



Blessings, strength, and guidance: Prayer frames in a hospital prayer book[☆]

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Abstract

Researchers in sociology, medicine, and religion ask whether prayer influences health, but pay little attention to the content or experience of personal prayer. This paper draws insights from cognitive studies of religion to ask what kinds of requests people make of God in their prayers, how they construct God in their prayers, and what kinds of responses they believe possible from God based on how they frame their prayers. We analyze the prayers patients, visitors, and staff wrote in a prayer book at the Johns Hopkins University Hospital between 1999 and 2005. Prayers are primarily written to thank God (21.8%), to make requests of God (28%), or to both thank and petition God (27.5%). The majority of prayer writers imagine a God who is accessible, listening, and a source of emotional and psychological support. Rather than focusing on specific discrete outcomes that could be falsified, writers tend to frame their prayers broadly in abstract psychological language that allows them to make multiple interpretations of the results of their prayers.

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1. Introduction

On a cold winter's morning, a mother of two approached a 10 foot tall marble statue of Jesus Christ that sits beneath the historic dome of the Johns Hopkins University Hospital. Beneath paintings and photos of the hospital's founders, she wrote a prayer in the black cardboard bound prayer book that sits on a plastic stand in the rotunda. "Dear Lord," the prayer began, "Thank you for the countless blessing and helping me to deal with each day, 1 day at a time. Please continue to bless and watch over me. Love U! [her initials]."¹ She returned several times in

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¹ The names of prayer writers and the people named in these prayers have been omitted. The Johns Hopkins University Hospital is named with the permission of Rev. Uwe C. Scharf, Ph.D., Director, Department of Pastoral Care.

subsequent weeks, writing prayers that thanked God for her blessings and asked for guidance with an important decision. “Show me a sign,” she wrote in one prayer, and in another, “I guess I am more worried about what everyone else thinks instead of what I think and feel. Please help me to make the right decision Dear Lord.” Two weeks after her initial prayer, she asked the Lord for “courage” to deal with her decision, offered thanks “for yet another chance at motherhood,” and asked the Lord to help a man, identified by his initials, to “come to terms with the pregnancy and except [sic] what he has to do”.

In deciding what to do about her pregnancy, this woman was not alone in reaching out to God. Close to 90% of Americans pray. More than three-quarters pray for their own health or the health of their loved ones, and millions of patients, visitors, and hospital staff pray in healthcare settings regularly (General Social Survey, 2004; Princeton Survey Research Associates Survey, 2003; Spirituality in Medical Treatment Survey, 1998; Levin et al., 1994; Catlin et al., 2001). As she prayed, this woman imagined a God who is present, accessible and a source of emotional support. Rather than directly asking God what she should do about her pregnancy, however, she began her prayers by thanking God for her blessings and then asking for companionship and emotional support as she made her decision. Even when asking for a “sign,” she did not specify whether that sign should point toward a particular outcome or additional support. And after she made her decision, she did not thank God for God’s help with the decision but for the “chance at motherhood” God had put before her. Through her prayers, this woman constructed not an authoritarian God who tells her what to do but a loving God who provides opportunities and is a source of emotional support in deciding about them. By framing her prayers broadly, this woman offered prayers she could interpret as answered based on multiple different outcomes.

This article analyzes the prayers this woman and hundreds of others wrote in the prayer books at the Johns Hopkins University Hospital between 1999 and 2005. We ask what kinds of requests people make of God, how they construct God in their prayers, and the range of possible answers or responses they imagine from God based on the ways they frame their prayers. Rather than analyzing the formal prayers offered for health and healing in religious institutions across the country, we follow a lived religious approach here focused on the texts and experiences of everyday religious life by examining how individuals construct and improvise their own prayers (Hall, 1997; Orsi, 1996, 2003; Barnes and Sered, 2005). We focus on hospital prayer books as one “cultural object” similar to memorials and other social spaces outside of religious institutions where people across religious traditions and backgrounds write prayers (Griswold, 1987, 2004; Wagner-Pacifici and Schwartz, 1991). We view these prayer books as quasi-public locations operating in the cultural space between public prayers recited in religious institutions and private prayers individuals offer silently or with their families in their homes (Warner, 2002).

