



Medical Implications of Aggressive Prayer: A Silent Fright among African Christian Patrons in Ghana

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Abstract

The burgeoning trend of "aggressive prayer" in African Christianity has attracted diverse criticism, as to whether or not it is practised responsibly. This work focused on the medical implications of the phenomenon of "aggressive prayer" on African Christian patrons. The study indicates that inasmuch as there could be some health benefits if this phenomenon is considered as a form of aerobics, there is a very high index proclivity of the spread of infectious and respiratory diseases and possible worsening of an already existing disease conditions of patients who participate during "aggressive prayer" sessions.

Keywords: Aggressive prayer, Medical, Infectious disease, African Christians, Abasua Prayer Mountain, COVID-19.

1. Introduction

In recent years, prayer has become increasingly militarized, especially among African Christians (McAlister, 2016). Prayer sessions of many African Christians are characterized by yelling, handclapping, head-shaking, stamping of feet, wailing, rolling on the ground, dancing with accompaniment of musical instruments, and imaginably shooting, boxing, roaring at and beating with canes, their perceived enemies. Since the emotions they attach to their prayer and the various gesticulations they exhibit are typically characteristic of violent people and describe acts of aggression, the prayer patrons themselves call it "Aggressive Prayer" (D. Asamoah, personal communication, February 1, 2022).

There is a growing belief among the contemporary African Christians that prayer becomes more effective when it is "aggressive." Ampong (2018), affirms that the "aggressive prayer" phenomenon, is assumed to be "a theologically appropriate gesture that has a catalytic power to ensure that expected results are obtained."

In this postmodern era, one would expect that increase in knowledge about the spread of infectious diseases would affect the attitudes and practices of African Christians with regards to prayer, in the sense that it may not always have to take the form of vigorous modalities as seen in today's African Christianity. Oblivious to patrons of this phenomenon is the frightening rate of health risks it contributes to the increase health challenges and the untold pain and difficulties it presents to themselves, their



families and the general public, to the point of undermining their very faith they seek too boldly to express.

Thus, during the COVID-19 upsurge in Ghana in 2020, there was a ban on church gatherings for a couple of months, and later when the ban was lifted, church leaders were expected to ensure that their members strictly followed protocols such as social distancing, wearing of nose-mask, regular handwashing and checking of their temperature during church services. This was the Christians' responsibility in partnering with the Ghana Health Service to controlling the spread of that deadly infectious disease (COVID-19).

One would have thought that this scientific knowledge would inform religious expressions going forward, but the posture of many African Christians, especially the youth has been business as usual – praying aggressively in large groups without recourse to health implications. This paper therefore seeks to analyze the phenomenon of "aggressive prayer" and its health implications for African Christians.

METHOD:

The "Camp Three site" of the Abasua (Atwea) Prayer Mountain, notoriously known for aggressive diversities of prayer was the focus for the examination of patrons of "aggressive prayer" in Ghana. Mixed method was used in this study. That is, the research made use of both qualitative and quantitative methods. Qualitative research, according to Boateng (2016), "explores the meanings, attitudes, values, experiences, and beliefs people associate with a phenomenon to establish a better understanding, rather than to test to either support or refute a relationship."

Questionnaires were administered to One Hundred (100) respondents at random, whiles Thirteen (13) leaders of churches and prayer groups were purposefully interviewed. The data from the questionnaires responded to was collected, sorted out and analysed with the help of IBM SPSS 25.0x64, and the results presented on tables and bar graphs. The responses from the interviews were recorded with the help of a recording device, transcribed and analysed textually. There was also a participant observation, where we participated in prayer sessions of some of the prayer groups that had gathered on the Abasua Prayer Mountains. This was done in order to get first-hand information on the rationale behind "aggressive prayer" and the activities of the prayer patrons that troop on the Abasua Prayer Mountains.

Phenomenological approach was employed in this study. It presents an unbiased description of the so – called "Aggressive Prayer" in African Christianity on the Abasua Prayer Mountains. "Camp Three," is a site uniquely standing out by a deep sense of awe and religious visitors' persistence to variously engage or seek to understand the transcendent realm over there. The centrality of experience in the phenomenological approach to the study of religion has been scholarly underscored by Spickard (2011), that "In the study of religion, the term 'phenomenology' draws us toward the experiences that are supposed to underlie religious life." The predominant point in Spickard's statement is that; "the phenomenological model to the study of religion seeks to neutrally describe the religious experience as it presents itself to subjective consciousness (Spickard, 2011, p.333)." It is therefore a basic approach to the study of religion to overhang "judgments about the phenomenon being studied, by blotting out potentially distorting assumptions which can come from both



confessional Christian theology and positivistic science in order that, by using empathetic methods, he or she could enter into the experiences of the advocates or adherents to achieve understanding-in-depth (Cox, 2006)." The significance is that by this approach, one's personal prejudices arising from his or her Christian predispositions would be substantially minimized.

