The Experience of Prayer Within the Context of Depression:
A Phenomenological Inquiry

by

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ABSTRACT

This study used a phenomenological approach to investigate the experience of prayer in the lives of individuals who have also experienced depression. Interviews with the three women were transcribed and analysed to draw out recurring themes. A summary account of all three women's experiences shows the fundamental structure of the experience of prayer in the lives of individuals who have experienced depression. Recurring themes found in all three of the participants' experiences of prayer included the view of prayer as a process of growth initiated by a low point of desperation, trust and hope as essential to prayer, experiencing the positive physiological effects of prayer, finding meaning in life through prayer, a change from extrinsic to intrinsic values, and the importance of support from friends and a spiritual community which was connected to feeling supported by God. In addition, two of the three participants identified a gap between religiosity and spirituality in their experiences, and believed that their spiritual beliefs needed to guide their career choices.

The results of this study are discussed in relation to other research in the area of prayer and psychological health. Implications for counsellors and counsellor educators are presented and recommendations are made for future research.

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I am especially grateful to the three women who generously and courageously shared the stories of their lives with me. My prayer for you is from Ephesians 3: 14 - 19.

> My response is to get down on my knees before the Father . . . . I ask him to strengthen you by his Spirit - not a brute strength but a glorious inner strength - that Christ will live in you as you open the door and invite him in. And I ask him that with both feet planted firmly on love, you'll be able to take in the extravagant dimensions of Christ's love. Reach out and experience the breadth! Test its length! Plumb the depths! Rise to the heights! Live full lives, full in the fullness of God. (Eugene Peterson, The Message, 1993).

Thanks most of all to God, "whose power, working in us, can do infinitely more than we can ask or imagine." Without God's help, I would not have been able to write this thesis. The power of prayer has been demonstrated to me daily throughout my work. Thank you for your love and power which you give so generously.

CHAPTER 1

INTRODUCTION

Impetus for Study

My interest in the role that spiritual beliefs and prayer play in the experience of depression has been inspired by many experiences in my counselling work with clients, in supporting friends who have suffered from depression, and in my own personal journey through depression. I have learned a great deal about depression through sharing in the pain of many friends and clients, seeing both its deadening effect on lives as well as hope for recovery and transformation of suffering. The mental anguish and overwhelming sense of hopelessness which is experienced by those who go through depression is expressed vividly in the words of William Styron:

> Death was now a daily presence, blowing over me in cold gusts. Mysteriously and in ways that are totally remote from normal experience, the gray drizzle of horror induced by depression takes on the quality of physical pain. But it is not an immediately identifiable pain, like that of a broken limb. It may be more accurate to say that despair, owing to some evil trick played upon the sick brain by the inhabiting psyche, comes to resemble the diabolical discomfort of being imprisoned in a fiercely overheated room. And because no breeze stirs this caldron, because there is no escape from the smothering confinement, it is entirely natural that the victim begins to think ceaselessly of oblivion (Styron, 1992).

For a period of time I myself was caught in the grip of depression, gradually

becoming more and more overwhelmed by many sources of stress in my life. As depression slowly took over my life, it weighed me down with insomnia, anxiety, a sense of hopelessness and helplessness, negative thinking, and difficulty in concentration and making decisions. For a short time I was treated with anti-depressants and also sought help through counselling. However, medication and counselling therapy only helped me to a certain point. What made the most significant difference in my recovery from depression was my faith in God and the development of my relationship with Him through prayer. God was who I turned to for the strength and hope I needed to get through this difficult time, because I knew that He was the only one powerful enough to fight the depression which I felt helplessly trapped in. Throughout the dark journey through depression I continued to pray, sometimes in desperation and without much faith, but still with a shred of hope that God cared about me and would heal me. I spent many hours in prayer by myself, and I also prayed with a few close friends who cared enough to listen and support me in my suffering. Now that I am free from depression, I am convinced that it was through prayer that my life was transformed from darkness and hopelessness to light and hope.

It is my own experience of recovery from depression, and sharing the experiences of friends and clients who have also experienced the life-changing effects of prayer, that has strengthened my conviction that prayer and spirituality are powerful resources in the recovery from depression. For those who believe in God or a higher power, this faith can offer a source of hope which can be an anchor of comfort and support in the midst of any difficult struggle. For people struggling with depression who often experience the loss of

hope, finding a source of hope can become vitally important. Spiritual beliefs and practices have a potentially significant role in the maintenance of mental health, and can greatly contribute to the recovery from depression. If spirituality's important role is recognized within a holistic approach to health, this dimension can deepen and enrich our understanding of depression and open up greater possibilities for effective treatment.