Rather than writing the Lord’s Prayer, prayers to Saint Jude, or prayers well-known in other religious traditions, most of the people who write prayers in these books pen prayers that are improvised, though in highly patterned ways. Prayers are primarily written to thank God (21.8%), to make requests of God (28%), or to both thank and petition God (27.5%). Like the woman described above, the majority of prayer writers imagine a God who is accessible, listening, and a source of emotional and psychological support. Although more than two-thirds of Americans tell survey pollsters that they believe in miracles, the word “miracle” is rarely mentioned explicitly in these prayers as the majority of prayers are framed in broad psychological language without mention of specific discrete results (General Social Survey, 1998; Gallup and Lindsay, 1999). Writers tend to thank and ask God for broad “blessings,” “strength,” and “guidance” for themselves and loved ones rather than for specific outcomes. Our findings are consistent with arguments cognitive scientists of religion make about the extent to which people anthropomorphize

God and frame their understandings of God's actions psychologically via emotional states of mind (Barrett, 2001; Gibbon, *this volume*). To the extent that these exploratory findings are replicated in studies of other hospital prayer books and/or in spoken or silent prayers, they further suggest that Americans may frame their personal prayers broadly in ways that allow multiple outcomes to be interpreted as evidence of their prayers being answered.

2. Background

Scholars have long been interested in prayer with recent research, particularly by medical researchers, focused on whether prayer has any measurable influence on people's health. The majority of recent studies focus on how often people pray and whether those who pray have fewer serious health problems, recover faster from surgery, or are healthier overall than others (Levin et al., 1994; Pargament, 1997; Krause, 2003; Thune-Boyle et al., 2006; Koenig et al., 2001; Maselko and Kubzansky, 2006; Levin, 1996; Paloma and Gallup, 1991).² While intriguing, these researchers pay little attention to how people pray, what the content is of their prayers, and what they expect from their prayers. Some researchers posit biological, psychological, cognitive, or neurological mechanisms that might explain the relationships between prayer and health, but very few ask what the experience of prayer is like for individuals and how, theologically or social scientifically, prayer might influence their health. If researchers studying religion and health take seriously even the possibility that prayer may influence health, they need to learn more about what people pray for, how they pray, and what they hope will result from their prayers. Such information serves as general background and informs the mechanisms through which religion may influence health.

Recent studies in the sociology of culture and cognitive science of religion suggest several insights that can shape initial investigations into the relationship between the content of prayer and health (DiMaggio, 1997; Ladd and Spilka, 2002; Wuthnow, 2007). First, these studies raise the question of what form God takes in people's prayers and how individuals anthropomorphize God in the framing of their prayers. Some scholars, like Stewart Guthrie, argue that religious believers necessarily anthropomorphize God by attributing to God humanlike qualities, while others like Pascal Boyer concur but argue that people's images of God deviate some from human qualities (Guthrie, 1993; Boyer, 1994). Empirical studies by Justin Barrett and colleagues do suggest that people anthropomorphize God as an "intentional agent" in order to make God more knowable and familiar, a possibility that has only begun to be investigated in prayers for health (Barrett and Keil, 1996; Barrett, 1998, 2001). In one such study of the prayer expectations of older Americans, Neil Krause found that it was not the frequency of prayer but the extent to which people believe God answers prayers, when God thinks answering those prayers is best, and in the ways God thinks it best that lead to greater feelings of self-worth and in turn health (Krause, 2004). Before further investigating possible relationships between prayer content and health, researchers need to know more about how people across the age spectrum construct and make requests of God in their prayers.

Cognitive scientists of religion have also begun to consider what people expect from God in their prayers and whether they attribute to God psychological, biological, or theological mechanisms of behavior. Empirical studies suggest that in scenario-based investigations, respondents favor psychologically based emotionally informed understandings of God's actions (Barrett, 2001). Outside of experimental designs, studies of the kinds of responses that are

² A separate body of research asks whether intercessory prayer by strangers at a distance influences the health of the people who are the objects of prayer. For overviews see Roberts et al. (2004) and Cadge (2007).

possible from God given the way people frame their prayers may be enriched by sociological research about frames or what Erving Goffman called “schemata of interpretation” through which people “perceive, identify, and label” life experiences (Goffman, 1974, p. 21; Benford and Snow, 2000). The kinds of responses individuals imagine God might make in prayers are implicitly evident in how broadly or narrowly people frame their prayers. Such frames based around personal relationships, reciprocity, and other topics are evident in interview-based studies of people’s prayers and spiritual narratives (Black, 1999).

