The Institute for Clinical Social Work

PRAYING IN THE FACE OF LIFE-THREATENING ILLNESS

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by

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ABSTRACT

This study describes the meaning of praying to adults during the illness experience. Using hermeneutic phenomenology, thematic analysis discerns five findings from transcripts with 19 in-person semi-structured interviews of ten urban participants between ages 40 and 65. Praying must be palatable, that is the experience must be congruent to the individual. Praying moves participants from one self state to another. The ability to pray may be lost and then found again, often in unpredictable ways. Praying evokes a connection to a person to a person, deity or belief. Praying attempts to comprehend the incomprehensible. Palatable prayer is contrasted with a visceral negative response to unpalatable prayer or nonconducive environments. Despite a quest for personal authorship, participants seek validation for their prayer experiences.

Praying: invigorates and restores the self, is an affective experience consisting of vitality affects and temporal contours that result from affect attunement and is best described as a nonlinear dynamic system. Praying is emergent and fragile and an apt subject for the clinical process. If the individuals praying feel narcissistically vulnerable, they may fear their prayer experiences will not be validated. This study prompts further research regarding the meaning of praying during various life events, particular life stages or within the context of a particular group.

For Marc Hilton, my partner in facing life

Bless me anyway.

I want more life. I can't help myself. I do.

. . .

When they're more spirit than body, more sores than skin, when they're burned and in agony, they live. Death usually has to *take* life away. . . . recognize the habit. The addiction to being alive. We live past hope. . . . If I can find hope anywhere, that's it. That's the best I can do. . . . Bless me anyway. I want more hope.

Prior to an Angel, in Tony Kushner's *Angels in America, Part II Perestroika* (1992, p. 135)

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TABLE OF CONTENTS

Page

ABSTRACT ii

ACKNOWLEDGEMENTS v

LIST OF TABLES x

Chapter

I. INTRODUCTION/FORMULATION OF THE PROBLEM 1

General Statement of Purpose
Significance of the Study for Clinical Social Work
Statement of the Problem and Objectives

II. LITERATURE REVIEW 10

Spirituality, Religion, and Prayer in Psychodynamic Thinking
Lived Experience of Illness
Social work, Illness and Spirituality
Psychological Studies of Religion and Illness—Quantitative and Qualitative
Studies in Coping with Illness and Spirituality
Theoretical and Conceptual Framework

III. METHODOLOGY 29

Aim of Study and Philosophical Foundations
Operational Definitions of Major Concepts
Statement of Assumptions
Research Design and Strategy

TABLE OF CONTENTS—C*ontinued*

IV. FINDINGS 47

Introduction to Findings
Finding #1 Prayer is Palatable
Finding #2 Prayer is Transformative
Finding #3 Praying Fluctuates in a Cycle of Lost and Found
Finding #4 Praying Evokes a Connection to the Presence of an Other
Finding #5 Praying is the Attempt to Comprehend the Incomprehensible

V. DISCUSSION 136

Aim of the Study
Personal Responses to the Study
Assessment of Methodology
Efficacy of the Literature Review
Limitations of the Study
Study Implications
Introduction
Theoretical Implications
Clinical Implications
Further Research

Final Comments

Appendices

A. RECRUITMENT LETTER TO REFERRAL SOURCES, RECRUITMENT LETTER TO PARTICIPANTS AND FLYERS FOR POTENTIAL PARTICIPANTS 170

B. SEMI-STRUCTURED QUESTIONNAIRE 176

C. CODES, DIAGRAMS AND NETWORK TOOLS 178

D. CONSENT FOR PARTICIPATION IN RESEARCH FORM 181

E. ST. FRANCIS OF ASSISI PRAYER 185

F. HAIL MARY 187

TABLE OF CONTENTS—C*ontinued*

G. SERENITY PRAYER.....189

H. THE MEMORARE.....191

I. PSALM TWENTY.....193

J. PSALM 90.....195

K. *GRATEFUL*.....197

L. *HELEN'S TESTIMONY*.....199

M. *MISHEBERACH*.....203

N. *SEFIROT*.....205

REFERENCES 207

LIST OF TABLES

Table Page

1. Participant Data..40

CHAPTER I

FORMULATION OF THE PROBLEM

Introduction

Illness and prayer have been linked since antiquity. In Western cultures, both the Hebrew and Christian bibles contain stories of the use of prayer during illness. In the Hebrew Bible, Moses' prayer for his sister Miriam to be cured of leprosy continues to be repeated in some prayer practices today. A repeated New Testament theme is faith's power to heal.

Despite this historic cultural connection, since the time of Descartes and the advent of modern thought, the study of medicine has generally excluded spirituality from its consideration of the illness experience (Engle, 1977; Epperly, 2000). In an introduction to a special section on spirituality, religion and health in the professional journal *American Psychologist*, Miller and Thoreson (2003) argue that too little is known about the correlation between health and spirituality. They note that scientists have not sufficiently studied the phenomenon of spirituality because scientists believe spirituality either cannot or should not be studied. To further emphasize their position, Miller and Thoreson (2003) cite a 2000 Gallup poll which found that 67-75% of the American population acknowledged a personal need for spiritual growth.

The National Center for Health Statistics, a division of the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services, published a study of complementary and alternative medicine (CAM) therapy (Barnes, Powell-Griner, McFann and Nahin, 2004)[1]. This National Center for Health Statistics study found 62% of those surveyed used CAM therapies if they included prayer for one's own health. Articles based upon the results of this study were published in the popular press including *The New York Times*; one article was the December 20, 2004 cover story of *U.S. News and World Report.* The widespread recent media attention to the extensive use of prayer in combination with conventional medical care reflects the popular interest in this issue.

The Gallup Poll statistics, the National Center of Health Statistics Report and Miller and Thoreson's (2003) argument that spirituality is under explored demonstrate the discrepancy between what people actually believe and do, and what we as clinicians and researchers understand about what people believe and do. Despite popular interest in prayer and illness (Dossey, 1996), the meaning of prayer in the face of life-threatening illness remains an understudied phenomenon in the field of clinical social work.

An example of spirituality addressed in the broader cultural landscape, Tony Kushner's landmark play *Angels in America* (1992-1993*),* confronts the intersection of AIDS, spirituality and power. Dane (2004), of Ehrenkranz School of Social Work, New York University, addresses the use of prayer in her work with AIDS patients. She believes:

[1] Alternative treatment is considered to be treatment that is used instead of conventional medical treatment. Complementary treatment is treatment used in addition to medical treatment. (Holland and Lewis, 2000)

> There is a strong movement among Americans to integrate both religious ritual and spiritual affirmation into their daily lives. The capacity for self-transformation and healing over the life span and especially . . . [during illness] provides a process of finding meaning and purpose" (p. 426).

Taylor and Outlaw (2002) study the use of prayer to cope with cancer. They recommend further research to clarify the relationship between prayer practice and psychological factors. Because people are living longer due to increasing medical technology living longer with illness (Cutler and Hendricks, 2001) the need to understand the experience of those with a life-threatening illness is particularly important now.

* * * *

My first experience with prayer in the midst of medical crisis occurred when I spent a night in a pediatric hospital ward with my then eight-year-old son who was hospitalized for pneumonia and asthma. In the next room I heard a voice chanting the Hebrew Psalms. It was another parent praying with his son. Listening to his voice throughout the night was comforting to me. For years after that memory continued to comfort me in times of distress. Until I heard the parent's chanting, I would not have considered prayer as a possible response to illness.

In subsequent years, I observed several friends develop personal prayer practices as they confronted the challenge of either their own life-threatening illness or that of someone close to them. They spoke of being enriched by this use of prayer in the midst of the personal crises. And these were people who had not previously considered themselves to be religious.

It was then that I began to wonder about how people understood their use of prayer while simultaneously putting their "faith" in the most advanced forms of medical technology. Often these prayers occurred in everyday life, outside the realm

of religious institutions. As I observed my peer group's participation in both prayer practices and advanced medical treatments, I wanted to know more about what this meant to them. In my clinical practice, I work with many people who struggle with either their own or a family member's life-threatening illness. I became curious about what we in the field of clinical social work might learn about prayer to help others facing the challenges of life-threatening illness. In addition, I observed that discussing people's spiritual lives with them deepened their psychotherapy experience (Sorenson, 2004; Stone, 2005). I came to believe that by learning more about the use of prayer, social workers can enhance their work with those in a vulnerable situation. These experiences provide the context for this study.

General Statement of Purpose

The purpose of this phenomenological study is to describe the meaning of prayer to adults diagnosed with a life-threatening illness. The objective is to reveal the subjective meaning of prayer. The goals of this study are to describe the lived experience of adults who pray during a life-threatening illness[2]; delineate the essence of the meaning of prayer to these individuals; expand the social work repertoire for working with this vulnerable population; and expand our clinical knowledge of the meaning of prayer. This project is concerned with the personal response to the threats posed by life-threatening illness when the person may yet succeed in overcoming the crisis imposed by the threat. By limiting participants to those diagnosed with life-

[2] The term "*life-threatening illness"* will be used to refer to adults in midlife who are undergoing treatment for a life-threatening illness diagnosed within the last two years.

threatening illness in the past two years the responses of the research participants will be more immediate.

Significance of the Study for Clinical Social Work

A clinical social work study of the meaning of prayer while facing life-threatening illness is in keeping with a long social work tradition. With its emphasis on the biopsychosocial approach, clinical social workers have always focused on the lived experience of others. This is accomplished by helping individuals make meaning of both their internal (intrapsychic) and external (environmental) experiences. Perlman's definition of social casework as a "living event" (1957, p. 3), Hollis' (1972) use of the term psychosocial therapy to describe social work (1972), and Strean's (1996) belief that incorporating psychoanalytic concepts allows the social worker to "take a more realistic view of the human being … [in aiding] the client struggle with inner and outer forces" (p. 8) reflect this focus. Current thinking in contemporary social work theory (Gorman, 1993, Ornstein & Ganzer, 2006) stresses the importance of personal narrative and context for understanding the client experience.

Social workers are often involved with clients at critical life junctures including when a client, or their loved one, is diagnosed with a life-threatening illness. The social work biopsychosocial lens provides a unique perspective for understanding the factors contributing to the crisis response resulting from receiving a diagnosis of life-threatening illness.

Social workers understand that medical treatment alone may not offer sufficient means to address the array of concerns raised for those individuals with a life-threatening illness (Gorman, 1993). Recent medical literature (Astin, 1998; Burstein, Gelber, Guadagnoli, & Weeks, 1999; Rothstein, 1999) and popular literature for those diagnosed with life-threatening illness (Holland & Lewis, 2000) recognize that sometimes individuals forego a standard medical treatment in favor of the use of an alternative form of treatment. Two studies (Astin, 1998; Burstein, Gelber, Guadagnoli, & Weeks, 1999) demonstrate the multiple factors involved in the choices people make about their well-being.

Gorman (1993) argues that social workers are the "bearer[s] of interpretive, fragmentary, personal, emotional, heart-wrenching tales . . . [which] represent the natural resource that social workers have always had to offer. (p. 248). Ornstein and Ganzer (2006) build upon Gorman (1993). "The post-modern practitioner asks how do we know, what do we know, and what's going on around here? . . . From many perspectives and contextualizes those experiences, locating them in the historical, cultural and social matrices in which both the therapist and client are embedded" (p. 567). Spirituality—sometimes in the form of prayer—is one way in which individuals make meaning of their experience (Cornett, 1998; Sorenson, 2004). A 1999 Gallup & Lindsay study found that 80% of Americans regularly turn to prayer when faced with a problem or crisis. Because understanding more about the meaning of prayer will enhance the social work repertoire with this population, it is likely that social workers will be interested in this phenomenon. This dissertation uses social work perspectives to expand the knowledge of this phenomenon.

There is a growing social work literature on palliative and end-of-life care, (Berzoff & Silverman, 2004) but more needs to be known about the experience of living with illness (Kleinman, 1988). This study will explore the specific crisis of illness in individuals who seek to, and may succeed, in overcoming their illness. It will elaborate on a particular aspect of the experience of illness— the meaning of prayer to those undergoing medical treatment for a life-threatening illness diagnosed within the last two years. The study will build upon recent research, such as Taylor and Outlaw's (2002) work that focused on the lived experience of prayer for patients coping with cancer. They note that there is "minimal empirical knowledge about cancer patients' prayer experiences and perspectives on which health care professionals can draw" (p. 46). Unlike Taylor and Outlaw's (2002) work, the current study does not presume the reasons for prayer nor does it limit itself to cancer patients. It may include those with AIDS or degenerative neurological illnesses.

By understanding and analyzing the prayer practices of those with life-threatening illness, this study will enable social workers to more expertly address similar situations in their practices. Dane (2004) notes:

> Clinicians have long recognized the significance that religious and spiritual themes have with the dying and bereaved. Yet in a nation as religiously and culturally diverse as the United States, clinicians may feel inadequate to the task of addressing their clients' spiritual needs (p. 425).

Although Dane works with those anticipating death, her comments may also be applied to those confronting the threat of death as defined in this study. Psychodynamic clinicians have shown that addressing spirituality in psychotherapeutic treatment benefits psychological health (Cornett, 1998; Jones, 1991; Sorenson, 2004; Stone, 2005). Among these benefits are increased opportunity for understanding the patient's internal

experience and internalized objects; a more authentic therapeutic relationship and an increased access to selfobject functions[3] and the narcissistic line of development. Furthermore, Stone (2005), Sorenson (2004) and Cornett (1998) emphasize the importance of therapists' self-knowledge regarding their own attitudes toward prayer and spirituality so that they are comfortable in addressing spirituality in their work with others. In that way, clinical social workers can assess whether religious or spiritual affiliations, practices or beliefs are interfering with self-acceptance, authenticity and self-transcendence (Stone, 2005). Clinical social workers always have had to be aware of their subjectivity and personal vulnerabilities in order to develop a more nuanced and complex understanding of countertransference issues (Ornstein & Ganzer, 2006). By its very nature, addressing prayer in the face of life-threatening illness is bound to raise personal reactions for the therapist. Understanding one's personal attitudes towards spirituality allows the countertransference issues to advance rather than impede the therapeutic process.

As stated above, social workers (Gorman, 1993; Hollis, 1972; Strean, 1996) understand that meaning is always contextualized and successful intervention depends on an understanding of the impact of societal changes on the individual. *Postmodern* is the term that social scientists, philosophers and artists use to describe our current era and cultural environment (Friedman, 1996; Jameson, 1998; Morris,1998). The postmodern era is characterized by a paradigm shift to a model in which scientific rationalism is destabilized by new and often contradictory narratives and epistemological frameworks.

[3] The term *selfobject* appears in psychoanalytic literature as *selfobject*, *self object*, and *self-object*. For purposes of clarity, in this dissertation the *selfobject* format is utilized.

Postmodernism is reflected in the subjective experience of multiple perspectives, which may seem almost paradoxical, within the larger medical system. The postmodern zeitgeist includes increased patient participation in treatment options, enhanced technological medical treatment with decreasing personalized care and the disempowerment imposed on both patients and their health care providers by health insurance constraints (Holland & Lewis, 2000). Morris (1998), who like Kleinman (1988) is interested in illness as a subjective experience, argues that "a study of postmodern illness needs to acknowledge and explore the changes that destabilize traditional medical usage in ways commensurate with the changing postmodern world" (p. 40). This study expands the social work knowledge base through its exploration of prayer in response to the subjective experience of life-threatening illness.

Problem to be Studied and Objectives to be Achieved

The problem to be studied is: what is the meaning of prayer to adults diagnosed with a life-threatening illness? The overall objective is to gain a deeper understanding of praying during a life-threatening illness. In order to discern the answers to the larger question, the data will be explored to discover: what is the psychological state of the person praying before, during and after the prayer?; what previous experiences, knowledge or relationships does the person praying draw upon while engaging in his or her prayer?; and how has the medical regimen and experience of the illness impacted the prayer?

CHAPTER II

LITERATURE REVIEW

Introduction

This study describes the meaning of prayer to adults who have been diagnosed with a life-threatening illness. Three scholars, in particular, influenced my thinking about the topic: Stephen Mitchell, Barbara Dane and Marion Tolpin. Mitchell's 1984 *Hope and dread in psychoanalysis* places psychoanalytic thinking in its cultural and historic milieu and contemporizes psychodynamic therapy. Dane (2004) first began working with AIDS patients over a quarter of a century ago. She is among the first to advocate that social workers address spirituality in times of illness. Marion Tolpin's *On the beginnings of a cohesive self* (1971) influenced my question regarding the use of prayer as a compensatory mechanism in light of a threat to the annihilation of the self. This concept, and a self-psychological perspective, will be discussed more fully in the theory section of this dissertation. Since my study focuses on lived experience, the literature review pays particular attention to prior work which illuminates that experience.

A primary goal of the study is to expand clinical social workers' understanding of the meaning of the experiences of prayer while confronting a life-threatening illness. The literature review will focus on seminal

psychodynamic literature on spirituality and prayer in order to contextualize prayer within the larger discussion of a God concept and spirituality. After addressing this literature on spirituality and psychodynamic thinking, I will then reference the literature on research literature on the lived experience of illness; social work, illness and spirituality; relevant psychology literature on spirituality and illness; and coping and illness from the perspective of nursing. The following review provides a framework for my approach to study of the meaning of prayer for those with life-threatening illness.

Spirituality, Religion, and Prayer in Psychodynamic Thinking

A number of scholars (Cornett, 1998; Rizzuto, 1979; Sorenson, 2004) contextualize Freud's writings on God. Freud's identification with the science and empiricism of his era greatly influenced his work (Mitchell, 1984). In *The birth of the living God a psychoanalytic study* (Rizzuto, 1979), Rizzuto notes that because Freud avoided focus on the belief in existence of a God, he neglected the question of *how* (italics author's) people come to "believe that gods and devils do in fact exist" (p.15).

In the *Future of an illusion* (1927) Freud spoke of the illusory nature of a self-created God. He viewed this illusion as a flight from reality. In contrast, subsequent psychoanalytic thinkers, particularly Winnicott (1953), argued that these illusions enhance the child's competence in comprehending the external world. Winnicott (1953) developed the concepts of *illusory objects*, *transitional space*, and *transitional objects* to describe the phenomena which occur during the

child's psychological growth. The child moves from the belief that objects are all a part of the child to the development of an awareness of external objects which exist separate and apart. Transitional phenomena and the use made of "objects that are not part of the infant's body yet are not fully recognized as belonging to external reality" (p. 255) are part of an intermediate area or transitional space. This intermediate, transitional or third space remains a part of the individual throughout life and is the source of creativity, art and religion (Winnicott, 1953).

Referencing Winnicott's work, Rizzuto (1979) argues that God is an illusory transitional object who exists in the transitional space. She believes that religious symbols or ritualized prayers function as concrete manifestations of God. Forming a God representation involves integrating a wide range of experience based on multiple sources for meaning, particularly the primary objects.

For Rizzuto, God is a special transitional object because God does not become decathected as do other transitional objects. Rizzuto credits Winnicott's (1953) discussion of the transitional object for this insight. In fact, she believes God's representational characteristics become heightened by the oedipal experience. Jones (1991) criticizes Rizutto's (1979) work for focusing too much on God as a *transitional object*. Instead, Jones (1991) defines God as a *transitional experience*, which broadens the concept of spirituality.

Like Rizzuto, Meissner (1984), the first American psychoanalyst to write a developmental understanding of the religious experience, also draws upon Winnicott and others in the British object relations school. One of his goals for the psychology of

religion is to deepen our understanding of the complexity of religious experience. Meissner, an ordained Jesuit priest, argues that the study of prayer and religion should be of interest for its psychological function, an expression of dynamic mental forces and mental representations. He, like other object relations thinkers, believes neither the need nor capacity for illusion is ever completely eliminated. Citing Winnicott's (1971) belief that the capacity for culture and religious experience are within the area of illusion, Meissner promotes religious experience as the "capacity to transform reality into something permeated with inner significance" (p. 17). Applying the concept of transitional phenomena allows for a more profound exploration of the religious or, as in this study, prayer experience. More recently, and in this same vein, Sorenson (2004), a relationalist, further promotes the benefits of exploring spirituality in its illusory and imaginative capacity. In so doing, there is an expression of a more authentic self experience. Prayer, concludes Meissner, is the individual "figuratively entering the transitional space where he meets his God-representation" (p. 182). Analyzing this experience in the context of life-threatening illness is a primary objective of my dissertation.

Unlike the object relations perspective which places spirituality in the transitional space, self psychology argues that spiritual practices have the potential to offer affirming selfobject experiences (Cornett, 1998). Development of a God-concept serves as an idealizing function. Cornett adds: "idealization permits merger with that object [God concept] at times of distress, thus aiding in the management of anxiety (p. 66). Individual prayer may serve self-cohesive or

authentic functions. Prayer becomes a transitional object with tension-regulating and soothing functions.

The above psychodynamic and social work literature on spirituality and prayer forms the basis for my perspective in embarking upon this study. Especially important are Rizzuto and Meissner's work on illusion and prayer in the transitional space.

Lived Experience of Illness

Much has been written about the phases of a chronic illness (Charmaz, 1991; Kleinman, 1988; National Cancer Institute; Rolland, 1994). Scholars often demarcate illness by phases. Most of these studies begin by defining illness. This study relies on Kleinman's (1988) definition of illness as:

> the innately human experience of symptoms and suffering. Illness refers to how the sick person and the members of the family or wider social network perceive, live with and respond to symptoms and disability (p. 4).

In her work on the social psychology of health and age, George (2001) agrees with Kleinman's definition and further argues that adults of all ages share the same social construction of illness. As people age, George finds, differences in the perceived significance of the symptoms lessen. This finding is relevant to this study because it demonstrates the influence of subjective experience.

For Kleinman, trained as both a psychiatrist and an anthropologist, diagnosis of an illness is "a semiotic activity: an analysis of one symbol system followed by its translation into another…What is important is not what the patient thinks but what he or she says" (Kleinman, p. 17). This perspective resonates for my work because I

focus on what people say about their experience of illness rather than what they think about it.

Like Kleinman, Charmaz (1991) is interested in how illness is experienced. She investigates the self in the daily life of illness. Arguing that a chronic illness poses uncertainty, she codes chronically ill subjects for the active processes in the self-experience. Charmaz (1991) finds that "both meanings of illness and self take root in subjectively experienced durations of time" (p. 4). Using grounded theory to analyze her research, she learned that both loss and transcendence over loss become products of lived time and reflect meanings ascribed to this loss. Charmaz's (2000) research is concerned with the creation of theory through the articulation of subjective experience. While my dissertation is more concerned with recent diagnosis of illness, Charmaz' (2000) work on coding chronic illness through the demarcation of time is instructive.

Waite's (2002) dissertation on the lived experience of evangelical women with advanced cancer reveals that for the women studied, faith serves as a source of comfort during illness and that the illness experience strengthens their faith. Women in her study view themselves as working collaboratively with God. Waite encourages medical clinicians to be empathic witnesses as they treat those with illness.

Social Work, Illness and Spirituality

Dane (2004) argues that spiritual well-being and the reduction of psychological distress is critical to the individual receiving comfort care. Comfort care is palliative care provided to the individual at the end of his or her life.

Clinical social workers, Dane argues, must be ever-sensitive to the spiritual needs of those with whom they work. She emphasizes the need to consider and "recognize the resources the patient has identified as having helped to meet these needs in the past. Efforts to continue to bridge these connections are important" (p.431). Dane (2004) goes on to state that spirituality is the essence of one's human nature expressed through religious practices or beliefs. It should be noted that Dane has not specifically studied how the experience of life-threatening illness and spirituality are similar to those receiving comfort (or end-of-life) care (personal e-mail correspondence, January 5, 2005), nor is she familiar with anyone who has studied this. Dane's analysis of spirituality and comfort care has inspired my curiosity about the impact of spirituality on those diagnosed with a life-threatening illness (but who are not at the end of life phase).

At a recent social work oncology conference, workshops on spirituality were focused on end of life care, rather than on illness earlier in the process (www.aosw.org 2005). Both spirituality and the meaning of the cancer experience will be addressed in the 2006 conference. Furthermore, the now ten year old Society for the Study of Spirituality in Social Work has yet to publish research on the lived experience of prayer for those undergoing a life-threatening illness. From my perspective, this confirms the timeliness and importance of my work and how nascent the clinical social work understanding of praying in the midst of life-threatening illness remains.

Psychological Studies of Religion and Illness—Quantitative and Qualitative

Although this study is not concerned with the efficacy (or curative powers) of prayer in illness, a few recent studies of efficacy will be addressed in this section because efficacy may be a part of the study participants' belief systems.

Scholars (Engle, 1977; Epperly, 2000; Miller and Thoreson, 2003) have long been concerned that the scientific study of the correlation between medicine and religion is neglected. Indeed, the January 2003 issue of the journal *American Psychologist* devotes a special section to exploring the relationship between religious variables and health. In their introduction to this section, Miller and Thoreson posit two reasons why spirituality and illness/health have not been sufficiently studied: spirituality should not be studied scientifically because it is a philosophy; and science should not study anything that is not material. They contradict this latter argument by arguing that science has, at times, studied phenomena that are not directly observable. Their concern is that measurement of spiritual/religious constructs in health research often has been of mediocre quality. In their view, spirituality cannot be measured as a construct that is either present or absent. Also, they are concerned that public religious practice such as church service attendance has not been studied in distinction from private spiritual expression such as prayer which can take place anywhere. This call for a better quality of research of spirituality and illness supports the importance of the hermeneutic qualitative study of prayer because hermeneutic qualitative methodology is concerned with understanding meaning.

In that same issue of *American Psychologist*, Powell, Shahabi, and Thoreson, (2003), all American-based researchers, review epidemiological evidence linking religiousness and health outcomes concluding that there is hardly any evidence of a link between the depth of religiousness and physical recovery. The one exception is cardiovascular disease. This is believed to occur because religion and spirituality practice promote healthy life styles, which in turn temper the acceleration of cardiovascular disease. In a related article, Seeman, Dubin and Seeman (2003) review research to determine whether there is a biological pathway for a spiritual/religious factor. Citing Cousins (1989) on the biology of hope as the jumping off point for their research, they find evidence that religiosity/spirituality is "linked to health-related physiological processes—including cardiovascular, neuroendocrine and immune function—although more solid evidence is needed" (p. 53). The authors credit the rise of postmodern thought and the recognition of the limitations of human behavior studies as reasons for the interest in the study of the impact of spirituality on health outcomes (Seeman, Dubin & Seeman, 2003). This analysis contextualizes the experience of illness, another important theme of my research.

Interestingly, a recent study of British literature on spirituality and healing by King, Speck, and Thomas (1999) cites one quantitative study that demonstrates negative or lack of correlation between spirituality and cure of illness. The difference in findings among researchers of various nationalities demonstrates the impact of environment on both the subject and the researcher. For this reason, my study on the meaning of prayer to those with a life-threatening illness investigates the impact of the external experience on the internal experience.

As is evident throughout this literature review, the relationship of life-threatening illness to prayer is quite complex. Efficacy is almost an automatic question asked to and by the researcher. Acknowledging this natural curiosity, studies of efficacy have been reviewed here. However, as noted above, my research is more concerned with the meaning of the lived experience of praying rather than any measurement of efficacy. For that reason, reviewing relevant coping literature is more important to me than questions of efficacy.

Studies in Coping with Illness and Spirituality

Coping with a life-threatening illness has been the subject of several recently completed quantitative nursing studies. Although my research interest is primarily in the lived experience of life-threatening illness rather than the particulars of coping with the illness, it is also useful to review studies of spirituality as a means of coping with illness. Anna Freud first defined coping skills in *The Ego and the mechanisms of defense* (1937). Murphy and Moriaty (1976) define coping as a "general term to include defense mechanisms and problem-solving methods" (p.5).

Kennelly (2001), a nursing scholar, explores hope and spirituality in men over 60 with recurrent cancer. Using quantitative measuring tools over a period of two months, she found a 31% correlation between the sense of hope and an increase in a sense of spirituality. Having developed a philosophy of hope, nursing profession authors are now beginning to address hope and spirituality together.

Other recent nursing literature focuses more directly on spirituality and prayer as a form of coping with a life-threatening illness (Dein & Stygall, 1997; Kelly, 2004; Rowe & Allen, 2004). Dein and Stygall, in their review of a number of religion, coping and chronic illness studies, found religion to be a common coping mechanism which helps patients adjust to illness. They go on to state that the practice of religion reduced psychological distress associated with chronic illness. Of interest for my study is their finding that religious beliefs become more important during life-threatening illness. In less serious illness, they found similar respondents turned to more naturalistic explanations for illness. This raises a critical question of whether experiencing a life-threatening illness changes one's attitudes toward spirituality.

Two studies of coping with life threatening illness (Strang & Strang, 2001; Taylor and Outlaw, 2002) use qualitative hermeneutic methods in their investigation of coping with a life-threatening illness. Strang and Strang explore the role of spirituality in developing a sense of coherence and coping among Swedish brain tumor patients and their spouses. Their particular findings did not concur with Dein and Stygall's (1997) correlation between the increase in religious belief with the increase in the seriousness of the illness. The latter's research found only three of the twenty patients studied had a belief in God and spirituality. The others credited self-confidence, belief in oneself, science, positive thinking and closeness to nature as key factors in strengthening their motivation for coping with their illness.

As mentioned in the British monograph by King, Speck, and Thomas (1999), one wonders about the impact of personal history and cultural background

when confronting life-threatening situations. This question is addressed in my dissertation. Finally, Taylor and Outlaw (2002) looked at how persons with cancer use prayer to cope with the distresses of illness. Their study, limited primarily to Christians of Euro- and African American descent, found that their informants used prayer to ease the physical, emotional and spiritual distress of illness. As in other studies (Dein & Styall, 1997), Taylor and Outlaw (2002) found that current life circumstances have a significant impact on informants' increasing use of prayer.

All of these studies call for more research on the impact of spirituality on coping with chronic and life-threatening illness. How one copes with a life-threatening illness may be one of the themes discerned from this study of prayer during illness. These coping studies are useful in developing questions for my investigation about life experience.

This dissertation is a hermeneutic phenomenological inquiry into the meaning of prayer to those with life-threatening illness. This literature review provides the scholarly foundation for doing so. It began with psychoanalytic scholarship and then proceeded to relevant literature on the illness experience. The review then discusses social work literature on spirituality and illness; quantitative and qualitative studies on healing and illness; and spirituality as a form of coping with illness.

Theoretical and Conceptual Framework

My clinical framework is self psychology (Kohut, 1971, 1984; Tolpin, 1971) with a particular focus on the concepts of transmuting internalization, compensatory structures and the threat of fragmentation to the self. Concepts outside of self psychology included in the clinical framework are (1) the organizing subjective experience (Stern, 1985) and (2) the illusory capacity of the parental imago and transitional phenomena (Meissner, 1984; Rizzuto, 1979; Winnicott, 1953). The psychological function of prayer is also discussed (Brickman, 2002).

Stern's work (1985) is critical to this study because he stresses the integration of lived experience into an organizing subjective perspective that will "later be verbally referenced as the 'self.' This organizing subjective experience is the preverbal, existential counterpart of the objectifiable, self-reflective, verbalizable self" (p. 7). Central to Stern's criteria for normal interpersonal development are the sense of agency, without which "there can be a sense of paralysis, the sense of nonownership of self-action, the experience of loss of control to external agents. . . [and] the sense of physical cohesion (without which there can be fragmentation of bodily experience" (Ibid.). In Stern's (1985) developmental scheme, the sense of a core self is the earliest recognition of self-differentiation from other. The core self forms between the ages of two and six months as the infant realizes he or she is separate from the caregiver and therefore has his or her own history, affects and physical self.

