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How Women With Advanced Cancer Pray: A Report From Two Focus Groups

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The relationship among religious and spiritual factors and well-being in patients with cancer has been well-established (Brady, Peterman, Fitchett, Mo, & Cella, 1999; Gall & Cornblat, 2002; Levine, Aviv, Yoo, Ewing, & Au, 2009; Prince-Paul, 2008); however, the mechanisms of the relationship are not yet understood. One particularly salient religious and spiritual factor is prayer. Prayer is a central practice across many religious traditions, but it also is practiced by those who consider themselves spiritual without following any specific faith tradition. McCullough and Larson (1999) reported that prayer also can be practiced by those who do not consider themselves religious or spiritual. According to a survey of more than 30,000 adults in the United States, prayer used specifically for one's own health was the most common form of complementary and alternative medicine (Barnes, Powell-Griner, McFann, & Nahin, 2002).

Generally, prayer is thought of as a deliberative communication between a person and a supreme being, God, or something outside oneself (Levine et al., 2009; Meraviglia, 2002). However, prayer can also be an intimate and personal inward process. Ladd and Spilka (2002) suggested that prayer is best understood as making connections in three ways: inward prayers (self-examination), outward prayers (strengthening human-to-human connections), and upward prayers (focusing on the human-divine relationship). Prayer may either use words or be wordless, and requires concentration and focus to keep a detachment from other thoughts (McCullough & Larson, 1999).

Research shows that prayer is used at various points throughout the cancer experience. Based on a secondary analysis of qualitative interview data, Taylor, Outlaw,

Purpose/Objectives: To explore the meaning, function, and focus of prayer for patients with advanced cancer, and to identify the effects of prayer on their coping.

Research Approach: Qualitative, descriptive design using focus groups.

Setting: Three cancer centers that are part of a university-affiliated comprehensive cancer network in the northeastern United States.

Participants: 13 adult, female outpatients receiving active treatment for ovarian or lung cancer.

Methodologic Approach: Two semistructured, focus group interviews were conducted. Audiotapes were transcribed verbatim. Data were coded and analyzed using standard content analysis procedures.

Main Research Variables: Prayer and coping.

Findings: Four themes emerged: finding one's own way, renewed appreciation for life, provision of strength and courage, and gaining a stronger spiritual connection. In addition, praying for others, conversational prayer, petitionary prayer, ritual prayer, and thanksgiving prayer were used most often by participants to cope.

Conclusions: The findings support prayer as a positive coping mechanism for women with advanced ovarian or lung cancer.

Interpretation: The study provides knowledge about prayer as a source of spiritual and psychological support. Oncology nurses should consider the use of prayer for patients coping with advanced cancer.

Bernardo, and Roy (1999) suggested that some types of prayer may enhance well-being, where as other types may exacerbate distress. They identified several spiritual conflicts that arose when participants prayed about their cancer: unanswered prayer, hesitancy about petitionary prayer, conflicts around control, and questions about