We begin to analyze how people construct prayers in healthcare settings by broadly applying insights from cognitive studies of religion to the prayers written in the prayer books at the Johns Hopkins University Hospital.³ This is the first systematic analysis of the content of hospital prayer books.⁴ The specific books studied are located in a main hallway thoroughfare at the Johns Hopkins University Hospital next to a ten and a half foot tall marble statue of Jesus Christ, “Christus Consolator” or “Christ the Divine Healer”—a replica of Danish sculptor Bertel Thorvaldsen’s original in Copenhagen (see Fig. 1). The statue was donated by prominent businessman William Wallace Spence and placed in the hospital on 14 October 1896 in response to a request made by Daniel C. Gilman, the hospital’s first president. Gilman asked that someone donate a copy of the statue to remind the physicians and nurses of their “ministry of relief.” Historians speculate that this request resulted from criticisms Gilman and other Hopkins officials received when Hopkins, a nonsectarian hospital founded by Quakers, opened without any religious affiliation. Presbyterians were the most outraged which perhaps led Spence, himself a Presbyterian, to donate the statue. Following the donation, reconciliation between the hospital and religious Baltimoreans likely continued in the decision to situate it in a very public part of the hospital on a base that reads, “Come unto ME All Ye That Are Weary And Heavy Laden And I Will Give You REST”(McCall, 1982).⁵

Although the statue has stood in the same location in the hospital for more than 100 years, it was not until the early 1990s that people began to leave prayers written on napkins, scraps of paper, and on the back of visitor’s badges and business cards at the statue’s base. The chaplains and staff who care for the statue attribute these prayer requests to increased attention to spirituality and healing in American culture as well as at the Hopkins hospital at that time. So that these prayers were not lost, the hospital chaplains placed a blank book on a plastic stand by the statue that is now filled with prayers and replaced every 2–3 months. Like the statue, the book is located in a public thoroughfare close to a main entrance to the hospital and a security guard who checks identifications and distributes visitor’s badges. Anyone entering or leaving the hospital can write in the prayer book and/or read the prayers other people have written. People write prayers long-hand in the book, usually in pen, filling a small section of one page or multiple pages with words and drawings. Some people also place photographs, children’s drawings,

³ Prayer books are only one of the places prayers are offered in hospitals. For other examples see Fox (1959), Rapp (1999), Bosk (1992), Kaufman (2005), and Wolf (1988) and Cadge’s book manuscript in progress, *Paging God: Religion in the Halls of Medicine*.

⁴ Little historical research has been conducted about hospital prayer books. They are not mentioned in major histories of American hospitals, including Rosenberg (1987), Risse (1999), Stevens (1989), and Kauffman (1995). The one published article about these books focuses on Rush Presbyterian St. Luke’s Medical Center in Chicago where people have been writing in prayer books since 1979 (O’Reilly, 2000).

⁵ The information in this paragraph comes from McCall (1982) as well as from documents in the Chesney Medical Archive in folders marked “Christus Consolator of JHH,” “Christus Consolator at JHH,” Christus Consolator of JHH—Presentation of.” Short articles written about the statue include Matysek (2006), Roylance (2003). A popular book was also written about the statue and the prayers offered there (Henderson and Marek, 2001).



Fig. 1. Christ the Divine Healer” or “Christ the Divine Healer” at the Johns Hopkins University Hospital. Photo courtesy of Johns Hopkins Medicine.

flowers, and coins at the statue’s base.⁶ While the city of Baltimore is largely Protestant and Catholic, patients and families come from around the globe for treatment at the Hopkins hospitals. The current director of pastoral care estimates that the majority of patients who report religious affiliations at Hopkins are Protestant or Catholic, approximately 75%, with the rest Jewish or members of other religious traditions.

3. Research methods

About 40 prayer books, each about 130 pages long, have been filled with prayers at the Johns Hopkins Hospital since the late 1990s. The books were catalogued by date. We randomly selected

⁶ Items left at the statue’s base are either disposed of or placed in a large envelope marked “intentions” in a closet in the Pastoral Care Department offices. Flowers are donated to current patients and coins are collected by the security guards and given to the Pastoral Care Department.

1 month for which a complete set of prayers were available in the years the books covered (1999–2006). We specifically analyzed prayers written in the same month in 1999, 2001, 2003, and 2005. Individual prayers were coded as the unit of analysis. Because the majority of prayers analyzed mention God, Jesus or the divine named in some form, we assumed every entry in these books was a prayer and coded it as such.

A total of 683 prayers were written in these 4 months or approximately 6 per day.⁷ Prayers were written in English (most), Spanish (5), Chinese (2), Ukranian (2), French (1), Farsi (1), Hungarian (1), and Korean (1) and were translated into English to be coded. All of the prayers in these books were handwritten and the few that were illegible (less than 2%) were excluded from the analysis. The prayers themselves ranged from one or two words (often an individual simply signing his or her name) to a four page letter addressed to “The Divine Healer God and Your Son Jesus” written by a woman who came to the States from abroad so that her husband could be treated. The majority of prayers were several lines long, 31 words on average (with a standard deviation of 27).