The four aspects of the core self are self-agency, self-coherence, self-affectivity and self-history. All are necessary for adult psychological health and these core self aspects are impacted at any point in life when an individual is dealing with illness. As the infant matures, other senses of the self develop; this study, however, is concerned only with the sense of a core self because of the emphasis on the early recognition that physical body awareness contributes to early self-other experience. "The notions of a core self and the construction of normal self-regulating others [are] useful to the general outlines of a theory of Self Psychology" (Stern, 1985, p. 242). From early life, self regulation and selfobject functions are embedded in the physical experience.

Kohut believed that a healthy, cohesive self is a bipolar self. This bipolar self develops through primary selfobject relationships which either (1) mirror a grandiose self affirming the child's exhibitionistic narcissism or (2) merge with an idealized selfobject that brings a sense of wholeness and safety to the child. These two poles are known as the bipolar self. In *The restoration of the self* (1977) Kohut discussed compensatory structures, the skills and talents that exist between the two poles. A cohesive self consists of both poles and the healthy tension arc between the two poles. This tension is regulated by the development of compensatory structures. These compensatory structures are an adaptation to the failure of primary selfobject experience. In self-psychological terms, such compensatory structures are the source of creativity. Kohut (1984) explains:

> Prolonged attempts to obtain even minimally adequate selfobject responses for one constituent of the self have failed . . . another is tried. . . For the uplifting, self-organizing experience that comes from the availability of a selfobject that is idealizable. Just as a tree will, within

> certain limits, be able to grow around an obstacle so that it can ultimately expose its leaves to the life-sustaining rays of the sun, so will the self in its developmental search abandon the effort to continue in one particular direction and try to move forward in another (p. 205).

Compensatory structures are developed through a process of transmuting internalization. Transmuting internalization is the structure formation that occurs in response to optimal frustration, or the non-traumatic failure of childhood selfobjects. Optimal frustration is essential, and a normal occurrence, in the growth and development of the self: it leads to the transformation of normal failures into the psychological structure of a stable and healthy self. Psychic structure results from adaptation to ordinary disappointments in the selfobject. However, since Kohut believed that development is never free from either disappointment or actual trauma because of failures in the primary selfobject (Siegel, 1996), this process of transmuting internalization may be key to both the development and restoration of self cohesion. This holds especially true at a time when one is confronted with life-threatening illness.

Tolpin (1971) further delineated the role of transmuting internalization in the development of the cohesive self. She cites the infant's attachment to the transitional object as a prime example of the transmuting internalization of the maternal soothing function into the child's own structure to maintain cohesiveness. From a developmental perspective, the infant first learns to recognize the mother's soothing and tension-relieving attributes. As one of its first creative acts, the infant imbues the blanket with the soothing aspects of the mother. This serves as a restorative act when there is the threat of fragmentation. Tolpin notes that:

> when the infant's own mental activity equips him to soothe himself, he demonstrates with his blanket a special case of a *transitional form of mental structure* that results from narcissistic cathexis of the idealized parental imago. . . . This phase appropriate 'mental structure' is neither wholly internalized nor wholly external"(p. 328).

The blanket is lost and found again. "Repeated, minute experiences of loss lead to the narcissistic cathexis of the blanket that creates the illusion of soothing symbiotic merge" (p. 328). These functions, which Tolpin, Kohut and other 1970s authors considered maternal functions, may now be understood as idealized functions. Thus Tolpin's (1971) comment that "it is the cathexis, optimal loss, and internalization of supporting maternal functions which build the ego during infancy" (p. 331) is understood as the belief that an omnipotent other will fix what is wrong.

Cohen and Abramowitz (1990) cite Stern's (1985) argument that the first reference to the emerging cohesive self is similar to what Kohut (1971) referred to as the "body self." This sense of the emergent self becomes the context, or frame, for every new situation one encounters over the course of life. Kohut believed that the body was the original vehicle for our exhibitionist needs. Life-threatening physical illnesses are a threat to the cohesiveness of the body self. As an example, Cohen and Abramowitz (1990) note in their study of people with AIDS, that the:

> seriously ill person yearns . . . or omniscient and omnipotent figures to merge with. . . . For this new and complex disease, however the doctors and other care givers do not have all the answers. Thus, for some PWAs [people with AIDS], physicians and other caregivers fail to provide the idealizing self-object function of the caregiving parent with whom one can merge and experience safety, calmness and healing. The resulting disappointment undermines the cohesiveness of the self (p. 164).

This disappointment is not unique to people with AIDS.

Kohut (1984) described the threat of disintegration of the self as even more pervasive than the fear of castration. Confronting his own life-threatening illness, Kohut (1984) wrote, “One of the conditions for the maintenance of a cohesive self as one faces death is the actual or at least vividly imagined presence of empathically responsive selfobjects” (p.19). This imagined selfobject presence may be a transitional object, which in this study may take the form of prayer. Winnicott’s (1953) work on transitional objects provides further elucidation.

Winnicott’s idea of the transitional object included transitional space as the source of culture and creativity. Bacal (1984) suggests that in self-psychological theory, transitional objects are transitional selfobjects because they provide selfobject functions. But for Winnicott, the illusory experience is the space, the “third part of life not the inner world or external reality—an intermediate area of experiencing to which inner reality and external life both contribute” (1953, p. 255-256). Winnicott argues that spiritual life occurs in this third space and is often expressed symbolically. In his analysis of Meissner’s 1984 work, Jones (1991) notes that Meissner (1984) uses Winnicott’s (1971) concept of transitional space in reference to prayer. “In prayer there really is no ‘object’ that the believer manipulates but rather a psychological ‘space’ or state of consciousness that she enters. . . .That may be the most significant referent of the term *transitional*” (p. 42). To return to Tolpin’s (1971) work, like the blanket or other transitional object that is imbued with selfobject functions, so, too, prayer/spirituality is a creative manifestation of selfobject function.

In comparing Winnicott's and Kohut's work, Baca1 (1989) notes that "Winnicott believed that the sense of self develops out of unordered, formless activity or play, but only if the environment reflects it back, and that one truly discovers oneself only in the process of being creative" (p. 264). In self psychology, *selfobject functions* (Kohut, 1984) are the equivalent to Winnicott's (1953) concept of *facilitating environment*. Bacal (1984) continues that "Winnicott asserted that the capacity to be alone (in external reality) depends on one's sense of never being alone (internally). Similarly, self psychology recognizes that the availability of the selfobject is a necessary condition for the self to maintain its cohesiveness and strength in the face of separation" (p. 264).

Using Rizutto's (1979) work, one can see that prayer evolves from the use of illusory space/transitional space and serves a compensatory function (Holliman, 2002) to reinstate normal, healthy grandiosity when the stability of the self is threatened. As Bacal explains the "essence of [self psychology and Winnicott's theories] is that the good-enough mother functions as a selfobject for the infant insofar as he experiences her as validating this creative gesture and giving it meaning" (p. 264). Prayer, similarly, serves a selfobject function in times of threat to the self. Religion, or for purposes of this study, prayer, is an illusion "by which we make the world we find ourselves in livable and meaningful" (Brickman, 2002, p. 210).

Brickman (2002) continues her argument with the belief that the narcissistic line of development grows throughout life. Mature selfobject needs may get met through religious practice. This practice may resonate with early selfobject

experiences. In times of threat to self cohesion, religion not only serves as a compensatory mechanism to sustain self cohesion, but also to enhance the development of self structure and to provide transformative opportunities (Holliman, 2002).

Cohen and Abramowitz (1990) write that:

> establishing a new or renewed connection with one's spirituality may serve a powerfully stabilizing selfobject function. . . . If the PWA's spiritual orientation allows them to view the body as a vehicle for a self, a self that lives on in a sustaining selfobject milieu of the afterlife, physical death becomes less threatening. Dying becomes a merger with the eternally sustaining idealized selfobject milieu, spiritual power (p. 169).

They add that "Bolstering a sense of living in accordance with one's internalized goals and ideals can stabilize the self at the idealization pole, raising self-esteem and firming cohesion" (Ibid.).

CHAPTER III

METHODOLOGY

Aim of Study and Philosophical Foundations

The aim of this study is to discern the meaning of prayer to those undergoing medical treatment for a life-threatening illness. Research on the meaning of prayer to adults with a life-threatening illness is particularly well suited to hermeneutic inquiry. Hermeneutics is the practice of interpretation, a term first applied to the interpretation of Biblical text. Heidegger (1962), the twentieth century German philosopher, developed what is known as interpretive phenomenology. He believed that all text interpretation empowers the interpreter to understand one's possibilities. Through employing philosophical hermeneutics as the underpinning for qualitative inquiry, "Understanding is not . . . procedure- or rule-governed undertaking, rather, it is interpretation" (Schwandt, p. 194). In fact, in explaining this methodology, Van Manen (1990) cites Dilthey (1985). "The emphasis is the *lived experience*: the starting point and focus of science; *expression*: the text or artifact as objectification of lived experience; and *understanding:* not a cognitive act but the moment when 'life understands itself'" (p.180). Gadamer (1975) believes that understanding is always a specific interpretation embedded in the tradition of the text, be it written or oral.

Phenomenology dates to Kant's (1785/1998) use of the term to distinguish the study of our experience of objects and events from the study of objects and events themselves. In his 1807 work, Hegel further developed phenomenology as "the science in which we come to know mind as it is in itself through the study of the ways in which it appears to us" (Van Manen, 1990, p.183). Husserl's (1970) concept of phenomenology was the study of *Lebenswelt*, the lifeworld, our everyday world.

Hermeneutic phenomenology is a part of qualitative inquiry, an academic movement begun in the 1970s as an alternative theoretical construct to empiricist social science research. Although there are many types of qualitative inquiry, generally qualitative inquiry addresses concerns such as the subjective nature of research; a rejection of instrumental reasoning; and the importance of daily experience. Many postmodernists, according to Schwandt (2001), opt for "interpretation as a kind of spontaneous play or an incessant deciphering that unravels the multiple meanings of such notions as self, identity, truth and being" (Schwandt, p.203). Text analysis is not only written text but speech and performance as well. In this study, text is the interviews with participants, the field notes, electronic mail correspondence and other materials participants provide to me.

Hermeneutic phenomenological research aims to describe previously unarticulated subjective, personal experience (Van Manen, 1990). The research design is modeled on *Hermeneutic phenomenological research a practical guide*

for nurse researchers (Cohen, Kahn & Steeves, 2000) and *Researching lived experience* (Van Manen, 1990).

Miller and Thoreson (2003) express concern that spiritual beliefs and experiences cannot be adequately studied by enumerating variables. Hermeneutic phenomenology, therefore, is well-suited for the study of meaning such as that required for the study of prayer, an aspect of spiritual practice. The best way to understand the subjective experience is to speak to someone in length and in depth. As Steeves notes, "one of the tenets of hermeneutic phenomenological research is to see informants not in terms of groups of individual characteristics…but as people who offer a picture of what it is like to be themselves as they make sense of an important experience" (Cohen, Kahn, & Steeves, 2000, p. 50). Hermeneutic phenomenology allows the researcher to develop deeper meaning through a dialogic process.

Hermeneutic phenomenology (Van Manen, 1990) is both descriptive and interpretive:

> It is a *descriptive* (phenomenological) methodology because it wants to be attentive to how things appear, it wants to let things speak for themselves; it is an *interpretive* (hermeneutic) methodology because it claims there are no such things as uninterpreted phenomena (Van Manen, 1990, p. 180).

Thus, the prayer experience described will not be limited by preset conceptions.

Van Manen (1990) outlines the particulars for hermeneutic phenomenological research. The following aspects of hermeneutic phenomenology are particularly relevant in studying the meaning of prayer for those with a life-threatening illness.

Research is a "caring act: we want to know that which is most essential to being" (p. 9). Phenomenology is a human science because it is the study of a consciously and meaningfully lived world. This is done through language "that authentically speaks the world rather than abstractly speaking *of* it" (p.13). Phenomenology is intersubjective because the researcher needs the other to develop a dialogic relation to validate the phenomena described.

To do hermeneutic phenomenological research is to construct meaning from a lifeworld in which the full meaning remains uninterpreted. This raises the question of what the researcher brings to the interpretative task. Some authors (Creswell, 1998; Schwandt, 2001; Van Manen, 1990) believe that the researcher's personal assumptions can set aside in this form of qualitative research. However, my particular research design subscribes to Cohen, Kahn & Steeve's (2000) argument that the researcher's biases can never be fully excluded from the meanings constructed. In order to ensure that the constructed meaning is as close to the participant's as possible, as I became aware of my biases, I attempted to bracket them by acknowledging them.

This study describes what may previously have been unarticulated—the meaning of prayer to those facing a life-threatening illness. It is an attempt to discover the essence and structures of lived experience. Language and writing are used to explore this essence. As Van Manen (1990) explains, "The essence or nature of an experience has been adequately described in language if the description reawakens or shows us the lived quality and significance of the experience in a fuller

or deeper manner" (p. 10). For these reasons, hermeneutic phenomenology is an excellent methodology for this research.

Operational Definitions of Major Concepts

Religion and Spirituality

Religion is an institution that may be centrally concerned with spirituality but it is a social entity defined by boundaries. As a social entity, religious institutions serve multiple purposes (Miller & Thoreson, 2003). It should be noted that like some scholars (Dane, 2004; Taylor & Outlaw 2002) I have separated the definitions of spirituality and religion. Others (Dein & Stygall, 1997; Jones, 1991; Meissner, 1984; Rizzuto, 1979) use the terms interchangeably. This study uses the *Oxford English Dictionary*'s definition of spirituality. Spirituality is "the quality or condition of being spiritual; attachment or regard for things of the spirit as opposed to material or worldly interests" (Simpson & Weiner, 1989, p. 259, www.OED.com, retrieved 9/27/06). The *O.E.D.* definition of *spiritual* is "of or belonging or relating to, concerned with sacred or ecclesiastical things or matters as distinguished from secular affairs" (Simpson &Weiner, p. 258). Definitions of spirituality are not confined to the inclusion of a deity.

Meaning

Meaning is the interpretation of lived experience.

Prayer

The *Oxford English Dictionary* (1989) defines prayer as "a solemn and humble request to God, or an object of worship; a supplication, petition or thanksgiving, usually expressed in words" (Simpson & Weiner, p. 202, www.OED.com, retrieved 9/27/06). For purposes of this study, prayer is a personal and self-defined experience. It may be expressed through the language or activities of a specific religion or culture. Prayer addressed to a deity differs from participation in religious institutional practice in that independent, volitional prayer is an internal experience. Only prayer outside of the structure of a formal worship service will be studied. Although the definition cited above includes an object of worship in this study prayer need not be deist based. Prayer is an activity. Praying is an experience. Prayerful is a feeling state.

Medical Treatment

Medical treatment is defined as compliance with a course of action recommended and supervised by a medical doctor.

Life-threatening Illness

Life-threatening illness is defined as any diagnosable illness that may place an individual in imminent danger of death. It includes those who are in the chronic phase of an illness and are immersed in "the lived experience of monitoring bodily processes… [that] involve the appraisal of those processes as expectable, serious, or requiring treatment" (Kleinman, 1988, p. 4). Life-threatening illness is a social

construct not a medical term. Those who agree to participate in this study will be responding to the threat of death but may in fact, survive the illness. Life style change is not sufficient to return the study participant to a previous level of functioning.

Statement of Assumptions

It is assumed that the diagnosis of a life-threatening illness prompts a sequence of personal, psychological, emotional and social responses within the diagnosed individual's personal, familial and greater social network. Some of those individuals diagnosed with a life-threatening illness will turn to prayer. There is a relationship between prayer and the individual's response to the illness. This phenomenon, praying in the face of life-threatening illness, is an appropriate arena for scholarly investigation. Prayer may include original language and/or traditional liturgy but it is assumed that prayer is a personal activity that transcends the articulation of any specific language.

It is assumed that praying over time constitutes a prayer practice. In addition, it is assumed that both the prayer and the engagement in prayer practice have some meaning to the person praying. Finally, it is assumed that the meaning of that prayer and that prayer practice can be elicited through the use of hermeneutic phenomenological methodology.

Research Design and Strategy

Using hermeneutic phenomenological methods and (Cohen Kahn & Steeves, 2002 and Van Manen, 1990) and the Sort & Sift: Think & Shift (Maietta, 2007)

strategy for data analysis, this research design addresses the question: what is the meaning of prayer to adults undergoing medical treatment for life-threatening illness?

Participant Recruitment

Participants were recruited through my presentation of the research at support groups, e-mail letters, written letters, flyers and phone calls (see Appendix A for sample letters and flyers). Two participants were recruited as a result of the researcher speaking to a cancer and spirituality support group. Another participant learned about the study from her cancer support group facilitator. Colleagues and friends referred the remainder of the participants.

The original recruitment plan of snowball sampling through professional colleagues proved more successful than attempts to recruit through informal networking organizations. Although I was able to address two cancer spirituality support groups, I was not able to speak directly to participants in other support groups or programs at that particular institution. Time constraints, confidentiality protection of those participants and participant need were cited as reasons for refusal.

Because four of the first seven participants were involved in Alcoholics Anonymous or Adult Children of Alcoholics, membership in a twelve step program was determined to be an exclusionary criterion in screening the last four participants.

Although not in the original plan, I decided to approach members of the clergy for participant referrals in an attempt to expand and diversify the participant base beyond those involved in Alcoholics Anonymous. In all, seventeen members of the

clergy were approached. Several were chaplains at either hospitals or hospice institutions. Not one person was referred by a clergy person.

For confidentiality reasons, before the start of the research, I decided not to use any members of my synagogue. Given how frank study participants were about their experiences, I remain convinced this was a good decision.

Some chaplains and clergy cited their own time constraints and confidentiality as reasons they could not make referrals. They cited the delicate nature of the subject matter, their lack of familiarity with me and the Institute for Clinical Social Work as further reasons they could not refer potential participants.

More significant to the study was an additional, unanticipated response by some clergy I approached for referrals. Two clergy people said they only had known of two people who prayed while ill—fellow clergy members in other cities. A third stated that people who seek chaplains while in hospice or palliative care are people who don't or can't pray. Several were uncomfortable with supporting a social worker researching prayer experience. These responses validated my original suspicion that clergy might not serve as successful resources for referral.

Although the recruitment method limits my results to a generally non-church going, urban population, the enthusiasm of the participants confirmed my anecdotal observation that many people pray and that that prayer, in whatever form, is a vital part of participants' lives. The following were criteria for inclusion: (a) male or female; (b) diagnosed with an illness within the last two years that would threaten the participant's life if left untreated medically; (c) currently undergoing medical supervision and treatment, which may include daily, weekly or monthly procedures or

doctor's check-ups at least twice a year; (d) involved in a prayer practice outside of a formal religious service; (e) may be a member of or participant in a particular religious institution and attend formal institutional prayer; (f) voluntary and confidential; and (g) willing to meet with the researcher in their home or a mutually agreed upon location where a confidential conversation can take place.

The following are exclusion criteria: (a) lifestyle change such as weight loss, exercise or cessation of an addictive behavior would not be sufficient to restore the participant to his or her previous level of health and (b) medical intervention is focused on comfort care.

Sample Selection

Criterion sampling (Creswell, 1998), a sampling method in which participants are sought by virtue of their experience of the phenomena, was used to recruit seven women and four men living in metropolitan Chicago for study participation. All were undergoing medical treatment for a life-threatening illness and all pray. Participant education levels range from high school graduate to college graduates with advanced degrees. They were between 40 and 65 years of age. Ten of those interviewed are white and one African-American. One participant was eliminated from the study because during our interview I determined his illness experiences to be chronic rather than recent. All ten participants have been diagnosed with cancer. Three of the participants had previous cancer treatments but identify their current diagnosis as first time life-threatening illness. The time frame between diagnosis of the current illness and the date of the interview ranged from two months to two years. Medical treatment

for participants includes surgery, and either radiation, chemotherapy, experimental therapies or a combination of these approaches. For seven of the ten participants, the medical treatment rather than the illness progression is their current physical challenge.

Regarding religious/spiritual affiliation: two participants identified strongly with the Catholic Church; two participants strongly identified with the yoga/meditation movement; one participant identified as Christian; one identified as a native practitioner; two identified as Jewish; and three did not have a specific affiliation. Two participants had been raised in the Catholic Church but no longer identified as Catholic. Four participants are involved in Alcoholics Anonymous and/or Adult Children of Alcoholics. I learned of this affiliation in the midst of those interviews (See Table 1).

Alcoholics Anonymous member participants speculated that since AA encourages sharing narratives with strangers; spiritual growth, and the power of group process, this study is a natural fit for those involved in twelve-step programs. Although I did not anticipate such strong participation from members of twelve-step programs, I concur with the participants' explanation. The lack of religious institutional affiliation for so many of these individuals is significant because it is a commonly held assumption that prayer is institutionally based. Yet, this study topic resonated with them sufficiently for them to either seek me out or agree to meet with me when I sought them out.

Table 1 Participant Data

Participant	Age	Childhood Affiliation	Current Affiliation(s)
Brenda	57	Jewish	Synagogue member
Bridgette	45	Catholic	Non-church attending Catholic, ACOA
Carol	62	Episcopalian	AA
Christine	50	Catholic	Meditation/yoga
Dorothy	40	None	None—former and future AA
Keith	60	Christian Church (Disciples of Christ)	Christian, Protestant church member
Laura	56	Christian Science	Yoga/meditation AA
Patrick	45	Catholic	Catholic, men's spirituality group
Ruth	65	Unaffiliated Jewish	Jewish prayer community
Ted	60	Catholic	Native practices

Data Collection Methods and Instruments

Personal interviews and field notes are the main sources for data collection for this research. Van Manen (1990) describes the *hermeneutic interview* as one in which there is a conversation between two speakers [researcher and participant] and from this "conversational relation" (Van Manen, 1990, p. 98) the phenomenon being studied emerges. Because participants in hermeneutic phenomenology topics are often very interested in the research project, they tend to reflect on their own experiences as a part of the interview process (Ibid.). Participants were unusually

cathected to the topic and many offered further help. One participant requested, and received, a copy of our interview transcripts. All interviews were digital voice recorded although two interviews continued after the conclusion of the voice recording.

Seven of the included participants were interviewed twice. Two participants were interviewed once. One participant was interviewed a third time in an attempt to further understand the relationship between the Alcoholics Anonymous experience and prayer during life threatening illness. All but two interviews were held in participants' homes. The remaining two interviews were held at participants' place of work.

Participants were in various stages of medical treatment when interviewed. One participant received a chemotherapy infusion during our interview. During both of our interviews another participant administered a pneumatic compression device to her arm. This device lessens the swelling in her arm, a result of the lymphadema caused by experimental treatments for cancer. At first she was hesitant to administer it in front of me but after I encouraged her to do so she reported feeling more physically comfortable and relaxed in sharing her narrative. Two participants wore caps to cover their hair loss and one participant, completely bald, chose to not cover her head when we met. Two interviews ended when participants said they were fatigued. Despite the exacerbation of a heart condition, one participant insisted on completing our second interview before requesting medical intervention. She felt it important that I, as a social work researcher exploring prayer during illness, be exposed to the "tumbleweedness" of her prayer experience. A follow-up e-mail from

her assured me that she had been low on potassium but was doing fine. Her determination to hold our interview despite her symptoms seemed to be based on her wish to have her experience uncovered, known and understood.

For the first interview, participants met with me for one to one and a half hours in their homes or, in one situation, an office. I questioned participants from a semi-structured questionnaire. Participants were asked about their responses to illness and subsequent treatments. Next, participants were asked whether the individual prayed before diagnosis and if so, for a description of previous prayer practice, and how it has changed since the diagnosis. They were asked if their prayers were directed at anyone or anything and if so, to whom or what. Last, participants were asked to discuss what they are praying for and for sentiments regarding the prayers' impact on them. Some participants were asked whether their prayers are answered. (See Appendix B.) As the data emerged, questions were refined to further discern threads or qualities of the praying experience that appeared in early discussions with participants. For example, since many participants associated their praying with music, I incorporated probes regarding music into discussions with the remaining participants. I also began to listen for sensory aspects during the praying experience.

During the second interview, I reviewed relevant data with the participants to confirm and expand upon what they have shared in the first interview. In addition, I asked any follow-up questions which emerged. One second interview was held in the participants' workplace. The reset were held in their homes.

Field notes—notes on material items the participants' chose to share with me, the environment in which the interview is held, observations of body

language, tone of voice, dress, and demeanor, and my reflections and self-evaluation of the interview experience—were written soon after each interview and utilized in the data analysis.

Data Analysis

Thematic analysis is the organization of descriptions and interpretations of the data over time (Van Manen, 1990). Maietta (2007) contends that qualitative research, the raw data that makes possible thematic analysis, is always evolving. This certainly is the case for this research study. Maietta goes on to pose three questions which have served as guideposts for analyzing my data:

1. Is the research evocative?
2. Is the work believable?
3. Is there room for serendipitous data?

With Maietta's (2007) questions in mind, I began the process of thematic analysis with my very first interview and I continued to refine and revise my analysis after each subsequent interview session. Each interview was digitally recorded. I made the conscious decision to personally transcribe the oral interviews to written form, a painstaking and lengthy process, in order to more fully immerse myself in the data. This became my "orienting gestalt" (Cohen, Kahn and Steeves, 2002, p. 76). Through the transcription process, the re-reading of the transcriptions, as well as reviewing field notes and early interpretations of the data, I began to develop themes through the *selective highlighting approach* (Van Manen, 1990) for later analysis. In addition to Maietta's questions, I

benefited from Van Manen's query: would the statements(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being studied?" (Van Manen, 1990, p. 93)

The qualitative research computer program, Atlas Ti, served as an heuristic organizing tool, enabling me to continually inventory the data and develop layers of meaning. Three specific heuristic organizational devices were utilized: codes, quotations, and memos.

Codes served as notations of potential findings. Two different types of codes were used: *in vivo*, that is, taken directly from the data; and open coding, or descriptions of the phenomenon discovered. As findings were refined, the codes were either expanded or collapsed.

Quotations, consisting primarily of thick description (Geertz, 1973), were used to advance my analysis of emergent themes. The quotations selected are indeed sufficiently "thick" for readers to understand why interpretations are made and to place the data in its context, as well as to provide sufficient access to the real text so that further interpretations can be made based on logical sequencing.

Memos reflected my on-going thinking about the phenomena I was uncovering. Each interview was summarized in a detailed memo. In addition, throughout the process of immersing myself in the raw data (both the tapes and the written transcriptions), I developed a list of questions or thoughts that allowed me to discern emerging themes. I reviewed and reworked these emerging themes, over and over again with my dissertation chair and other committee members.

Maietta (2007) warns us that research participants do not speak in the language of codes. With this in mind, I examined evolving patterns in my memos, selected quotations and themes, with particular concern regarding previous assumptions. Using Atlas Ti's diagram and network tools (see Appendix C for examples), I clustered quotations, memos, and codes to establish themes, findings and subfindings. Participant transcripts were compared to ascertain the influence of particular demographics and life experiences. I then began writing and rewriting my findings – continuing my investigation by reviewing and rethinking the data in a nonlinear process (Maietta, 2006). Ultimately, this complex and evolving process led to a sophisticated, nuanced and systematic study of personal experiences and meanings.

Protecting the Rights and Confidentiality of Participants

Participants were told their participation was voluntary and confidential and that they could withdraw from the study at any time. When participants became emotional (teary, significance changes in voice inflection or body language) I discussed with them whether they wanted to continue our conversations. In one situation, the participant asked to stop the interview briefly until she became less upset. Names of three clinical social workers were available for up to three debriefing sessions at no cost to the participants but none requested them. I provide my phone number in case the participant wanted to contact me about any distress occurring subsequent to the interviews. All participants were reminded that they had the right to not answer any questions they chose or to skip certain topics of discussion. I did not participate in any prayer practice with

participants and no religious doctrine was advocated. I answered questions participants asked about me and the research.

I screened potential participants by telephone interview or electronic mail and reviewed the research protocol, the nature of the questions asked, the Institute for Clinical Social Work Individual Consent for Participation in Research form (see Appendix D for sample form) prior to the interview. In addition, criteria for inclusion was reviewed with potential participants. All participants read and signed two copies of the consent form which I then witnessed with my own signature. Each participant received one copy and I placed a second copy in a locked file cabinet separate from other study data.

All participants were identified by number and given pseudonyms. For tracking purposes, the names were kept in my locked filing cabinet. Digital voice recordings were transcribed as soon as possible and destroyed once transcribed. The written transcripts will be destroyed upon completion of the dissertation. In the transcription process, all identifying information including but not limited to names, addresses, and occupation were disguised.

All information gathered during this study are available for review by the participants either as the full transcript, in written summary form or reported verbally to them in person or by phone.

CHAPTER IV

FINDINGS

Introduction to Findings

The research findings capture, describe and reflect the experience of praying as it is lived by the participants interviewed for this study. They address the question, what is the nature of the phenomenon of prayer to those who pray while undergoing treatment for a life threatening illness? Hermeneutic phenomenology is used to analyze the lived experience of ten participants. Van Manen (1990) argues: "lived experience is the breathing of meaning" (p. 36). Lived experience has a temporal structure and can only be understood in retrospect. Lived experience is understood through structures of meaning or themes. These themes organize and interpret the data to "relate the particular to the universal, part to whole, episode to totality" (Ibid.). Meaning is multi-dimensional and multi-layered. Approaching lived experience as the "breathing of meaning" (Ibid.) is appropriate for this topic because these participants do not necessarily separate the physical, emotional and spiritual as separate issues they confront. The terms *prayer*, *praying*, and *prayerful* are interwoven into participants' descriptions of the phenomenon, reflecting the fluidity of their experience. Sometimes participants differentiate among the terms but frequently

prayer and *praying* are mixed together. Praying is not a linear process and the findings reflect that. For purposes of this study, I use *prayer* to mean an activity or object, *praying* to delineate an experience, and *prayerful* to express a self state. Theological practices are cited only to illustrate lived experience. They do not reflect theological accuracy or my belief system. Pseudonyms are used in participant quotations. For clarity, several participant-cited liturgical prayers are duplicated in the Appendices.

Transcribed interviews and field notes of nineteen in- person interviews with ten participants are the basis for identifying themes and subthemes about the lived experience of prayer. These themes reflect the "free act of 'seeing' meaning" (p. 79). Because this is the first study of its kind, thematic analysis of this lived experience results in a new interpretation of the phenomenon of prayer, a contribution to the field of spirituality and psychodynamic thinking. The themes created do not build upon one another and are not mutually exclusive.

Five themes, discerned from analysis of the phenomenon of prayer, constitute the major findings of this study. The themes do not necessarily build upon one another although aspects of the findings are sometimes interchangeable. These themes are one way, but not the only way, to organize the phenomenon of prayer (Van Manen, 1990). The five themes, each elucidated in its own section, are

1. Prayer is palatable.
2. prayer is transformative.
3. Prayer fluctuates in a cycle of lost and found.

4. Praying evokes a connection with the presence of an other (person, deity or belief).

5. Prayer is the attempt to comprehend the incomprehensible.

Finally, two unifying threads run throughout the findings. The first is the centrality of music in articulating prayer experience. Second is the experience of not being able to pray. Both threads are expanded in each finding.

Hermeneutic phenomenological research is context-based (Van Manen, 1990). All participants in this study are in the midst of medical treatment for a life-threatening illness. To contextualize the findings, some description of the subjective experience of the illness and treatment is necessary. Kleinman (1988) defines the illness experience as "the lived experience of monitoring bodily processes . . . [and] the appraisal of those processes as expectable, serious, or requiring medical treatment" (p.4). *Illness experience* is the term this study uses to describe the participants' unique illness. This protects participant privacy and allows prayer to remain the focus of the findings discussion. The illness experience includes the emotional, social and physical changes that result from a physical disease. For most study participants, the negative effects of the illness experience are related to the treatment and the subsequent side effects rather than the disease for which they are being treated. In the following quotation, Ruth explains this dissonance:

> There is a particular difficulty about putting what feels like a healthy body into a place where you know that you will get wilted. There is some man gonna come at my body with a knife, poke holes in my chest and stick chemicals in me. To take those things as helping agents you have to do some work.

