The Church and Academia model: a powerhouse for harnessing pain-related prayer research

Research Objectives

Dr Marta Illueca and collaborators have developed the Bedside Prayer Tool.

Detail

Address:
c/o The Episcopal Church in Delaware
913 Wilson Rd, Wilmington, DE 19803, USA.

Bio
Marta Illueca was born in New York City and grew up in Panamá, Central America. She moved to the USA in the mid-1980s after graduating with a medical doctorate from the University of Panama’s School of Medicine. Illueca pursued her specialty in Paediatric Gastroenterology at Cornell University Medical Center in New York, where she was part of the faculty until 2003. Her career continued with additional work on pharmaceutical clinical research with AstraZeneca in Delaware until 2014. In 2018, Illueca graduated from Berkeley Divinity School at Yale University, and in 2019 she received a Master of Science from Tufts University, Boston, in Pain, Research, Education & Policy. Her unique vocation of expanding the role of prayer and sacramental practices in healthcare is at the centre of her research goals.

Funding
The 2020 United Thank Offering grant (UTO), a ministry of the Episcopal Church in the USA.

Collaborators
Dr Samantha Meints, Brigham and Women’s Hospital/Harvard Medical School, Boston, MA.

References


Personal Response

What is the next stage of the project and how do you plan to maximise the use of the Bedside Prayer Tool in religious communities across the USA and beyond?

The next phase of the project is a translation and validation of the PPRAYERS in Spanish. The work is being led in the USA, Latin America, and the rest of the world by myself with various pain experts, regional pain advocacy groups, and specialty society local chapters. Our vision is to motivate further research using the PPRAYERS and the prayer tool to ascertain the potential for clinical utility of these instruments.
The Church and Academia model

A powerhouse for harnessing pain-related prayer research

There are limited alternatives to standard prescription therapy for those suffering from chronic pain. While the biopsychosocial model of pain is well established, it often neglects the influence of religious and spiritual factors on pain. Dr Marta Illueca, a leader in the Episcopal Church in Delaware, has collaborated with Dr Samantha Meints at Brigham and Women’s Hospital/Harvard Medical School in the USA to create the newly validated Pain-related PRAYER Scale (PPRAYERS). An innovative ‘Church and Academia model’ helped the researchers to leverage expertise from both sectors, clinical and theological, culminating in the creation of the Bedside Prayer Tool that encourages individuals to adapt their prayer style for potentially optimising pain coping.

There is a significant unmet need for alternative safe and effective treatments to manage chronic pain. While prescription pain medications may be effective and readily available, they can lead to issues such as substance use disorders, including opioid addiction. With one in five adults in the USA living with chronic pain, there needs to be further investigation into alternative therapies and treatments that can help with pain coping. Historically, medical literature has focused on physical pain and overlooked the more emotional and spiritual aspects. However, recent medical research has revealed that prayer can potentially impact health-related outcomes, especially relating to pain coping and the reduction of chronic pain.

Evidence suggests that certain types of personal petitionary prayers can help reduce the suffering of those with chronic pain, but until recently, a useful tool for measuring this phenomenon did not exist. Dr Marta Illueca, a leader of the Episcopal Church in Delaware, also affiliated with the Yale University Program for Medicine, Spirituality and Religion, has dedicated her recent research efforts to creating and validating a dedicated psychometric instrument, the Pain-related PRAYER Scale (PPRAYERS). She believes that a statistically robust prayer scale would help generate further research in this area and enable the development of tools that can support religious communities in using prayer for pain coping.

CHURCH AND ACADEMIA COLLABORATION

Illueca felt it was imperative to leverage expertise from academics and church leaders for this project to succeed. She formed a multidisciplinary team involving pain and theology experts, which led to the development of a new church and academia research model. The model focused on two key roles, the first being the pastor or theologian who would use the knowledge gained within their religious community. The second is the academic researcher, who would be actively investigating the mechanism of pain coping and management.

The starting point for this project was a meeting between Illueca as a representative of the Episcopal Church in Delaware and Dr Samantha Meints, a clinical psychologist from the Brigham and Women’s Hospital in Boston in May 2019. It resulted in the development of a framework to create a psychometric measure of petitionary prayers for chronic pain, as well as a bedside tool to guide patients with chronic pain in their prayer practices. Through the “Church and Academia model”, Illueca spearheaded a knowledge exchange, which led to an innovative collaboration. It was unique in that both theologians and academics directly strategised all aspects of the study, from design to dissemination of the results. While the actual PPRAYERS instrument was created by Illueca and Meints, in order to implement a full-scale validation study, a select team of academic collaborators was put together to orchestrate the project.