The 683 prayers analyzed here were offered by 536 different individuals. Based on their handwriting, nearly three-quarters (71%) of writers wrote just one prayer in these books while the remaining writers wrote more than one in the data analyzed.⁸ The most regular repeat writer offered 16 prayers, one approximately every other day for a month. We inferred as much about the writer of each prayer, the subjects of each prayer, and the relationships between the writer and subjects as was possible from what was written. Gender was assigned based on names only when the names were not gender-ambiguous. The relationships between the writer and subjects of prayer were included in the data only when they were clearly stated, a challenge as most prayer writers refer to others by their first names, assuming God knows the relationships if they are relevant.

As what Matthew Day calls “content-fixing objects,” the prayer books clearly influenced how these prayers were offered (Day, 2004). Prayers were inductively identified as prayers of thanks when the writer said “thank you” or directly offered gratitude to the divine, as “petitions” when the writer directly or indirectly requested something from the divine, as “praise or affirmations” when the writer praised or affirmed God or their relationship with God, or as “other” which included statements in which writers were bearing witness to their experiences without mention of God or the divine. Individual prayers were included in multiple categories if appropriate. While some of the prayers were written by patients and staff, the majority were written by family members and friends. We move between the 536 individuals who wrote prayers and the 683 total prayers written during these years in the analyses that follow. When the prayer writer is the unit of analysis, only the first prayer written by each writer is included.

Like at the Johns Hopkins Hospital, approximately two-thirds of the 25 academic hospitals Cadge studied in a larger project had some way for people to write and leave prayers at the hospital, usually in prayer books or on prayer request cards placed in prayer boxes in hospital chapels. In light of healthcare privacy laws, some prayer books, though not those at the Johns Hopkins Hospital, included instructions to protect individuals’ confidentiality such as “Please feel free to write any concerns, worries or joys. . .If you would like us to pray for a particular person in your life, please use only her or his first name.” Other prayer books included requests

⁷ In 2006 there were two prayer books on two different podiums next to the statue which would suggest that more like 12 prayers per day were written. We do not know when the shift from one to two prayer books took place.

⁸ Some repeat writers may have written additional prayers in the months before or after the month analyzed here, which are not included.

for specific information, such as “name, hospital relationship, prayer request, request by whom, and where (i.e. where do you want the request made? Catholic mass, ecumenical Christian prayers, etc.).”

4. Findings and discussion

4.1. Types of prayer requests

The majority of prayer writers (75%) were individuals praying for themselves and/or their families or close friends. Almost two-thirds of all prayers (63.3%) included prayers for the writer, sometimes exclusively (in 27.1% of all prayers) and sometimes in combination with prayers for other people, primarily family and friends. Prayers were largely focused on writers’ personal situations and experiences rather than on broader political or social issues.

As a group, writers offered two main types of prayers, as evident in [Table 1](#): prayers of thanks (21.8%) and prayers of petition (28%), which were often combined in prayers that first thanked God and then made a request or petition (27.5%). In a small fraction of prayers, less than 10%, writers also bore witness to their experiences, stating them apart from any mention of God or the divine.

Prayers of thanks, as described in [Table 2](#), were often quite general and involved writers most often thanking God for “blessings,” a broad term generally used to mean attention or favor from God, or for the divine presence more generally (41% of prayers). “Thank you for blessing my dad the last time he was in the hospital,” one man began. Writers also thanked God for their families

Table 1
Type of prayer

	Percentage of all prayers (<i>N</i> = 683)
Thanks only	149 (21.8%)
Petition only	191 (28.0%)
Thanks and petition	188 (27.5%)
Praise and affirmation only	17 (2.5%)
Thanks and praise and affirmation	39 (5.7%)
Petition and praise and affirmation	28 (4.1%)
Other and thanks/petition/praise and affirmation	71 (10.4%)

Table 2
Topics of prayers of thanks and petition

Topic	% of thanks	% of petitions
Life or self	66 (9.7%)	174 (25.5%)
General blessings or divine presence	280 (41.0%)	145 (21.2%)
Health	81 (11.9%)	171 (25.0%)
Family or others	121 (17.7%)	296 (43.3%)
Intervention from God—specific situation	79 (11.6%)	278 (40.7%)
Other	30 (4.4%)	62 (9.1%)
Total	657 (100%)	1126 (100%) ^a

^a Raw numbers sum to more than 683 because prayers include multiple petitions (and though less often) multiple things to be thankful for. The percentages in this table represent the fraction of the 683 prayers that asked for each specific topic, with the caveat that the prayers may also have asked for something else.

or other people (17.7% of prayers), for their health (11.9% of prayers), for specific intervention from God (11.6% of prayers) and for life itself (9.7% of prayers). Prayers of thanks not connected to prayers of petition tended to be short and direct and to thank God for emotional or psychological support provided. For example, “Dear God, Thank you for everything,” and “Thank you Jesus for loving me and allowing me strength and courage to deal with the triumph [sic] in my lifetime.”