In addition to the medical treatment, the illness experience includes anticipating a change in the quality of life. Brenda is beginning her medical treatment when we meet. In the following quotation, she describes her fears of the effects of the medical treatment. She is concerned about the medical treatment rather than the disease:

> Not being able to be in crowds. Rush hour buses are crowded. Overcooking all my food. I like undercooking my food. Having to cook everything to shoe leather and mush. That scared me more than hair loss.

Adjustment to the side effects of the treatment is also part of the illness experience. In particular, many of the participants are aware of in their physical appearance. Unlike Brenda, for some hair loss is a major focus of their adjustment. Dorothy, whose hair is cropped short when we meet, refers to her lost dreadlocks in both of our meetings:

> I was really into my locks. It was always "Go on. Do this. I will come back and lock up again." When he [the doctor] told me that I was going to get my hair cut this time it seemed like a long time until I was going to get back to my locks.

She adds, "I am not necessarily really vain, but I do like to look in the mirror and be happy with what I see." The illness experience includes multiple losses and lengthy medical treatment. The actual impact of the physiological changes caused by the disease.

Finding #1 Prayer Is Palatable

Introduction

"Just be present and quiet and try to clear your mind And see where that goes. That's palatable and it's nice for me" (Carol). In coining the term *palatable prayer,* Carol, a study participant, captures a necessary condition that all participants demand

of their prayer experience: she uses the term palatable to describe prayer that is acceptable and appealing to her.

Although she is the only participant to use the word palatable, all participants have clear ideas regarding palatability. It is an apt expression for summarizing this data because of palatability's two definitions. One definition of palatability is related to pleasing the sensory experiences of taste and sometimes smell. The other defines palatability as pleasing and agreeable to thoughts and feelings. The application of this unexpected adjective to *prayer* clarifies the participant's description of prayer experience.

Palatable prayer is an *in vivo* code, a term borrowed from grounded theory. It is derived directly from the data. Carol explains what is palatable in the following quotation by describing unpalatable prayer.

> All those [meaningless rituals] are pretty unpalatable to me. The ritual of going to church and acting prayerful and getting on your knees and getting up at the right time. The rituals that are imposed are kind of unpalatable. They don't do anything for me.

What makes prayer palatable differs for each participant but the need for palatability remains constant. Both palatable prayer and unpalatable prayer are visceral. Unpalatable prayers are not the opposite of palatable prayers.

Participants characterize palatable prayer in a variety of ways: as a sensory experience, as a personally authored experience tailored to the participants' own lives, as an experience that is externally validated, as an experience that references the current cultural landscape, as an adaptation of vicarious childhood or prior adult experience, or as an experience that exists in the here and now. Prayer is not palatable

when it includes: meaningless rituals, nonconductive environments, proselytizing by others, or bargaining.

Palatable prayer represents an interesting paradox. Despite the quest for personal authorship in determining one's prayer practices, participants seek validation from spiritual authority figures. This is the paradox of self-authorship and is discussed between the palatable and the unpalatable sections.

Creating a palatable prayer experience can take tremendous emotional effort. Sometimes participants struggle with this undertaking. Bridgette describes that difficulty in the following quotation. She feels conflicted between what she has been taught about prayer and what holds personal meaning:

> Because you can know things and know them all day along. But if you don't feel them, they are nowhere near as valuable to you. I know stuff that I don't feel. I feel stuff that I don't understand.

In this next excerpt, Laura reflects on her struggle to pray while facing life-threatening illness. Her prayer becomes a reflection of the physical and emotional difficulties she confronts. Prayer becomes a challenge equal to the challenge of the physical illness.

> [It] is a result of going through Hell. So when I look at these things [proscribed prayers] like the St Francis prayer, it all sounds good but the proof of the pudding is can you actually do it?

In the quotation above, Laura cites the St. Francis of Assisi Prayer (See Appendix E) as an example conventional prayer, an *in-vivo* phrase originated by Bridgette and implied by other participants. Conventional prayer is prayer that is not necessarily the participant's but what the participant imagines others believe prayer to be. Conventional prayer includes "reciting set prayers" (Dorothy), attending church or

synagogue (Carol, Bridgette, Laura and others) or “praying on the knees” (Dorothy). Christine thinks of conventional prayer as language based. She differentiates language-based prayer from her own prayer which is built upon meditation, yoga, chanting and music. In the above quotation, Laura wants more from a prayer than having it “sound good.” She wants to “actually do it.”

Some participants invoke conventional prayers or rituals but their prayer experience does not end there. The prayer experience is expanded from the language to an unarticulated realm. For example, Patrick explains: “When I face something difficult, I say a lot of Hail Marys—almost like a mantra—like to get into a state.” Patrick learned the Hail Mary from his mother and his Catholic school. Reciting the Hail Mary conjures positive associations with a more carefree time (see Appendix F). He begins with prayers from childhood but expands them to enter a different state, explaining this with the Buddhist term, mantra. The ritual prayer, Hail Mary, is not what he means when he describes his prayer experience.

Palatable Prayer

Palatable Prayer Is A Sensory Experience

“You are trying to stay prayerful. So you got the music on to keep you motivated” (Dorothy).

Prayer has powerful sensory components. Although prayer is assumed to be language-based, the phenomenon participants describe is something more than language. While language is not always present during their praying, music is one theme that appears throughout participants’ prayer. It is an aspect of every major finding in this study. Brenda explains it this way: “Music is the voice of God because

it speaks heart to heart." Hearing music speak is one example of the sensory nature of prayer.

Music that addresses the participant in the particular moment in a way that can be heard is palatable prayer. For Brenda, this includes musician John Bucchino's lyrics: "'Whatever stone life may sling, we can moan or we can sing.'" That song becomes her prayer experience both because of the lyrics and for other associations she has to the song. As a part of her prayer, Dorothy chooses the gospel television station programs based on her mood. In this quotation Christine recalls the Latin mass of her childhood. Looking back, it is the music, not the language that makes the experience meaningful. She reflects on this insight:

> I thought it was stupid to have mass in a language that no one even knew. Now I can see the chanting part where words and meaning start going away and become a very powerful thing.

Christine hears a fourteen-year-old play *Amazing Grace* on the saxophone at a funeral. For her it is a prayer because it is, as she puts it, "[in] the category of hitting the notes in a high way. Kind of rises above something. You are above the realities of life." For Christine, the sensory experiences of sound, movement and vision create prayer.

Keith, a musician, celebrates the Brahms Requiem, Dave Brubeck and big band jazz as prayer. Below he explains how the music becomes prayer:

> I will listen to certain types of music knowing that that is what I need to hear at the time. If I need to hear spirituals, I will listen to the spirituals and pull my prayer out of the spiritual type stuff I have all kinds of Gregorian chant, all kinds of chants that put me in a mystical experience. I can then listen to Brahms Requiem and be in tears.

Keith further explains, "[I]can really become grounded in what I believe just by listening to that music." Like Christine, it is often music and not words that make prayer palatable to him.

Ruth describes an experience during a prayer service in which the community's unified sound creates prayer. "At the end of the *Amidah* [Jewish silent prayer] we were still standing and [someone] started singing 'Behold holiness is all around you' and soon everyone was singing and it felt different."

Prayers involve the other four senses as well. Prayer may be tactile. From the start of his illness experience, Patrick holds the St. Joseph's medal he has worn as a necklace since the death of a young nephew 9 years ago. He describes it this way. "When they said you have a mass in your abdomen, I just held onto St. Joseph the whole way." Laura who practices yoga and meditation often makes us of tactile experience. "I sometimes wear [my mala beads] when I feel really insecure." Ted's Native practices[4] are the most consciously and actively tactile. "If I am having a bad time I will go out on the patio. I will smudge myself or wave the sage smoke on me." Using both touch and smell, he purifies himself and feels connected to thousands of years of smudging practices. Although Ted has no Native American ancestry, in the midst of his illness he finds the Native traditions more meaningful than Catholicism, the tradition in which he was raised.

"Sometimes I visualize hands that treat me and take care of me" speaks to Ruth's visual and tactile experiences. Other participants feel and see the hand of God, or in Brenda's case, her deceased husband's hand, during prayer. Participants refer to

[4]Ted's term for what is commonly understood as Native American.

the sense of taste. Patrick gets a sour taste in his mouth when he prays for those with who he is in conflict. Ted quotes the late rock musician Warren Zevon: “Savor every sandwich,” in describing praying. Christine considers her vacation home in this next response utilizing sight and touch. “There is something about seeing the mountains and feeling this upward inspiration about them that is a prayer in itself.”

The above examples reflect the nonverbal and sensory nature of the praying experience. These sensory experiences are implicit knowledge based on early preverbal learning and provide soothing functions during participants’ prayer experiences.

Prayer Is Personally Authored

> You really do have to know yourself. You have to know who you are in relationship to the world (Keith).

Keith’s comments reflect his belief that prayer and self-knowledge are intertwined, a theme in the study findings. Prayers derive from the choices the person praying makes about how they pray, creating a sense of personal authorship in the participant. That sense of authorship is crucial to respondents. Patrick describes his response to his diagnosis:

> I knew right then and there that this is something that was completely out of our control. If your roof starts leaking, you can call the roofer. You can wash the floor. But this is not something you can really do anything about.
>
> You can listen to what they want to do to you. You can agree or disagree. But you got to take the medicine they give you. If you agree to the regimen, you can just show up.

However Patrick may articulate how out of control he feels, he immediately turns to prayer, wresting control of his prayer life even in the midst of his initial,

unanticipated hospitalization. The St. Joseph's medal he wears keeps him close to the saint of fathers with whom he identifies. Although he was by himself during the incident described below, he uses the first person plural. St. Joseph accompanies him:

> They wanted me to take the medal off and I didn't want to. She [health care professional] let me hold it in my hand. I didn't want to let it go. When they wanted to take the medal away from me that was when I knew he was with me the rest of the way.
>
> During surgery they wanted to take it off. I got them to wrap it in a bandage and tape it to my arm. They wanted to take it upstairs to the room. I was, "I want to keep him here in this room." This anesthesiologist said, "Just tape it to his arm."

Ruth recites a blessing immediately before receiving chemotherapy. This blessing is based on a prayer she develops with the Orthodox Jewish nurses from whom she receives the chemotherapy, combining both her and their knowledge of Jewish practice.

Ted faces a particular dilemma for invoking prayer. He practices native traditions. One prayer practice is a prescribed laying of tobacco on the ground. During his hospitalizations, he lacks access to the ground. In this quotation he explains how he solves the dilemma. "I actually gave some tobacco to one of the hospital nurses. I asked her if she minded putting some tobacco down after her shift. She had no problem doing that. I was appreciative." Enlisting this assistance becomes his prayer experience.

These examples demonstrate expanding previously helpful prayer resources into current life circumstance. Through their singular focus on invoking a palatable prayer, there is the unanticipated consequence of receiving others' aid and support. Deeper relationships with medical caretakers result.

Keith and others are more private in their prayer. His prayer demonstrates the hybrid aspect of prayer. Below he shares how he determines his prayer:

> I have read Harold Kirshner. I have read multiple books on Eastern religion, Buddhist stuff. Meditation. So I sit there and I try to listen to be quiet. I get answers to these prayers.

Although Keith identifies as Christian and is a member of a Presbyterian church, during this illness he incorporates other prayer traditions gained through intellectual inquiry, a primary interest for him. In so doing, he continues this inquiry and expands the inquiry to include his current life situation.

Keith remains acutely aware of opportunities for prayer. He illustrates this as follows. “If I am sitting having a meal, particularly if that meal is something that I like, I am close to my inner soul at the meal. I can do that at anything.” The recognition and personal use of such opportunities enhances his sense of authorship.

Participants who are in Alcoholics Anonymous or Adult Children of Alcoholics and undergoing medical treatment for a life-threatening illness pray to be able to “turn it over” as they do in recovery or did in previous life challenges. They identify that specific expression with prior mastery over difficult situations. Some recite prayers popularized by Alcoholics Anonymous such as the Serenity Prayer (see Appendix G*)* and the St. Francis of Assisi Prayer, both written in the twentieth century and found in Alcoholics Anonymous publications.

Despite welcoming other people’s prayers, participants are insistent that to be palatable, the prayers must be their own. Dorothy explains this concept in the following statement: “I leave it to [my mother and my friends] doing it the way they do it and I do it the way I do it. I think it [praying] works that way.”

Palatable Prayer Includes Seeking External Validation

There is a paradoxical element in the authorship of palatable prayer that deepens its complexity. That paradox is the need for external validation for what emerges from such a highly personal, internal experience. What distinguishes this element is the desire for approval by a perceived authority. Perhaps this paradox is best illustrated through Carol and Ruth. Prior to the onset of their current illnesses, as adults they were both involved in feminist spirituality which included shamanic journeys and visualizations. Their adult spiritual journeys reflect their coming of age during the feminist and sexual revolutions of the 1960s and 1970s. Despite their reports of the powerful nature of those spiritual explorations, at this particular time in their lives, confronting life-threatening illnesses, they seek, as Ruth phrases it, "the gold standard" of prayer. They want to be assured that their prayer is correct and valid even as they make their idiosyncratic adaptations.

In the following excerpt, Carol demonstrates the phenomenon with her introduction to the concept of palatability. While characterizing meaningless rituals on the one hand, she also references a twentieth century novel about a 14th century nun, *Mariette in ecstasy.* "It is nice to be permitted by some kind of 14th century whatever in the Catholic Church to just be present." Despite Carol's arguments for personal authorship in palatable prayer she seeks validation from an external source. Ruth compares her prayer and limited Jewish knowledge to a rabbi known for studying healing prayer practice. In this quotation she struggles with whether her prayer is equal to his:

> I do what is right for me based on the education I have. People practicing spirituality out of education rather than out of spirituality have more gold in it as far as standards. Each of us must find our own way. If I pray, my prayer has as much weight as theirs does. I don't assume that if I prayed for my healing and [Rabbi] prayed for my healing that his would [count for more] or maybe it does. Maybe there are people who can evoke more of a path to God.

Despite the need for personal authorship, the quest to ensure validity and affirmation assures the participant of her connection to others, particularly those with more authority or knowledge. These others include religious leaders, family members, fictional characters, or religious intermediaries and even the researcher. Carol acknowledges that her interest in participating in this study is in part to receive validation from me, a Ph.D. candidate researcher.

Others express the need for validation of their prayer experience as well. This seeking of validation can include validation from family members and those people participants might consider expert on the topic. Although Ted does not return to any Catholic prayer he continues to seek his family of origin's validation for his prayer practice. He appreciates his wife's support of his spiritual explorations. The two participants who meditate as their primary spiritual experience ask me if I think that their meditation is prayer.

Like Carol, other participants seek validation and direction in theological and spiritual readings. As Keith explains, "I look at my spiritual life, contemplate it for a time and then see where it goes In reading historical stuff [I learned] that is what they [theological thinkers] do." Even though Keith, Carol and others are engaged in personally significant prayer processes, their own experience is insufficient confirmation of the praying experience's validity.

Internalizing The Vicarious Experience Of Prayer Results In Palatable Prayer

In their current prayer experiences participants draw upon previous positive prayer experiences from either adulthood or childhood. These experiences range from minimal observations and childhood witnessing of another's prayer to an active adult exploration of prayer. For most there is a meaningful memory associated to praying. For example, there has been either a direct or vicarious experience of watching someone significant pray. That experience is then adapted and results in its own meaning.

Brenda recollects her grandfather's morning prayers in this example of a vicarious experience of childhood prayer:

> Did he have a tallis! [Prayer shawl] There were eight of us in the house. My grandparents, my parents, my two sisters, me, my aunt Everyone was fighting and yelling and he was this island of calm. In the middle of the chaos, just davening [Yiddish for praying] every morning.

Reflecting on her positive relationship with her grandfather, she clarifies the connection of his prayer to hers. "I think of him as a model for prayer Just to be able to find [it]. He found a peace within himself where the chaos that went on around him did not exist when he was praying."

Sometimes childhood memories of vicarious prayer are recalled verbatim. When Bridgette was five years old, a tornado hit her neighborhood. In this excerpt she recalls her mother of five's actions:

> The glass in the picture window in the living room shattered. She pushed us into the bathroom and closed the bathroom door. And as she sat down on the toilet, and she was good and pregnant, she rocked back and forth, she repeated the Memorare. Kids don't learn the Memorare. But me and my sister Margaret that's the day we learned it. Because my mother must have said it about 100 times.

> She was in as bad a situation as she could have imagined and that is what she did. She took care of the practical issues. That was all she could do. When that was done, she turned it over**.** And that would be the prayer I say when I am most upset.

Bridgette's mother's prayer becomes her own. She, like her mother, reserves the Memorare [see Appendix H] for moments of crisis.

Members of AA cite suggestions from other group members regarding prayer and spirituality. Peer group experience is critical in some participants' development of palatable prayer. One particular prayer cited is the *St. Francis of Assisi Prayer*. By invoking this particular prayer, participants vicariously experience the images of both of a thirteenth century monk as well as the AA fellowship. Participants identify with the praying experience of their cohort. They remember tales of the medieval saint. These identifications are internalized and make the prayer palatable.

After I end my formal interview with Patrick, he says to me, "What you really need to know is that a lot of guys, blue collar guys, are reading about spirituality, prayer and the Dalai Lama. Not who you would think." Patrick attends a men's spirituality support group twice a week, unaffiliated with a church. He insists I understand how many men are involved in spiritual pursuits and how much he relies on that shared experience of spiritual pursuit at this crucial time. Recalling the prayer experiences of his peers and the literature they share in their spiritual search serve as vicarious experiences of prayer.

Vicarious experience of prayer is not only a result of direct exposure to others' praying. Some learn to pray from other sources. Carol insists on beginning our first interviews by reading from *Mariette in Ecstasy*, a novel about a 14th century nun with epilepsy. She continues our meeting by reading a passage written by Thomas

Merton and then mails both passages as well as additional work by Thomas Merton to me. To distill palatable prayer, Carol rereads books that have been helpful to her earlier in her adult life, particularly during her struggle to recover from alcoholism. Keith reviews his compact disk collection and is delighted to rediscover meaningful music from his college church choir. Christine draws upon vicarious prayer experiences of both childhood and adulthood during her illness. Raised Catholic, she has been interested in meditation since college. She advocates meditation in her professional work and practices it during medical treatment as she describes in this passage:

> I got very interested in meditation and spirituality [as] a bigger force and a bigger being. I meditate on a fairly regular basis and have a regular yoga meditation practice. During scary times, I use those, more than actually saying, 'Oh God, please save me,' more than my traditional sort of thing.

Although Christine does not attend mass or recite any Catholic prayer during her illness, she has fond memories of a childhood enveloped by a caring church community:

I remember thinking that if my parents die the community will take care of everything. People were looking out for me. The sweetness of getting sick was this outpouring of help for me—the assistance in bringing soup and doing things. There is spirituality for me around people coming together, creating community. Throughout her illness, Christine feels she is surrounded and cared for by what she calls, "a ring of light." By our second meeting, Christine expresses relief to be returning to her long-standing role as the provider rather than the recipient of that ring of light. The vicarious prayer that Christine internalizes from childhood is a caring community

rather than a ritual or words. The circularity of the ring assures her that she will return to her role as a provider.

Some participants articulate feeling a lack in their childhood memories of prayer. Raised in secular or minimally religiously affiliated homes, those participants addressed what they believe was lacking in their adulthood prior to receiving their current medical diagnosis. With the onset of the illness, they turn to more recent adult prayer experiences. Laura's prayer and spiritual life developed in adulthood. It is the adulthood experience she draws upon in her illness. In the following excerpt she discusses her meditation practice:

> Before all this I had been not feeling the effectiveness of my old mantra. I vowed in the hospital that even if I had to go to Tibet, I would find a seriously qualified meditation teacher. Someone who was the real deal. I found him here in Chicago. He gave me my mantra. It has helped big time.

For a few participants, there is some regret at not having learned to pray or to derive comfort from prayer as a child. They don't quite feel this can be compensated for as adults. Brenda ensures her daughter receives the Jewish education she did not. She vicariously experiences Judaism through her daughter's knowledge and practice. This involvement introduces Brenda to a community which is more sustaining for her than actual Jewish liturgy. This is her response to a question regarding whether synagogue music ever functions as prayer for her:

> The only time is on Yom Kippur when everyone shows up. During the Avinu Malkeinu [a prayer recited only during Yom Kippur, considered the most important Jewish holiday]. The congregation drowns out the choir. It gives me chills. I feel a love of the community. You have this swelling of noise. The congregation is a wave of emotion.

Palatable Prayer Is Grounded In The Current Cultural Landscape

For many participants, the prayer experience is a hybrid of the secular and the sacred. It comes from a cultural context. Socio-cultural references illustrate a continuous tie to the larger world. Prayer may be expressed through a description of the mundane activities of daily life. Several participants use traffic metaphors (e.g. "Everybody stay in your lane" and "Like if you are driving along and you almost get hit by a semi and you say, 'Thank you, God.'") to describe their praying to me. Current events such as the war in Iraq, Barack Obama's magnetism, and the challenges of urban living contribute to participants' prayer by providing experiences from which to draw.

Bridgette's comparison of the awesomeness of the White Sox 2006 World Series victory to the awesomeness she experiences in prayer after receiving a cancer diagnosis is an example of the incorporation of meaningful external events into one's internal prayer life. Their long awaited victory becomes her own experience. During our interview, homemade White Sox Christmas ornaments are on a table waiting to be hung on her Christmas tree, indicating the team's importance in family life.

Participants use many other cultural referents in their praying. Sometimes these cultural referents are vicarious experiences. They associate to particular music that is not necessarily based on religion. This includes the Rolling Stones, Stephen Sondheim, Mozart and spirituals. Culturally idealized figures such as Buddha, Gandhi, Martin Luther King, and Desmond Tutu are invoked by some. One participant's prayer is inspired by a *New Yorker* poem. Another watches an Oprah Winfrey television show about *The Secret* and incorporates it into her praying. The

following quotation shows how Brenda's strong love for musical theater provides her with the opportunity to choose songs—praying to her—to match every life experience:

> All my life I have theme songs that accompany me because [they are] a comfort to me. There is a shared experience there. It is comforting to know someone else has felt it. Sometimes it is not the lyric. Sometimes it is the music. You hear that music. It transports you.

Prayer is not only evoked in response to the personal. In the second interview with Ted, held a week after the first, I observe an increase in his references to death and life review. I ask him how he accounts for this change. He thinks and realizes that he is reacting to a much publicized recent firing of a well-known radio celebrity. The media attention given this incident causes him to ask existential questions that impact his prayer life. Ted's surprise at recognizing the cause of his changed attitude exemplifies the pervasive and nonconscious influence of the cultural context on the praying experience.

Palatable Prayer Is In The Here and Now

"The prayers I have are 'Help me get through what I have to do.'" (Laura)

Prayer utilizes what is in the here and now. Participants are not always sure why they choose to pray as they do but reiterate that their praying is a response to the immediate situation and not some distant goal. Carol clarifies this in this statement. "I do not pray for outcome. I do not pray for remission. I wish but I don't pray for it."

Like Laura, sometimes participants pray when facing a particular medical treatment. They pray in waiting rooms. Bridgette describes a prayer as she waits to receive her radiation treatment, aware that she is to meet me later in the morning:

> There is a hum of people talking about how cold it is and spatially it is a very full waiting room and something's not right. It was palpable and then I started to laugh. There's my answer. I never said, "God help me be on time. Help me be where I need to be." In past prayers I have said, "Help me keep my sense of humor. Help me cope when I get stressed out. Help me manage my anxiety." That was an answer. It wasn't like anything was the end of the world.

Bridgette identifies her praying as the laughter generated in the face of an unpleasant situation. The prayer is targeted and spontaneous. Below Christine describes a prayer as an acceptance of the present. She uses a media reference to further illustrate her point. That her praying is influenced by marketing is more evidence of the impact of the cultural surround and identification of vicarious experiences:

> It wasn't about changing what will be but [finding a] place where I can do this.
>
> They have this commercial on TV for [a drug to treat the side effects of chemotherapy]. Lots of people saying, "I'm ready for my chemo now." A schoolteacher writing on a board. "I'm ready." There is a sense of "I'm ready." For whatever it is. There is a little bit of "Alright already let's do it and get it over with [in my prayer]."

Unpalatable Prayer

The distinction Carol made earlier between palatable and unpalatable prayer is repeated throughout participants' discussions. To be palatable, the prayer must be meaningful and personally embraced. What makes prayer palatable may be unique to each participant but participants are clear that there are particular attributes that make prayer unpalatable. Participants reject certain forms of praying as *unpalatable* because they are experienced as intolerable, meaningless or intrusive.

Meaningless Rituals

Carol's previous to church rituals as meaningless demonstrates that prayer cannot be externally imposed. Dorothy comments on her difficulties with demanding religious doctrine:

> I have a hard time believing in all these different versions of what "should be." Like the Bible has been written how many times? Human beings say, "Here it is. Here are the rules now." I just don't believe it's that way.

Nonconducive Environments

Participants reject other people's complex instruction or judgment regarding prayer. For prayer to be palatable to Dorothy, it needs to be simple and clear. Likewise, Laura reacts negatively to others' instructions regarding prayer. Here she describes a recurrent episode that illustrates this reaction: "Going to an [AA] meeting and a woman said, 'You know, Laura, God doesn't give you anything you can't handle.' And me getting really angry. And not saying back to her but thinking, 'Oh, I beg to differ.'" Laura seeks an authenticity behind those words. The environment must invite prayer which her experience at AA that day does not.

Participants are conscious of the people around them during prayer. Prayers in institutional settings as regarded as unpalatable when participants experience prayer rituals as unfamiliar, the institutional politics as an institutional priority, theological differences with the institution or the needs of others in attendance as precedence over their internal needs. Other participants also have similar experiences to Laura's experience with people in AA When these incidents occur, not only do participants find the recommendation for prayer unpalatable, they may become more upset.

None of the participants identify themselves as current church or synagogue goers, even those who are active in their chosen religious institutions. On occasion, Keith's wariness of fundamentalism distracts him from prayer in church. Patrick speaks of the prayer focus church provides him during his most intense medical treatment. Despite his "popping in and out of church," as he describes it, he ceases regular church attendance once the aggressive medical treatment is complete. Patrick relies on Catholic ritual learned during childhood throughout his prayer even though in general he is suspect of religion. Patrick struggles with how to pray without becoming distracted by his broader perspective. In the following example he moves from his singular palatable prayer experience to the complications of identification with a particular religious system. "Religion is responsible for a lot of deaths throughout history. It is divisive. People are of different denominations or beliefs …. People are attached to this divisive aspect to it. It makes people uncomfortable."

Participants affiliated with religious institutions may find the social demands of membership intrusive and difficult at a time when they need to draw upon all of their internal resources to face their illness experiences. In this quotation Christine explains her discomfort at church:

> In some churches there is one prayer in which everyone holds hands. It is not what I grew up with so I am not sure I like it. Maybe it is just the physical contact or the unfamiliarity of it. There is always awkwardness if you don't know if the person next to you wants to do it or doesn't want to do it. When I am there, I don't want to be hearing everybody's problems or stories.

To be palatable, the participant needs to feel that the communal prayer enhances their praying. Lack of privacy in the communal prayer experience detracts from a conducive prayer environment. One participant hesitates to let her illness

become too publicly known at her religious institution. This prevents her from praying there:

> There are certain people I don't want to know everything. It is not that I want to keep it a secret --I want] privacy and control of information. I don't want people looking [at me] and needing to know.

Keith, a choir member, is so distracted and upset by what he views as his fellow worshippers' lack of prayerfulness when he performs and listens to music that he stops attending church. In the above examples, it is a sense of community intrusion that feels disruptive to participants.

Sometimes people report feeling engulfed by church rituals and institutional practice. Ted confides his experience of Catholicism in the excerpt below:

> You have got this huge world history. You have these churches with the gilded figures. Lives of the saints. It was such a huge belief system. All you had to do was plug in some place. Yet the individual might get lost.

Ted and others find that institutional lack of recognition of their particular needs and wishes creates unpalatable environments for prayer.

Proselytizing

Participants are wary of those who proselytize religion or prayer. After a surgery in which Laura learned of her cancer diagnosis she became inconsolable:

> I was devastated. I asked to see a chaplain. I didn't care what religion they were. I was terrified that they would be a born again trying to convert me. When they tell me everything has a plan and that this has got to be God's plan. In which case I would go "Sorry, I don't agree." But she wasn't like that at all. It could have gone either way. Someone in that position could have easily turned me off. I would have had to ask them to leave the room. Were that to happen, it would have backfired.

Laura identifies her need for another person's presence to help stabilize her but fears that she will not receive an empathic response. *Backfired* implies Laura's awareness of two risks: first that the chaplain would not provide what she longed-for in prayer and second, the negative impact of dismissing the chaplain from the room. Of note in this description of a born again is that Laura also believes "everything has a plan." It is the imposition of that plan when she is feeling so vulnerable that is objectionable.

Participants use terms such as "sleazy" to describe those they feel may be taking advantage of their situation. Ted was delighted with so many people's offers to pray for him but in the excerpt below he describes one negative experience:

> [Someone at work] said I will pray for you to be saved. I said, "well, thank you.' He said, "No, I mean to be saved." I realized he didn't mean the physical survival. He wanted me to become a Christian. That's paying dues. I wasn't sure I wanted to satisfy one criterion to get the other.

Bargaining

Participants find unpalatable qualities in their own praying. Since their prayer is grounded in the present, they do not pray for some future outcome such as cure or vow to change their own lives to obtain that outcome. Brenda states it succinctly: "I don't pray for healing. That is the doctor's job. I just pray for the strength to get through it." Carol clarifies this theme:

> In the traditional sense of prayer, if you were a good enough person you would get the outcome you were praying for. I have learned over the years, certainly in recovery, you get what you can get. I don't believe that good people get good stuff and bad people get bad stuff. There is too much evidence in the contrary.

The participants do not want their prayer to be a form of bargaining or request. Bridgette explains, "I don't go to him with my favors. With my Christmas

list. He is not Santa." Brenda is clear on this point. "I don't believe in God as an informal used car salesman. It is not if I do this for you, you will do this for me." However, as Dorothy says, "I pray for things [because I am human] but I am trying to get away from that."

To review, palatable prayer is prayer that takes familiar and comforting forms which are shaped by prior childhood and adulthood vicarious experience of prayer. It affirms participant's authorship. Since palatable prayer is so honed to the individual's self experience, externally imposed prayer is deemed unpalatable. No matter what its form, participants seek validation for their prayer.

Finding #2 Prayer Transforms One to a Prayerful State

> Anxiety and the depression came when I felt totally boxed in. There was no answer. There was no exit. The prayer calmed me. It said, "You have to be patient" (Ted).
>
> "[With] cancer on your left shoulder, there was no relief. It was unrelenting. I didn't think I could get through it if I didn't ease that up somehow" (Laura)

Introduction

The experience of prayer is a complex transformation or movement from one self state to another. The palatable prayer experience described in Finding #1 almost always results in positive emotional change that strengthens the participant. Dorothy calls this positive emotional change "staying prayerful" and *prayerful state*, a description of a finite feeling, is an accurate and generalizable term to describe how participants feel during and after they pray.