The in-depth interviews and the participant observation which constitute a phenomenological approach undertaken, afforded us the opportunity to curiously probe into getting an understanding about the reasons behind the craze for "aggressive prayer" among African Christians. A cardiologist with the Ghana Health Service was also interviewed to verify the data of the study.

RESULTS AND DISCUSSION:

African Christians and "Aggressive Prayer" Phenomenon:

"Aggressive Prayer," is a recent trend of prayer where a believer infuses and incorporates emotions such as wailing, screaming, laughing; and employing physical actions such as hand-clapping, walking vigorously, stamping of feet, throwing of fists and legs in a fighting stance, rolling on the floor, hitting the ground with sticks and stones and drumming and dancing as catalysts for effective prayer.

This religious craze is replete at well-known prayer grounds in Ghana such as the Abasua (Atwea) Mountains, Abono Mountain, Achimota Forest, KNUST Botanical Gardens, Buoho Grotto; on football parks, university campuses, and recently, at dawn on radio stations and churches. The emergence of this phenomenon may be attributed to the patrons of Abasua Prayer Mountain (APM) in Ashanti Region. APM is possibly the most renowned, regularly patronized prayer ground in Ghana. On that prayer ground, all that one observes is a pandemonium of prayer patrons gather in groups, spewing out in a repetitive manner, some unintelligible words, accompanied by emotionally infused body movements –all in the name of prayer.

The philosophy and the ascription of this prayer phenomenon to prayer patrons of APM could be wellfounded in the sense that the weather on APM in the evenings and early mornings when majority of the patrons prefer to engage in prayer, is very frosty. Psychologically, the prayer leader would have to militarize the prayer group by psyching them to throw their fists, stamp their feet, clap, walk vigorously, shout, dance and so on in order to keep themselves warm to enable them participate fully in that prayer session. This reason could not be religious but psychological, which helps the members to keep warm and achieve attentiveness throughout a long period of prayer session. This is affirmed by Shoko (2016) that the idea of hand-clapping in prayer "facilitates the active participation of members."

The "Aggressive Prayer" phenomenon in African Christianity has also been attributed to the idea that Africans believe that their environment is full of spirits whose activities could have adverse effects on the corporeal beings. Asante (2017), defines worldview in terms of the central systematization of conceptions of reality to which the members of a culture assent, (largely unconsciously) and from which stems their value system." This definition according to Asante, presupposes that culture is the bearer of people's value system which is the product of their worldview. (Asante, 2017, p.1). Amevenku & Boaheng (2015), who in another way couch worldview as "a mental model of reality, a framework of



ideas and attitudes about the world, ourselves and life." According to Martin (2002), worldview is "a people's basic set of beliefs, or system of faith, or way of thinking."

Baidoo affirms that "the so –called "aggressive prayer," expressed by some African Christians, only mimics African traditional worldview of worship; which also expresses the understanding that life is a warfare (J. Baidoo, personal communication, February 1, 2022)."² This is in keeping with the view of Marshall that "Satan and his demons are real, and they constantly intervene in the material natural world to nefarious ends. Holding sway over entire nations or territories, satanic powers seek to thwart the Christian at every turn (Marshall, 2016)." This attest to the fact that, most Africans see life as a battle ground with ancestral spirits, witchcraft spirits and idol spirits among others that one needs to submit to the demands of that battle by being aggressive in prayer. Thus, sometimes, when prayer patrons are under dreadful and emotionally traumatized situations, seeking for God's intervention, they may appear distressed and would physically express agony and "aggression" as depicted by Jesus, (Lk. 22:42-43) (O. Barnes, personal communication, February 3, 2022). Such a context of constant spiritual battle for domination, would evolve a belief that there could be spiritual impediments standing between patrons' prayer requests and responses and that their awareness of this reality could cause them to act physically –throwing their hands in combat, kicking, yelling, breaking, untying, pushing, cutting and stuffs like that.