Writers were more detailed in their prayers of petition than in their prayers of thanks, as described in Table 2. In their prayers of petition they tended to continue to request emotional or psychological support rather than specific outcomes. Prayers of petition were most frequently made for family or other people generally (43.3% of prayers) or for specific intervention from God around a named and detailed personal or familial situation (40.7% of prayers). Writers also petitioned for life and the self (25.5% of prayers), general blessings or divine presence (21.2% of prayers), and health (25% of prayers). In small handwriting, a woman requested healing for two specific people and others she prayed for, writing the words, “Please continue to heal E and T and those I pray for...” Another writer asked God for the end of her son’s treatment, his happiness, and a cure for his disease with the prayer, “Please let this be the last step in W.’s eyes being healthy. Next time we won’t need a procedure. Please bless his eyes. He needs them and deserves it. Please help to find a cure. . . Please don’t take my child before me and make it possible for his life to be great as all the other kids and happy. . . .”

More than a quarter of writers (27.5%), combined prayers of thanks and petition, generally via a specific script in which they thanked God and then made their requests. One writer thanked God for another day and for her family before implicitly thanking God for blessings already provided to her sister and asking that they continue and make her sister stronger. “Dear Father, I just want to thank you for another day. Keeping my family safe and alive. Please keep blessing my sister making her stronger and stronger. I love you so much. Your child, S.” A similar pattern of thanks followed by a request, in this case to stay on the right path, was evident in a man’s prayer for himself, “Thanks a lot Dear Father God, You have blessed me so much, I am at a turning point in my Life. I just ask that you keep Me on the right path, I Love You, Thank you for your Son Jesus Christ.” Despite the hospital setting, it is interesting to note that relatively few authors expressed either thanks or petitions for doctors, nurses, or other staff in the hospital. While previous research suggests that some people see and pray for healthcare workers as “God’s mechanics,” such imagery was rarely evident in these prayers (Mansfield et al., 2002). Broader global events like 9/11 and local occurrences like sporting events were also rarely mentioned in prayers.

Writers’ patterns of thanking God before petitioning God were particularly evident in the arc of prayers written by individuals who wrote more than one prayer. While the first prayer, as in this example, may have been a petition, God was first thanked in subsequent prayers before the writer made requests. One writer, probably a child writing on behalf of her family, first wrote a prayer of petition: “Dear God, Please let this be P’s last thing that he has to go through. And let the journey down his long road of recovery start today. And mommy says to make him better. Yours Sincerely, The [last name of family].” This prayer of petition was followed 2 days later by a prayer of both thanks and petition, in that order. “Thank you for helping P yesterday. He has to go under again for something little, but please make sure that he is ok with this like yesterday. Help him get stronger everyday. Thank you.” Several prayers offering thanks and then petitions followed until the final in the sequence when the writer thanked God for watching over “P,” and asked God to both watch over her and her mother on their flight home and to “look over P while I am gone.”

In addition to prayers of thanks and petition, a small number of writers bore witness to their presence at the Hopkins hospital by simply signing their names in the prayer books or by

describing their situations apart from thanks, requests, or any mention of God or the divine. Parents with a child in the pediatric intensive care unit, for example, wrote “We are staying in the PICU with our daughter [full name]. She is extremely ill with RSV at 10 years old. We hope she lives through this critical time.” Rather than making a petition, they expressed their hope as a statement, a “wish,” rather than an explicit request.

4.2. *Constructions of God*

As a group, prayer writers construct a God who is accessible and listening.⁹ Nearly all the writers (more than 80%) begin their prayers with a personal address, like Dear, Hello or Hey and call the divine by name, most often Lord (36%), God (25%), or Jesus (14%). Like in an email or letter, most writers (88%), sign their prayers with their names or initials and markers of their relationship such as love (16%), thank you (13%), amen (11%), your child/son/daughter (6%), and in Jesus’ name (5%). Between the address and sign off, writers implicitly acknowledge God’s presence and accessibility by first recognizing and thanking God for care already granted. Specific examples are evident as one writer began, “Dear Heavenly Father, Thank you for taking care of my mother-in-law N.” And another, “Dear Lord, I thank you with all my heart and soul for touching and healing my mom’s wounds. . .” Writers also construct God as present and accessible in the immediate requests they make of God, requests that presume God’s availability. “Lord Jesus, I need you to show me the way out” one person wrote and another, “Dear Jesus, please heal G. Heal his little heart so he will be able to come home soon.” A few writers also explicitly acknowledge God’s presence and listening with prayers like, “Sweet Jesus, Thank you for listening,” “Dear Jesus, Help my Dad. He is very sick with cancer. . . Thank you for listening,” and “Dear Jesus, Thanks for staying at my side. I love you.”