In the first example above, Ted moves from anxiety and depression to calm, releasing him from his hopelessness. In the second example, Laura moves from the unceasing awareness of her cancer diagnosis and its treatment to relief from the pervasiveness of the illness experience. Prior to praying, other feelings reported by participants include feeling out-of-control, dehumanized, fearful, lonely, and depleted. Participants report changes as they pray. They feel better able to manage their lives, more at peace, able to face the realities of the illness, and more contemplative. What follows are several examples of participants' description of the dynamic transformation into what I am terming a prayerful state. In the remainder of this section, I describe aspects of movement to a prayerful state. Aspects of this finding include: becoming prayerful, gaining strength, becoming "more" prayerful, forming prayer, becoming prayerful through music, experiencing and expressing gratitude, and praying after the illness.

In the quotation below, Patrick provides one example of the movement from feeling out-of-control to feeling better able to manage the illness experience:

> You really can't see that cancer or get rid of it. You realize you are not in the driver's seat. Then you get through it. There is a source of help that is there for you. I am going to find a more peaceful way to get through my day. You can *get, draw on* [italics mine] a source of strength and help to get through things.

Patrick's frustration revolves around his inability to visualize the cancer, as if by seeing it he can influence or direct it. Praying is an activity that strengthens him. He uses two verbs: *get* and *draw on*, one after the other, to describe a dynamic aspect of prayer. The first, *get*, implies Patrick is receiving something. The second, *draw*, is more active. Using those words to describe the experience, Patrick moves from

passivity to action. Bridgette echoes Patrick's belief that praying moves her from feeling out of control to feeling that she has returned to a controllable reality:

> Either from training or instinct [praying] is what I do. This is where I go. I think "This is beyond me now." It regrounds me. Things get reordered, put back together. Everything explodes and then you go, "O.K., help me out here." Things get more manageable.

Below, Carol's description of praying in response to a medical procedure demonstrates that sometimes the prayer can focus on moving away from a state—such as dehumanization—rather than to a specific self state:

> It was not a painful experience. What I remember is how dehumanizing it was. You couldn't make it humanistic. It is terrible. I started mantra-ing through this. "Get me through this and get me home." It was literally disassociative and it was fantastic. I really wasn't really present. It got me home. And got me through it.

For Carol, this particular experience feels disassociative because she feels removed from the experience of the procedure she is undergoing.

Prayer transforms Keith from feeling trapped in a long-standing conflict with his father to forgiveness, freeing him for further personal growth:

> For 45 years I blamed him. I said, "Wait a minute, where is this getting me?" I started to pray about getting more understanding. I was able to forgive him and move on with my life.

Participants are aware that prayer is challenging and takes effort. Brenda considers that prayer can be quite difficult. "Praying for grace. That is a hard thing to do. To look at reality." They caution that the transformation to a prayerful state is not instantaneous. There is no "thunderbolt" (Bridgette and Laura), "Bill Wilson moment"[5] (Laura), or "evangelical television salvation" (Bridgette). Bridgette

[5] Bill Wilson is a co-founder of Alcoholics Anonymous. According to AA lore, Wilson was in a psychiatric unit because of his alcoholism. He called out to God to show himself. Bright light appeared

considers the challenges of praying: “If it were some sort of quick formula, then I would have really wasted a lot of time. It took me so long to get it. It is a little delayed, a little complicated which is reassuring.”

The next section examines what participants do to become prayerful. Like Bridgette, other participants actively engage in a complex process of “getting into” a prayerful state. Reassurance may come as a result of the work involved in attaining the state of becoming prayerful.

Becoming Prayerful

Participants are aware of changes in themselves that result from praying. They describe their experience of moving to a prayerful state in action terms. For Laura, praying can be “grabbing onto something.” This idea of internal change resulting from holding onto something external differs from several participants’ descriptions of becoming prayerful internally. They (and this includes Laura) use the colloquial term “becoming grounded.” That sense of having a familiar place to return to during a prayerful state is echoed in Carol’s prayer, “Get me home,” although she acknowledges that she is unclear about what home means to her. The metaphors provide anchor points around which participants can navigate the emotional difficulties of the illness experience, without completely understanding or being able to articulate them.

Bridgette’s answer to my asking whether she ever feels that her prayer is responded to comes after some thought. She chooses to express the transformative

and Wilson emerged serene, never drank again and developed the Twelve Steps and Twelve Traditions of Alcoholics Anonymous.

aspect of prayer. “I would say that the response [to prayer] is peace, just an absence of anxiety.” Ruth describes a transition upon reciting contemporary psalmist Debbie Perlman’s *Psalm 20.* [6] “I feel more calm. I admire the beauty of those words and the idea that God’s hand could be touching my face. I feel connected to a stream of lovingness.” That “stream” is reminiscent of Patrick’s metaphor that praying “flows with a river current.” He says, “I get a feel for getting tapped into the current of actually what is going on and get a handle on it so I can get into the stream of life a little better.” Like others, Patrick realizes that prayer transforms him during his daily routine. Laura finds that by praying when she drives past her chemotherapy treatment center she is able to manage the nausea associated with the treatment. The state of prayerfulness becomes an antidote to physical discomfort.

Gaining Strength

The process of becoming prayerful often includes a wish to become physically or emotionally stronger. For men especially, becoming prayerful is associated with strength. The prayer, “Lord, give me strength,” termed by Dorothy as “simple” is echoed throughout participants’ narratives. Sometimes that includes a desire for endurance through the illness. Carol anticipates the difficulties that lie ahead. She sees the root of her prayer as “Get me through this and help me manage what comes my way without too much dependency, too much pain**.”** Ted shares an anecdote about one time when he prayed between our two meetings. The impetus for the prayer

[6] In our interview, Ruth told me she read Debbie Perlman’s translation of the Biblical Twentieth Psalm. In fact, Perlman’s psalm is her original work. This is noted because Perlman’s work addresses God’s hand on her face. The Biblical Twentieth Psalm does not. (See Appendix I.)

is not illness related, but it occurs during the illness experience and is illustrative of this point:

> It was a moment of desperation. It was a moment of needing prayer. It was a moment of fear. It was a moment of inadequacy. I felt I hadn't met what was required of me. I was looking for a greater strength. A greater resource.

As he prays he recalls others praying for him and finds the means to pray within himself. These inner resources strengthen him and he regains the capacity to complete his task. Note his emphasis on the individual's activity over passivity:

> That is what life is about. Acting in those moments. Whether you know you are going to die or not. The consciousness is—not even getting through. The Bible says, "This, too, shall pass." But that is waiting for it to be over. I don't think you can do that. You have to say, "This is stand and deliver time. This ship may still float."

Prayer provides a tool for strength to Patrick. He gives a very literal example in this excerpt:

> I started exercising lately but. it is very painful to exercise. I could be exercising one minute and it is painful. I say my Hail Marys and get lost in it. Ten minutes have gone by. I got through something that left to my own devices I would not have been able to do.

That Patrick distinguishes prayer from mental activity indicates his conviction that the strength gained through prayer is from outside of his own current reservoir.

Unlike Patrick, Ted doesn't distinguish the source of strength gained through prayer. He just knows he wants relief from his physical pain caused by the medical treatment:

> My prayers were sharper—saying, "If you are ever going to transcend this, Ted, you need to work with that part of you." I was trying to address it. It is hard to describe. It was a pure mental activity. I thought I could transcend everything: the pain and the inconvenience of it all.

The men in the study are concerned about the effect of their illness on their loved ones. Praying for strength and "bravery" (Patrick's term) is partially motivated by a desire to assure loved ones. They praying for strength occurs when alone.

Becoming prayerful sometimes results in the appearance of strength to others. This is not gender specific. Appearance of strength is assuring to some participants. Other participants are aware of the discrepancy between how they feel and how they appear to others. This discrepancy is reminiscent of the distinction participants make between palatable and unpalatable prayer. For them to become prayerful, they need to feel strengthened internally. Laura has a visceral response to others' observations of her strength and increasing attempts to be prayerful. This response, cited below, illustrates that it is the individual engaged in the prayer process who must feel its impact:

> People say I have changed. I don't see it. People have commented on how well I deal with this, which ticks me off. When people say, "You are an inspiration," I want to bop them on the head. "You should be in my body, Lady."

To reiterate, participants report they gain internal strength through becoming prayerful. The process of becoming prayerful includes strengthening and calming qualities, encouraging them to continue the process.

Becoming More Prayerful

Sometimes participants describe praying as a transition not from one self-state (despair) to another (hopeful) but from a lesser to a heightened experience. Dorothy ca this "trying to stay prayerful." Just by attempting to maintain the prayerful state,

prayerful feelings intensify. Below, Ted identifies this heightened state as a *consciousness prayer*:

> It is helpful for people with serious illnesses. "Pay attention better." That is what the consciousness prayer is. The answer is real close by. All you have to do is see it. But you can't see it unless you are looking for it.

For Laura, "the point is to fuse your mind with something positive to help you sustain." Laura's motivation is to maintain and strengthen her prayerful state. This sentiment is reflected by many of the participants.

Forming Prayer

Prayer takes many forms. Sometimes the participant consciously moves into praying but sometimes the participants report feeling that the praying moves into them. Prayer experiences include: (a) meditation, (b) set aside prayers, (c) prayers "going and coming," (d) on-going conversation and (e) spontaneous prayer. Sometimes the participants make the decision to pray. Other times they find themselves praying without making a conscious choice to pray. How the process begins is less important to participants than the resultant transformation of the self state. Keith shares this phenomenon in the following statement. Although he references music, it is a good example of a participant's transition to praying.

> Sometimes when I feel like praying or I don't feel like praying some music will come into my mind. Psalm 90 for example. I can tear up. It speaks to who I am and what I have done.

Keith cites Psalm 90 (see Appendix J) as critical to his praying during illness. This hymn, sung at his wedding, transforms him to moments of joy and connection.

Spontaneously making this association, he reflects on his relationship with his wife and their joint history, thus transforming his self-state.

Meditation

Meditation is a particular method invoked by some participants to transform their current experience. One question raised during discussions of prayer is how and if prayer and meditation differ. Participants describe meditation as the process of quieting one's mind and a practice in which the mind is cleared of thoughts and feelings. In this way, it is located in the transformative aspect of prayer. As Ruth explains, "if you are meditating, you are quieting the mundane." Although participants speak of stillness, they describe an active process during their meditation. Laura recites the mantra she received from her meditation teacher in the midst of her medical treatment but Christine prefers to empty her mind of language. Her description, which follows, expresses her activity in meditation:

> I am somewhat of a twitchy-movy sort of person. When I realized I couldn't move [in the MRI],I wondered, "Was I going to be anxious?" Then to breathe to get to a place of quiet and calm. All that busyness in my head and body [ceased].

While some participants don't differentiate between prayer and meditation, Laura finds the distinction is important because of her prior associations to prayer. "I have never been a big pray-er because I feel it is a little fox-holey. When you get yourself in trouble, then you pray." However, in sharing what she actually does rather than what she thinks she does, she recognizes that her spiritual activities aren't as distinct as she imagined. Laura strives for a consistent spiritual life. As she rethinks prayer, she finds that it is a resource she has begun using in her day-to-day living.

Some participants set aside time for personal prayer. These rituals have developed since the onset of the illness experience. The particular focus of the prayers differs by participant but all recognize they enter a prayerful state from this practice. The regularity in and of itself contributes to the effectiveness in achieving that state. For Laura, the meditation offers her a way to manage her affect. She explains, "Before I did it whenever I had that window. Now I do it in the morning because it gets me through my day better without the anxiety."

Set Aside Prayers

Patrick begins and ends his day with recognition of God's omniscient power. He did not regularly pray before his illness experience but he plans to continue the practice because it is so meaningful to him:

> I do get on my knees in the morning and at night. God deserves that. Most of the time I blow through it and do a half-assed job of it. But I hope I always do it.

Likewise, Dorothy's "sacred time" in the bathroom provides a sought after relief from the challenges of the illness allows her to acknowledge gratitude and prepare for the day ahead. She explains, "In the morning in the bathroom. That is my time. I do thank God for another day. That is not thinking of the disease at all. That is thanking for a day." Closing the door to the most private room in the house provides Dorothy a symbolic break from the illness and shuts everything else out for 45 minutes a day.

These prayer practices are also preparatory prayers because they move the participant into facing life in a more prayerful state. Bridgette might call them "all-purpose" praying in that the praying described above is not related to any particular

activity. Preparatory praying is also invoked before medical procedures. Participants are aware that the prayer serves to strengthen them as they face the next challenge.

Praying "Going and Coming"

Dorothy prays "going and coming" on the train rides to her medical treatment. She considers the time she spends traveling to her treatment a time to pray for the strength for the treatments that lie ahead. The metaphor for transport is evident here. She prays to be able to navigate her treatment. In so doing, she finds she is better able to develop and maintain trusting relationships with the professional caregivers. *Praying going and coming* is a particularly apt way of describing this form of prayer because of the motion metaphors in the prayer experience. The motion may be internal—the process results in an internal settling of the anxiety—or external in which there is some material, kinetic, or spatial transition. For example, Ruth describes her praying before medical treatment: "I bless my doctor's hands and decision making and ask that it be clear and good. And then I watch them real carefully. They always make mistakes with me." Ruth recognizes that praying serves a psychological function for her. Even in her moment of praying she remains an advocate for her care, clear that praying does not replace advocacy.

For some, praying is formulated as an on-going conversation. Participants come to rely on these on-going conversations to stay prayerful. These prayer conversations are triggered by unanticipated adjustments or challenges the illness experience precipitates. Dorothy describes conversational praying regarding her hair loss. The first time she references her dreadlocks, cited below, she finds

conversational prayers help her accept and feel in control of her situation. Note that she links her way of life to her new hairstyle:

> I had dread locks down my shoulders. One thing I didn't want to do was to see my hair fall off. I got it cut off prior to the treatment. So getting used to that whole new hairstyle and way of life was another prayer and conversation.

Carol considers the form of her prayer. "I have conversations on and off during the day.**"** For her, and others, conversational prayer evolves out of necessity. These conversations may be dropped and picked up at anytime. Bridgette compares conversational prayer to family conversations that maintain relationships with family members. During this illness she finds her praying functions to move her closer to God:

> It is more about this constant communication of staying in touch. More like the way you stay in touch with a spouse and a child. I am much better now at checking in [with prayer].

Conversational praying is similar to spontaneous praying or the "pray as I go" prayer in its informal format. However, conversational praying differs in that it does not necessarily have a starting or an ending point. Participants may discover they are in the process of conversational prayer while in the midst of it. Bridgette describes this form of praying as "a conversation in my head between the hysterical 'I am losing it. I can't do this' part of me and the part of me is that knows intellectually how to bring God into it to so that I can manage it. So it is a three party thing."

Spontaneous praying

Spontaneous praying usually emerges in response to an incident related to the course of the medical treatment. Brenda's narrative below follows my request for a

deeper explanation of “I don’t stop and pray. I just pray as I go.” It reflects the evolving nature of spontaneous praying as she moves from terror to gratitude. This excerpt parallels both her and other participants’ prayer processes:

> I walk into these very scary situations [in the hospital.] I dodged that bullet [of hair loss. She describes affect. It is illogical but it is a gut reaction [She tears up]. I don’t even know where I am going with this.
>
> I was faced with a decision [regarding treatment options]. I decided if the dice are going to roll, I am going to roll them. I felt a weight. That is the only time God has entered my thinking. I would roll the dice or God would roll the dice. God gave me the mind and the judgment. It would be stupid of me not to use them.
> You have got to hear this song. I am very into being grateful for what I’ve got.

Brenda begins to answer my question by reliving some moments of terror for her during this illness experience. She shares some intimate feelings regarding her response to others, and surprises herself with her associations. She conflates these painful moments with the later confusion regarding treatment choice. She introduces God into her decision-making to make peace with her choice. Then she refers me back to the John Bucchino song, *Grateful* (see Appendix K). Earlier she’d emphasized that this particular song is her prayer as she faces this illness. In the actual interview, she stops tearing up, becomes less overwhelmed by painful affects, and more reflective—distancing herself from those painful affects—just as she does in her spontaneous prayer.

Participants describe spontaneous prayer in the midst of their medical treatment: It is targeted to the immediate experience of that treatment. Patrick’s description of a spontaneous prayer is typical. “‘Just help me get through today.’ That is what the prayers were like. It was so hard from minute to minute. ‘Please help me now.’” Ted remembers the difficulties during his in-patient treatment. “I had to

remind myself, which might be a prayer or meditation that I was going to get through at least the treatment, to not look too far ahead."

Participants involved in Twelve Step programs reference what they learn in their meetings during spontaneous praying. Bridgette's first reference to AA, in our second interview, is her description of what occurred during one instance of spontaneous praying: "The AA stuff – just kept telling myself to turn it over. It is all about reminding yourself to stay in the moment. To turn over what you can't do. The *Serenity Prayer*." She and others learn in AA and ACOA that spontaneous praying is a useful response to stressful situations. They share ways to pray with one another. As Bridgette more deeply explores praying during this illness experience, she finds similarities to managing her responses to family alcoholism.

Bridgette's spontaneous prayer mirrors her involvement with ACOA. Others extend the spontaneous praying utilized during medical treatment to the stressors in day-to-day living. Less extreme precipitants for spontaneous praying seem to increase as participants turn to praying in ways that they did not prior to the onset of the illness. More than one participant finds himself or herself praying in traffic. Patrick finds that doing so "makes me definitely more peaceful." Several begin praying during work challenges. One notes that the praying in the face of life-threatening illness propels him to pray at work. Participants carry over their prayer into other areas of their lives as they believe their praying is effective in moving them from one self state to another.

Keith's contemplation forms his spontaneous praying. Below, Keith shares one example of his prayer experience:

> On the CTA bus something is bothering me and I need some time to just kind of let things ferment. You have plenty of time usually to just sit there and let the thoughts come to you. sometimes I will just say, "I have got to pray," period. I will get into a quiet frame of mind and let those thoughts come.

His expressed need for quiet is the opposite of Brenda's need for activity. No matter what the format, praying results in a change in the participant.

Becoming Prayerful Through Music

Participants emphasize music's considerable role in transforming them into a prayerful state. Participants play recorded music, watch gospel television stations, listen to live music and sing and dance to music in order to move from one self state to another. Sometimes they recall music they have heard or sung earlier in their lives. Other times hearing music in their daily lives propels them to a prayer experience. Keith emphasizes music's power:

> Lyrics can pick you up and say, "This is important to hear." Praying, getting deeper into what is important. That is how I access the feelings. When I am listening to Gregorian chant, it is trying to get into a deeper orientation to God. Listening to spirituals tells me, "life is difficult, but enjoy it."

Brenda has a transformative experience listening to the overture of *Light in the Piazza*, a musical. The theme of the musical is a mother's concern for her daughter, also an important theme in Brenda's life. She considers that music to be prayer:

> There is a point where it just lifts me. I just have to stop what I am doing and catch my breath. It is calming to listen to the music. You don't worry about anything else. It is not the words, just the music.

> Recognizing music's power to transform, Christine muses, "You don't hear music in hospitals, do you?" She finds no substitute for live music when she seeks that transformation in the midst of medical procedures.

Praying After Illness

Christine's recognition of the transformational power of music and praying is echoed in the participants' expressed hope to continue this transformative prayer process after their illnesses. In thinking about changes in her spiritual life since her illness, Laura reflects:

> Precancer [I was not] not necessarily practicing what I preach. Post cancer my actions and my words are closer to one another. I never want to lose that piece of me.

Through participation in the study, some participants discover how much they are gaining through becoming prayerful during their illness. As Patrick determines his life course post-illness, he continues to rely on prayer. "My faith is stronger. But my faith is still very weak in a lot of ways." Through incorporating gratitude into her day-to-day living, Bridgette confirms this finding. "[I am] thankful for everything that goes well. I hope I don't lose that when I get well." Expressing gratitude is discussed more fully in the next section.

Experiencing and Expressing Gratitude

> "I am feeling grateful for what has happened this year, very grateful to be here at all. More in touch with moments of life being wonderful, a prayer in and of itself" (Christine).

Gratitude is a word that participants use to describe both their prayer experiences and their prayerful state. Facing medical procedures, side effects, fatigue, and uncertain outcomes, participants become more appreciative of the immediate material world. Ted recites a prayer of gratitude as a way to move away from his fear. "The prayer was like saying, 'O.K., you have a challenge. You are scared. Give gratitude.'" For Carol, gratitude is "*the* prayer." In this excerpt she expands her thoughts about gratitude:

> The gratitude and the thanking whatever for a lovely day … has a different kind of meaning now. I don't know that it is more often because I have always been grateful for a lovely day, a wonderful meal …. It may be a little more heartfelt having a diagnosis that could well be terminal.

Participants might experience gratitude as a result of simply being in the material world. Standing on an El platform, Ted finds, "It is crazy, noisy. I say, 'I am glad to be alive, glad to be breathing.' The savoring." As they experience gratitude, participants begin to incorporate it into their prayer. Patrick explains his practice:

> There is another thing I am starting to do. I just say, "Thank you" every morning. A friend of mine told me to do that. He said, "Just say, 'Thank you.' When you open your eyes. Get your mind conscious. Just say, 'thank you.'"

The above finding highlights the transformative qualities of participants' prayer experiences. Participants reflect positively on the dynamic process of prayer through their descriptions of the movement to a prayerful state.

Finding #3 Prayer is Lost and Found

Introduction

In the last section I explored the transformative aspects of prayer. In this section examines the fluctuating qualities of prayer are examined. From the previous section, one might assume that because participants recognize positive changes through praying, they would continue to do so and build upon their successes. However, the study findings indicate that participants' description of praying is neither linear nor continuously transformative. Although participants have had prior positive prayer experiences, perhaps even during their current illnesses, there are times when the ability to pray eludes them and praying becomes inaccessible. Then a shift occurs in which the participant prays again. This fluidity between the elusiveness and reliability of the prayer experience can be described as *lost and found*. This process is distinct from the religious narrative or cultural trajectory of a salvation experience because participants have a prayer experience, lose it and then refind it. Lost and found is a process of having an experience, not being able to repeat the experience for some reason or forgetting the experience and then refinding the experience. Although the phrase *lost and found* may seem too literal for the process described in this finding, it reflects the way participants describe their felt experience. Patrick sets the tone for this third finding in this revelation when he compares the prayer experience to a river. "There is some sort of river flowing out there. Sometimes I think I can jump in that river and sometimes I don't even know where the hell that river is."

Bad news, emotional mood changes, and the impact of the medical treatment may be a precipitant to prayer. Conversely, these stressors may diminish one's ability to pray. Whatever the cause, at times participants feel unable to seek, as Laura terms it, "something to grab on to." That inability to pray can sometimes constitute what Dorothy calls "loss of faith" in the transformative process of prayer. However, this loss is not permanent. A process evolves in which prayer or, "the answer," (Keith) is rediscovered. Prayer is rediscovered as a resource for strength, presence and comfort. Participants describe a range of ways in which prayer becomes accessible once again or "found." The prayer may be "found" internally – what Patrick experiences, as a "little inkling, that little voice that says 'You can go to prayer'" or externally—such as Bridgette's church bell ringing. For some, such as Patrick, praying is always an option, though not always remembered or consciously accessible. For others, such as Carol, turning to prayer is less reliable and disappears from her awareness.

This "lost and found" finding suggests that the accessibility of prayer fluctuates. It discusses participants' experiences in losing and rediscovering their ability to pray. Some discover that sharing feelings of loss of that ability rejuvenates hope in regaining the ability. Particular characteristics of the lost experience include: (a) the "tumbleweedness" of prayer, (b) losing faith and the ability to pray, (c) recognizing the "lost and found" prayer process, (d) seeking the renewal of prayer, (e) finding prayer (literal reminders, finding prayer within oneself, finding prayer through others), and (f) finding prayer through music.

"Tumbleweedness" of Prayer

Carol invents the term *tumbleweedness* to describe the unrooted and elusive quality of turning to prayer. A common image in old Western movies is of a tumbleweed whisked about the landscape by the wind. Carol uses this image to describe her intermittent ability to pray. Like the tumbleweed in the prairie wind, participants describe their ability to pray as subject to a number of internal or external fluctuations. In this excerpt, Carol attributes her momentary lack of faith to her fear and her emotional fatigue:

> I realize the tumbleweedness as compared to deeply rootedness of my faith. I wouldn't count on it. When I don't really believe that is a very harsh place to be in my mind. Harsh, scary, rocky, errant, windy, gray. That is a horrible place to be.
>
> Sometimes we are tumbleweeds. Sometimes things are great. Sometimes they are poopy. Sometimes we have the resources and sometimes we don't. Sometimes we ask for help and sometimes we don't.

Carol implies she lacks the internal resources necessary for prayer. She finds prayer unreliable. She is having some heart palpitations and feels vulnerable. Throughout the course of her interview with me, I observe her struggle to move from despondence toward seeking help. Carol doesn't differentiate between herself as tumbleweed and the elusive nature of prayer's *tumbleweedness*; she intertwines the two experiences.

Laura anticipates there will be times when she will be unable to pray but unlike Carol, she believes that there are times when she will both want to and be able to pray again. Because of the course of her medical treatment, she anticipates external causes of her change in attitude toward prayer. In the following quotation, Laura illustrates her recognition of the inconsistency in the ability to pray:

> I have days when I am so sick I can't even contemplate [prayer]. You are not suffering today but you will be suffering tomorrow. There is a flip side of that. This week I feel good because I am not having chemotherapy It doesn't mean that Saturday I will wake up and say, "Even though I am hurting I am kind, generous and someone is watching out for me." I could feel like I am all alone in the end zone.

Others do not sustain Laura's awareness that prayer will become a possibility at some future time. When I visit Dorothy the second time, she is discouraged by the progression of her illness and has difficulty even recalling her earlier discussion with me about her conversational prayers with God and Jesus. This excerpt is taken from that discussion:

> *Dorothy:* Last time I was in a better spirit … I am just not in that spirit. It sounds crazy.
> *Interviewer*: Before [your praying was] conversations with God, conversations with Jesus; you are not having them right now?
> *Dorothy:* No, not really. It is probably a bunch of cussing words.
> *Interviewer:* Directed at?
> *Dorothy:* Directed at anyone who will listen [laughs]. I cannot say I am doing praying.

Further discussion with Dorothy, reveals she doesn't believe she is praying because she doesn't feel transformed after her cussing. For her, praying is lost. She struggles with her change in attitude. She recognizes a dispiritedness which she can't comprehend. As our interview progresses, she considers ways in which she might try to become prayerful again. The consideration begins with her observation of the change in her "spirit" and continues throughout the interview. Dorothy's experiences are similar to Carol's description of prayer's tumbleweedness. In the process of my interviews with both of these women, each becomes more open to the possibility of returning to prayer.

Losing Faith and Prayer

Losing the ability to pray—or losing faith—has distinct meanings and consequences for different participants. First, losing faith raises the question, "Loss of faith in what?" For Dorothy, this includes faith in "everything." Patrick combines health care and faith. "My doctor completely believes that if you don't have [faith] … your body isn't going to do what your mind doesn't believe in. You have to have faith." For others, faith implies a particular belief system. Ted wonders about the validity of his spiritual beliefs. "I tend to stay away from the word faith," says Ted, "because while I do have faith in what I am doing, it is not with a kind of smugness or certainty."

For Keith, "being lost" occurs regularly. He views this experience as a challenge rather than a defeat. The sense of something missing or absent propels him to deepen his prayer:

> You have to realize there is something wrong and you have to be willing to look at what leads up to that being lost. You try other ways of looking at these answers. Where is this going to leave me? Whatever it is, it just happens through prayer.

Dorothy relates the actual dire consequences of faithlessness. With the first recurrence of her illness she stopped praying. This is in part a response to her perceptions of being treated callously during her first medical treatment:

> I felt like a number, I felt like their loads here were just too packed. "Ship her in, move it out. Next." You hold onto a toilet and someone kicking you while you are down at the same time. When it came back, it was a "Why me?" for the worse. I was seven years sober. I was deciding, "I need a drink." I slipped. That's how I felt. I had to go back. That's when I lost some faith.

The loss of prayer, disenchantment with medical treatment and return to alcohol consumption are simultaneous for Dorothy, and for a while she ceases medical treatment. These feelings of despair are all-pervasive and not unique to Dorothy.

Participants are aware that their emotional states impact their ability to turn to prayer. Patrick dreads forgetting to pray. “I get so far away from it that I forget just about praying and I am just totally into myself. That is not a very strong place to be.” Bridgette finds reciting the Rosary at bedtime no longer moves her to a prayerful state because she says she is “too jacked up.” Her anxiety can no longer be quelled through a previously successful prayer experience.

Sometimes participants become so immersed in the detail of their treatment or the demands of daily living that they lose the opportunity or motivation for prayer. As the demands of treatment and the side effects become less intense, they “think to do it more”(Ruth). “There is something about having more time and having the freedom to have more time with this [prayer],” explains Christine, relieved that the demands of an intense medical regimen are over. Dorothy acknowledges praying only “After I got myself in some order. Maybe once in a while I am so busy trying to stay focused on the job [and] paying the bills that I am not really praying.”

Recognizing the Lost and Found Prayer Process

For some, prayer is experienced as lost and found. They may be able to pinpoint a moment when prayer is found. Until that moment they may not realize that they have lost access to prayer. Participants describe this as the prayer and the answer to the prayer as one. Keith thinks he is too upset to pray until a work situation makes

him recognize how immersed in prayer he actually is. As a result of this rediscovery, his praying intensifies. In the following excerpt from one of our interviews, he recounts his experience of losing prayer, followed by his description of finding it within his work. Keith believes God literally speaks to him through Keith's involvement with someone work-related:

> [Prior to doing this] I was thinking about me and I was only thinking of me. And in the process of doing this [work situation occurs]. That's the way my prayers are answered. Things happen. My supervisor calls me and asks me to do that [assignment]. It is the answer to a prayer because from my perspective it is God saying, "You asked me what to do and here it is. Here it is."
>
> It came at moment [when I was struggling]. Now I will have to readily admit that this is not the only way it happens. For me, it has worked out.

Bridgette describes being reawakened to prayer through hearing bells. In this excerpt she describes the process of gaining a confidence that she "would be fine." This incident occurs early in the diagnostic process. She has not yet informed her young adult children or seven siblings about her illness. She isolates herself in an attempt to become more peaceful. Instead, she feels frenetic and at a loss. She tears up as she shares her recognition of God's presence:

> I was at a loss and didn't remember to say a rosary to get found. And [hearing cathedral] bells reminded me. Now, how did the bells come to ring? Well, they ring at 6:00 every night. But that I was able to hear the bells and interpret it and be reminded. That was really the hand of God. I needed it and He really came through for me. He takes care of us and we don't necessarily recognize it. I chose to make the interpretation. But I don't know that I had the strength or wherewithal to make that choice myself. I felt the hand of God.

The lost and found prayer process occurs even within set-aside practice times and rituals. Despite developing some particular rituals during her medical treatment, Ruth is not always able to predict how she will pray. It is as if the prayer finds her.

This quotation describes how her rituals create an atmosphere allowing her praying to emerge:

> Sometimes I say [a particular liturgical prayer] by myself. Sometimes I say it in the chemo. I never know what I will do. It is not something I do all the time. It comes out of me when it comes. I add it when I add it.

The above section discusses nature of participants' lost and found prayer experiences. Participants experience the dynamic and fluid course of prayer as unpredictable and sometimes unreliable.