DEVELOPMENT OF THE PAIN-RELATED PRAYER SCALE

A barrier to examining the impact of prayer is the necessity for consistency in how it is assessed. While prior research has suggested that certain types of prayers may be more beneficial in coping with chronic pain, a statistically validated measure compliant with psychometric validation protocols is paramount to properly achieve this. Illueca and Meints worked together on devising a suitable measure, termed the Pain-related PRAYER Scale or PPRAYERS. This scale offers an innovative approach to evaluating the coping impact of prayer on pain. The researchers aspire for the scale to enhance new studies on pain outcomes and address inquiries such as whether spiritual engagement can alleviate pain and, if so, which prayer types are most effective. What makes the scale distinct from previous attempts is the incorporation of three main types of prayer: personal, petitionary prayer to ‘God’ or a ‘higher power’.

The three categories of prayers in PPRAYERS are:

Active: Involves praying for strategies to control or manage the pain. Examples include: ‘Help my body to deal with this pain!’ and ‘Show me how to handle my pain’.

Passive: Relinquishing control to an external source. Examples include: ‘I pray for God to make the pain stop!’ and ‘Cure my pain’.

Neutral: Typically a non-religious prayer or general request to a higher power or healing energy in the universe. Examples include: ‘I surrender my pain to the balancing influence of the Universe’ and ‘Nature’s cycles will drive my pain away’.

Previous psychometric measures for pain coping have examined only the ‘passive’ category, thus leaving out a subset of ‘active’ prayer strategies, along with a large subset of non-religious individuals who may only practice neutral prayers. This inclusion of a neutral category is essential, as it means PPRAYERS is applicable to people of all religions, faiths, and beliefs, including those who meditate or pray in a meditative fashion rather than pray. In this way, the scale permits research of individuals who may be non-religious, but still use religious methods to ease their pain. In the USA alone, this group accounts for a large proportion of individuals. In addition, including active prayers as a category is vital as research has long intimated them to potentially enhanced pain...
CREATION OF THE BESDIDE PRAYER TOOL

Now that the initial validation of a pain-related prayer scale was complete, Illueca began to develop a tool that would help to guide and users in the most practical use of prayer. Prior research has shown active prayers to be more beneficial than passive prayers, especially in handling chronic pain, with passive types of prayer detrimental to pain management. The authors developed the Bedside Prayer Tool using their knowledge from creating the pain-related prayer scale. A key aspect of the tool is that it helps the user identify their predominant style of petitionary prayer, which many individuals had not previously analyzed. Prayer styles often develop organically throughout a person’s lifetime with little focus on linguistic nuances. The tool, along with guidance from either pastoral or healthcare workers, will help advise those in religious communities seeking reprieve from chronic pain on how to use a more active prayer style.

The Bedside Prayer Tool comes in the form of an information leaflet. Initially, users undertake a short questionnaire to identify their predominant petitionary prayer style when addressing their chronic pain. In tandem with the original PPRAYERS template, the self-assessment is five to six statements within each of the three categories: active, passive, and neutral. Participants are asked to check or mark the boxes under each category if they use similar phrases within their own prayers. Suppose individuals select three or more statements in the passive category or select more passive statements than any other kind. In that case, they are advised to adapt to a more active style of prayer. Taking this action could theoretically help modulate or complement their prayer style. From a pastoral point of view, the tool may aid in asking for help concerning the handling, managing, or coping with the pain they are experiencing, rather than solely asking God or a higher power to directly heal or cure them. Using this tool does not imply to stop any personal kind of prayer of faith, rather to build up the individual’s prayer practices.

Ilueca hopes that this simple tool will help to creatively guide pain sufferers toward a more active style of prayer. This may, depending on further studies, represent a beneficial strategy in their struggle against chronic pain. In the long term, Ilueca and collaborators hope that future research will help to validate these instruments in other languages and for other researchers to help test the actual efficacy potential of the tool.

When I pray about my physical pain, I ask or say: (check all the boxes below that apply or resemble your prayers)

<table>
<thead>
<tr>
<th>My results:</th>
<th>Active</th>
<th>Passive</th>
<th>Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVE</td>
<td>Help me to manage this pain.</td>
<td>Take my pain away.</td>
<td>I surrender my pain to the balancing influence of the universe.</td>
</tr>
<tr>
<td>PASSIVE</td>
<td>Help me to endure this pain.</td>
<td>Cure my pain.</td>
<td>My body align with the universe’s healing power.</td>
</tr>
<tr>
<td>NEUTRAL</td>
<td>Help me to rise above this pain.</td>
<td>Dissolve my pain.</td>
<td>The greater whole will heal my pain.</td>
</tr>
<tr>
<td></td>
<td>Help me to help me function while in this pain.</td>
<td>Lift up this painful condition from me.</td>
<td>Nature’s cycles will drive my pain away.</td>
</tr>
<tr>
<td></td>
<td>I pray for my support to help me function while in this pain.</td>
<td>I pray that the pain will not last long.</td>
<td>My body will be renewed.</td>
</tr>
</tbody>
</table>

We invite you to practice the active style of prayers.
Partnership enquiries: simon@researchoutreach.org

researchoutreach.org

Partnership enquiries: simon@researchoutreach.org