The God who is constructed in these prayers is familiar and loving rather than distant or cold. The word “love” is used in close to a quarter of all prayers, as writers express their love for the divine. “Father,” one writer begins, “We lift up N to you, heal her heart and Help P and her boys cope. . . I love you. Love, M.” And in another, “Lord thank you for loving me and bringing me through hard times. I love you Lord of all hosts. R.” Rather than expressing frustration or anger at God because of personal illness or the illnesses of loved ones, writers tend to find something to be thankful for in their prayers that affirms a loving and supportive God. Likely on the way home from the hospital F wrote, “Dear Lord, We think this is our last day at Johns Hopkins. Thank you for providing us with all your love and care that was given thru everyone here. Hold J. in your arms. Hold S. so close. Thank you! Thank you! Love, F.” Instead of expressing anger at God for whatever situation brought him or her to the hospital, this writer thanked God for the love and care God provided at the hospital and asked God to continue holding people in his/her life close. The extent to which this framing expresses people’s true emotions versus the kinds of public emotional presentations appropriate to write in a quasi-public hospital prayer book cannot be known without further conversation with prayer writers.

If writers do not deem it appropriate to express frustration or anger with God, they have different norms about hospital staff. In the few times writers did express anger in prayers, they directed that anger at hospital staff, in this case asking that God protect other patients from those staff: “Thank you for a good follow up. Keep an eye on that pediatric neurologist resident or fellow that fouled up. Make sure he don’t hurt anyone.” The extent to which evidence of anger,

⁹ For more on how a wider range of Americans conceptualize God outside of hospital situations that are likely times of personal stresses and crises (see Froese and Bader, 2007).

frustration or negative feelings towards God were not present in these prayers because of a selection effect in who would actually write in prayer books, because of broad social norms about what it is appropriate to publicly express in prayers, or because this is what writers actually feel requires further study.

Much as writers are in ongoing dialogues with relatives and friends, these prayers often read as snippets of larger conversations writers are involved in with God. Some are daily and casual, using colloquial phrases and abbreviations: “Thanks for wakin’ me up & allowin’ me to see another day. J.” “Dear Lord, Pls help me want to do good things & make me not want to do bad. Help me w/all my issues & watch over me and my family and keep us in good health. [Heart drawing] Me.” And “Dear God, Please be with B. and hold K. in your arms. Thank you, [signed] just me.” Others are more formal and acknowledge large and small actions writers believe God has already taken on their behalf. “Lord, Please continue your healing of my daughter L. and heal my son T’s bump and have it continue to go away. Thank you, Amen, J.” In addition to J., numerous other writers recognize God’s presence and listening by mentioning healing God has already provided in their prayers.

Ongoing dialogues with God are particularly evident amongst people who write more than one prayer in these books, often acknowledging in subsequent prayers actions they believe God took in response to previous ones. One writer, for example came in “supplication” for his mother “who has had a wound on her foot for over 4 months now.” He asked “Lord Jesus” to “have mercy on her and heal her wounds, take all pain from her and return her to the normal life she led in the past.” He also thanked the Lord for family members who had been especially devoted to his mother “in her time of need,” and asked God to “Bless them all in abundance.” Two days later he returned to thank Lord Jesus, “with all my heart and soul” for “healing my mom’s wounds.” While scholars disagree about whether prayer is a monologue or dialogue, some of the writers of these prayers clearly view it as a dialogue, evident in initial prayers and later acknowledgement of God’s actions around those requests in subsequent prayers.

As in scenario-based studies about how God is imagined, prayer writers anthropomorphize and familiarize God in their prayers, constructing God as a loving and supportive presence who is open, accessible, listening, and sometimes answering back. While some explicitly state that God is listening, others imply it through familiar and casual language, and/or the responses they believe God has already offered to their prayers. Rather than expressing anger, impatience or other negative emotions towards God, writers tend to reframe their situations, at least in these quasi-public books, in ways that allow them to view God as loving and place God in a position of control. Like in Krause’s survey of older people, some fraction of prayer writers view God as loving and in control even when God is not acting as they expect (Krause, 2004). In the most explicit example that parallels Krause’s findings one writer explicitly gave God agency, writing, “Dear Lord, I leave it all in your hands. I will wait on you to give me what you want me to have and when you want me to have it.”