Seeking the Renewal of Prayer

Although participants such as Carol may find prayer elusive and inaccessible, forget prayer like Patrick and Bridgette, still others like Dorothy stop praying altogether. However, at some point they all renew their efforts at praying. Of all the aspects of praying discussed with the ten participants, they express the most feelings when they discuss their longing for the ability to attempt prayer renewal. Participants have difficulty understanding the dynamic that allows them to seek prayer again. Several participants tear up during discussions of this phenomenon demonstrating the powerful nature of refinding prayer. Participants characterize this less as a *renewal* of prayer than the *nascent* belief that prayer can be "found again." The two examples below demonstrate how the research interview dialogue contributes to the emergence of participants' belief that prayer may be refound. The examples provide a lens for understanding how close to consciousness the nascent belief in finding prayer remains.

Reflecting on her own dynamics in this process of seeking renewal of prayer experience, Carol initially notes: “I feel I am doing therapy!” Then, “Oh, God. I am sure this is because I am vulnerable. This is tough, interesting.” She then jokes, “I hate [the person who told me about the study]. She owes me. I am going to tell her. ‘You have disturbed my entire universe.’” After the humor relieves some of her heightened affect, she recalls women who cared for her when she was young. Their nurturance is contrasted with a patriarchal and judging God. In this excerpt she scolds herself:

> Will you go where it is safe and comfortable without feeling like you should go to God, this man, pain-making and Rwanda and Uganda and everything else that is going on? …
>
> Stop talking about God and go where you find comfort! Just go back to the kitchens. It’s O.K. and it is O.K. if they are staffed by women.

Carol’s efforts to pray come to fruition when she focuses on positive and supportive images. In so doing, she is able to ask for and receive “presence,” her definition of prayer. She includes my presence in her reconfiguration of prayer. “You are a woman and the women sent you? Now what am I going to do with that? I don’t have to have an answer today, believe me, I am smart enough to know, but I have been given a gift.” This “gift” is our process, an opportunity to consider the renewal of prayer. In order to seek prayer once again, Carol begins reevaluating her belief structure. In her words, her “entire universe is disturbed.” Not needing to have an answer today reminds her there is a future beyond this moment.

As we begin our second meeting, Dorothy has difficulty recalling praying because she is feeling so despondent. During the course of the discussion, she

reconsiders. The following quotation demonstrates the transitional moment from turning away from prayer to considering the possibility of prayer:

> Maybe this is not for me. Maybe this is for somebody else—whether it is for a family member or a co-worker or a friend. The lesson is for somebody else. All of these different things are going through me. Whether it is teaching them for doctors, for somebody else. So that is what I am prayerful of.

In her use of the word *this,* Dorothy doesn't distinguish between the absence of prayer, her illness and her participation in experimental medical treatment. The change in Dorothy occurs in her "maybe." Having an explanation, "Maybe this is for somebody else," allows her to consider reengagement in prayer and treatment. She moves from depletion to hope.

Bridgette renews her search for prayer when she integrates affect and cognition. She illustrates this for me: "I always kind of figure it [her concept of prayer] is way too intellectualized. I have it all quite clearly here. (Pointing to her head) It's right here that I am lacking (pointing to her heart)." She recognizes that while she needs to "communicate with God," she is not always able to do so, and this acknowledgement of the dilemma avails her of the possible resolution.

Finding Prayer

As stated in the previous section, although the prayer experience may at times be lost or inaccessible to the participant, it remains close to consciousness. Finding prayer or the emergence of prayer into conscious experience occurs in several ways. Sometimes prayer is represented or articulated as an object. These objects serve as reminders or entries to the prayer experience. Prayer is found both in oneself and through other people. Finding prayer differs from seeking the renewal of prayer

because seeking renewal addresses the availability to engage in a process. Finding prayer results in the actual prayer experience.

Literal Reminders of Prayer

Patrick describes finding prayer as if he is finding a literal object. He reports that prior to his illness, he rarely prayed. In the following quotation he reports his discovery of prayer:

> It was right there. Always been around. . . . Never left. It is around everybody all the time. Right now. No one can check in and get the message back. "Sorry we are unavailable at this time. Please try back tomorrow." You will never get that. Twenty-four hours a day. Always been there. That is what got me through.

Patrick's ideas about prayer emanate from his mother's faith and his Catholic education. He has literal representations of this belief system in his home. His deceased mother's statue of the Virgin Mary is displayed on a living room shelf. He explains his distress when he found it hidden in his sister's closet. He became angry because she did not cherish the statue, highly valued by their mother, in the way that he does. After a long discussion about St. Joseph during our first meeting, Patrick purchases an olivewood St. Joseph statue of and places it next to Mary. He likes having St. Joseph present in his living room as a reminder to pray. There is a plaque of the Holy Family on the wall of his breakfast room. He has worn a St. Joseph's medal since the death of his young nephew from a brain tumor a number of years ago.

Although Patrick has these reminders for finding prayer, they are not always effective. He develops a daily morning and evening prayer practice. However, even

through these practices he may lose or forget prayer. In this quotation, he credits our discussions with helping him keep prayer a conscious experience:

> It is really good to talk to you, because most of the time I don't remember. When you are sick, too, and you realize that there is a way out with treatment. You say everyday is a gift from here on out but four hours later you forget. You are complaining.

Ted, an artist, visualizes the following image. The image helps him manage his anxiety and focus his prayer:

> When I was being considered for [a medical clinical trial] … I thought I could get a turkey wishbone with two syringes on each side and label these mind boggling drugs on this [one] side and these mind boggling drugs on the [other] side, this superstitious image [which asks], "Do oncologists really know what they are doing?" [The wishbone] would be an object that prayer would be directed toward. It could be an icon, like a holy stone, something to focus on. In some ways the source of prayer if not the prayer itself. It helped me condense some of my feelings about the uncertainty of it.

Finding Prayer within Oneself

Ted has more difficulty finding prayer than Patrick. He has spent much of his adult life pursuing spiritual practices and meanings. He continues to feel that something is lacking. His search for prayer doesn't provide assurance while facing life-threatening illness. In this quotation, he identifies the searches of others as a reflection of his own struggles. There is both a determination and a hint of resignation in his tone:

> Even before the illness I got tired of spiritual searching. There is a point at which the search for religion and meaning becomes its own religion. [People] are desperate to get answers. But a lot of the answers especially with a terminal illness, you find out yourself. You have to say someone else is not going to give me these answers. I have to find it.

For Carol, finding prayer is an internal process as well. She "broods on my couch trying to unclutter to the best of my ability." In those moments when she feels empty, Carol struggles to pray. She fights her fears that she is a victim, not a "tough cookie." These fears don't disrupt her praying when she is feeling more resourceful. She is not sure how she finds the ability to pray but knows that she is able to pray when she recognizes that her limitations do not stem from her personal weakness. In the following quotation she struggles to pray. This is a prospective experience and I observe her struggle:

> There is nothing to do but call and ask for God to be present. It is hard for me to allow myself to feel that and allow for help. It is tough. What is it that makes me? Health challenges have made me ask for help. . . . It takes a lot.

Bridgette relates a retrospective experience. Since the diagnosis of her illness, she has undergone bouts of insomnia. Recently, it has escalated. Here she explains how her previous prayer's "failing" results in her changing how she prays:

> It wasn't a question of saying a particular prayer over and over again. Although that does have its role. It was time to turn it over. Less of "Do this for me." More "Help me have whatever it is that I need to be able to do this."

She experiences that the praying "fails" or is lost because of her increasing anxiety and insomnia. She finds her prayer by changing her attitude. In so doing, she becomes more prayerful and is able to sleep again. This process is not necessarily sustained. She repeats the cycle of lost and found. To find prayer, she muses, "It is my sane intellectual self that tells my crazy self to bring Him in when I remember He is there."

In the previous quotation Bridgette is describing a heightened self-awareness. Ted also finds a heightened awareness when he prays. He calls that awareness a "consciousness prayer." In the citation below he describes finding prayer:

> [The first step is] being open to "I need this." I am looking forward to it. As soon as I look for it, I find it. That part of it reminding me if I really want something I really have to look for it. It is there. Start telling yourself to be ready to see that if it is there.

Ted's reflections on finding prayer are private but similar to other participants who utilize internal resources to access the prayer experience. But the praying experience is not only found through literal objects or internal processes.

Finding Prayer through Other People

Some participants find prayer experiences in the intersubjective realm. Laura finds prayer in the presence of a chaplain. Receiving her diagnosis leaves her so distraught that her physician suggests a chaplain visit. She agrees. For Laura, this visit is transformative. Although she is not sure that she actually begins to pray, this description of Laura's response to the chaplain's visit informs us how another person may help participants find prayer:

> She represented something to me at that time. This aura. Presence. She was just there witnessing this moment. It was incredible. Shook me down to my sneakers. [She cries, leaves the room to get a tissue]. She symbolized sort of clarity. After she left I knew everything would be ok. It wasn't about the outcome. [It was] that I would get through this which I didn't know before she walked in the door. My dilemma is "I don't think I can go through with one piece of this." When she left, I felt differently.
>
> I felt very settled when she left. Does that mean a higher presence was in the room settling me? I don't know.

Dorothy resumes praying when she pursues medical treatment at a new location. She feels personal support from the entire community of caregivers and fellow patients. At first, she doesn't recall exactly when she began to pray again. In this quotation, she explains how she experiences the resurgence of prayer:

> Whatever faith He knew I thought I had lost, He brought me to a Medical Treatment Center. It felt so good. It was "Thank you, Jesus." You just feel so good you do small little prayers… When you walk in the room you can see it. I was like "OK, Lord, just help me to make it out here." That is no thought process.

Some participants find prayer in familiar group settings. Christine finds prayer chanting during yoga gatherings. In this quotation she describes how the chanting becomes a collective prayer experience:

> The vibrations themselves bring some energy into your body that is a neat feeling. I don't really chant on my own. I chant in yoga class or in groups. You catch the wave of other people's [energy].

Because of her fatigue, Ruth has difficulty praying herself. She looks to her prayer community to find prayer:

> Sometimes I just want to sit quietly in, while people are praying. I don't care what they are praying about. I just want to be there with them. That's where my energy is at. That is where I need to be.

Finding Prayer through Music

Music is a resource for finding prayer. Participants report ways that prayer reverberates through music. Brenda considers the music that makes prayer accessible. "There is a Harry Belafonte song called *Turn the World Around* that lifts me," she says. For Brenda, who is active in a synagogue that uses Hebrew liturgy, not knowing

Hebrew is a barrier to accessing prayer through Jewish music. She finds it in familiar musicals and beloved popular music.

Keith underscores music as a resource for prayer. He describes the responses to a church choir trip to Europe. He finds his own prayer both in his performance of the music and through his observation of others' response to the music. In the following quotation, he explains this process:

> I kept listening to the words saying, "This is great." It is coming from the slavery tradition and how out of their angst they were able to find in these spirituals, a deeper faith, and a deeper perspective.
>
> When we were in these European towns, people would want us to sing the spirituals. They are looking at those things that have happened to themselves and to the blacks. They are finding the spirituality in that stuff. They were listening. That is what they are wanting to hear. That is why they are getting it.

The above discussion expands the complexities inherent in the participant description of their lost and found prayer experiences. One common thread in this discussion is how alone participants describe themselves to be when they feel they have lost prayer. The next section describes the critical role of a connection to a deity, person or deity in the praying experience.

Finding #4 Praying Evokes a Connection to the Presence of an Other

Introduction

Praying evokes a connection to the presence of a deity, person, or idea. During prayer, participants feel accompanied and encouraged by people and beliefs they

admire. The felt experience of the other or the "not me" is a bridge to praying for participants. Through the intersubjective connection to a deity, person or idea, participants feel strengthened and sustained. The connection may result in an internalization of some of the positive aspects of the deity, person or idea it or may remain external.

In this excerpt Bridgette describes how feeling the presence of another works for her:

> Even if I get down it is like I have an angel on my shoulder because I bounce back up. And that is not like me. There is something buoying me up. And that has got to be God.

Bridgette is relieved because although she has a history of "spiraling down," in the midst of facing a life-threatening illness, prayer lifts her up and alleviate her depression. This buoying is sustained through a reliable and consistent "presence." This presence is distinct from the separate experience of the deity's power or authority. Bridgette and others seek or recognize the presence of another. That recognition becomes the prayer.

For some, the "connective presence" may feel literal. An example of this connection is Dorothy's comment "We are God's vessel" illustrating the intimate physical connection to the deity. For others, the connection may be more abstract. Christine experiences the connection to what she calls, "[a] force that is bigger than any of us can imagine. It comes into the inner core of all of us." Furthermore, once a positive connection to the deity, person or belief is identified, that connection may be expanded to include other sources for connection and support.

In the discussion of the finding, I will identify five subthemes: (a) awareness of the presence of a deity[7] (b) aligning with the deity (c) the support of other people (family members, historic and religious figures, and medical professionals), (d) the *umbrella* of universal connection, and (e) music as connection.

Awareness of the Deity's Presence

When some participants pray, they are or become aware of the presence of some force, deity or higher power. Upbringing, adult experience, personality development, and current self-state define the particular characteristics of what or who that is.

Bridgette cites a familiar and comforting fable to illustrate her recognition of God's presence:

> It is not a question of "Make everything good for me." .That is not how it works. . . . Like footprints?
>
> A man is walking down the beach and the beach is his life and at each point of his life—he looks back at his life and he sees where he was struggling and when he couldn't manage there was one set of footprints. Whereas when things were easy there were two sets of footprints, so that he knew that Jesus was walking beside him. At the end he said, "Jesus, why did you let me down when I most needed you?" And Jesus said, "Those are the times that I carried you." It is at the most difficult times that Jesus does carry us. I don't know if it works if you don't know it.

Bridgette's recognition that familiarity is a key ingredient in identifying a deity's presence is also acknowledged by others as well. Bridgette knows her reference to footprints is formulaic, but finds it apropos to her experience. On the other hand, Carol's experience is more idiosyncratic:

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[7] For purposes of clarity, deity will henceforth be used to mean God, higher power or force in the universe unless those terms are used in a quotation.

> I was sitting in the examining room. The wolf is my power animal and I said," You need to be here. I can't do this." I felt the presence of the wolf sitting on the floor right next to me. His head was next to my knee. I could feel it. "Please don't leave me alone. I don't want to be here. I can't do this." I felt that presence and for me that is God.

In this situation, Carol prays to be accompanied and the wolf, an animal she is acquainted with through her shamanic journeys, joins her in her wait for her diagnosis. The deity is made manifest through the wolf. The wolf's familiarity and significance create a connection to prior adult experiences.

Unlike Bridgette and Carol, Brenda's experience of the deity's presence is more generalized. Brenda tells me, **"**I have always felt him there**."** I ask**: "**Do you call him or is he there?" She responds "No, He's there. No, He's there." Ted also describes his sense of a generalized presence of a higher power. I ask the origin of the concept for him. He responds:

> Normally we don't like to reach outward. Unless we want to be brave. The native people say, "Great Spirit or He Who or She Who." The expression "higher power" I took from a mislabeled thing like the Peter Gabriel song that says "higher love." "Bring me the higher love." I thought it was a recruiting song or something like the better motivations or admonishments I have heard people give to one another "You are a better person than that." The "higher power" thing is to say, "We are not the last answer."

He hesitates before acknowledging his need to look past himself to overcome his fear. But through his redirection to something beyond himself, Ted's fear dissipates and he is able to face a particular challenge. The bravery called upon to reach outward is parallel to the bravery necessary to face the fear of the consequences of the illness inside. Ted's use of several sources (Native American and rock music) to explain the higher power's presence illustrates the cultural pervasiveness of the

idea of an ever-present deity. Dorothy's description of the deity's presence is also nonspecific:

> If I have to put a name to it, it is probably Jesus. I don't think it is a being [or] a body of any sort. It is that higher power. It is the power to move you when there is no wind. It is the power that tells you to turn your head and look at something. You don't see it but you know it is there.

Christine, also raised Catholic, credits God with the medical advancement that allows her to receive the medical treatment she does. She believes this association is generated from her positive childhood identification with catechism, the Church hierarchy and faith:

> It is sort of an awareness of God. It isn't just about the medical miracle. Something is magical about that happening. Someone touched and healed. The steps it would take to invent the MRI, the drugs that would work. It's so complex, complicated and amazing.

Unlike Patrick, who tends to return to concepts of a deity learned early in his life, Christine incorporates her adult yoga practice into her view of a deity's presence. Her adult definition is drawn from the Sanskrit term *Namaste* translated by her as follows:

> The spirit of me honors the spirit of you. We all have an independent spirit that we can develop and grow. [I] go back to words about the connectedness to the force within the universe. The more you are involved with the spirit within you, the more the spirit works.

Aligning with the Good in the Deity

Christine's belief that the omnipresent deity's effectiveness is enhanced by individual involvement reflects a positive and trusting relationship with the deity. Praying brings trust. Attempting to unite with the good in the deity is one way in which participants connect to an entity and/or a value beyond the present. Trusting that connection through prayer strengthens participants beyond the moment. Ted's

looking higher is a metaphoric illustration of the desire to reach for something or someone positive beyond himself. It may be that the participant is encouraged by what they see as others' positive reflections. Once again, referencing her experience with yoga, meditation and holistic health practices, in the following quotation Christine terms that process *aligning*. *Alignment* refers to position or placement of a person, thing, or belief in relationship to another person, place or belief. It implies a positive arrangement:

> There is something about the sweetness, the hope that I am associating with prayer. It is a prayer to go with that moment. I have had a certain comfort with letting go of control with medical professionals like being on an airplane and letting the pilot take over and feeling that if you don't fight it, it works better. You are more likely to feel aligned as opposed to "those stupid doctors [who] don't know what they are doing," fighting it. It is not a cure all but it is very powerful.

In the same way, Ruth blesses "God's goodness." Those blessings originate in her decade long involvement with the Jewish spirituality movement which seeks to integrate Jewish traditions with traditions usually associated with non-Western spiritual practices. As a result of her blessings, there is an identification and incorporation of "the good," strengthening her conviction. She describes a recent event in which praying is a confirmation of this experience:

> I woke up and there was [a] voice saying to me, "Not another day. You can't do this day." I didn't know what that meant but my doctor did. He changed the chemo that day. Then I was totally comfortable and relieved.
>
> I can't tell you whether that voice was from me or God's voice or the God in me. It doesn't matter to me. The point is being connected to something right for me and then I have to listen.

What Christine describes as a sense of alignment with the good is similar to Ruth's recognition of what is fitting for her. Participants sense the deity's presence as good,

validating, rightful and unmistaken. Their prayer is a commitment to join with that positive presence to transform their current self state.

Evoking the Accompaniment of Other People

In addition to feeling accompanied by a deity while praying participants also feel accompanied by other people. These people may be living or deceased, personal acquaintances or idealized figures. The accompaniment may be experienced internally or individuals may actually be present while praying. As with the deity, praying results in the participant feeling connected to positive attributes in the other person.

When Carol prays she remembers the neighborhood women from whom she sought and received nurturance. It is her affective experience with them that resonates with her:

> I am in the presence of what it was about those women that led them to create a space in which a pretty scared little kid could be folded in and could feel loved and accepted, unconditionally.

Like Carol, during his praying Patrick recalls those with whom he associates positive experiences. Those present with him include his deceased parents:

> People that have passed on are still here with us in a lot of ways. It is a real source of strength. The saints. Jesus and God. Mother Theresa. Gandhi and Buddha. All those people who have tried to do good things. People who let you cut in traffic.

The strength comes from his remembrance of both the beneficent deity and those who are or have been virtuous. Patrick includes the mundane of everyday life in his prayer. He reports feeling the connective essence of praying through courteous and thoughtful acts of others. His connection to those positive acts alleviates his despair.

Other participants are reminded of influential people in their prayer development. Keith recalls a mentor, his college choir director. Ruth remembers her grandparents and family holiday meals.

In addition to a sense of inner connection with other people, participants pray communally. In the following quotation Ruth shares an experience of communal praying:

> We went someplace different than I could go by myself. It felt more peaceful. It felt more like I was bound to the people in community. I felt that we had lines of connection, of energy connected that we were in fact a community. That energetic presence between us was really manifest.

Participation in this communal moment enables her to hold onto the spirit of this community throughout her illness experience. She then draws on that sense of community during her prayer even when she is home by herself.

Participants appreciate others' prayer during their illness. Knowing that others are praying for them, whatever the tradition or format of the prayer, enhances and encourages their own prayer. That connection offers them great relief. Bridgette, who comes from a tradition of praying for others, is surprised at how meaningful others' prayers are for her. Those prayers, especially those of people she knows less well, replenish her reservoir:

> When someone says I am praying for you, think, "Thank God you are praying for me and I hope you really are." Because I don't know that I have been able pray for myself. I need other people to take on that job. Because I am not always able to take it on for myself and I know it has to be done.

Ted is moved by others' diverse prayer traditions, practiced on his behalf:

> If there is a God he's heard a lot of different voices. They were practicing the only way they knew how, yet they were sharing. One fellow traveled to Thailand and gave money to a Buddhist priest. Another woman, she showed me the prayers to Allah for potential cancer recovery with me.

These acts create bonds that serve as an "important source of spiritual support." At first he is surprised both at the outpouring of prayer, but soon recognizes these prayers unite him to a community in ways that would not have occurred to him before his illness:

> My world was larger than I realized. I felt part of a larger thing. After 35 years [in Chicago] you would think you would have a community, a group of friends but [I didn't].

Dorothy also finds others' prayers to be powerful:

> If you have someone who really genuinely has your best at heart and they are willing to share their inner wishes with their God on your behalf-- that moves mountains.

Dorothy has one particular co-worker who encourages her faith. Dorothy's own prayer connects her with this woman. In this transcript excerpt, she intertwines this friend's support with the medical care professionals at her recently chosen medical facility. Her association of this friend to the new facility encourages Dorothy to recommit to praying and seeking medical treatment:

> She would say "D. Keep your faith. D. keep your faith." That would always help me. I told her, " I started back drinking. I don't have the faith that you always say to keep anymore. I hope to get it back one day." And it came back with the hope they [new treatment institution] helped me get.

Both Laura and Bridgette acknowledge that their anxiety is allayed when their medical care professionals introduce God into the patient-doctor discourse. Although Laura does not share her surgeon's faith, she is reassured through a vicarious experience of his faith. Speaking of her initial surgeon, Laura says:

> He said to me, "I don't do the surgery." I thought, "Oh, no. He is going to give it to some resident." And I said "Yeah?" He said, "I turn it over to God." And I thought "What a thing for a doctor to say."

Unlike Laura's encounter with a doctor from a different religious belief system, Bridgette feels soothed by a nurse with similar beliefs. This episode occurs while she waits for a delayed nurse to perform a blood draw:

> It took long enough for me to get good and anxious. I just started crying. [The nurse] talked me through it and she got the blood drawn. and it was fine. Then she said, "God told me to do everything else I needed to do before I came in here. He put us together in this room so this would be ok. It was very interesting, how upfront she was about God leading her through the course of her day. "He knows we only have one try in us. So he is going to make sure I get it on one try." It was remarkable.

Both women draw comfort from and are struck by the openness of their medical care professionals' revelation of their spiritual beliefs. They gain reassurance in the reminder of God's presence, power and control. I ask Laura, who does not have a strong belief in a singular deity, about her response to her surgeon referencing God. "I thought 'I am in good hands.' With what was behind it, it gave me a lot of comfort. I was really moved. [He is] very grounded." She then differentiates "grounded" spiritual yoga teachers from less spiritual ones. She appears to idealize his spirituality. It seems she doesn't differentiate between being in "good hands" with the surgeon or "good hands" with God. But, it doesn't matter because of the confidence she gains through this interaction.

Other people's presence also enables participants to pray. Laura's successful connection with an unfamiliar chaplain is a new experience for her. The experience is so profound that in both our interviews she cries recalling the process. Laura attributes this meaningful experience to both the chaplain's personal traits and her function as chaplain. Laura reflects on what about the chaplain's visit is so impactful:

> She was sort of there witnessing my devastation without trying to change it, fix it, control it or even trying to give me another way of looking at it. She

> was there in the room going, "I know you are hurting; I am here." I guess that is what I need.

The chaplain's empathy exemplifies the ways in which the prayer experience is enabled and enhanced through connections with specific people. The next section will discuss prayer experience and more generalized human connections.

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The "Umbrella" of Universality

Participants stress the common human experience of praying. Recognizing the universal nature of praying links them to a larger human experience and provides an increased comfort through connection. This global connection is distinct from the individual accompaniment because the global connection is more generalized. Ted's first experience feeling a part of a larger and more global community occurs during this illness experience when he becomes the recipient of different types of prayers. He reports feeling cared for and less isolated. In turn he gains a new perspective on his adult relationships and his praying reflects that:

> It was nice to realize there was a larger world of support even though our worlds seem very insular and very small. And if someone said, "I went to Thailand and there is a Buddhist praying for you over there," I felt I became more global.

Brenda articulates participants' attitudes regarding the placement of their names on other people's prayer lists. "I don't believe there is only one door. If God is omniscient, He hears all the prayers in all the languages. There are many roads. The more prayers the better." Since Brenda values being active, she regards praying for others and others praying for her as something to do in the face of helplessness. The example she gives from her own life is placing a friend's name on the "*Misheberach*

[healing prayer] list" to be read at her synagogue when she is present. This friend is recovering from severe injuries due to a gunshot wound.

Christine and Keith discover what they consider universal connections during their prayer experiences. Christine associates her baldness, a side effect of her chemotherapy treatment, to sacred practices in other traditions. Through associating her own hair loss to the experience of an abstracted other, vulnerability becomes strength:

> [In] some country where the people expect children to die of starvation they cut their hair short so it is easier for God to grab them and bring them up to Heaven. I have this experience of being bald and no hair. There was some kind of weird likeness that came with that. Not that I felt like I was dying. There was a kind of vulnerability that went with that. That collective connection. Being connected to this little child in Africa, I thought about the Buddhist monks where baldness is part of their letting go. There was something very sweet about it.

While Christine's experience is sensory, Keith's is more cerebral. He studies a variety of sacred writings in search of shared experiences and belief systems. This intellectual engagement offers him a release from isolation. As he explains:

> There are connections! I haven't figured them out yet. "And this has gone on in the shaman faith." I really work hard to say alright I hear that. Let us see if there is a connection to the Eastern. I want to see an umbrella around this. Christianity and Judaism are so much alike.

He seeks similarities among divergent traditions. Those similarities protect him and strengthen him and encourage him to continue his prayer.

Music as Connection

Music enables participants to connect with a deity, person, or belief outside of the moment. While earlier discussions of music included ways in which music is used

to find and transition to a prayerful state, this discussion focuses on the ways in which music evokes a connection to a person, deity or belief. Dorothy is reminded of the Helen Baylor song, which she calls "I Have a Praying Grandmother." The song, *Helen's Testimony***,** (see Appendix L) attaches Dorothy to her own praying grandmother as well as Baylor's tale of drug addiction and salvation. Her gospel DVD collection is a connection to belief. This sort of connection is important to Dorothy because she yearns for a faith connection. Earlier in our discussion, she reveals: "I have gone in and out of various churches. I haven't found the one to be my home yet. I haven't given up. Listen[ing] to other people pray has been my way of doing it."

Christine expands on music's importance in creating connection. Attending mass with her mother, she has a strong affective response:

> It is hard to pin to words: rising up above with music [or] hanging onto this universal connection. We lived in an Irish neighborhood and my family identified with that. They had a thing on [television]—old guys fiddling. Sometimes I hear that music and I have that same sort of rooted feeling of connected to something bigger and stronger. There is a cultural piece that gets into those evocative moments. I would say it would be healing prayer.

Christine's positive associations to her heritage connect her with healing. The music's enduring quality strengthens her beyond the moment to prayer. Participants report that the introduction of new melodies to known prayers or hymns in church or synagogue can fail to create the connections to their own histories in the way that Christine does to the Irish fiddle music. Brenda muses that, "It is nice to think of the prayer shawl as a big piece of music I can wrap around me." Enveloping herself with music attaches her to lyrics, music, performer and a beloved family member's prayer shawl.

Brenda's metaphor of enveloping herself in her grandfather's prayer shawl through music is a good closing metaphor for this section discussing prayer's connection to a deity, person or belief. When praying, participants feel close to a deity in whatever form feels right to them, idealized and actual people, a collective unifying experience of humanity and very specific relationships. This next and final finding addresses how participants' experiences of prayer attempt to make sense of their lives.

Finding #5: Praying is the Attempt to Comprehend the Incomprehensible

"The prayer is finding a little better meaning in your life than what existed before" (Ted).

Introduction

Participants state that they have aspects of their lives that belie comprehension-- a feeling of deity, illness, and the state of the world. For them, praying is an attempt to "comprehend the incomprehensible." Their prayer acknowledges something outside of the self and recognizes the existence of a deity or nonhuman force. Prayer functions like a narrative in its attempt to create meaning for participants. Explanations, power and control, the need for order, and a state of awe may be characteristics of the meanings that are created. In the following quotation, Ted ponders the relationship between religion, meaning and narrative. He contrasts spirituality with other ways of thinking:

> Religions are amazing. If nothing really exists, we construct, discover or experience these incredibly powerful things that really give us comfort. And if it doesn't really exist, what do we have as an alternative?

Like other aspects of prayer, the narrative aspect of prayer, for those undergoing medical treatment for a life-threatening illness, varies within each participant depending on their mood or self-state and their particular circumstance.

The diagnosis of illness threatens previous assumptions about the narrative arc of participants' lives. Laura states that the onset of the illness "challenges fundamental notions [like] if you eat the right foods, do yoga, meditate, somehow you are going to be protected from things like that." The collapse of one set of assumptions about life precipitates the creation of another. Laura works hard to develop a new set of assumptions in order to face her new reality. Prior to diagnosis, she thought of herself as what she calls, "bullet-proof." She explains the attitude she develops to the whole illness experience. "I decided to put my toe in both worlds-- spiritual and medical-- and see if I could somehow make some sense for me." Previously, Laura maintained body integrity through healthy eating. Now she prays. She gives a visceral example of newfound moments of praying that affect her corporeal experience:

> When I drove by the Cancer Center, I would feel "I am going to lose my cookies in the car." [I thought] maybe if I direct something out, I will be able to pass this place without getting sick or feeling extremely anxious. This was just help for me to ride through it. I would say, "Protect everyone that is in there." For some reason, that really helps.

Participants desire a roadmap for their world, some aspects of which are incomprehensible. Keith calls prayer "the road map" to life's journey. In the following quotation Bridgette shares the way in which prayer experiences serve as her

"road map." She seeks to comprehend the illness experience through praying, which allows her to continue the course of medical treatment:

> Otherwise my body turned on itself. And now I have this horrible treatment and all these years of sweating about whether this will come back. I can't look at it that way. I really believe this is the journey He gave me to make me better able, more capable of joy. None of this makes any sense unless you are in touch [with God].

In this section there are five themes that elucidate how prayer is an attempt to comprehend the incomprehensible: a) ordering the universe and deistic involvement in that order, b) fathoming the deity, c) finding meaning through Alcoholics Anonymous, d) finding meaning through music and e) believing in a future.

Ordering the Universe

In the midst of their particular illness experiences, participants strive to seek meaning in their lives, and "finding order" is intrinsic to the success of finding that meaning. Their inquiries and subsequent understandings expand beyond their individual experiences or current situation. What is key is the order's existence rather than the order itself. The study findings reveal that the act of praying assumes there *is* an order to the universe but the thoughts about the order constantly evolve. Perceptions about the "order to the universe" encompass a broad range of topics. The topics include: recognition that the "order" may be unknowable, predetermination, human responsibility and influence on the "order in the universe," and the deity's power.

Participants integrate their particular experiences into a global context, although they recognize they only understand some aspects of the universal order.

Accepting their limitations in understanding does not prevent them from believing that the "order" exists. In the following quotation Laura attempts to understand the conundrum this way: "There is an order to the universe even if we don't know what that order is."

