

The Body That Sings

By Mark Lazenby | Volume 1.1 Fall 2014

This essay is an edited and abbreviated version of “The Health of the Human Body and Acts of Communal Singing in Worship,” a talk given at the Yale Institute of Sacred Music’s Congregations Project Seminar on June 21, 2014. The theme of the 2014 Congregations Project was “The Human Body and the Body of Christ.”

When I was asked, as a nurse, to offer a workshop for the Congregations Project “on health and wellness as dimensions of the Christian life,” I was told that the theme was embodiment. My mind did not immediately turn to the pages of nursing research on wellness in community, but to my childhood memories of being raised in American Pentecostalism.

Ours was a little church in Southern California, near the birthplace of the movement in Los Angeles. There, at the Azusa Street Mission, Brother Seymour, an African American, preached and founded Pentecostalism.^[1] Nurtured by people who had sat under Brother Seymour’s preaching at Azusa Street, our church took great pride in that heritage. Although my memories begin nearly seventy years after the origins of the Pentecostal movement, older people in our church exhorted us to worship in the way that Brother Seymour had taught. We sang, we shouted, we danced, we spoke in tongues, and we were slain in the Spirit; that is, we used the whole of our bodies in worship, and we did it until we were physically worn out. When I hear the words *embodiment*, *Christian life*, and *community*, my mind turns to memories of my childhood church community and its embodied style of worship — a style of worship in which the movements, the voice, and the posture of body were central.

The body, the nurse-researcher in me says, is a singular organism made up of many systems that work together in awesome and mysterious, yet scientifically understandable, ways. Yet, when I think of the body as a philosopher of religion, I think of Paul’s use of the human body as a metaphor in 1 Corinthians 12:12: “For just as the body is one and has many members, and all the members of the body, though many, are one body, so it is with Christ” (RSV). Paul goes on to strain the metaphor; but when I focus just on the opening phrase of the sentence that begins verse 13 — “For by one Spirit we were all baptized into one body” — I am able to get past the strain. It suggests that, though we are many, we are baptized into the one commonality of the Christian life. With this commonality in mind I am able to ask, as a nurse, whether there is a relationship between health and wellness as dimensions of the Christian life, and the communal aspect of that life.

Some General Observations

Let me say something general about the extensive literature on religion and health. Harold Koenig offers three major theoretical paths through which religion can contribute to better health:

- as a complex set of coping methods helping the individual to handle psychological stress and its physiological consequences;
- as a pro-social force giving the opportunity to give and receive social support;

- as a method of behavioral control requiring and supporting the individual in avoidance of health-destructive behaviors, such as hazardous drinking, illicit drug use, or excessive eating.[2]

The nurse-researcher in me understands these theoretical paths as paths that the scientist can study, since they involve variables that can be measured. But the worshiper in me, instead of following theoretical paths, asks:

- Where is the human body in communal acts of worship?
- Where is the communal body of worshippers?

Medical scientists gain clinical knowledge about human health from observations at the laboratory bench and through the collective statistics of randomized controlled trials in which one group gets an intervention and another group does not. Such trials, however, will not help us when it comes to understanding the human body in communal acts of worship. If one believes that those acts are what faithful Christians do, one cannot in good conscience randomize some Christians to engage in them and others not. We cannot ask faithful people to go into a control arm of an intervention trial and stop being faithful, so the usual methods of gaining clinical knowledge are not available in studying communal acts of worship.

Some researchers, using epidemiological methods such as large population-based surveys, have found some association between religious practice and health. For example, researchers in California have used the 2003 California Health Survey of 41,873 people to ask whether attending worship influenced health behaviors. They found that engagement in healthy lifestyle behaviors significantly increased among those who reported attending worship, compared to those who do not attend worship — for all population groups, including gender, race, and ethnicity.[3] And researchers in Hungary found that practicing religion in that post-Communist country was associated with better mental and physical health.[4] Powerful though these studies are, they still miss the element of the human body in communal acts of worship.

What Happens in Worship

To get a handle on the human body in collective acts of worship, I went looking in the nursing literature and found an article by one of nursing's intellectual giants, Patricia Benner, which suggests that the human body allows for knowledge that is not sought by epidemiologists and researchers, whether bench or clinical. She says that embodiment allows for perceptual apprehension of our commonly inhabited worlds. Embodiment, that is, allows us to meet one another in a common world (a shared logical space), and it allows us to understand one another through our perceptual apprehension of one another in that common world (of shared logic).[5]

To engage in communal acts of worship is to inhabit a common world. Through our perceptual apprehension of one another through acts of worship, we learn about our bodies and act upon this knowledge to improve human health.

The scholarly literature on communal singing provides insights about such singing as an act of worship. Krause and Hayward investigated the relationship between religious music and health over three years among 1,024 adults of sixty-six years and older. They report on four findings that create a sort of syllogism:

- people who attend worship services more often reported stronger emotional reactions to religious

music;

- those who were more emotionally involved with religious music were more likely to feel a close sense of connectedness with other people;
- those who reported feeling more closely connected with others were more hopeful about the future; and
- those who reported feeling more hopeful about the future were more likely to rate their health more favorably over the three years.[\[6\]](#)

Krause and Hayward did not claim that attending worship services in which there is religious music improves human health. Rather, they said that individuals who attend worship services in which there is religious music rated their health more favorably. These worshipers may have had poor health, and surely, some of them in a sample of this size and age must have had chronic illness, though Krause and Hayward do not tell us. But individuals in this study perceptually apprehended the common world brought on by religious music, and this perceptual apprehension enabled them to come to some collective knowledge of *hope*, regardless of the clinical facts they may have faced. The many came together as one body and there, in the acts of that common body, knew the hope of their faith which, although they may have had illness, inspired them to think favorably about their health. This was the second step in my process of thinking that we learn about how to improve human health through the communal acts of worship: through faithful worship we learn hope, hope that transcends the reality of the facts of human frailty and illness.