4.3. Responses from God given prayer frames

In their prayers of thanks and petitions, prayer writers tend to frame their requests in broad psychological language that allows for a range of interpretations. Rather than thanking God for specific discrete outcomes or making requests of God that necessitate single outcomes, writers tended to frame their prayers in broad even vague language that made it clear that they are primarily looking for emotional and psychological support. Such framing is perhaps best evident in a long prayer written by a woman over a single page of the prayer book:

Dear Lord,
 How ever thankful are we
 for your love and peace everlasting.
 For you keep such a close watch
 over our loved ones especially my dad
 DM, B and all those we love.
 Please continue to provide
 your watchful eye and peace over
 my dear friend A
 May her concerns of her health
 be held in your hands and
 your peace and comfort surround
 her.
 Also may you watch over our
 children K. & D. as they
 continue to strengthen their faith
 in You. If I may ask that
 K. find friendships
 to enjoy.
 With all my heart
 I love you
 [her initials]

In this prayer, the writer describes a God who provides “love” and “peace” and “watches” over loved ones. Rather than asking God to cure her friend of her illness or intervene in her friend’s treatment, the writer asks God to provide her with emotional and psychological support, to “hold” her such that “peace” and “comfort” might surround her. She also asks God to “watch” over people in her life—her father, children, and others. Even when she asks that her son “find friendships to enjoy,” she does not directly ask God to provide or facilitate those friendships. The God the writer imagines here is present and accessible, a “watchful eye” who is loving and who the writer loves and to whom she feels close. This is not a God who, even if God did everything she asks, is imagined as providing divine intervention outside of emotional and psychological mechanisms on behalf of the author’s ill friend or the other people she describes who are in need.

Consistent framings of God as a source of “strength,” “comfort,” and emotional help and guidance are evident in other prayers written in these books. In a shorter prayer written several years before the prayer quoted above a woman asks God for help for her aunt and family as they mourn and thanks God for comfort and guidance provided:

Dear Lord,
 Please help my Aunt in her
 Time of sorrow – the loss of her
 Beloved husband. Help the family heal.
 Thank you for your comfort and
 Guidance.

In Jesus Christ,
 D.

The framing of prayers in terms of God's presence, support, guidance, blessings, and other broad psychological and emotional concepts are surprising given survey data which suggest that more than two-thirds of Americans believe in miracles and more than three-quarters say God can cure people given no chance of survival by medical science (General Social Survey, 1998; Princeton Survey Research Associates, 2000). Perhaps there is something about the highly scientific medical center in which the prayers analyzed here were offered that would require a cognitive domain violation to use the word "miracle" or to request supernatural intervention other than in broad psychological terms. The public location where these prayers were written might also necessitate a certain degree of "reasonableness" that would not be evident if writers framed their prayers in other ways. Additional information about how and why the people writing the prayers come to do so as they do is necessary for a more detailed interpretation.

Alternately, in the same way that writers in this quasi-public space reframe difficult experiences of illness and hospitalization so they might coexist with a loving God, writers may frame their prayers so broadly that they can believe they were answered and can continue to believe in a loving God regardless of what happens in the situations that are the subjects of their prayers. Rather than asking God for particular news at a doctor's visit, a request that may not be met, for example, a writer asked God to "remember M. as we go to see his doctors today. Remember him in prayer and bless him always," a request the writer could interpret as met regardless of what actually takes place in the doctor's office. Similarly, rather than asking God to not allow a loved one to die, another writer asked for "strength to get through this time" when describing an aunt who was dying and asked that God be with another relative "as he deals with all of this." The emotional and psychological frames rather than those calling for other kinds of supernatural intervention suggest that writers offer prayers broadly in ways that allow for a range of interpretations.

The broad themes evident in the prayers analyzed here are generally consistent across the prayer books Cadge observed at other hospitals in her broader study. Given that the prayers analyzed here were written in a book next to a large Jesus statue, however, they are likely more Christian-centered than at other hospitals, a possibility that needs to be explored in further empirical research.