On the other hand, for Keith, a particular and ordered universe serves as an organizing principle. Here Keith describes how prayer creates a sense of equilibrium:

> We drove to [my hometown] Friday night and when it got dark, I looked out the window of the car, and I was to see stars. Something you don't see here. I thought to myself, "And God is in his Heaven." That is the prayer. Things are right. No matter how things get, things are right.

The construction of Keith's sentence, "I was to see stars," seems to reflect a sense of preordination that offers him relief.

Participants believe that the "order in the universe" is determined by a deity. But, participants debate, sometimes within themselves, about the deity's involvement in their lives. Some believe that their fate rests in "God's hands." But generally they are pragmatic in recognizing the human impact on their destiny. Brenda's disagreement with a rabbi's argument about the purpose of a particular Jewish liturgical prayer is one example of pragmatically ordering the universe:

> A very prominent rabbi doesn't believe in the *Misheberach.* [8] He doesn't feel it is right to ask God for healing a specific person rather than everyone. But I said "No, it is the 'big' get well." If you send someone a card, it is not going to make them well. It is going to me them feel better.

According to Brenda, this ritual is an attempt to make the person named feel more connected to God and the community involved with the prayer's recitation. It is

[8] The *Misheberach* is the traditional Jewish prayer for healing. It includes the listing of specific names of those who are ill. (See Appendix M.)

transformative in that it makes them “feel better.” Brenda believes that “doing something” creates order to the universe.

Similarly, Dorothy also has a pragmatic attitude toward order in the universe. She believes that human accountability maintains an established order. Participants report that one function of prayer is the sorting out of what is God’s responsibility and what is human responsibility. For Dorothy, this translates into separating the challenges that people can manage through discipline from the ones that are not predictable. Things like “hurricanes, tornadoes, death-- that’s what you pray about.” Here she sets forth her ideas about order, responsibility and structure:

> Everything has its own place. You are responsible. You stay in your lane. These are the things you are responsible to do. When those things get in your way, those big boulders, if He decides to move them He will. If He wants you to do some extra thought you think about how you get around this.

Unlike Dorothy who strives for clarity and structure in her vision of the “order in the universe,” Christine is able to tolerate the contradictions inherent in the incomprehensibility of a universal order. She juxtaposes a particular delight with global upheaval and conflict. Christine explains this mystery in the following quotation:

> There is a power in the universe that is working to create these things that I don’t begin to understand. It is not like a God up on a chair saying, “You get this and you get that.” I believe that there are energies and forces that are beyond our power. All this craziness in Iraq going on at the same time that your niece is looking adorable and [she has] not a care in the world.

On the other hand, Bridgette has more difficulty than Christine tolerating an inexplicable order. Her tolerance regarding the unknowable lessens as she becomes more anxious about her illness. Throughout the two interviews, which occur a month apart, she shares her developing beliefs in a power in the universe. Several years ago

her husband was seriously ill and received prayer cards and well-wishes from others. When I first meet Bridgette, she describes beliefs similar to Christine's:

> All of these people throwing out all of this positive energy with His name on it into the universe and the universe doing whatever. . . . That is God. All these people. All this positive energy. It goes out there. It collects. It comes back with such power and such potency.

However, the second time I meet with her, she veers away from the back and forth mutuality she first describes. Instead, she moves into "constant communication" with God who she now views as a caretaker. She now believes in the human responsibility to assist God. "It is very much like a parent-child relationship. If the child doesn't check in and doesn't stay in touch, the parent has trouble. I am much better now at checking in." She attributes the change to her increased need for strength and help as she confronts the increased anxiety she feels regarding the seriousness of her illness. She feels she receives a response that derives from her image of the deity. In this passage she describes her return to the image of a paternal and powerful God image from whom she requests strength and help:

> Now I've got a picture of God in my mind. I have to wonder more out of curiosity. It was the difference between my mother and father. My father was very intelligent, very strong and a very big supporter of mine. My mother was not strong. She was very intelligent but she was not strong so her support seemed more superficial. When the going got tough he really got in there and got going.

In his explanations of the "order in the universe" Ted carries multiple ideas about the deity's power. One is that an all-powerful deity is essential for the reassurance gained through prayer. He states the following:

> Most of us recognize the uncertainty of [life], too, that is why we want to put our faith in the more powerful organization. On some level there is some intelligence greater than ours. We all recognize that.

Like Ted, Keith is relieved by belief in an all-knowing deity. But while Ted's faith in the actuality of an omniscient deity is inconsistent, Keith's belief is unwavering:

> I always look at my life and say "what is the point?" When I got the current job, I said to [my minister] "I don't know what the Hell I am doing there." And he looked at me and said, "God does."

Keith trusts that an omnipotent deity tolerates the range of human emotions including anger and frustration. The deity's tolerance allows Keith to acknowledge his own strong feelings without fear of retribution. Patrick also feels validated by a tolerant deity. Authenticity in prayer is key for both men. Patrick describes this particular experience, emphasizing accessibility of a tolerant deity:

> You could swear. You could get mad because He knows you are a human being. There is nothing to be ashamed of. [Prayer] is not just for people who are genteel and kind and know how to.

The above section highlights some of participants' thoughts regarding a deity's involvement in ordering the universe. The need for affect tolerance, prior relationship histories and various social paradigms all influence these thoughts. Prayer assumes an order to the universe, which often includes some ideas about a deity, an important aspect of comprehending the incomprehensible.

Fathoming a Deity

"He is absolutely beyond our comprehension and we keep trying to comprehend" (Bridgette).

The recognition of a universal "order" is usually combined with some thought about the nature of the deity and deistic involvement in that order. Participants' praying may include an attempt to comprehend the incomprehensibility of a deity.

They direct their prayers toward something or someone. A further aspect of the narrative quality of prayer is fathoming who or what that deity is. Fathoming a deity contributes to the attempt to comprehend incomprehensible aspects of a belief system. The deity may be tangible, anthropomorphized, or diffuse; it may function as a complex system, sometimes shaped by doctrine or secular constructions. The process of fathoming a deity also raises the question of deistic involvement in day-to-day life, which will be explored at the end of this section.

Dorothy is distracted by too much specificity in conceptualizing a deity. As she fathoms the deity, she doesn't like human embellishment of the divine. She prefers simplicity:

> It is just power. Others describe it as the Holy Spirit but [that is] too many layers for me. I want it to be clear-cut. I love the Ten Commandments. I can believe that. Ten. Here are the rules. Something tangible.

While Dorothy prefers to conceptualize her deity in abstract terms, many participants comment upon the visual or imagistic dimension of a deistic figure. Bridgette argues that the attempt to fathom the deity is a way to make God accessible and vital for her and others' in prayer. "It has long been a struggle-not just for me. All of the statues and the paintings and all kinds of things in conventional religions are about personifying God to make Him more accessible, but you can't personify God."

Some participants actively seek to gender the deity, a process that makes the deity accessible and familiar. Bridgette and Brenda internalize male cultural images-- Charleton Heston for Bridgette and the Rex Harrison caricature on the record album cover of *My Fair Lady* for Brenda-- in their early perceptions of a deity. Although they do not always hold onto a perception of a male deity, these images remain in

their minds. The importance of giving the deity a gender to make it more accessible is clear in the following excerpt:

> [The Virgin Mary] is a great resource, especially in times prior to this when women were in a different position than we are now. She's friendly. She's accessible for any women who don't feel good enough to talk directly to God, she'll do. But then I would then say, "She is just the female incarnation of the Power." The Blessed Mother has made God accessible for centuries. Whatever it takes to make God accessible, whatever face you have to put on it, what ever gender or isn't that the whole point of calling Him Father, to make the relationship applicable?
>
> We can make Him look like a friendly old man with a long beard if it helps people comprehend better. But He is not an old man with an old beard. It goes back and forth all the time. The good and bad of it.

As Bridgette struggles more with her illness, she begins to see God as male, returning to her childhood notions of God. We discuss the changes in her viewpoint:

> It is reverting to twelve years of Catholic school. That is working for me now. It is nothing more than my experience. . . . [Now] he is very old. Very grandfatherly. But I don't want to support any particular vision because my vision works for me at any particular time. My vision changes.

Flexibility in envisioning a deity is critical to Bridgette's prayer. When she is feeling more vulnerable, she envisions an enduring and supportive grandfather figure. When she has more distance, she reflects on a disempowered woman's need for a maternal intermediary and more theoretical constructs.

Christine's concept of a deity has moved away from her traditional Catholic upbringing. She doesn't anthropomorphize a deity during her illness. However, she recalls other times when she has done so. The way Christine visualizes the deity depends upon life-course events. As she reconfigured her personal paradigm earlier in her adult life, her image of the deity differed:

> I have referenced the image of Mary. It is nice to reference the image of a female deity to have the Big Mama figure in some ways to lean on. In my

> early forties, I recognized that I wouldn't be a mother in a traditional way but very much feeling like a mother in the world in other ways. There is something about that connectedness [to the Virgin Mary] that I turned to.

Ruth's consideration of God's attributes is based on her study of Jewish theology. Here she identifies with the more healing and nurturing aspects of God:

> What has appealed to me is much more the *Shechina*, the *Shadai*, the more feminine aspects not the war god, not God the father, *Ruach*. I feel like I am in a much more gentle part of the thing [talking to God].[9]

Like Ruth, Keith believes there are masculine and feminine aspects to God. He identifies with both aspects. Below he describes this identification:

> Jacob and David were strong but also vulnerable and weak. [God] wants us to be perfect but he doesn't expect us to be perfect. That is where we come to the female aspects of this. The female aspects are both caring and nurturing. I see myself as caring and nurturing but also as very assertive.

Patrick's complex deity structure is based upon both his Catholic upbringing and his work in the corporate world. He defines it as his "artificial earthling" perspective. In this lengthy set of quotations, Patrick explains how he directs his prayer. First because he is a father, he identifies St. Joseph, the saint of fathers, as his advocate. His attitudes are pragmatic and built on life experience as well as a belief system:

> When I got sick I went to St. Joseph because if there is any reason for me to stay alive it is just to be the father of those boys. There ought to be a good reason for anyone up in Heaven to decide that maybe I should have some more time. That's why I felt if anyone is going to be able to plead my case it would be someone like St. Joseph.

However, sometimes he addresses Mary during prayer:

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[9] According to Jewish mysticism, there are thirteen attributes of God, some masculine and some feminine. Ruth refers to three of them in this quotation. (See Appendix N.)

> Maybe it is too sly and sneaky or whatever, I just figure now "There is someone who has God's ear, got God's attention." God must have thought she was pretty good.
>
> I guess I like the idea of these human beings who have some influence. God is too busy to go direct to him. You are almost being too petty to go to God for something that you want.

He then considers when it is that he directly addresses God:

> If I am not asking for help I go to God. If I am asking for help I go to these upper management people. I need a favor, I have to go to my friend in this department. They are the right ones to get this taken care of.

He ponders his hesitation at addressing God directly in prayer:

> If you think there is a way to enlist a greater connection with God, you should do that. People talk about wanting to meet powerful people in their town or in their condo board or at work or at the restaurant. The guy who is, whatever, but you can go straight to the top.
>
> It is ok to go to the boss to say thanks but to go with your to do list, [you go to the managers]. "Do you think it would be ok if you try to work this?"

For Patrick, praying encompasses day-to-day concerns. That raises the issue of how the deity is involved with specifics. Participants differ in their perspective on this question. For Laura, the deity remains more expansive and diffuse than inherently concerned with particulars: "There is an organizing force. I don't think it necessarily says 'I am going to shake hands with this lady.' I don't think it is that involved with individuals and their everyday concerns."

Keith believes God is intimately involved in his life. Below, he describes his requests for direction and his recognition of the response to that request:

> The basic thing I say to God is "This is my concern." And then I turn around and say, and this is from the Lord's Prayer, "Not my will, thy will." And that's when things open up.

> It is God saying, "Alright, alright. You asked me what to do and here it is." What I found [from this] is that I became more comfortable with my own situation.

Dorothy believes the deity determines her life course. Being chosen for this illness is congruent with her life narrative. She compares the acceptance of her circumstance to her experience as the oldest child setting an example for her siblings, "the one that all the mistakes" are made on, and her leadership roles at work and in the community:

> I was chosen to be this vessel. For whatever reason, that is why I am prayerful. I trust that whatever the decision that was made, they know best. They meaning the higher power that has the design.

The process of fathoming a deity draws upon life experience, cultural factors and religious training. Fathoming the deity furthers participants' attempts to comprehend the incomprehensible.

Alcoholics Anonymous as a Paradigm for Comprehending the Incomprehensible

> The only way for an alcoholic to stop drinking is God. [Alcoholism] is a horrible disease that only ends in insanity and death. God fixes it. If it can work for that why not for cancer? You have to let Him in through prayer (Bridgette).

Four participants openly discuss their involvement in Alcoholics Anonymous or Adult Children of Alcoholics. These twelve-step organizations provide them with a useful paradigm during their illness experience, a paradigm often described by participants as the Program. Having committed to AA or ACOA for help in recovery from alcoholism, these people draw on that experience during their life-threatening illnesses. They echo Bridgette's reasons for praying during illness cited above. Since

a major focus of AA is spirituality, participants explore prayer as a part of their commitment to AA.

The particular nature of AA makes it a unique example of the impact of a prior paradigm on current attempts to comprehend the incomprehensible. Carol cites the AA adage, “Religion is for those who are afraid of going to Hell. Spirituality is for those who have been there.” Carol stresses, “I think my faith, whatever it is, has come from experiences principally in recovery.” Carol’s narrative is based on the fundamental premise that without AA she would not be in recovery. AA groups, relationships with AA members and AA precepts structure her life. Dorothy, who began drinking again after the recurrence of her illness, regrets she has done so. Her explanation for returning to alcohol use, cited below, is drawn from the AA program. In this citation she examines how she deludes herself into believing that she need not continue participation in AA. She has come to realize that she ceased participation because she did not want to be sober:

> [I thought] There is no need for me to go to those meetings. However, every book and everything I know about it [alcoholism] tells us that once you are diagnosed [you need to go.] I am one of those people who didn’t want to go. I know this, however I didn’t [go to meetings] and I got to almost eight years, seven years with doing it with no desire. When it [the desire to drink] came back, it came back strong.

Another precept of Alcoholics Anonymous contributes to AA members’ prayer during their illnesses. In this excerpt Carol explains the importance of “accepting that which is not in one’s control:

> There is something very freeing about the courage involved in acceptance. Acceptance is 90% of our problem. I have lung cancer. . . . I am an alcoholic. What I do with those things I have some level of power, mastery or control or whatever.

> I don't know if it is the mastery that ebbs or what it is, you just get tired. It is saying, "O.K. Here we are again." There is nothing to do but call and ask for God to be present through whatever process it is that is going to be gone through.

For Carol and others in AA and ACOA, the challenge to recognize what is and what is not in one's control becomes a way of life. Coupled with that challenge is the knowledge of when to ask for help. They believe alcoholics have difficulty knowing when and how to seek help. Their prayer includes recognition of a higher power. Through their involvement in AA meetings, participants learn about others' prayer. From the twelve-step milieu, they gain a repertoire for facing life's challenges. Phrases, prayer practices, and stories contribute to the narrative expressed in their prayer.

Bridgette recalls one difficult night. Through prayer, she moves from feeling anxious to peaceful. I ask her to describe the prayer. Her response as cited below is her first reference to Alcoholics Anonymous:

> The AA stuff. "I can't, He can, so let him." I just talked myself through it in that way. Using the slogans a little bit. And I don't think of them as slogans. I really believe them. Telling myself all of that stuff until I can get to a point where I go "Ok, it's all yours." And I can step back and let it be and it really is so much easier. That is why there are slogans because you have to keep reminding yourself.

Unlike Bridgette, Laura finds that sometimes AA members' response to her angst seems superficial and unempathic. She has a more difficult time adapting AA teachings to her illness. She gets angry when she is told, "God doesn't give you anything you can't handle." She adds, "It sounds great but it is a recovery thing to say to somebody. That's not what people need to hear." To manage her irritation with similar comments, she ponders the *St. Francis of Assisi Prayer*, which she describes

as a “big recovery prayer.” Ultimately, that prayer and. AA take on new meaning. The illness experience has such a momentous physical and spiritual impact that she wants to apply her more sincere praying experiences to other parts of her life. Below she describes how changes in her attitude toward praying led to successful reconciliation with her sister:

> She’s in the program, too. She said, “I suppose we should do the 8th and 9th step with each other.” I thought about it-that’s the admit harm done and blah, blah, blah – and I said “Why don’t we just say we did the best we could at the time and drop it?” She was so relieved. Our relationship shifted . . . at that moment. It was unbelievable.
>
> That really shook me a little bit. I think I have developed. Part of me says you don’t know how long you have. I didn’t want to die having this [negative] relationship with my sister. I was too tired to go through the traditional [step]. I go to AA but she is more fundamentalist AA More Big Book-ie, in her approach. It was a healing move. I never would have done that before.

Laura’s reference to her sister as being more “fundamentalist A.A” and “more Big Book” indicates the ways in which involvement in AA influences her creation of meaning. The terms *fundamentalist* and *Big Book* are terms often reserved for religious or biblical belief systems. As Laura thinks about how she wants to resolve family relationships, she relies upon guiding principles of the Twelve Step program to do so. Taking instruction from AA and adapting it to her physical and emotional energy levels, allows her to resolve and deepen a tense relationship. She is able to do this at a time when she feels the need to order her own life.

Finding Meaning Through Music

Although music’s impact on participants’ prayer experience has been discussed in previous sections, consideration of music as a source in the narrative

aspects of prayer deserves further exploration. Keith's 22 years of participation in a church choir provides a venue for him to develop this kind of meaning. He describes that process. "I was increasingly able to go deeper with music and prayer. My prayer is really evolving. Excitement comes when you don't know where it will go." The excitement results from the attempt to seek meaning through music. The insights Keith gains from singing in the choir are expectable since much of this music is written for this purpose. He asks, "Why did the composer write this in the first place? It was to deepen his comprehension of what can be learned about life's meaning."

However, participants, including Keith, also use secular music to finding meaning they identify as prayer. Musicals encourage Brenda when she faces adversity and they become her prayer. In this quotation she associates a prominent medieval Jewish philosopher's ideas with a song from the long-running Broadway musical *The Fantastiks*. The two seemingly dissimilar sources blend and inform her narrative. The long-lived duration of both the great thinker's prominence and the play's success offer Brenda stability and strength.

> If you don't know tragedy how can you know joy? Everything exists in terms of its opposite. I think that Maimondes wrote about that. There is a show song! *Try to Remember*. That is what that is about. Everything exists in terms of its opposite. Until you have lived long enough to know pain, to experience some tragedy [you don't know this.]

Ted describes the prayer experience derived during Native American drum circles in the following quotation. The drummers are known as singers, a reflection of the drumming's musicality. "There is no way you can hold onto yourself when the drum is going. They say the drum is the heartbeat of Mother Earth. They make that

analogy and I think it is right." Ted's comment reflects the invigorating quality participants associate to music in shaping their prayer narrative.

Music contributes to participants' attempts to comprehend the incomprehensible by resonating with prior or evolving experiences and beliefs. Participants seek a coherent narrative for finding meaning. Music can offer that coherence.

Belief in a Future

Prayer is predicated on the belief in a future. Participants pray when they are able to contemplate some future beyond themselves. Thoughts about the future may be diffuse or specific. Keith's narrative includes a strong belief in an afterlife. This brings him relief. Using examples from music, as he often does, he articulates his point. This passage demonstrates both the use of music to develop a prayer narrative and Keith's belief in an afterlife:

> [When I] listen to Brahms Requiem I can become more attuned to what I believe is going to happen in the afterlife. How it is going to be. . . . Brahms talks about how we have to dwell in this life doing what we have to do so when we die. . . . We are the souls moving on.
>
> It gives me comfort to know that there is some extraordinary meaning to this life to get us on, move us on past this life.
>
> I don't see how people don't believe in an afterlife. When people think that this is all that there is to life. That is scary. So when I die, I die. Period. From my perspective, you have to look forward. You have to look on. That is what the Brahms Requiem and. the Mozart Requiem do.

Ted, a parent, structures his narrative with a genetic perspective. Here he explains the comfort he gains through a generative paradigm. "Life beyond physicality" is not theologically based.

> If you have created offspring they are carrying on some sort of life beyond your physicality. You are part of future generations. We are limiting ourselves to the definition of life if we think we are the beginning and end of life.

Although Carol says she is ambivalent about an afterlife per se, she envisions a circle of women awaiting her at death. This vision creates both a yearned for reunion with important deceased figures and an opportunity to reconcile unresolved relationships from Carol's past. In this excerpt the visualization described is a continuation of some earlier ideas. Carol develops these ideas as she prepares for our second meeting. Planning the reunion with these women enlivens her and provides her with an enveloping future. She weaves these visions into her prayer. As is often true, Carol combines humor and profundity. This mix provides a deeper understanding of her intense feelings:

> [The] women are around a fire waiting for me. I built little houses and I even built a little lodge and the houses were hexagonal. There was a fire pit. Today I was thinking, I wonder about what they do. What does M. do now that she is there? She certainly writes because she is a writer. Maybe she teaches at the community college. Wait a minute, are there community colleges there? What are you doing? You are making a whole world like the one you are allegedly leaving. It is kind of fun to think of what she is doing. . . .
> [I would like to] believe in reconciliation with people that have gone before. And that I believe… my father is flying kites on the beach. He ought to be doing more with his time so I will go back and work on that. . . .
>
> I was amused with myself so it wasn't this great pathological hoo-hoo. Why are you having to rehumanize them? Can't you just let them be spirits around the fire? Well, I don't know. It might be fun to play with this [laughs].

Participants acknowledge a future through involvement in this study of praying in the face of life-threatening illness. In so doing, they recognize this project has a metaphoric life beyond their individual participation in it. They agree to be a part of something larger than themselves. Similarly, participation in research

protocols and experimental medical treatments provide a larger meaning to those participants who choose this option. In this final quotation, Dorothy explains her decision to partake in a research study until she is, what she calls, “called home.” In so doing, she finds meaning and remains prayerful:

> We all have a responsibility here. Each one teaches one. This may be my something for somebody. And I don’t know if it is. This may not be it. It might be something else. However, this may be for someone who doesn’t even know me.

Conclusion

The narrative aspect of prayer need not be complete and unequivocal to be successful. Indeed, as demonstrated through some participants’ narratives, sometimes it is the shifting and nonspecific features that provide their strength and support. However, as the above discussion demonstrates participants believe that a deity is involved in a “universal order.” Their prayer includes the fathoming of a deity. If involved in twelve step programs, they adapt them to their current illness experiences. They may use music to construct their narrative. Finally, they believe in a future beyond their individual experiences.

CHAPTER V

DISCUSSION

Aim of the Study

"I would like to live beyond chemicals. I am not done with my work" (Ruth).

The aim of this study is to discern the meaning of prayer to adults undergoing medical treatment for a life-threatening illness diagnosed within the past two years. Praying is a component of the larger phenomenon of spirituality. Since surveys report that the majority of the American population prays (Gallup & Lindsay, 1999; National Center for Health Statistics, 2003), studying the prayer experience during illness provides an opportunity for further understanding and knowledge regarding one aspect of this phenomenon. This is a clinical study of lived experience, not a study of theology. In this study, prayer is an *experience* and is not to be confused with an *object* such as the Hail Mary, a crucifix, or the *Shema.* Deepening our understanding of the prayer experience during illness benefits the clinical social work field.

Personal Responses to the Study

This study is grounded in a conviction that the clinical social work discussion of praying and spirituality should not be politicized or claimed by adherents of a particular belief system. An exploration of my own spirituality motivates me to expand my knowledge about the experiences of others. In this section I discuss my reactions and evolving thoughts about this dissertation topic.

Physical illness is a narcissistic injury, a disruption to the sense of self (Cohen & Abramowitz, 1990). By locating this study in the illness experience (Kleinman, 1988), an external experience with ramifications on internal the personality structure, I am able to analyze prayer phenomenon across personality types and life course experiences.

My interest is in what, on the surface, seems to be contradictory: people praying, a very old practice, in the midst of modern medical technology. I am intrigued by the thought of studying people's multiple realities and wonder how they make sense of these discrepancies. Study participants also ponder the multiple interfaces of spirituality and medicine. Participants understand, in a way that I did not before conducting this research, that prayer addresses unarticulated aspects of the illness experience. For example, Ted was examined by several specialists before receiving his diagnosis. It was only when he was asked his religion, upon being hospitalized for the actual medical treatment, that he realized the severity of his illness. He explains, "I had never had this asked of me before so I said, 'Well, this is serious.'"

Studying the meaning of prayer during a life-threatening illness is evocative. When I share the topic of my research with others, everyone has an opinion about

what prayer is and speaks as an expert on the topic. What is the felt experience that creates such a sense of expertise? What is the subjective experience of prayer? What makes this topic so powerful that it elicits such a strong response? My consideration of the data in light of these questions has led me to think theoretically beyond some of my prior theoretical propensities.

This is very much a study of living. Theoretical and clinical discussions of the findings articulate how enlivening praying is for the participants. The focus on praying and gratitude exemplifies an active appreciation for the present rather than praying to combat a paralysis I imagined.

I focus on the findings' common themes because hermeneutic phenomenology calls for addressing common themes and the participants emphasize the universality of their experience. There are two exceptions to that decision. The first concerns those participants who are in Alcoholics Anonymous (AA) and Adult Children of Alcoholics (ACOA). AA has a unique paradigm. Study participants who are also members of AA or ACOA share distinctive ways of formulating prayer and attempting to comprehend the incomprehensible. The second exception to the common themes is a gender difference. The three men express the need to appear strong to others. In this study, women are not concerned with protecting others from their emotional or physical well-being by appearing stronger than they feel. These exceptions lend more credibility to the overall finding that praying is influenced by a multitude of factors.

Early on, I debated with my dissertation committee about whether prayer necessarily includes belief in a deity. This is important to a psychodynamic study

because of the role of internalized relationships (whether they be self-objects, objects, or an intersubjective third) in understanding human dynamics. Rather than assume that prayer involves a deity, I decided to ask participants whether their prayers are directed at or to anyone. This created an environment in which participants were able to share the challenges of attempting to fathom a deity. Asking if their prayers are directed led to discovering the commonly acknowledged belief in an "order to the universe."

This topic forces me to constantly revisit my prior assumptions about prayer and to be open to unfamiliar theologies and other people's prayer practices. Listening carefully is challenging and demands a tolerance for understanding the intensity of participants' spiritual experiences. As participants became involved in sharing the depth and extent of their prayer, I sometimes became uncomfortable with the level of disclosure and was reminded of Sorenson's (2004) research that discovered that psychoanalysts' level of comfort in discussing spirituality with patients correlates with their comfort with their own spirituality.

As a researcher, it is important to have respect for personal boundaries while asking participants to provide more information on what is often viewed as private. After all, participants describe impersonal treatments and loss of control during the illness experience. One participant suggested I might have difficulty finding sufficient participants because cancer patients are so often asked to participate in clinical trials or other studies. Despite my concerns, participants never responded that my probes were private, out-of-bounds, or offensive in any way. They were intrigued and interested in our explorations. There were one or two moments when I felt the need to

say that I was not a Pollyanna or an advocate that prayer can cure all ills. That may have been based on my own anxiety to be understood as a dispassionate researcher, rather than a proselytizer. The desire to be defined as a curious, yet supportive outsider, may be motivated by my need to be understood as a non-judgmental, positive spiritual support.

Prior to the study, I anticipated that people's prayer would be more structured and ritual-based. It is striking how infrequently participants use words usually associated with liturgical prayer (sacred, holy, blessing). Absent from this study is a sense of urgency about penitential prayer. For the most part, participants do not blame themselves for their illness. They do not attribute their illness to sin, evil behavior or bad thoughts.

The dissertation's fundamental premise--that one cannot assume what the prayer experience is for someone else--is borne out in this study. Praying may be motivated as a response to an external experience, such as a medical treatment ("dehumanizing") or difficult decisions ("chemotherapy or endocrinology therapy") or it may be an expression of gratitude. ("Thank you for another day.") Participants find themselves praying in different ways at unanticipated moments.

One surprise in the findings is the on-going evolution of prayer. Despite my readings and discussions regarding post-modern spirituality, I did not anticipate the richness and changing nature of the prayer experience. In this way, the study taught me more about the array of prayer than I could possibly imagine. The depth of participants' descriptions of praying is profound and extraordinary.

The evolving nature of praying leads me to believe that the exploratory question that asks whether prayers are answered is misguided. It doesn't address the complexity of the prayer experience. Furthermore, this question assumes that prayer is an object, like a tool, to be used to achieve a goal. Knoblauch's (2000) metaphor of the resonant mind is useful in clarifying the distinction between the prayer as an object to that of a process. He argues that by viewing the mind as resonant:

> Attention is addressed to an unfolding, continuous process. The boundaries of such a model are not discrete or predetermined. They are continuously changing and at times allow, rather than constrict, flow, just as a good jazz composition enhances rather than limits the possibilities for musical improvisation (p. 95).

For example, although some participants view prayer as a tool, the study data suggest that praying is action itself. Viewing prayer as a tool to achieve an intention or a purpose is too limited and doesn't reflect the activity involved This could be why participants consistently stress that they are not praying for a cure. Their praying revolves around the immediate circumstance and "prayer for cure" is not pertinent to that moment.

Given the literature review, I anticipated that one of the study's major findings would be that prayer connects a participant to another person, belief or deity. The research indicated that this played less of a role than I expected. Another interesting finding is the participant attitude toward other people's praying for them. On the one hand, participants are strengthened by others' praying on their behalf and find the universal experience of prayer sustaining. But on the other hand, they fear impingement or loss of a sense of agency. There is a clear distinction between the

"me" and "not-me" prayer experience. This stands to reason clinically, but I did not expect participants to articulate such a visceral distinction between the two.

Assessment of Methodology

The research methodology, hermeneutic phenomenology, is an excellent way for discerning the answers to questions raised in studying the meaning of praying to those undergoing medical treatment for a life-threatening illness. Despite the physical and emotional challenges they face, participants remain extremely open and generous in sharing these experiences. Holding two interviews with many participants proves to be a wise choice because participants have the opportunity to delve deeply into the subject. Interviewing participants at different points in their medical treatment and in different emotional states provides me the opportunity to discover the fluidity and range of prayer. Because of the time lapse between interviews, I observed physical changes in some participants. Some reflect on their physical change, which enriched our discussion.

Follow-up questions in the second (and in one case, third) interviews were based on my reactions to and analysis of the first interview and my subsequent discussions with other participants. For example, when music emerged as an important theme for one participant, I was able to then able to ask others about music, expanding that to art and theater as appropriate.

The study recruitment letter states that participants might have an opportunity to think and talk about issues they may not otherwise have considered. This proved to be the case. Participants welcomed the opportunity to talk with me, sometimes in

hopes of getting my perspective or my approval. Every single interview resulted in my being moved by the participants' vitality. Descriptions of difficulties with prayer led me to recognize how hard participants work at making "palatable" prayer.

By transcribing the digital voice recordings personally, I thoroughly immersed myself in participants' rhythms, tones and inflections. This immersion furthered my understanding of participants' lived and felt experiences. Through this immersion process, I also came to understand that praying is not language-based. Participants report thinking about our conversations between our first and second interviews. They spoke of how meaningful our discussions were to them. When Bridgette's nurse assured her that God was in the room with the two of them, Bridgette reports, "I thought about this study. I thought, 'I am going to have to tell Judith.'" Keith listened to some of his CDs between our meetings as a way of more deeply discerning the meaning of music and prayer. Laura shared this insight. "It helped to talk to you because I have never focused on why I made the decisions I did. Now I am a little clearer." One example of this study's impact on participants is Patrick's purchase of St. Joseph's statue. The decision for the purchase was precipitated by our discussion of Patrick's desire to include St. Joseph more in his prayer. During our second meeting, Patrick shows the statue to me and shares the story of how he came to purchase it.