A person's worldview is however determined by features such as his or her inherited characteristics, background, life experiences, attitudes, habits, values among others. Martin affirms that; behaviour is the outward mien of the root or people's worldview (Martin, 2002). The African worldview encompasses the credence of the reality of ancestral spirits, evil spirits, ghosts, witches, gods, mystical powers and the like. All of this is to say that, typical Africans believe that spirits are everywhere; there is no area of the earth, object or creature which does not have a spirit of its own or which cannot be inhabited by a spirit. This is to say that; to be born into the African society is to be born into a culture that is intensely and pervasively religious and that means and requires participating in the religious beliefs and rituals of the community (Asante, 2017).

It is therefore worthy of note that the African world space into which the European-American Christianity entered, was a religious one in which God, the Supreme Being was known and was ascribed "the attributes of Almighty and Omnipresent (Gyekye, 1998)." Christianity then, was understood as white people's religion because of its European-American characteristics - worship style, language used and related idioms. Talking about Africa, Werner Simpfendorfer (2002) posited that; "the principal religions are African Traditional Religions (ATRs), Christianity and Islam. These have not lived in watertight compartments but have interacted with each other, principally because traditional African thought and religions, having cultures of hospitality, tends to absorb ideas from elsewhere."

² David Oyedepo of the "Living Faith International Church commonly known as Winners Chapel," Nigeria, confirms: "Life is a warfare not a funfair, those who mistake it for a funfair ends up becoming casualties of war or worse still prisoners of war. Everyone living, there is either something is fighting you or you are fighting something and in both parts of the equation, there is a war. (See "How to Win Battles of Life"// *SHILOH* 2006//youtube.com, accessed October 3, 2022, https://youtu.be/qjnXUUsXzTQ.



With the establishment of African Instituted churches (AICs) which encourage clapping, singing and dancing, Christianity was now seen to fit the African context than before; "a place to feel at home (Pobee, 3003)." This means that, the AICs came out of both the background of African Traditional Religions (ATRs) and the western mission churches, absorbed some of the characteristic beliefs and practices of these two religious' institutions. This avers further that, the Christianity situated into the African space, led to the infusion of elements of the African religion and beliefs into Christianity, raising issues suggestive of syncretism.

The syncretic African Christian community today, according to Koduah (2004), has made African Christianity to develop "demon-conscious Christians" rather than "Christ-conscious Christians;" informing their aggressiveness in prayer. For this reason, Ampong (2018), posited that; "African people respond in many and various ways to their spiritual world of which they are sharply aware. This response generally takes on the form of worship, which is eternalized in different acts and sayings. These acts may be formal, regular or extempore, communal or individual, ritual or unceremonial, through word or deed."

The evolvement from traditional religion to Christianity in a very good observation, seems to have had little or no influence on the African worldview; as it stands evidently that most African Christians still believe that there are forces opposing their progress. Assenting to this revealing fact, Asamoah-Gyadu (2002), argues that, "Anybody who knows African Christians intimately will know that no amount of denial on the part of the church will expel belief in supernatural powers from the minds of the Christian." Pobee (2002), agrees to same as he also indicates that all AICs have exuberant styles of worship which engage everyone present in song, clapping and prayer. They are said to be primarily interested in the adaptation of Christian teaching and liturgy to indigenous cosmology and ways of worship; they stress expressive and emotional phenomena and cater for strong fears of witchcraft among Africans.' Thus, many patrons of "aggressive prayer" would cite: "For we wrestle not against flesh and blood..." (Rom. 6:18). All this is to say that, the overriding scriptural authority seems to serve a good substrate for most of the African worldview, if not all, in favour of "aggressive prayer."

Medical Implications of "Aggressive Prayer":

As one sets out to examine the phenomenon of "aggressive prayer" settings in African Christianity, we took the opportunity to administer questionnaire to test the prayer patrons' knowledge on the medical significance; the risk and or complications it can pose. Prayer has not only been reported to improve outcomes in human and nonhuman species, having healing effects; but also, it has been noted to have the tendency to expose devotees to other health problems, and capable of worsening ones already existing health conditions. "Meditation as a form of prayer is shown to be associated with several health benefits such as psychological and biological changes that are actually or potentially associated with improved health" (D. O. Minkah, personal communication, 2023).³

Despite this lack of conclusive evidence on the relationship between aggressive prayer and well-being, research has shown that prayer is commonly used for health purposes. Interestingly, it has been shown to

³ Daniel Ohemeng. Minkah, a cardiologist, interacting with the researchers at the Kumasi South Hospital, on March 3, 2023.



be one of the most frequently used forms of "complementary and alternative medicine" (CAM) (Jors et al., 2015).