Singing Promotes Well-Being

Krause and Hayward's focus on religious music sent me on another hunt in the literature, to discover the effect of music on human health. I found what you all may very well already know: singing promotes well-being. Grape and colleagues enrolled eight amateur and eight professional singers in a study using electrocardiograms to study the effect of thirty minutes of singing on singers' hearts. They took blood samples before and after singing to measure the effect on markers of inflammation and hormones in the blood. Analysis of the electrocardiograms suggested that singing promoted cardio-physiological fitness. This fitness was most evident among the professional singers. However, markers of inflammation decreased after singing among the amateur singers, and the hormone that produces feelings of love and trust, oxytocin, increased among all the singers after singing for thirty minutes. Amateur singers reported increasing joy and elatedness after the thirty minutes of singing, and all singers reported more energy and relaxation.[\[7\]](#)

Singing in communal acts of worship thus can improve our heart function, decrease inflammation in our bodies, and produce a hormone that causes us to bond with each other. During the physiologic act of common singing, through the release of oxytocin, those who sing learn to trust each other. So this was the third step in my process of thinking that we learn about how to improve human health through communal acts of worship: the act of common singing improves our cardiac function, lowers inflammation, and affects our physiology such that we come to love and trust each other. In this common love and trust the many voices become one choir, one community, one body of Christ.

A Physico-Theological Lesson

We Pentecostals had figured it out a long time ago. We sang as one, shouted as one, danced as one, spoke in tongues as one, and let the Spirit overcome us as one. The theme of Christian unity was important for American Pentecostals and John 17:21 was considered a key verse: "That they all may be

one, as thou, Father, art in me, and I in thee, that they also may be one in us....” (KJV).[8] Through acts of communal singing our very physiology bears witness to God’s handiwork among us and our oneness as the body of Christ.

Koenig posits religion as a complex set of coping mechanisms, a pro-social force, and a method of behavioral control. But the communal acts of worship are more than that: they open up for worshipers a common world in which we gain knowledge of our oneness. Vickhoff and associates measured the heart rate of singers while humming a single tone, singing a hymn, and then singing a slow mantra.[9] They found that song structure and heart rate variability are connected. When singers sang the same regular song structures in unison, their hearts accelerated and decelerated at the same time — as one. The experiment concluded that the “external and visible joint action” of singing in unison “corresponds to an internal and biological joint action.” [10]

Acts of communal singing may shape our views of our health. They may inspire in us hope that transcends disease and discomfort. They may improve our cardio-physiologic fitness, reduce inflammation in our bodies, and release a hormone that causes us to bond with each other. Most important, however, acts of communal singing in worship create the common world in which we learn the physico-theological lesson of our embodiment: though many, we are the *one* body of Christ.

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FOOTNOTES

[1] Stanley M. Burgess and Eduard M. van der Maas, *The New International Dictionary of Pentecostal and Charismatic Movements*, revised and expanded ed. (Grand Rapids, MI: Zondervan Publishing House): xxxi.

[2] Harold G.Koenig, “Religion, Spirituality, and Health: The Research and Clinical Implications,” *International Scholarly Research Notices Psychiatry* (2012): 278730. doi: [10.5402/2012/278730](https://doi.org/10.5402/2012/278730).

[3] Julia T. Caldwell and Lois M. Takahashi, “Does Attending Worship Mitigate Racial/Ethnic Discrimination in Influencing Health Behaviors? Results From an Analysis of the California Health Interview Survey,” *Health Education & Behavior*, (2014): 406-413.

[4] Barna Konkoly Thege, János Pilling, András Székely, and Mária S. Kopp, “Relationship Between Religiosity and Health: Evidence from a Post-Communist Country,” *International Journal of Behavioral Medicine* 20, no. 4 (2013): 477-86.

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Nursing Practice," *Nursing Philosophy* 1, no. 1 (2000): 5-19.

[6] Neal Krause and R. David Hayward, "Religious Music and Health in Late Life: A Longitudinal Investigation," *The International Journal for the Psychology of Religion*, 24, no. 1 (2014): 47-63.

[7] Christina Grape, Maria Sandgren, Lars-Olof Hansson, Mats Ericson, and Tores Theorell, "Does Singing Promote Well-Being? An Empirical Study of Professional and Amateur Singers During a Singing Lesson," *Integrative Physiological and Behavioral Science* 38, no. 1 (2003): 65-74.

[8] Frank Bartleman, *Azusa Street* (Plainfield, NJ: Logos International, 1980), xxvi.

[9] Björn Vickhoff, Helge Malmgren, Rickard Åstrom, Gunnar Nyberg, Seth-Reino Ekström, Mathias Engwall, Johan Snygg, Michael Nilsson, Rebecka Jörnsten, "Music Structure Determines Heart Rate Variability of Singers," *Frontiers in Psychology* 4 (2013): 334.

[10] Vickhoff et al., "Music Structure," 13.



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