God in communication, through prayer.

It is essential that the pastor understands that the counselee's concept of God determines prayer as communion*.* The pastor's task is to determine what is the counselee's image, understanding or perception of God. This will determine the person's attitude and needs. It also determines the content of the person's prayers. Prayer is thus, in one sense, one's beliefs being exercised and testing out its own understanding of the divine nature of reality.

The function of the Person of God is to establish a relationship in which love and faithfulness are essential. The loving and faithful God establishes communion andmakes prayer possible. Prayer is an expression of this relationship. How one perceives the nature and character of God determines the character and content of prayer.

Prayer involves the following paradox: although God knows a person, a person still exposes and makes him-/herself known before God.

Prayer becomes meaningless when God is understood in deterministic terms in which the relationship between God and humankind and between revelation and experience, is interpreted in mechanical and causal terms (rather than in dynamic personal terms). Prayer, as request, becomes impossible without a personal relationship with God.

Within this personal relationship, a believer does not merely inform God about what He already knows,nor does prayer merely remind God of what He may have forgotten. Prayer is an acknowledgement and confession of a believer's personal dependence on God. The reliance is based on the believer's knowledge that God, in his covenantal love, has condescended to humanity. God's omnipotence and omniscience does not make prayer (expressing dependence on God and communicating needs which God already knows about) superfluous. In the light of God's loving condescension, prayer is vital for *communio* within a personal relation. Prayer does not tell an omniscient God what He should already know. Prayer is a conversation with a loving Father who wants to hear personally everything that his child wishes to tell Him.

Within a Father-child relationship, prayer reflects the quality of *communio:* the intimate communion is more valuable than the component of asking. But within an impersonal God-human relationship, prayer becomes manipulation: the aspect of communion is irrelevant. The person's prayer is dominated by desires, personal needs and demands which he/she places before God in a prescriptive and conditional way. Prayer becomes functionalized. The worth of prayer is dependent on the outcome of prayer. Prayer, as *communio,* becomes distorted into bare artificial conversation.

Prayer should involve influencing, changing, renewing and healing of the supplicant. Prayer affects the supplicant. Prayer can be characterized as a therapeutic meditation which the supplicant conducts with himself (Brilmmer 1984:16).

Let us now examine the four therapeutic dimension of prayer that Louw highlights.

Prayer is *meditation.* Being silent before God implies the supplicant's pondering and reflecting and these are intense psychic exercises, in which a person's memories and thoughts play a role.

'Meditation' is a way of living and doing in which people seek to link God and the purpose of their lives to their daily actions, thoughts and words. Meditation is more than retirement, reflection and serenity. Meditation is a way of dealing with life in which life is perceived as more than merely biophysical processes within a corporeal existence. Contemplation views God's presence as permeating the entire reality. Meditation in prayer becomes an disposition to life, subject to God's training and sovereignty over all aspects of life. So contemplation becomes not something that is said or done. It is rather a way of being, a training process of thinking that endeavours to bring life into agreement with its uppermost design

In meditative prayer there is an attempt to disclose and communicate the supplicant's life story in God's presence. In the Psalms this contemplation process is a reflection on the salvific deeds of God in the history of Israel. The poet reflects on what God particular actions to save his people. When people are called to pour out their hearts before God (Ps 62:8), the psalmist presupposes God's faithfulness, which has been validated by the exodus as laid open in the history of Israel. The composition of contemplative prayer is woven around this narrative of deliverance: 'I will remember the deeds of the Lord; yes, I will remember your miracles of long ago. I will meditate on all your works and consider all your mighty deeds' (Ps 77:11-12). Remember that meditative prayer does not create and conceptualize God. It is God's salvific deeds that shapes and makes meditative prayer possible.

The therapeutic value of prayer is not merely its contemplative quality and the peace that it provides to the supplicant. Prayer is also a medium for expressing human guilt. Prayer, as sorrow and admission of guilt and shame*,* brings the therapeutic effect of relief, deliverance and salvation. In Psalm 32, the supplicant knows that all will be well only if a person's sins are forgiven (v 1). The therapeutic issue of mercy and forgiveness of sins is appropriated and coupled with authentic remorse and confession of guilt (Ps 5 1). For example, in Psalm 32:3 the supplicant knows that if he remains silent about his sins, his body will waste away. The therapeutic moment of liberation breaks through: 'Then I acknowledged my sin to you and did not cover up my iniquity. I said, "I will confess my transgressions to the Lord" - and you forgave the guilt of my sin' (Ps 32:5).

Prayer, as a therapeutic medium to communicate guilt and or shame, is more than an emotional catharsis. Prayer should not merely express contrition and sadness. Disclosure and confession of guilt which communicates only the trauma of psychic pain may degenerate into masochistic self-torture. Confession of guilt is free from masochism when it is addressed to the Lord. This 'to' implies that guilt and shame is transformed by God's mercy. This immediately results in forgiveness and liberation as God's gift to the supplicant. Peace and gratitude flood the supplicant's heart: this may be described as the therapeutic effect of reconciliation.

The third therapeutic dimension of prayer is *gratitude.* Gratitude is the most present evidence that attests the excellence of the new person's maturity in faith and the supplicant's true motive before God. Thankfulness is the quality that truly characterizes the responding quality of faith. In gratitude, the believer accepts and embraces the gift of grace (charisma*)* which the Holy Spirit has imbued in order that the new person can live triumphantly. Gratitude is a positive disposition of joy and a future vision and understanding of hope. The believer foresees and anticipates with gratitude God's faithfulness; hope is evoked. Hope is essentially the therapeutic consequence of prayer in faith.