Data gathered from the medical significance of "aggressive prayer" was analyzed using IBM SPSS 25.0x64, and the researchers found that among the hundred patrons of aggressive prayers, who responded to our questionnaire, 74.1% admitted to have been diagnosed as hypertensives, 18.5% as Diabetics, and 7.4% had Hepatitis B as shown by Table 1 and figure 1.

| DO YOU HAVE ANY OF THESE HEALTH CONCERN | | | | | | |
|---|--------------|-----------|---------|---------------|------------|--|
| | | | | | Cumulative | |
| | | Frequency | Percent | Valid Percent | Percent | |
| Valid | HYPERTENSION | 40 | 40.0 | 74.1 | 74.1 | |
| | DIABETES | 10 | 10.0 | 18.5 | 92.6 | |
| | ΗΕΡΑΤΙΤΙS Β | 4 | 4.0 | 7.4 | 100.0 | |
| | Total | 54 | 54.0 | 100.0 | | |
| Missing | System | 46 | 46.0 | | | |
| Total | | 100 | 100.0 | | | |

Table 1: Health Concerns of Prayer Patrons DO YOU HAVE ANY OF THESE HEALTH CONCERN

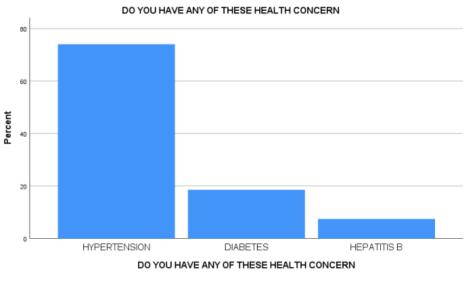


Figure 1: Health Concerns of Prayer Patrons

Hypertension is the primary and most common risk factor for heart diseases, stroke, and renal disease and has been identified as the leading cause of mortality and third cause of disability-adjusted life years worldwide. According to a report from Kearney et al, the total number of adults with hypertension is predicted to increase to 1.56 billion worldwide in 2025 (Huai et al., 2013). As the worldwide prevalence of hypertension continues to increase, the primary prevention of hypertension has become an important global public health initiative. Physical activity is commonly recommended as an important lifestyle



modification that may aid in the prevention of hypertension (D. O. Minkah, personal communication, 2023).

Recent epidemiologic evidence has demonstrated a consistent, temporal, and dose dependent relationship between physical activity and the development of hypertension (Diaz & Shimbo, 2022). Dadson (February 1, 2022), in a personal communication with us said "aggressive prayer," "is just an exercise," referring to the gymnastics of physical activities such as the clapping, running, walking around, shouting etc. explaining to us what he makes of it, crabbing stability from pastor Mensah Otabil as what He said to him is just a voice rehearsal, where the thoughts and aggressiveness engaged in prayers is not in alignment with the word of God. This stands to suggest that aggressive prayer as seen through the lens of being a physical activity, gains a merit of reducing incidence of hypertension for patrons. This is affirmed by Minkah in an interaction with us (March 3, 2023), but he adds that the significant benefits of any physical exercise would greatly depend on the consistency and the strength of the individual. Doctors who have studied the physiological effects of prayer have reported that when praying, the heart rate and blood pressure decrease, and breathing regulates. "Prayer reduces stress as well as promotes feelings of control and peace of mind" (D.O. Minkah, personal communication, March 3, 2023). Illnesses that are caused (at least in part) by an increase in stress are responsible for over half of all doctor visits in the United States. Prayer is an easy way to reduce stress in your life, which lowers your risk of developing certain chronic illnesses such as ulcers, headaches, depression, and high blood pressure (Summers, 2019).

Granted, that "aggressive prayer," seen from the angle of a cardiovascular endurance, would evolve some health benefits for a participant, its haphazard application could worsen existing and underlying health conditions. This study reveals that patrons of "aggressive prayer" usually experience sudden headaches, dizziness, palpitations and body weakness in the cause of or immediately after an "aggressive prayer" session. Data from the respondents shows that 66% confirms that they do experience sudden headaches, 24% experience sudden dizziness, 2% confirms of sudden palpitation and 8% feel weak in some parts of their body anytime they engage in the so-called "aggressive prayer" (Table 2, Figure 2).

| THESE SIGNS AND SYMPTOMS DURING AGGRESSIVE PRAYER SESSION | | | | | | | |
|--|------------------|-----------|---------|---------|------------|--|--|
| | | | | Valid | Cumulative | | |
| | | Frequency | Percent | Percent | Percent | | |
| Valid | SUDDEN HEADACHE | 66 | 66.0 | 66.0 | 66.0 | | |
| | SUDDEN DIZZINESS | 24 | 24.0 | 24.0 | 90.0 | | |