Efficacy of the Literature Review

The literature review provides a background for consideration of the interplay of spirituality and clinical knowledge. It promotes, as does the study, the vital role spirituality plays in many people's lives. Winnicott's (1971) transitional experience as the source of creativity, art and religion provides a fundamental concept for locating the prayer experience. Rizzuto (1979) identifies the God representation as a transitional object within the transitional space. The object representation changes throughout life, but is fundamentally built upon the parent imago. Meissner's (1984) argument that prayer is the meeting of the God-representation in the transitional space is only a partial description of the study participants' prayer experience.

This study's findings confirm Jones' (1991) criticism that Rizutto's (1979) work focuses too much on God as an object and not an experience. Jones (1991) stresses the importance of the capacity for transitional *experience* (italics his) rather than an object relationship itself that is central to the prayer experience. Indeed, participants' perception of their capacity to pray is a primary consideration in our understanding of their lived experience. Although praying serves tension-regulating and soothing functions to create self-cohesion (Cornett, 1998) and will be further discussed in the theoretical implications section, selfobject functioning is not a sufficient explanation for the complexities of the prayer experience. The study findings confirm that praying is located in illusory and imaginative experience and it creates authenticity (Sorenson, 2004).

Studies that focus on prayer and spirituality's function as a form of coping with illness (Dein & Stygall,1997; Kelly, 2004; Rowe & Allen, 2004; Taylor and Outlaw, 2002) do not capture the affective, vitalizing and growth-producing aspects

of the prayer experience. By restricting their studies to an examination of spirituality as a form of coping, the authors cited above limit their findings to ways in which spirituality affects current circumstances such as adjustment to chronic illness. Those studies found that for their participants, as illness becomes more serious, spirituality becomes more important. My data did not confirm those findings but rather found that spirituality and praying was not a linear progression. Participants did not experience prayer as paralleling their illness in a progression from less serious to more serious or less advanced to more advanced. Instead, they recall significant moments during the illness in which they may or may not have had a prayerful or spiritual response. This differs from Waite's (2002) findings in which fundamentalist Christian women found their faith a continual source of sustenance throughout their end stage cancer illness experiences.

Some of Taylor and Outlaw's (2002) "clusters of themes" (p. 51) such as "prayer is a personal communication involving transcendence" (Ibid.) and "what is prayed about reflects who is praying and her or his current life circumstances" (Ibid.) are similar to this study's findings. However, Taylor and Outlaw's (2002) study does not focus on invigorating aspects of praying, the fluctuations in the ability to pray, or the positive emotional changes as a result of praying in the ways I discern from my research.

Study Implications

Introduction

How do we use these findings to enhance our understanding of psychoanalytic thought and at the same time benefit clinical social work practice? Maietta (2007) states that good qualitative research creates new knowledge and Orange (2001) reflects this truism through her explanation of *fallbility* in psychoanalytic thinking. Orange defines *fallbility* as a willingness to revisit and expand psychoanalytic theories within a changing world – a commitment that is reflected throughout this Study Implications Section. In keeping with the post-modern attitude that subjective experience is the ultimate reality (Schwandt, 2001), the theoretical implications discussed below are illustrated with participant vignettes.

Theoretical Implications

Occurring in transitional space, praying provides soothing and idealizing selfobject functions. But the findings reported in this study suggest "something more" (Stern, Sander, Nachum, Harrison, Lyons-Ruth, Morgan et al., 1998). Traditional psychoanalytic theories of objects and selfobjects do not capture the richness and depth of the experience revealed in the research data. Although drives, object relations, and selfobjects are reflected in the data, they are not expansive enough to explain the fluidity of the prayer experience. For example, although there is a disrupted self state that results in more cohesion after praying–supporting earlier work on the stabilizing idealized selfobject function of spirituality during illness (Cohen & Abramowitz, 1990) – the study participants articulate additional

experiences during prayer that merit our attention. Transformative and emergent lived experiences of prayer suggest the need for additional theoretical constructs addressing, as noted above, the fluidity and dynamic aspects of the research data. Similarly, although the praying experience connects the participant with important early object relationships, to focus exclusively on those early relationships or experiences of a deity, as do Rizzuto (1979) and Meissner (1984), would be insufficient and static.

Contemporary psychoanalytic concepts including implicit relational knowing and the moment of meeting (Stern, et.al, 1998; Stern, 2004); affect attunement (Stern, 1999); nonlinear dynamic systems perspective (Coburn, 2001, 2007; Orange, 2001); and constructivism (Hoffman, 1998) provide an enhanced framework for a more in-depth, psychodynamic understanding of the prayer experience. These concepts will be applied to the study findings to support the following theoretical and clinical implications:

1. Praying invigorates and restores the self.
2. Praying is an affective experience.
3. Praying is best described as a nonlinear dynamic system.

Prayer Invigorates and Restores the Self

The study findings illustrate ways in which prayer invigorates and restores the self. Utilizing Rector (2001), Stern (1985), Stern et al., 1998.(1998), Siegel (1999), and Coburn (2001) the restorative and vitalizing aspects of the praying experience can be better understood. Rector (2000, 2001) suggests that selfobject needs for mirroring, twinship and idealization may be addressed through mystical and spiritual

experiences. Four concepts will be examined to further elucidate how praying invigorates and restores the self:

1. Praying begins with the conscious, unconscious and nonconscious question, "What will make me feel more vital?"

2. Praying is facilitated by affect attunement.

3. Praying serves selfobject functions.

4. Praying may be a result of a "moment of meeting" (Stern et al., 1998).

Praying is just one activity participants attempt to invigorate and restore the self.

Praying begins with the conscious, unconscious and nonconscious question, "What will make me feel more vital?"

When participants report the ability to begin the prayer process, wherever or whenever that is, they describe a wish to feel differently than they have felt before. Clarification of the terms--conscious, unconscious and nonconscious--enables us to examine the complex and simultaneous processes that occur during the prayer experience. Consciousness involves thought processes, ideas, and the revival of memory (LaPlanche & Pontalis, 1973). The unconscious refers to the repressed contents of the mind (Ibid.). Stern (2004) differentiates the nonconscious from the unconscious. The term unconscious is reserved for repressed material for which there is a barrier to consciousness. The nonconscious (Stern et al., 1998) is implicit knowledge that is unarticulated or outside of awareness, but not repressed.

Patrick's praying is the result of his conscious, unconscious and nonconscious motivation for vitality. Much of Patrick's self-worth is embedded in his roles as

father, provider and athlete. These roles are threatened with the onset of his illness. Patrick reports that from the start of his illness, he literally and psychologically holds onto St. Joseph, the patron saint of fathers and Mary's husband, with whom he identifies and relies upon, to advocate for him. He displays conscious praying by "grabbing" his St. Joseph's medal and later directing some prayers to St. Joseph, a man who, in his words: "in a difficult situation did what needed to be done."

Self psychology illuminates the unconscious process by which Patrick is sustained by St. Joseph as an idealized selfobject. Kohut (1984) argues "We should not deny our yearning to merge into omnipotent figures, but should instead learn to acknowledge the legitimacy of these narcissistic forces" (p. 620). Bacal's (1985) term "fantasy selfobjects" (p. 216) describes the creation of a selfobject to meet those idealizable needs when others may be absent. The process of transmuting internalization in which the experience of strength gradually becomes a part of the self is an unconscious process that may be occurring as Patrick prays. This resonance with the selfobject strengthens and vitalizes him.

But there is more to Patrick's praying. Patrick demonstrates his implicit, relational nonconscious knowing (Stern, 2004) in considering to whom he should direct his prayers: St. Joseph, Mary, or God? Implicit relational knowing refers to the capacity, present throughout life, to "read" the nonverbal cues and patterns that provide information about relationships. An example is the capacity to size up a person through a nonconscious processing the way the person stands, moves, or speaks. Utilizing what he has learned about navigating in the corporate world (in his words, "sizing up the political dynamics"), he aligns his prayers with the quality he is

seeking and makes choices based on what he is seeking. It might be to St. Joseph to gain a sense of strength or to Mary to regain a sense of potency and power; or an expression of a sense of gratitude to God, "the boss." The decision to include Mary in his praying illustrates nonconscious, implicit, relational knowing. This is Patrick's description of the previously unarticulated process: "Maybe it is too sly and sneaky. There is someone who has God's ear, got God's attention. God must have thought she was pretty good." Referencing the Catholic narrative that God chose Mary to bear his child, he recognizes that Mary might have the power to intercede on his behalf. His language, "maybe it is too sly and sneaky," is what clues us to his implicit relational knowing. He describes a prayer process which includes determining where power and influence lie.

Patrick's prayer experiences reflect unconscious, conscious and nonconscious attempts to feel more vital. This is consistent with all study participants and allows us to more fully appreciate participants' attempts at vitalization through their prayer.

Praying is facilitated by affect attunement.

When participants are unable to pray, some affective positive experience, however minor or insignificant it may seem, precipitates the ability to pray again. Infant development research (Siegel, 1999; Stern, 1985) applied to adult experience furthers our comprehension of this phenomenon. Affect attunement (Stern, 1985) explains both positive conditions for praying and intersubjective impediments to prayer.

Affect attunement (Stern, 1985) expresses a shared quality of feeling with another person. Reflecting feelings as opposed to behavior, affect attunement is expressed cross-modally, is not imitative and occurs in the intersubjective realm, often out of awareness. The metaphoric relationship with a deity and the felt response by the deity is an experience of affect attunement which occurs in the intersubjective domain. Prayers of gratitude for a "beautiful day" may emerge during perceived experiences of the deity's affect attunement with the participant. When participants draw on vicarious experiences of prayer, then the prayer experience resonates from a recollection of a relationship.

Participants contrast positive prayer experiences with negative experiences, both fantasized and actual. Participants believe these negative experiences–termed "unpalatable," "divisive" or "political"--will interfere with their already fragile self states. One explanation for this sensitivity to negative experience is that participants feel affect attunement is missing in the intersubjective domain. They sense that responses from other people and institutions are imitative rather than an authentic reflection of participants' feelings. This sense impedes their ability to pray.

For example, Laura's positive connection with the chaplain, further explored later, contrasts with her articulated fear of an imagined "greasy handwringer's" lack of affect attunement. Not only does she fear an unpleasant visit by a chaplain, but she also recalls not wanting to see a social worker because she didn't "want to have to perform" or "be smart," expectations she would consider to be misattuned to her self state. Other participants also relate imagined or real incidents of lack of affect

attunement from those whom they want to rely on to provide support or spiritual guidance. During these times, prayer fails to emerge.

Participants' apprehensive of any perceived lack of affect attunement explains the expressed suspicions toward institutional religion. Mass, church music and Jewish communal liturgy facilitate praying only when participants experience affect attunement.

Praying serves selfobject functions.

During mystical experiences idealized selfobjects may alleviate narcissistic vulnerability (Rector, 2001). This selfobject may be an actual or imagined person, deity or idea. Participants differentiate between opportunities that promote cohesion from those that they fear might foster regression. The desire for positive selfobject experiences is distinct from a search for empathic understanding. Tuch (1997) warns that empathy (Kohut, 1959) should not be confused with selfobject needs which are basic, bipolar needs. Praying can emerge without an empathic relationship because empathy is not a precondition for positive selfobject experience.

At times when individuals long to be protected by an idealized other, they become sensitive to perceived threats to their self-esteem. Individuals may avoid experiences they fear will provoke regression and a loss of control (Rector, 2001). Perhaps this explains the participants' visceral reaction to proselytizing. They resist that which they perceive to be a threat to their self-esteem. Their prayer experience must be "palatable" contributing to the selfobject need for the strengthening of the self.

Participants' insist that they are not bargaining or praying for cure. This demonstrates their recognition that what they need is a selfobject function to provide tension regulation, soothing, or cohesion. Laura's awareness of her need to "just be" rather than "be smart" or perform, shows us how sensitive she is to potential assaults on her self state. The chaplain serves as a mature selfobject resulting in a positive change in her self state. Coburn (2001) notes that "it is our human sameness and its [human sameness] high degree of specificity that allow us the potential for resonating with the unique affective experiences another" (Resolution of the Paradox of Subjective Emotional Resonance Section.).

Praying may occur in moments of meeting.

Stern et al.'s (1998) work on the "moment of meeting," applied to the therapeutic process, describes the "nodal event" as the point at which the intersubjective context gets altered. For this study, I expand this concept beyond the therapeutic encounter. For participants, praying may be sparked by a nodal event in the implicit relational domain. The intersubjective context that is altered in the moment of meeting may be created through contact with an actual or imagined person or even a piece of art or music. A moment of meeting may also serve to regulate and as a result of this regulation, new possibilities emerge. Stern and his colleagues further relate that the "moment" may be experienced as a sudden shift and "may include states of activation, affect feeling, arousal desire, belief or content of thought" (How Changes in 'Implicit Relational Knowing' are Experienced).

Stern et al.'s (1998) work also references the speed at which this moment of meeting can evolve. Laura describes her distress and fragmentation in response to being informed of the diagnosis of a life-threatening illness. Important others (her doctor and her husband) are unable to contain her anxiety or soothe her. The doctor suggests a visit by a chaplain. She describes the visit as a mystical and prayerful experience after which she is able to face her future. Laura recognizes that "the chaplain represented something special to me at that time; she carried something with her, this aura." Although Laura cannot pinpoint when the shift occurs, she recognizes that, as a result of this meeting, "everything will be O.K.," and then, affectively she moves from distress to a calmer state of acceptance.

Laura's self state changes through this nodal event when meeting the chaplain, after which she decides that the course of her treatment should be a "mix of the physical and the spiritual." This "aura" or "calm presence" at a time when Laura feels untethered, is a moment of meeting. Laura reports that she knows nothing about the "idealized" chaplain's beliefs. It is her felt experience that results from being in the chaplain's presence that creates the opportunity for praying.

Praying is Primarily an Affective Experience that Consists of Temporal Contours and Vitality Affects

Prayer is an affective experience.

Knoblauch's (2000)'s comment that "affect is an action that organizes"(p. 97) furthers our theoretical understanding of this phenomenon. Praying exists in the emotional realm. Although people relate their prayer experience in words, much of praying occurs in the nonverbal and affective domain. Consider Brenda's statement. "I don't pray formally. I don't use words. It is not in words." When Brenda states her praying is not in words, she is describing an affective experience, an action that organizes.

Brenda's prayer experience is filled with Sondheim's, Belafonte's and Bucchino's music which make her feel "better." Numerous examples from our conversation support this: she feels her deceased husband's hand on her; she feels God's hands on hers as she "rolls the dice" (Brenda's words) to choose medical treatment; she recalls her grandfather praying in the midst of a hectic family life; she envisions envelopment by a large prayer shawl; she feels gratitude and pride in her daughter's gift for teaching; she takes her image of God from a Broadway musical; she disagrees with a rabbi about the meaning of a particular liturgy. All of these affective experiences are forms of praying. These experiences are contrasted to the view that prayer involves spoken words and formal, ritualized practice.

Brenda's disagreement with the rabbi, described earlier, is a disagreement between implicit and explicit knowing. Brenda reports that the rabbi is opposed to a particular liturgical prayer because, she says, "he doesn't feel it is right to ask God for healing for a specific person." For her, the liturgy in question is, as she says, "a cosmic get-well card. No one ever got better by getting a card. But they feel better for that moment." Her comment recognizes that praying addresses changes in affect. For

her, the words are part of the affective, implicit experience and not an explicit request for healing. Further discussion and application of Stern's (2004) recent work to this theoretical section is beneficial to enhance our understanding.

Praying consists of nonconscious temporal contours and vitality affects.

Temporal contours are observable shifts in the intensity, rhythm or form of stimulation impinging on the nervous system (Stern, 2004). An example of a temporal contour is the formation of a smile. Each movement can be observed as it is formed. By contrast, vitality affects are subjective. Vitality affects, best expressed through kinetic language, are "the changing dynamics of changes in feelings, consisting of analogic shifts . . . in real time, of affects, thoughts, perceptions or sensations. (p. 246). Vitality affects are "involved with all vital processes of life. . . . They may be linked to an act such as the way one gets out of a chair with no clear affect articulated" (Ibid.). Brenda's praying is better understood when these concepts are applied to her experience.

Keith's response to Psalm 90, excerpted in the following statement, "When I think of that I can tear up" is an example of a temporal contour and vitality affect. For Keith, "tearing up" is praying because of the emotional resonance to the psalm. He describes Psalm 90 as "simple," but he has a complex affective response – a vitality affect. Keith reveals that this strong response causes him to want others to have similar experiences. As he shares his experience of Psalm 90 with me, Keith's voice and gestures becomes more animated. He speaks more quickly and there is a change in the rhythm of his speech. According to Daniel Stern (2004) this would be a

temporal moment. Here are Keith's words, a symbolized and explicit representation of his experience and spoken during our discussion of Psalm 90, "You have to be open to this. You can walk out here and see Spring flowers. And just 'wow.' That is a prayer." Keith's "tearing up" and "wow" reflect his emotional resonance to the psalm. Keith believes his tearing up becomes a prayer.

Prayer is Best Described as Nonlinear, Emergent and Dynamic

Unlike what is assumed to occur in popular phrases such as "answer to my prayers" which imply cause and effect, the data indicates that praying is not a linear process. A more accurate way of understanding prayer draws upon nonlinear dynamic systems theory (Thelen & Smith, 1994). Contemporary psychoanalytic authors (Aron, 1996; Coburn, 2000; Orange, 2001) apply theories of nonlinear dynamic systems theory to further understand psychological life. Nonlinear dynamic systems theory addresses the relationships of the complex components of psychological experiences and human development. Included in this theory is the differentiation between closed and open systems. Closed systems run in a set and stable equilibrium. Open systems, while stable, develop through the flow of fluid, dynamic, context-sensitive and unpredictable ways. This study finds the subjective, lived experience of prayer to be an open system.

Participants pray at different times, in various places and modify the content of their prayer experience. Participants report self state disruption in the course of their illnesses and seek ways to restore the self. Although it is predictable that participants will seek to restore the self through prayer, what creates the potential for

prayer—a song heard on the radio, a kind word, a neighbor setting out a garbage can—is unpredictable. As a part of emerging prayer, participants create narratives which make new realities bearable. As a part of emerging prayer, participants create narratives which make new realities bearable.

Examples of prayer's emergence abound: Christine's viewing of a pharmaceutical company's television commercial; Laura's watching Barack Obama develop as a national leader; Ted's reading of a *New Yorker* poem all effect their praying in unpredictable ways. The cultural context influences and deepens their praying and contributes to their movement from disrupted to more cohesive self states. The fluid prayer process ebbs and flows and takes different shapes, dependent upon internal, external and intersubjective factors. Openness to the breadth and fluidity of prayer expands our understanding of our patients' lived experience.

The language (prayer, praying, and prayerful) describing the dissertation's phenomena further elucidates their fluid quality.

When I began this study my belief was that prayer occurs in the transitional experience (Jones, 1991) and that it was not a transitional object. However, the data does not consistently support the clear-cut distinction between prayer as a transitional object and praying as a transitional experience. At times, participants describe prayer as a bridge to the praying experience by which they become prayerful, a self state change. As Winnicott reminds us, "the essential feature in the concept of transitional objects and phenomena…is *the paradox, and the acceptance of the paradox:* the baby

creates the object, but the object was there waiting to be created and a cathected object" (1969, p. 89). Winnicott's work (1953, 1965) iterates that objects facilitate play or creativity. There is not always a clear distinction between when the play or transitional space begins and when the transitional object ends. Similarly, in participants' viewpoint, when a *prayer* (the object) becomes *praying (*the experience) is not always clear. What is clear is that when *prayer* is an object it facilitates *praying* the experience.

When the self states of those interviewed become disrupted in unpredictable ways, new possibilities for praying emerge.

Coburn (2001) draws on Winnicott's (1965) *good enough,* Bacal's (1995) *optimal* and Donnel Stern's (1997) *unformulated experiences* in his development of the sense of the real. The sense of the real coalesces in and emerges out of emotional resonance to spontaneous and unplanned situations imparting a "certainty and conviction about previously . . . unformulated dimensions of self-experience" (Coburn, 2001, The Discussion Sense of the Real section). This emergence engenders coherence.

Applying Coburn's (2001) work on the sense of the real to Dorothy elucidates how this concept may be applied to praying. Dorothy's response to receiving some discouraging information illustrates how this is not praying, but rather, in her words, "cussing." Her self state is disrupted and she feels despondent. Through the course of our discussion, she acknowledges that she is becoming prayerful. This occurs as she recognizes that her participation in medical trials may benefit others. Dorothy's

"becoming prayerful" results from "unique experiences of emotional certainty and conviction that prove to be ameliorative and transformative" (Coburn, 2001, Discussion: The Sense of the Real section). As Dorothy becomes convinced that she is to be a role model and leader for others, she returns to the experience of prayer. But this time prayerfulness feels different to her and she admits feeling relief. Her prayerfulness emerges from a sense of conviction, drawing on both prior and current experiences. It is the "experience of thinking" (Ibid.) that is enlivening.

Illustrating Coburn's theory, Dorothy and I find ourselves embedded in our subjective experiences, including the ways in which our lived experience is informed by our race, gender, sexuality, religion, class, neighborhood, personal life course, and psychodynamics. Transcending our differences, a working alliance as participant and researcher begins and an empathic resonance develops between us. This allows for the emergence of a "new sense of the real" (Coburn, 2001, Discussion: The Sense of the Real section)." Would Dorothy have developed the same convictions that result in her becoming prayerful again without ever meeting me? Probably, but what is of note here is that our serendipitous meetings result in an unpredictable result: Dorothy becomes prayerful.

Prayer is the creating of a narrative to make new realities bearable.

The study findings reveal that during the process of undergoing medical treatment for a life-threatening illness, participants review and question their previous

narratives. They seek a more complete narrative that incorporates their new experiences in order to feel more cohesive. Self-narrative creates self-cohesion (Palombo, 1992). Since emotional experience is emergent (Coburn, 2000), narrative is also emergent. Praying is the process of *creating* the narrative rather than the narrative itself. The cohesive functions of narrative bear remembering in examining this creative quest. The narrative must become "good enough" to provide self cohesion. Participants integrate experiences of past and present and those of the hoped for future to create new meanings, feel strengthened and in control in new ways after previous narratives are destroyed or disrupted by the illness experience. The work of Mitchell (1986) and Hoffman (1998) assists in explaining this challenge.

Mitchell (1986) considers the growth producing aspects of narcissistic illusion. Referencing Winnicott's vision of health as the capacity for play and Kohut's work on the revitalization of the self through analysis, Mitchell suggests Nietzsche's tragic man[10] is the fullest model for living:

> [The] tragic man. . . . regards his life as a work of art, to be conceived, shaped . . . and inevitably dissolved. The prototypical tragic activity is play, in which new forms are continually created and demolished, in which the individuality of the player is continually articulated, developed and relinquished. . . . Healthy narcissism reflects the dialectical balance between illusion and reality; illusions concerning oneself and others are generated, playfully enjoyed and relinquished in the pace of disappointments (A Synthetic Approach section).

Hoffman (1998) builds on Mitchell's work with the additional recognition that "Our challenge is to be fully engaged in living even though we know we are heading right toward the edge of a cliff" (p. 239). As discussed previously, praying exists in the illusory realm (Winnicott, 1971, Jones, 1991). Participants in this study recount their

[10] Mitchell is not referencing Kohut's tragic man.

challenges to remain fully engaged in living in the face of their life-threatening illness. Praying is one way in which they manage the knowledge of threats to their lives as they know them. Creating narrative through praying is restorative.

Carol's creation of a narrative is an example of how the prayer experience makes reality bearable. Carol believes that, ultimately, she will die as a result of her illness and she yearns for an ordered life and resolution of early, conflictual relationships before her death. Through praying, Carol develops a narrative in which she will be "going home." In the narrative that evolves as she faces her life-threatening illness, "home" becomes women gathered at a fire representing nurturance and sustenance. She chooses to cast away previous images of a harsh and critical father/deity who disapproves of her sexuality. Carol creates a restorative narrative through "re-finding" women whom she can idealize, and who accept her and ensure her safety. Rector's (1996) work addresses the early selfobject experiences in the gendering of a deity and the possibility that the deity's gender may change throughout narcissistic development. Carol's struggle to embrace a female deity encompasses not only her illness experience and potential loss of life, but also her struggle to accept her sexuality. Through creating a narrative prayer, she develops Coburn's (2001) new sense of the real. Carol's "playful" resonance to the neighborhood women in her childhood imbues her with a stronger "locked- in sense of worth" (Hoffman, 1998, p. 240) and a revitalized self (Kohut, 1984).

What is crucial to this implication is the continual creating of the prayer narrative. It is never fully complete. Although Carol's "get me home" draws on early important figures, as she develops "home," she includes contemporary life and

continually edits her images to enhance her narrative. It continues to evolve as she struggles to remain fully engaged in her life.

Conclusion

Applying classic self psychology and contemporary psychoanalytic ideas to the research findings advance the psychoanalytic understanding of praying in the face of life threatening illness. Praying is a volitional act that is vitalizing, restorative, emergent, and attempts to create a narrative. Despite its positive impact on self states, it is not consistent as a resource to people. When participants feel vulnerable or depleted they may feel unable to pray. Then something serendipitous occurs and participants have a renewed or different prayer experience. Prayer resonates from all sectors of the individual's life including empathic attunements, implicit knowing, relationships, current circumstances, and physical experiences, and cultural context.

Clinical Implications

Discussing a person's praying life is an entry into another person's world--expanding our understanding of them, giving us more opportunity to learn more about what makes them vital, and developing a more authentic therapeutic relationship. Although this dissertation concerns the meaning of prayer to those facing a life-threatening illness, the findings and theoretical implications are beneficial to all clinicians in a number of ways. First, and foremost, prayer content and meaning is a legitimate arena for clinical exploration. Spiritual exploration is common in adult development. This dissertation informs us that people want to discuss these

explorations although they report they rarely have the opportunity to do so with others. The one exception to this is membership in Alcoholics Anonymous or other twelve-step groups.

One important finding is that neither churches nor synagogues play a major role in these participants' prayer experience. Assuming others are like them, referral to clergy may not resonate with our clinical patients sharing their prayer experiences. Affect attunement and understanding is what they seek. It is beneficial to remember that people hone their prayer experiences to their current emotional and experiential situations. They do not seek cure or miracles but rather a positive change in their self states. Their praying is derived from vicarious and personal experiences, idealizations, temporal contours, and vitality affects.

Praying and spiritual practices are dynamic and fluid, but also fragile and easily threatened when an individual feels narcissistically vulnerable and concerned that his/her experiences will not be validated. When praying is not felt possible, anything—a song heard on the radio, a kind word, a neighbor moving a garbage can—can restore the nascent belief in the potential renewal of prayer. As these findings reveal that sometimes prayer experiences may not be fully formulated or articulated, we as clinicians stand to benefit from the reminder that praying is a process that is both dynamic and evolving. This enables the clinician to be more empathic to the lived experience of the patient attempting to comprehend what is incomprehensible through praying.

There are several caveats to the call for openness to spirituality in the clinical hour. First, the clinician must be cognizant of the potential impact of the social and

cultural context in raising this topic. Judgment, political viewpoint or personal agendas on both the clinician's and the patient's parts must be taken into account. Despite the self-authorship and creativity involved in praying, praying individuals continue to seek validation and affirmation for their experience. They may resist revealing their full praying experiences if they are feeling vulnerable and therefore fear narcissistic injury. Second, because praying is an affective experience that gets expressed through vitality affects and temporal contours and can elicit intense response within the patient, it is important that clinicians remain aware of the topic's powerful and potentially provocative nature to both clinician and patient. As always, the clinician's self knowledge advances rather than impedes the therapeutic process.

Further Research

This dissertation benefits significantly from the work of other scholars. As the reader is well-aware, my work focuses on praying during life-threatening illness. Listed below are areas of investigation, prompted by my research, that merit further research:

1. Expanding the Study to Include Illnesses Other than Cancer

A unique aspect of cancer is that often, as is the case for many of my study participants, it is the side effects of cancer treatment that early-on cause more physical discomfort than the cancer itself. In other words, radiation and chemotherapy treatment may be the cause of lack of energy, pain, lack of appetite, hair loss, or other

physical effects rather than the cancer itself. Anticipating the side effects of cancer treatment, the intersubjective experience of undergoing medical treatment and the corporeal experience impact the emergence and meaning of prayer. Furthermore, most study participants actually believe that the medical treatment and attendant physical discomfort will be time limited, and that following treatment they will return to "normalcy." However different analyses and conclusions might result from studying the lived experience of praying during chronic illnesses such as multiple sclerosis, diabetes, or a variety of gastro-intestinal diseases as opposed to cancer.

2. Studying the Meaning of Prayer During Illness Within a Particular Population

Because all participants were recruited through secular sources, the lack of reliance on religious institutional affiliation may not be surprising. Research limited to members of a particular identified group that is affiliated with one religious denomination or institution might reveal different findings. Since no participants were recruited through a religious leader or religious institution, it would be interesting to compare my findings with those of another study in which participants were recruited through their church or synagogue.

3. Studying the Meaning of Prayer During Different Adult Life Events

My research focuses on the lived experience of people undergoing medical treatment during a life threatening illness. Research on prayer during other life events – such as the loss of a spouse, a child or a parent; a separation or divorce; or a

traumatic event like a fire or flood – would expand our understanding or the meaning of prayer.

4. Exploring Whether the Phase in the Adult Life Course Reveals More about the Meaning of Prayer.

Studying praying in a particular phase of the life course might reveal more understanding about the particular evolution and manifestations of the praying experience at different times during the life course.

5. Studying the Lived Experience of Illness Separate from the Lived Experience of Praying During Life-Threatening Illness

As adults live longer with serious and life-threatening illnesses, our field needs to consider what the experience of living with a life-threatening illness is for those who live with illness everyday.

6. Studying Emerging Concepts of a Deity

Although my research explores some of the ways in which concepts of the deity emerge, this area is ripe for further study, including exploring how context, relationships and development impact concepts of a deity. Studying individuals' changing concepts of a deity over time would expand our knowledge and understanding of the linkages between spirituality and psychoanalytic thinking.

7. Increasing Access to the Digital Recordings of Participant Interviews

Because so much of the prayer experience exists in the implicit domain and consists of vitality affects and temporal contours, the actual digital voice recordings (destroyed in keeping with the agreement with the Institutional Review Board) might be utilized in the analysis.

8. Studying the Correlation Between Music and Spiritual Experiences

Given the this study's findings regarding the strong association of music and prayer, more research on the impact of music on brain activity during while praying is warranted.

9. Studying the Emergence of Prayer from Apart from the Intersubjective Realm.

Sometimes participants describe the onset of prayerfulness without a relational precipitant. More understanding of this phenomenon would further discern the prayer experience.

Final Thoughts

I undertook studying the question of the meaning of prayer in the face of life-threatening illness to develop a clinical social worker's perspective. I knew that I was undertaking a rich, evocative and complex subject. However, I did not expect that the topic would be so personal to so many colleagues, friends and passers-by. Recognizing how much the topic resonates for so many people increased my commitment to develop this dissertation reflect the topic's vibrancy.

Of all the findings in this dissertation, perhaps the most exciting for me has been discovering the multitude of ways in which participants develop meaning as they move through their lives. When I attended the University of Chicago's School of Social Service Administration in the late 1970s scant attention was given to the topic of adult development. It is my hope that this study advances all of our thinking about continual growth and development during every moment of life.