The Symptoms and Scope of Depression

Anyone who has worked in the counselling field has firsthand knowledge of how widespread depression is, the many forms it can take, as well as how paralyzing and disabling it can be in our clients' lives. One of the most common mental disorders, it has been called "endemic...ten times as common as it used to be" (Seligman, p.1). Depending on the diagnostic criteria, depression has been reported to affect between 5 and 30% of the North American population (Brink, 1993), and more than one million Canadians every year (McGovern, 1998). One of the difficulties in determining the actual prevalence of depression is that people often experience a range of symptoms and severity. The term "depression" has been used in many ways to describe anything from occasionally feeling "blue", sadness or grief over the loss of a loved one, melancholia (the term often employed by Freud and other psychiatrists in the first half of this century), to a deep existentialist crisis, an experience which St. John of the Cross called "The Dark Night of the Soul."

While depression can be understood on a continuum of experience, there are some distinctive features of depression, including symptoms on the affective, cognitive and

somatic levels. Affective symptoms relating to emotions, mood and values, include feelings of sadness, despair, apathy, anhedonia, extreme feelings of worthlessness, guilt or shame, alienation from values, and a sense of loss or emptiness. Cognitive symptoms of depression relating to thinking and reasoning ability, include difficulty in the areas of concentration, memory and making decisions; intrusive and repetitive negative thoughts (ruminations) which may include suicidal or self-destructive thoughts; and a negative bias in thinking which emphasizes guilt, worthlessness, inferiority, helplessness, hopelessness, and lack of efficacy. On the somatic level, symptoms include disturbance of many of the body's natural cycles, with extreme changes at either end of the spectrum: a lowered energy level and fatigue for most of the day, loss of or decreased (or greatly increased) appetite which can result in significant weight loss or gain, insomnia (or hypersomnia: sleeping much more than usual, especially during the day), loss of interest in sex (or in some cases, increased interest), motor retardation (or in some cases, extreme agitation and nervous activity). Behaviour of individuals experiencing depression may be characterized by extreme inactivity, withdrawal from other people and social activities, sadness, and sometimes irritability and anxiety (Brink, 1993; Paterson et al., 1996).

In addition to this wide range of symptoms, some or all of which may be exhibited by an individual who is experiencing depression, there is also a wide range in terms of severity and duration of a depressive episode. In the diagnosis of depression, a number of different types are distinguished in the *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM-IV, 1994), the most common types being:

1) Major Depressive Episode: a period of at least two weeks of feeling extremely

low energy and sadness for most of the day, nearly every day. Symptoms generally experienced are insomnia, significant weight loss and feelings of worthlessness.

2) Major Depressive Disorder: a history of one or more major depressive episodes without any manic or hypomanic episodes (periods of extremely high mood swings). The official list of symptoms required for a diagnosis of major depressive disorder are listed in the DSM-IV. Major depression is "predominantly a recurrent illness...80% of people who have had one episode will eventually have another one, one year or many years down the road." (Goodwin in Marano, 1999).

3) Dysthymia: generally a milder, yet still serious, form of depression that has been present for at least two years.

4) Bipolar disorder: a form of depression which involves a history of both extreme low and extreme high (manic) mood swings, which can usually be effectively controlled with medications such as lithium.

Spirituality as Part of a Holistic Approach to Health

The powerful relationship between hope, spirituality and healing is gradually being recognized by the medical profession as well as by the mental health community. The spiritual dimension of life is beginning to be included as part of a holistic view of health. This is partly due to the dramatic increase in interest in the last ten years in holistic health and healing among the general population in North America. The demand of patients for more "human" health care has prompted many doctors and health care

professionals to develop a more holistic view of medicine, such as the one proposed by Zimpfer (1992):

> A paradigm of wholistic medicine that has several characteristics: a) it addresses the mental and spiritual as well as the physical aspects of those who come for care; b) treatment is tailored to each patient's idiosyncratic characteristics; c) health is a positive state, not merely the absence of disease; d) each individual is responsible for his/her own health; e) therapeutic approaches are used that mobilize the individual's capacity for self-healing; and f) quality of life is to be appreciated and nurtured (Zimpfer, p. 205).