Table 2: Manifestations of Symptoms of Existing Health Conditions HAVE YOU EXPERIENCED OR SEEN OTHERS COMPLAIN ABOUT THESE SIGNS AND SYMPTOMS DURING AGGRESSIVE PRAYER SESSION

| SUDDEN DIZZINESS | 24 | 24.0 | 24.0 | 90.0 |
|------------------|-----|-------|-------|-------|
| SUDDEN | 2 | 2.0 | 2.0 | 92.0 |
| PALPITATIONS | | | | |
| SUDDEN WEAKNESS | 8 | 8.0 | 8.0 | 100.0 |
| OF ANY BODY PART | | | | |
| Total | 100 | 100.0 | 100.0 | |



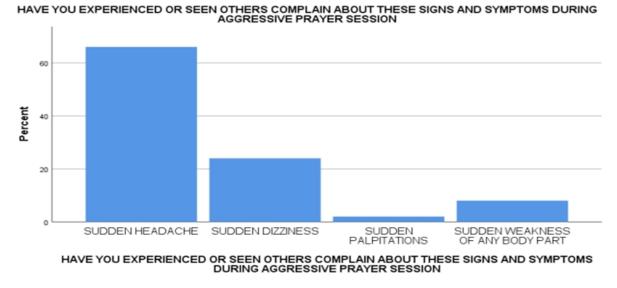


Figure 2: Symptoms of Existing Health Conditions

All this, seems to jump a huge gap that "aggressive prayer" phenomenon present; which is the absence of the harmonious gradual progressiveness of an exercise that brings the beneficial health outcomes (D. O. Minkah, personal communication, March 3, 2023). The vigorous but abrupt nature of "aggressive prayer" phenomenon introduces as stressors to the body systems which manifests as palpitations, sudden dizziness, and sudden headaches. These symptoms may however suggest a worsening of the already existing disease state such as cardiovascular related diseases (D. O. Minkah, 2023).

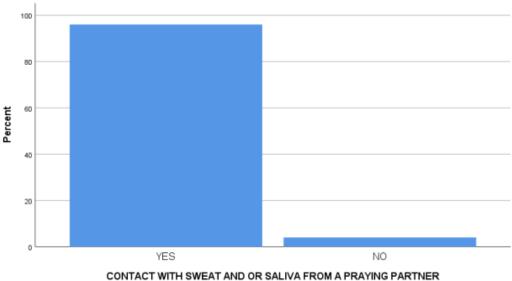
The researchers found another interesting pattern of health concern which is the daily number of "aggressive prayer" patrons who get in contact with body fluids (sweat and saliva) of their prayer partners. Out of the hundred (100) respondents contacted, a high percentage of 96 confirms that they have come in contact with the body fluid and or droplets (i.e. either saliva or sweat) of their prayer partners in the course of "aggressive prayer" sessions. 80.6% occurred that very day when the data was collected on the Abasua Prayer Mountain, 17.3% had occurred a week earlier and 2% a month earlier (Table 3, 4, and Figure 3, 4).

Table 3: Aggressive Prayer" Patrons may Spread Infectious Diseases through Droplets and Body Fluids

CONTACT WITH SWEAT AND OR SALIVA FROM A PRAYING PARTNER

| | | | | | Cumulative |
|-------|-------|-----------|---------|---------------|------------|
| | | Frequency | Percent | Valid Percent | Percent |
| Valid | YES | 96 | 96.0 | 96.0 | 96.0 |
| | NO | 4 | 4.0 | 4.0 | 100.0 |
| | Total | 100 | 100.0 | 100.0 | |





CONTACT WITH SWEAT AND OR SALIVA FROM A PRAYING PARTNER

Figure 3: the likelihood for spread of infectious diseases among patrons of "Aggressive Prayer"

Table 4: Respondents had come in contact with droplets and body fluids of their prayer partners

| | | | | | Cumulative |
|---------|-------------|-----------|---------|---------------|------------|
| | | Frequency | Percent | Valid Percent | Percent |
| Valid | TODAY | 79 | 79.0 | 80.6 | 80.6 |
| | THIS WEEK | 17 | 17.0 | 17.3 | 98.0 |
| | A MONTH AGO | 2 | 2.0 | 2.0 | 100.0 |
| | Total | 98 | 98.0 | 100.0 | |
| Missing | System | 2 | 2.0 | | |
| Total | | 100 | 100.0 | | |