APPENDIX A

RECRUITMENT LETTER TO REFERRAL SOURCES, RECRUITMENT LETTER TO POTENTIAL PARTICIPANTS, AND FLYERS FOR POTENTIAL PARTICIPANTS

Judith Aronson, LCSW, BCD
Individual, Couple and Family Therapy
636 Church Street #409
Evanston, Illinois 60201
847-475-3883
Judith.Aronson@gmail.com

Dear_____:

This letter is to request your assistance in identifying potential participants for my research study, "Praying in the face of life-threatening illness." I am conducting this research for my doctoral dissertation at the Institute for Clinical Social Work (ICSW).

By way of background, I am a licensed clinical social worker with a psychotherapy practice in Evanston, Illinois. In 1977, I earned my MA from the University of Chicago's School of Social Service Administration and have completed all my coursework at ICSW. In my private practice I treat adults who are confronting difficult issues like the topic of my dissertation.

My qualitative research study calls for interviewing ten adults undergoing medical treatment for a life-threatening illness who are also engaged in prayer activity. I am interested in exploring the meaning of prayer to these individuals. I plan to meet with people in their homes or in another private and comfortable location for two 60-90 minute tape-recorded interviews. Examining common themes in what people have to say about their experiences will further will deepen the understanding of the meaning of prayer for those facing life-threatening illness. I am certain social workers can benefit from this knowledge because we often work with people who both pray and are facing life-threatening illness. From my research, we can learn ways in which people make meaning of this experience.

As someone who is involved with those undergoing medical treatment, I would be grateful for the names of potential participants in my study. Criteria for inclusion include: (1) those who are undergoing medical treatment for a life-threatening illness diagnosed within the past two years; (2) between the ages 40-65; (3) and pray outside of a formal religious service.

This research is an opportunity for participants to think and talk about meaningful aspects of their lives which they may not have previously discussed. There is no payment for participation. Since talking about personal topics such as illness and prayer can be emotionally upsetting, I will make every effort to be sensitive to participants' reactions and will offer opportunities for the debriefing of any distressing reactions that may occur.

All information in this study is confidential. Participants in this study will *sign consent for participation in research form.* Identifying information will be disguised.

I would very much appreciate your recommending study participants. You or they may telephone me at (847) 475-3883 or e-mail me at Judith.Aronson@gmail.com. Thank you in advance for your interest.

Sincerely,

Judith Aronson, LCSW, BCD

Judith Aronson, LCSW, BCD
Individual, Couple and Family Therapy
636 Church Street #409
Evanston, Illinois 60201
847-475-3883
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By way of background, I am a licensed clinical social worker with a psychotherapy practice in Evanston, Illinois. In 1977, I earned my MA from the University of Chicago's School of Social Service Administration and have completed all of my coursework at ICSW. In my private practice I treat adults who are confronting difficult issues like the topic of my dissertation.

My research will explore the meaning of prayer to adults undergoing medical treatment for a life-threatening illness. I plan to meet with ten adults between the ages of 40 and 65 who have been diagnosed with a life-threatening illness within the past two years and are engaged in a prayer activity outside of a formal religious service. We will meet twice for 60-90 minutes in your home or some other private and confidential location to discuss some of your experiences. I will tape record and then transcribe our discussions word for word. Discovering common themes will deepen the understanding of the meaning of prayer for those facing life-threatening illness. Social workers will benefit from this knowledge because we sometimes work with people who both pray and are facing life-threatening illness. My research will enable us to learn more about what meanings people find in praying in the face of life-threatening illness.

Participating in this research is an opportunity for you to think and talk about meaningful parts of your life you may not have previously had a chance to discuss. Sometimes talking about personal topics such as illness and prayer can be emotionally upsetting. I will make every effort to be sensitive to this. If either you or I think that what we are discussing is upsetting, either of us may stop the interview briefly or all together. Of course, you are welcome to withdraw from the study at any time. If you wish to debrief these meetings with a clinical social worker, I will refer you to three colleagues who will meet with you for up to three times at no expense to you. I will also be available by phone to further discuss this research and answer any questions that may arise by phone.

All information in this study is confidential. If you wish to participate in this study, you will sign consent for participation in research form. Any identifying information about you will be disguised.

Please consider contacting me to discuss your participation. You may telephone me at (847) 475-3883 or e-mail me at **Judith.Aronson@gmail.com**. Thank you very much for your interest.

Sincerely,

Judith Aronson, LCSW, BCD

WOULD YOU LIKE A CHANCE
TO TALK ABOUT THE MEANING OF YOUR
PRAYERS?

I am doing a research project for a dissertation in clinical social work on the individual's experience of prayer in the face of life-threatening illness. I am seeking people:

- Undergoing medical treatment for a life-threatening illness diagnosed within the last two years,
- Between the ages of 40 and 65,
- Who pray.

If you would like to participate please call or e-mail me. I will come to your home or anywhere else you would like to meet. We will meet twice for about an hour each time to talk about your experiences. It will be completely confidential. This is an opportunity to talk about prayer in ways you may not have talked about before. I will use this research to better understand the meanings of prayer to those with life-threatening illness. Social workers can benefit from this knowledge to better help those with life-threatening illness.

For further information, please contact me at 847-475-3883 or **Judith.Aronson@gmail.com**.

Looking forward to talking with you!

Judith Aronson, LCSW, BCD
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APPENDIX B

SEMI-STRUCTURED QUESTIONNAIRE

Semi-Structured Questionnaire

Overall research question: What is the meaning of prayer to those diagnosed with a life-threatening illness within the past two years?

1. Tell me about your first response to the diagnosis of your illness. (Probes: How did the diagnosis come about? Did you have physical symptoms which led you to see a doctor?)

2. Tell me about the medical treatment. (Probes: Are there physical effects? Who are some of the people involved in your treatment?)

3. Did you pray before your diagnosis? Tell me about that. How has your prayer changed since your diagnosis? (Probes: How did you learn to pray? Are there certain times in your life when you prayed more? Is it different now? Has your illness interfered with your prayer?)

4. Tell me about your prayer. (Probes: When do you pray? What do you do before, during and after prayer? Do you pray by yourself? Do you use something to help you pray?)

5. What are you praying for? How do the prayers make you feel? If appropriate: are your prayers answered? (Probes: What do you expect will happen when you pray? Do you pray for something in particular?)

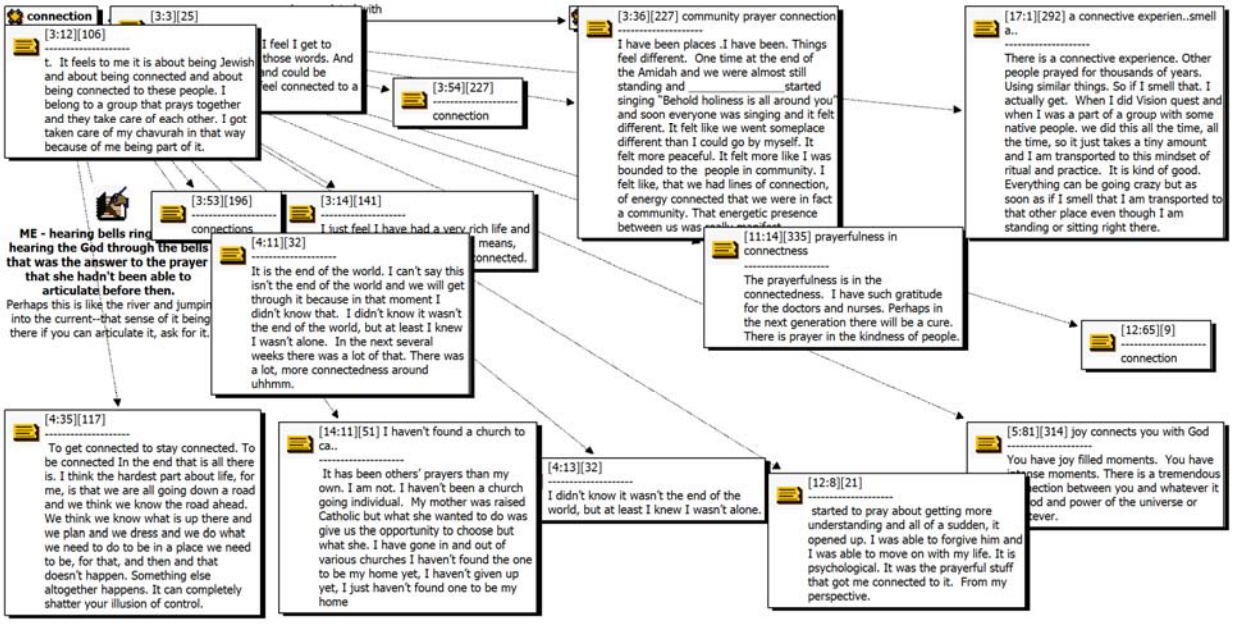
APPENDIX C

CODES, DIAGRAM AND NETWORK TOOLS

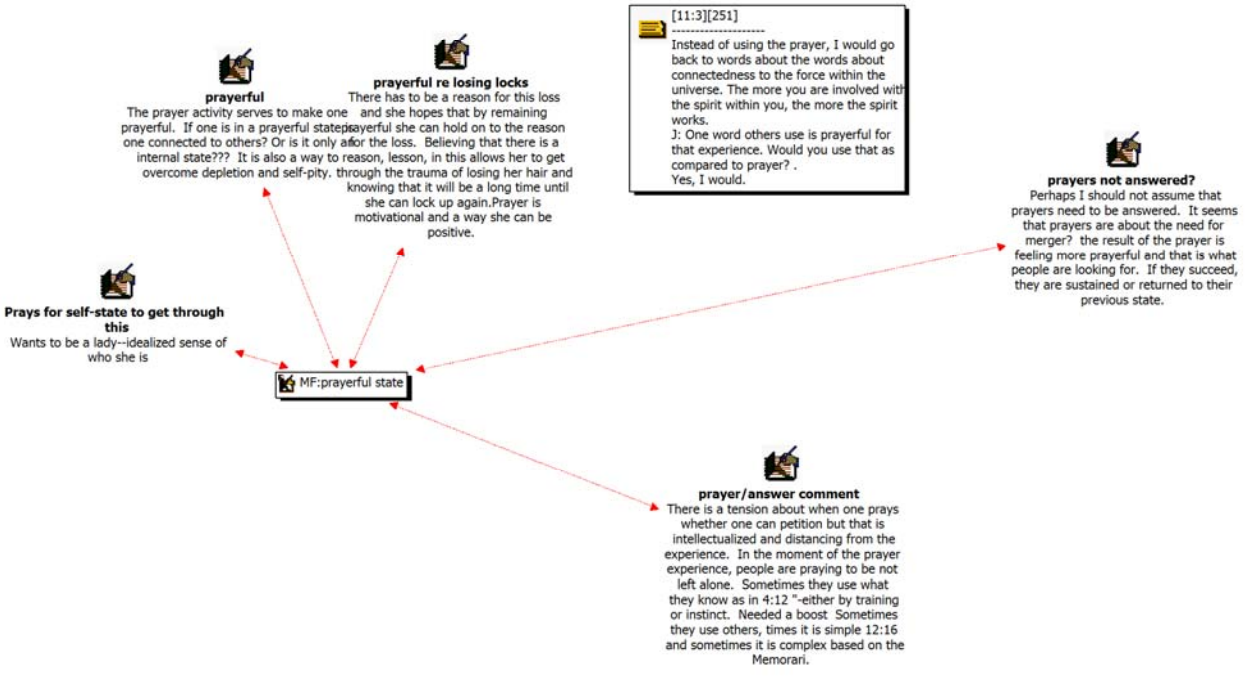
List of Codes

AA ref
acceptance
affirming self
Afterlife
agency through sense of prayer
attitude.
availability for prayer
awareness of impact of physical on self state
Being the receptor
belief in a future
Communication from God
community
connection
control
conversation
Deity/power in the universe
Entrusting self to greater power, expansion of prayer to others
finding her spiritual community
gender and God
gold standard.
grand plan
gratitude
health care professional's prayer
intrusion by others
lesson
lost and found
meditation
models for prayer
music
No grand plan
occurs through openness
other people's prayers
other peoples' actions are prayers
palatable vs unpalatable prayer
Particular prayer changes as life experience changes
Prayer beyond language
prayer determined by background
prayer determined by self-state
prayer evolves
prayer is self- knowledge
prayer is silent
prayer is very minute, immediate
prayer related to values
prayer transforms, remains consistent over time
praying and the answer to the prayer are the same
presence
process/journey
reading
recitation of known prayer
repetition
Response to participation
response to particular experience
self-state
self-state--anger
self-state response to illness
self-state, regulation
self state alone
self state shock
self state calm
strength
support for prayer by medical professionals
symbol impt
to put you closer to what you ..
too disrupted to pray
universality
visualization
what prayer is not
when one prays
where one prays

connection



prayerful state



APPENDIX D

CONSENT FOR PARTICIPATION IN RESEARCH FORM

INSTITUTE FOR CLINICAL SOCIAL WORK
INDIVIDUAL CONSENT FOR PARTICIPATION IN RESEARCH

I, _____, agree to take part in the research entitled *Praying in the face of life-threatening Illness*. This work will be carried out by Judith Aronson, LCSW, BCD under the supervision of Michelle Sweet, Ph.D. This work is conducted under the auspices of the Institute for Clinical Social Work, 200 N. Michigan Ave., Suite 407, Chicago, IL 60601, (312) 726-8480. The study is being conducted in partial fulfillment for the degree of Doctor of Philosophy.

PURPOSE

The purpose of this study is to explore the meaning of prayer to people in the following set of circumstances: (1) they have been diagnosed with a life-threatening illness; (2) they are seeking medical treatment; and (3) at the same time, they pray. The results of this study may serve to expand clinical social workers' knowledge of the experience of prayer among those undergoing medical treatment for life-threatening illness.

PROCEDURES USED IN THE STUDY AND THE DURATION

The study consists of 2 in-person 60-90 minute interviews with those between the ages of 40-65 who have been diagnosed with a life-threatening illness in the last two years and are undergoing medical treatment and pray. I will be the only one conducting these interviews which will be tape recorded. I will ask you a set of questions. What you and others say in the interviews will be used to develop themes of the meaning of prayer. There will be no payment for participation in these interviews.

Your participation in this study is purely voluntary and you are free to end the interview or refrain from answering questions at any time. You may choose to change your mind about involvement in the study at any time. I will be happy to answer any questions you have before, during or after the research.

BENEFITS

The benefit for participation in this study includes a greater understanding of what prayer means to you. This is an opportunity for you to think and talk about something significant to you that you might not have had a chance to talk about before. The findings of the study will be available to you.

COSTS

There are no costs to you for participation in this study.

POSSIBLE RISKS/SIDE EFFECTS

There are no anticipated risks associated for with this study. However, talking about a life-threatening illness and prayer might raise painful, emotional feelings. You or I may stop the interview or take a break at any time if there is an indication of ongoing distress. You may discontinue participation in this study at any time.

PRIVACY/CONFIDENTIALITY

All information provided is confidential. To protect your confidentiality, all participants will be identified by number and pseudonym and not by actual name. All signed consent forms will also be kept in a separate, locked research cabinet. All tape recordings will also be identified by number. The identifying information will be kept in a locked filing cabinet and will be shredded when all research on this topic is completed. The tape recordings will be destroyed after they have been transcribed. All identifying information in the tape recordings will be disguised.

SUBJECT ASSURANCES

By signing this consent form, I agree to take part in this study. I have not given up any of my rights or released this institution from responsibility for carelessness. I will sign a consent form both for my own records and for the researcher's records.

I may cancel my consent and refuse to continue in this study at any time without penalty. My relationship with the staff of the ICSW will not be affected in any way, now or in the future, if I refuse to take part, or if I begin the study and then withdraw.

If I have any questions about the research methods, I can contact Judith Aronson, LCSW, and BCD at (847) 475-3883 or Michelle Sweet, Ph.D. at (630) 325-3700. If I have any questions about my rights as a research subject, I may call Daniel Rosenfeld, M.A., Chair of Institutional Review Board, ICSW, 200 N. Michigan Ave., Suite 403, Chicago, IL 60601, (312) 726-8480.

SIGNATURES

All consent forms must be signed and dated. They must be explained to the participants and witnessed by the person who is explaining the procedure.

I HAVE READ THIS CONSENT FORM AND I AGREE TO TAKE PART IN THIS STUDY AS IT IS EXPLAINED IN THIS CONSENT FORM.

_____

_

Signature of Participant Date

I CERTIFY THAT I HAVE EXPLAINED THE RESEARCH TO

_____

___

(Name of Participant) Date

AND BELIEVE THAT THEY UNDERSTAND AND THAT THEY HAVE AGREED TO PARTICIPATE FREELY. I AGREE TO ANSWER ANY

ADDITIONAL QUESTIONS AS THEY ARISE DURING THE RESEARCH OR AFTERWARD.

_____
_____

Signature of Researcher Date

APPENDIX E

ST. FRANCIS OF ASSISI PRAYER

St. Francis of Assisi Prayer

Lord, make me a channel of thy peace;
that where there is hatred, I may bring love;
that where there is wrong, I may bring the spirit of forgiveness;
that where there is discord, I may bring harmony;
that where there is error, I may bring truth;
that where there is doubt, I may bring faith;
that where there is despair, I may bring hope;
that where there are shadows, I may bring light;
that where there is sadness, I may bring joy.
Lord, grant that I may seek rather to comfort than to be comforted;
to understand, than to be understood;
to love, than to be loved.
For it is by self-forgetting that one finds.
It is by forgiving that one is forgiven.
It is by dying that one awakens to eternal life.
Amen.

This particular translation from the French is attributed to members of Alcoholics Anonymous. The prayer itself first appeared in a French literary magazine in1912.

Retrieved July 9, 2007 from http://en.wikipedia.org/wiki/Prayer of St._Francis.

APPENDIX F

HAIL MARY

HAIL MARY

Hail, Mary, full of grace, the Lord is with you.
Blessed are you among women.
And blessed is the fruit of your womb, Jesus.
Holy Mary, Mother of God, pray for us sinners,
now and at the hour of our death. Amen.

This prayer is taken from *The Vatican II Weekday Missal (*1975) p. 2343.

APPENDIX G

SERENITY PRAYER

The Serenity Prayer

God, grant me the serenity to accept the things I cannot change; the courage to change the things I can; and the wisdom to know the difference.

This prayer, often recited in Alcoholics Anonymous was written by Reinhold Niebuhr. He used it in a sermon in the early 1940s. It is cited from Kaplan, J. (1992). *Bartlett's Familiar Quotations*, 16th ed., p. 684.

APPENDIX H

THE MEMORARE

THE MEMORARE

Remember, O most gracious Virgin Mary,
that never was it known that anyone who fled to your protection,
implored your help or sought your intercession, was left unaided.
Inspired with this confidence, I fly to you O Virgin of virgins, my Mother.
To you I come; before you I stand, sinful and sorrowful.
O Mother of the Word Incarnate!
Despise not my petitions, but in your mercy hear and answer me.
Amen.

This prayer is taken from *The Vatican II Weekday Missal* (1975) p. 2365.

APPENDIX I

PSALM TWENTY

Psalm Twenty

Facing Life Changes
For S.M.G.

Help me, O God, to find still moments,
Quiet spaces within to refresh my soul;
Calm my questions, my inner debates,
And let me meditate on Your goodness.

Help me, O God, to nurture my courage,
Recalling moments of strength,
Remembering days of fortitude,
The certainty of Your regard.

Help me, O God, to turn to the light,
Warmed face, fingers outstretched,
Alive, alive in Your sight.

This is taken from *Flames to Heaven New Psalms for Healing & Praise* (Perlman,1998, p. 24).

APPENDIX J

PSALM 90

PSALM 90

A prayer to Moses the man of God

1. Lord, thou hast been our dwelling place in all generations.
2. Before the mountains were brought forth, or ever thou hadst formed the earth and the world, even from everlasting to everlasting, thou *art* God.
3. Thou turnest man to destruction; and sayest, Return, ye children of men.
4. For a thousand years in they sight *are but* as yesterday when it is past, and *as* a watch
in the night.
5. Thou carriest them away as with a flood; they are *as* a sleep: in the morning *they are* like grass *which* growth up.
6. In the morning it flourisheth, and growth up; in the evening it is cut down, and withereth.
7. For we are consumed by thine anger, and by they wrath are we troubled.
8. Thou hast set our iniquities before thee, our secret *sins* in the light of thy countenance.
9. For all our days are passed away in thy wrath: we spend our years as a tale *that is told*.
The security of the godly
10. The days of our years *are* three-score years and ten; and if by reason of strength *they* be fourscore years; yet by their strength labour and sorrow; for it is soon cut off, and we fly away.
11. Who knoweth the power of thine anger? even according to thy fear, *so is* thy wrath.
12. So teach *us* to number our days, that we may apply *our* hearts to they wisdom.
13. Return, O Lord, how long? and let it repent thee concerning they servants.
14. O satisfy us early with thy mercy; that we may rejoice and be glad all our days.
15. Make us glad according to the days *wherein* thou has afflicted us, *and* the years *wherein* we have seen evil.
16. Let they work appear unto they servants and thy glory unto their children.
17. And let the beauty of the Lord our God be upon us: and extablish thou the work of our hands upon us; yea, the work of our hands establish thou it.

This psalm is cited from *The Bible Authorized King James Version with Apocrypha*. Oxford, Oxford University Press, p. 690-691.

APPENDIX K

GRATEFUL

Grateful
Words and Music by John Bucchino

I've got a roof over my head
I've got a warm place to sleep
Some nights I lie awake
counting gifts
Instead of counting sheep

I've got a heart that can hold
love
I've got a mind that can think
There may be times when I
lose the light
And let my spirits sink
But I can't stay depressed
When I remember how I'm
blessed

Grateful, grateful
Truly grateful I am
Grateful, grateful
Truly blessed
And duly grateful

In a city of strangers
I've got a family of friends
No matter what rocks and
brambles fill the way
I know that they will stay in the
end

I feel a hand holding my hand
It's not a hand you can see
But on the road to the promised
land
This hand will shepherd me
Through delight and despair
Holding tight and always there

Grateful, grateful
Truly grateful I am
Grateful, grateful
Truly blessed
And duly grateful

It's not that I don't want a lot
Or hope for more, or dream of
more
But giving thanks for what I've
got
Makes me so much happier
than keeping score

In a world that can bring pain
I will still take each chance
For I believe that whatever the
terrain
Our feet can learn to dance
Whatever stone life may sling
We can moan or we can sing

Grateful, grateful
Truly grateful I am
Grateful, grateful
Truly blessed
And duly grateful

Retrieved May 19, 2007, from
http://www.seeklyrics/lyrics/John Bucchino/Grateful.html

APPENDIX L

HELEN'S TESTIMONY

Helen's Testimony

Halleluiah, Halleluiah

When I think about it, I started in the church as a little girl seven years old. My grandmother used to take me to church back in Tulsa, Oklahoma. I used to sing for the Lord. I used to sing in the adult choir and I loved the Lord with all my heart. By the time I was nine years old, I was gung ho. My grandmother even said to me one day, she said, "You know, Baby, God is going to use you one day." I didn't know what she meant but I knew I liked the sound of God using me.

By the time I was eleven years old, my mother and father and my five brothers and little sister we moved from Tulsa to California. My dad's job transferred him out here.
By the time I was twelve years old I found myself in a nightclub in Los Angeles. My mom and dad used to go to the clubs on the weekends. They didn't know the Lord Jesus.
Grandma wasn't around anymore so we just quit going to church.
I was in the nightclubs at twelve years old but that was the worst place and the last place I needed to be.

But I had a praying grandmother.

By the time I was thirteen years old I had recorded my first single and began to open for people like Stevie Wonder, Aretha Franklin, and B.B. King and Bill Cosby. I remember opening for him one time. Things begin to happen.

Halleluiah. Things began to happen all around me. The Devil had a trap set. He was going to set me up. I liked it. I liked the money because I was making a lot of money. I liked the glamour. And I liked the applause because that said, "I love you."

We all want to be loved. Halleluiah.

I didn't know that Jesus loved me. I didn't know it then. When I was sixteen years old I had had a baby out of wedlock. By the time I was seventeen years old, I left home and joined the cast of "Hair" and I began to travel all across the country. I was making more money than my mom and dad put together by then. Things were looking pretty good. Then I was introduced to marijuana.

The Devil had a trap set. The next thing I know it was pills. Pills to get up in the morning and pills to go to bed at night. Then it was the alcohol. Then I became very promiscuous and ran around with a lot of people I had no business being with. One day I was introduced to cocaine. I know that all drugs are a spirit. This cocaine became my best friend. I began to hang out

with the Devil. I did everything I was big and bad enough to do. I am not glorifying him, I am just letting him know that

I don't belong to you. Hallelu.
I have been set free. Halleluiah. Glory to God.

I went on for about twelve years in my life and I traveled with people and I worked with Chaka Khan and Rufus and I worked with Captain and Tenille and all the people in the studios. I was good at my job and I was quick and I could demand double and triple scale. I went to work and I was high everyday.

The Devil was trying to kill me but I had a praying grandmother, Never turn her back on me. Halleluiah.

One time I was in Houston, Texas I met a man there. I was getting ready to get the road to go with Chaka Kahn. There was a group going on the road with us--Heat Wave. They had a man working with them. He was working their lights. I didn't know this. I met him on the road. You would never know this to look at him. He was a nice guy but not only was he a nice guy you would never know it to look at it but he was also, not only was he a light director, but he was a cocaine dealer. The Devil knows how to really do it. So we began to be friends. So we began to date. I began getting all the cocaine I wanted for free. How many of you know of "one for free"?

We came home me and this young man. We began to live together. He was still selling drugs and I began to make drops for him. I was dropping off cocaine and I was making a lot of foolish turns. My life began to do this spiral. Downward spiral. I was going to Hell. One night as I was getting loaded, I began to pass out and my head hit the wall (Boom) and I began to slide down the wall and as I came to and all of my bodily fluids were doing their own thing and I was dying.

But I had a praying grandmother and I knew enough to call on the name of Jesus, Halleluiah.

It wasn't a couple of days later that I was watching Christian television and Grandma tells me she was laying on her faith at this time. She had been fasting for two weeks calling on the name of Jesus ".Save my granddaughter." "Save my granddaughter, Jesus." I watched Christian TV one night and it was as if God himself saying "That's enough." He rebuked the Devil from me long enough for me to make an intelligent decision. Instantly I was set free. Instantly I was delivered. Not only did God

> I said “Jesus, I know you are real. If you will just take all of this away from me and take all of the drugs.” And I want you to know that instantly I was set free. Instantly I was free.
>
> *Halleluiah. Glory.*
>
> This was on a Friday night. I want you to know that not only did he save me but he saved that drug dealer. And he is my husband tonight, James
> .
>
> *Halleluiah. Here I am, yes I am. Glory.*

The italicized words are sung. The remainder of the track is spoken word.

Transcribed from: Baylor, H. (1994). *Helen Baylor the Live experience.* Helen

Baylor. World Records & Music, Track 7. Used with permission of Helen L. Baylor.

APPENDIX M

MISHEBERACH

Misheberach

The following is one English translation of the *Misheberach*. It is not a literal translation from Hebrew:

> May He who blessed our ancestors, Abraham, Isaac, and Jacob, Sarah, Rebecca, Rachel, and Leah, bless and heal _____. May the Holy One in mercy strengthen him or her and heal him or her soon, body and soul, together with others who suffer illness. And let us say: Amen.

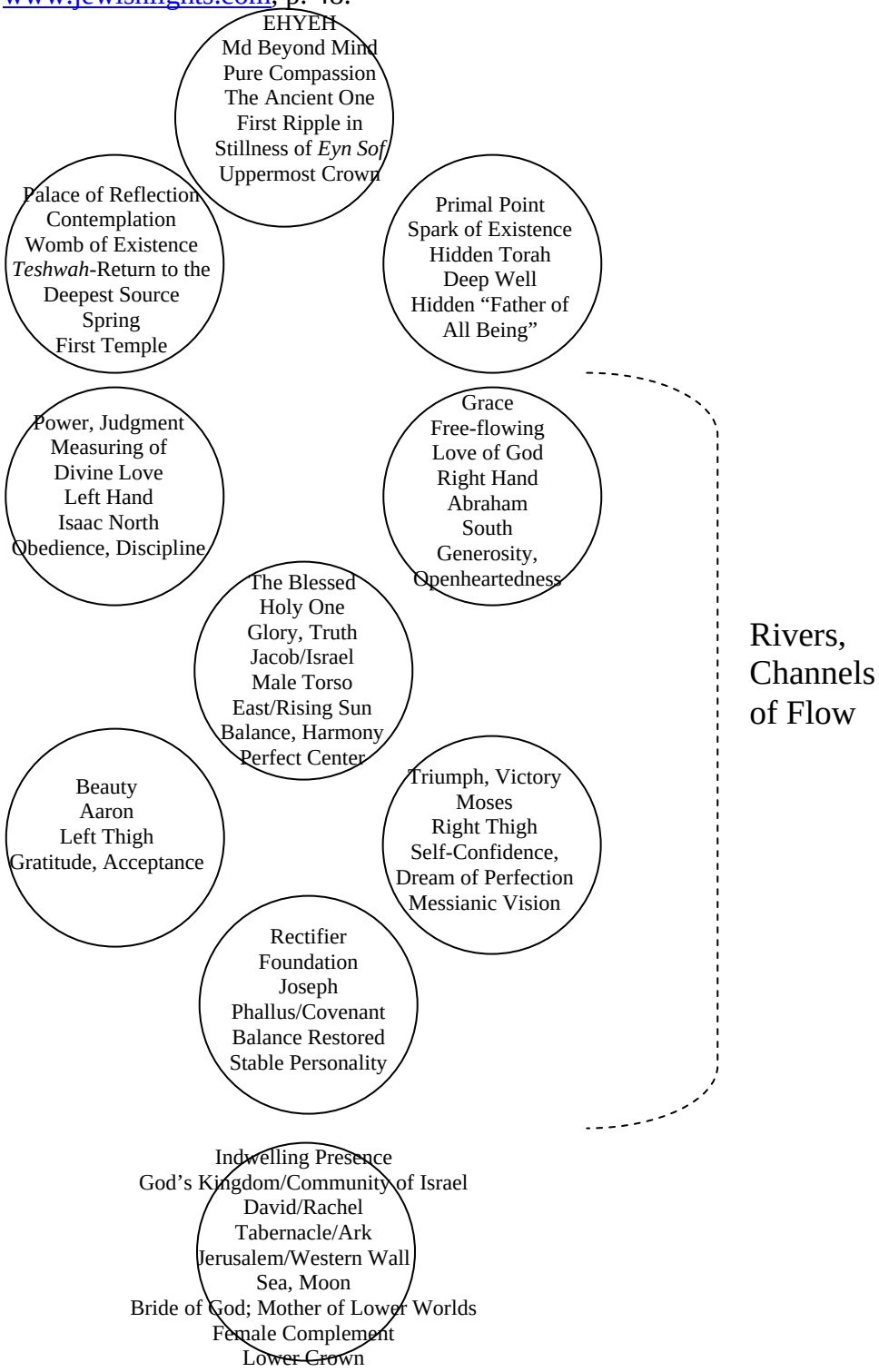
This translation is from *Siddur Sim Shalom: A Prayerbook for Shabbat, Festivals, and Weekdays (Harlow, Ed,.*1985) p. 405.

APPENDIX N

SEFIROT

SEFIROT

Green, A. (2003). Ehyeh: a Kabbalah for tomorrow. Woodstock, Vermont:Jewish Lights Publishing, www.jewishlights.com, p. 48.



Key symbols of the ten *Sefirot*

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