The fourth therapeutic dimension of prayer is the component of *healing*. This dimension of prayer produces several problems in pastoral care for the ill. Scripture states unequivocally that a person may pray for healing but has 'faith healing' gone to far in its understanding of this?

Often one hears a prayer for healing that is often coupled with the important formula: 'If it is God's will.' It is used as a way to exercise unbelief rather than a declaration of faith. It provides an escape route when the prayer for healing has not been answered. 'It wasn't God's will' is stated whilst at the same time inwardly censuring God that He did not change the condition prayed for. 'The will of God' is only an appropriate formula for the prayer of healing if it is said in complete dependence upon God and confirming God's faithfulness to his promises.

This radically changes the character of prayer for healing as the one requesting now depends wholly on God's faithfulness for the outcome of the prayer, whatever the outcome might be. If healing does not take place, God's trustworthiness is not annulled because his faithfulness was the presupposition from which one departed. It also means that the result of prayers do not become a final criterion for the prayer's quality of faith. The focus in the prayers for healing should always be faith and trust in the healing *God,* and not *the healing* asked of God.

We need to remember that the will of God is salvation. God wills human salvation, humanity and justice. Within this salvation and enjoyment of life there is room for healing. The focal point in pastoral counseling and care for the sick is not the healingGod can bring, but directing attention to the God of healing. 'God's will' then becomes what happens in the supplicant's heart while praying for healing. When the prayer for healing declares God's sovereignty, then the outcome of this prayer is linked to the guarantee of God's faithfulness, and not too physical results. We may call upon God's promises because He is not the author of illness and evil. Suffering is a sign of the brokenness and transcience nature of human existence. Illness and suffering are not God's will: what God wills is the preservation and consolation of the believing supplicants.

Moses prays for Miriam's healing with compulsion: '0 God, please heal her!' (Nm 12:13). Elijah prays pressingly, '0 Lord my God, let this boy's life return to him!' (1 Ki 17..17,20-21). Hezekiah prays most for healing and boldly mentions his good life as an extra motivation before God (2 Ki 20:1-3; 2 Chr 32:24-26 and Is 38:1-8,21-22). When the leper uses the 'if-you-are-willing' formula in Matthew 8:2-3, Jesus reaches out and touches the man with the words, 'I am willing ... Be clean.' In Matthew 7:21-22, the woman knows that she will be healed if she touches Christ's robe. In Matthew 17:15, the man appealed to Christ's compassion to heal his epileptic son.

The appeals and prayers for healing in these prayers are compelling invocations. God is ordered to heal. Yet, when David's child dies or when Paul is not healed, there are neither nervous relapses nor faith crises. There is no disappointment in God because what was on trial in their prayers was not God's faithfulness and power. Their prayers expressed faith in God's faithfulness, whatever the outcome might be.

Healing prayer has a therapeutic effect when the focus is not the healing *per se,* but the God of the healing. So often I have seen those who believe in 'faith healing' become disappointed in God and conclude that God is not interested in them, or they conclude that their faith was not 'good enough', or they have sin in their life. I must teach them that the quality of their faith does not depend on the *tour deforce of* their prayer, but solely on God's grace. In this way, the prayer of appeal can act as an anchor that holds the person balanced and constant in the midst of emotional uncertainty. We can pray, and even prescribe to God with a recklessness that is not based on the arrogance of projected wishes, but on the confidenceand courage of faith. The outcome of the prayer remains a bonus, that extra portion of grace that could also provide physical healing. Healing nevertheless always has a temporary dimension and symbolic character. The healing which sometimes takes place is temporary, because all people will die eventually. Nor must healing be seen as an end in itself. Healing remains merely a sign that points to the victorious dimension of the Kingdom of God. Similarly, the therapeutic effect of prayer should also remain a sign and not become the goal itself, the object of worship in prayer is not prayer itself, no matter what its therapeutic effects are, but it is the God on whom the our faith is focused.

In conclussion let me state that I have discovered that in a postmodern world humans wrestle with life issues such as anxiety, guilt, despair and meaning. People are asking existential questions such as: 'Who am I?' 'Why am I alive?' 'How do I make sense of my life?' A blockage of future orientation and a loss of meaning in life is a fundamental factor in all dysfunctional human behavior. We can help people with the healing dimension of promissiotherapy found in what I call salvation and hope therapy. Promissiotherapy imparts meaning to life. The uniquely Christian approach of salvation and hope therapy has a telic element; hope offered to people that affects how faith and life functions now - expectation and anticipation - promissiotherapy.

* **Promissiotherapy:** - the theology of the resurrection as the exegesis of a theology of the cross. Its goal is to foster a maturity that includes the whole person: spiritual maturity, faith development and growth. It takes place in the context of the congregation, the body of Christ, and is based on a theological understanding: God's faithfulness to His promises and the healing dimension of salvation which also includes the comforting and caring aspects of the gospel (parakletic dimension of salvation).

Hope therapy is about empowering people. Promissiotherapy:

* Is linked to God's faithfulness and His promises applied to the believers situation through biblical counseling and communicates those promises in a concrete way. It stimulates growth, encourages hope and offers certainty and security.
* Has an eschatological dimension: it creates hope.
* Is God's 'yes' to our 'being' functions, the ability to live with the 'already' - 'not yet' tension.
* Offers a horizon of meaning so that the believer can enjoy daily victorious living because of the indwelling power of the resurrection.
1. This paper for the Baptist Journal of Theology is an interchange of my experience as a philosophical psychotherapist and DJ Louw's thinking on the role of prayer in pastoral care as reflected in his book '*A Pastoral Hermeneutics of Care and Encounter'*  first published in 1998 by Lux Verbi. I have not used a direct reference system and acknowledge using his ideas liberally. [↑](#endnote-ref-1)