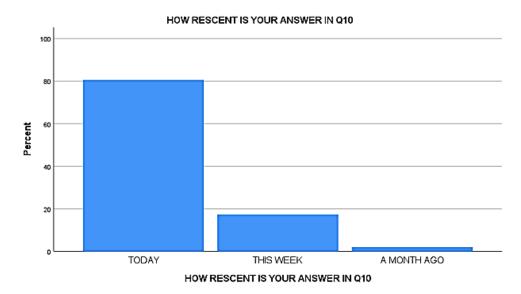


Figure 4: Respondents might have infested one another with infectious diseases through "Aggressive Prayer"



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In the view of the researchers, "aggressive Prayer" is a silent phenomenon which can be a medium of transmission of some infectious diseases. This assertion is grounded on data (Table 1) which shows that 74.1%, 18.5% and 7.4% of the people contacted claim to have been diagnosed of hypertension, Diabetes and Hepatitis B respectively. This stands to reason that some of the 80.6% "aggressive prayer" patrons who had contact with saliva droplets that same day, as shown on Table 4, had possibly had contact with the 7.4% known Hepatitis B carriers (Table 1) (assuming they are all effective) and may also develop that disease and further go to spread the disease among their respective families unknowingly. This is affirmed by Minkah (personal communication, March 3, 2023), that infectious diseases that are airborne such as Hepatitis B and C, TB and COVID are likely to be spread among patrons of "aggressive prayer" who pray in enclosed areas.

This means that there is an alarming high risk of the spread of infectious disease at "aggressive prayer" sessions that calls for an urgent attention. Thus, the so-called "aggressive prayer" phenomenon, could be a silent fright among African Christians. The study argues that since it was on the premise of this same scientific knowledge about the likelihood of the spread of COVID-19, an infectious disease among people when they gathered in their masses, outbreak of similar infectious diseases such as Hepatitis B and C, TB and others are likely to spread among "aggressive prayer" patrons who disregard the health risks of their activities.

Limitations:

This study, like all research has its limitations. It is important to admit that none of the participants was clinically tested to ascertain claims such as being diagnosed to be hepatitis or diabetic. This makes the conclusion speculative. We only relied on the verbal declarations of the respondents and on the available scientific knowledge about how infectious diseases spread.

Recommendation:

It is recommended that pastors educate their members about the concept of effective prayer. Health practitioners in collaboration with pastors should sensitize the public on the health benefits and risks in "aggressive prayer." Government in consultation with the various Christian councils and Ghana Health Service make a policy on the need for social distancing or wearing of nose masks during congregational prayer and singing sessions in enclosed areas to control the possible spread of infectious diseases through droplets and body fluids.

Conclusion:

This study concludes that the so-called "aggressive" phenomenon of prayer could simply be considered as part of Christian experience and individual Christians may use it as their preference at one time or the other. However, aggression in any way, does not facilitate an effective prayer. That when "aggressive prayer" is considered as a physical exercise, it could have both health benefits and health risks.

The study realized that some patrons of "aggressive prayer" believe that it has both spiritual, physical and medical ramifications. Physical exercises have been proven to be one of the effective therapies against diseases. Thus, engaging in prayer aggressively in a consistent and in a moderate manner, is understood as a form of physical activity that has medical benefits for patrons. However, the analysis has



shown that the phenomenon of "aggressive prayer" could also pose some health risks to the participants and the society at large. Sudden heart seizures, and heart failures could occur as a result of praying aggressively. Respiratory diseases and communicable diseases can easily spread during "aggressive prayer" sessions, participated by large numbers of patrons at particular enclosed areas such as temples, classrooms, TV and radio studios, in buses and clinics.

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Conflict of Interest

The authors have no relevant financial or non-financial interests to disclose.

Ethics Approval:

This is an observational study. The Christian Service University College Research Ethics Committee has confirmed that no ethical approval is required.

Consent to Participate:

Informed consent was obtained from all individual participants included in the study.

Consent to Publish:

The authors affirm that human research participants provided informed consent for publication of the data on the tables and Figures 1-4.

Authors' Contribution:

All authors contributed to the study conception and design. Material preparation, data collection were performed by [Daniel Kyereahene-Mensah]. Analysis was performed by [Emmanuel Twumasi-Ankrah]. The first draft of the manuscript was written by [Emmanuel Twumasi-Ankrah] and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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