5. Conclusions

Researchers across the disciplines are paying increasing attention to the relationships between prayer and health without detailed understandings of people's experiences of prayer and the multiple ways their prayer frames and expectations might influence these relationships. Cognitive studies of religion examine how people construct God in theory and practice, when their cognitive domains related to God are violated, how rituals are cognitively constructed, and what kinds of requests they make of God (Barrett, 1999, 2002, 1998, 2001; Barrett and Keil, 1996; Boyer, 1994; Guthrie, 1993; Ladd and Spilka, 2002; Whitehouse, 2002).

To the extent that the prayers examined here are representative of quasi-public prayers in hospital prayer books across the country, they suggest that writers anthropomorphize God to make God familiar, imaging a God who is accessible, listening, and who at least sometimes answers back. They also point to prayers as a means through which people reflect on and reframe difficult events, striving to incorporate them into their current belief structures (O'Reilly, 2000; Goffman, 1974). The God constructed in these prayers is a loving God to whom many prayer writers feel close and address almost as they would a friend, relative, or parent. While prayer writers' language is sometimes formal, it is also informal and colloquial including abbreviations and pieces of what seem to be continued conversations with the divine.

Prayers themselves are most frequently offered for thanks, petition, or some combination in which prayers of thanks are shorter and more direct than are requests or prayers of petition. While a few writers bear witness to their experiences apart from any thanks, request, or mention of a God, the majority view themselves as in conversation with the divine, a conversation some reference, in the prayers themselves, as in progress and having already yielded results, most particularly in blessings or healing writers believe God has already granted.

Most striking in these prayers is the degree to which prayers of thanks and request are framed in terms of broad emotional and psychological language rather than in terms of specific outcomes with single possible interpretations. This finding supports the abstract psychological terminology Janssen and colleagues observed Dutch youth using in their prayers. Rather than asking for an immediate cure or for happiness when they were ill or otherwise unhappy, or phrasing requests in terms of concrete needs, these youth formulated prayers in abstract and general terms as help or support, favor, trust, blessing, etc. (Janssen et al., 1990). Although large numbers of Americans tell survey pollsters that they believe God can cure people given no chance of survival by medical science, the kinds of prayers and mechanisms through which writers believe God can act in these prayers are largely emotional and psychological. God is a source of strength, blessings, and guidance rather than an authoritarian God to be bargained with or who has the answers to difficult questions and/or the supernatural potential to intervene in events if writers appropriately curry favor.

Patterns in the ways prayers were written in these prayer books are also important to consider, particularly because they were likely written by people from a range of religious and social backgrounds who were largely improvising rather than simply repeating prayers they learned in other contexts. The possibility that writers were simply copying the format, and to a lesser extent the content, of the prayers writers before them left in these books cannot be eliminated and needs to be examined in future studies. Alternative explanations might focus on commonalities in the structure of prayers in different Christian traditions and/or broader patterns in the structure of written thank yous and requests in the United States, outside of explicitly religious contexts.

As what Matthew Day calls “content-fixing objects,” prayer books are one physical location of prayers in the Johns Hopkins hospital as well as a tool that likely influences how those prayers are offered and knowledge is generated and transmitted (Day, 2004). The act of writing prayers may be unusual for many of the prayer writers, necessitating further study about the content of spoken prayers and how they compare to written ones. Additional information about how and why people write prayers in these books, how they decide what to write, and what they expect as a result of the prayer is also necessary to further develop and expand the preliminary interpretations offered here. To the extent that the findings described here are evident in spoken prayers and/or the prayers written in other hospital prayer books, they point to the need to think more carefully about the mechanisms that may underlie the relationship between prayer and health. Not only are writers’ expectations of prayer important but, drawing on insights from cognitive studies of religion, the extent to which they perceive God to be listening, believe God is loving, and believe God has already responded may influence their feelings about God and their experience of God’s influence on their health. Writers who thank God may have different expectations about God and/or about reciprocity with God than do those who make requests, just as the frame of the prayer may influence the range of ways different writers believe that prayer could be answered and judge it to be answered. Neil Krause’s attention to prayer expectations is an important step in understanding the relationships between prayer and health, a step which might be expanded now based on a more detailed understanding of the contents of one set of written prayers.

To the extent that the structure and content of the prayers analyzed here are evident in other non-institutionalized prayer forms, these findings also support broader thinking in cognitive science and elsewhere about how humans find comfort in prayer because of the dialogue it makes possible with God or the divine (Gibbon, *this volume*). The results further suggest shifting notions of the God–human relationship from hierarchical or authoritarian models to more emotionally and psychologically supportive relationships in which God provides support for the means rather than direction to the ends. Much as the woman whose story started this article never asked God what to do about her pregnancy, prayer writers construct a God who provides more strength, support, and blessings than explicit answers to life’s difficult questions.

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