Spirituality is being recognized as a crucial aspect of health and well-being which must be reflected in our health care system. Recent surveys revealed that nearly 80% of Americans believe in the power of God or prayer to improve the course of illness (Wallis, 1996), and nearly 70% of physicians report religious inquiries for counselling on terminal illness (Cassell, 1991), yet only 10 % of physicians ever inquire about patients' spiritual beliefs or practices (Maugans & Wadland, 1991). Clearly there are spiritual needs which must be addressed. Treating the whole person has many benefits, as Schuster (1997) pointed out:

> The integration of wholistic care helps heal the wounds caused by the impersonal, reductionistic, purely scientific and highly bureaucratized hospital systems that have evolved over the last half century. It helps reinvolve the patients and restore their personal control over their health and illness (Schuster, p. 59).

Within a more holistic view of health care, many health care professionals are

now recognizing that hope is central to the well-being of patients and clients. The relationship between hope and physical as well as mental health has been well researched and documented, relating somatic disturbance and psychopathology to exceptionally low expectancies for goal attainment, which is another way of describing hope (Erickson et al., 1975; Gottschalk, 1974; Melges & Bowlby, 1969). People with low levels of hope tend to focus on their failures rather than success, experience a sense of ambivalence and a relatively negative emotional state especially during goal-related activities (Snyder et al., 1991).

Hope is a particularly important factor in the treatment of depression, as a sense of hopelessness and helplessness tend to characterize people suffering from depression (Beck, 1976; Snyder et al., 1991). Snyder's (1991) work in developing the Hope Scale identifies several links between hope and depression. His recent study found that higher levels of hope were significantly related to greater psychological health as well as a more positive outlook on life. Furthermore, higher levels of hope were found to be negatively related with the negative affective symptoms associated with depression: sadness, anxiety, guilt, low self-esteem and insecurity (Snyder et al., 1991). In light of this research, Snyder concluded that it is particularly important to build clients' sense of agency and pathways when they have little hope, and that developing specific interventions aimed at building hope is vital to the field of psychotherapy.

Other authors have discussed the importance of offering hope in providing health care. Klenow (1991) pointed out that, "Although this theme of giving hope continues to appear in the literature, as well as in popular press accounts of medical care, little

systematic attention has been directed to the sources of hope or to the processes by which it is offered." Klenow's study identified religion, medical science, belief in physician error, self-discipline and deception by others as sources of hope among patients with life threatening illnesses. He cited a famous cardiac surgeon, Dr. Michael DeBakey:

> I truthfully tell my seriously sick patients that miracles happen in medicine . . . . To deprive a patient of hope is a sure way to speed up his demise. By offering hope, I believe that positive physiological results will occur and may possibly prolong a patient's life (Klenow, p. 51).

Like many other physicians, DeBakey believes that medicine and faith healing are not competitive but complementary. Medical knowledge and treatment which has been scientifically tested and proven, can work together effectively with healing through the spiritual dimension.

Hope found in one's spiritual beliefs may be a profound factor in health and healing, both physical and mental. This is just beginning to be researched and slowly accepted within the health care community. A recent study by Levin (1996) showed that spiritual practice promotes health-related behaviour and lifestyles, which lower disease risk and enhance well-being as well as provide social support, which buffers stress and enhances coping. The U.S. National Institute of Health announced in 1995 that there was strong evidence to show that religion does positively affect physical and mental health, and that it would continue to fund research in this area. This important organization in the medical field has also sponsored several national conferences on the study of religion and health. While a great deal of medical research has been done in this area, very little

research has been done on the effects of religion and prayer in the counselling setting. There has been some recognition of the effects of religion in the mental health field: the DSM, 4th edition now identifies religion and spirituality as relevant sources of either emotional distress or support (Turner et al., 1995). However, there is a great need for more research in this area, in order to investigate the effects of spiritual beliefs and prayer on psychological health, and in particular, their role in the treatment of depression.

Definitions of Spirituality and Religiosity

There are many different views of spirituality, perhaps almost as many opinions as there are individuals on the earth. Many of these views are based on strongly held beliefs which are considered extremely personal. Some may define spirituality in terms of religious behaviour, and others distinguish between the two, believing that one has nothing to do with the other. For the purpose of this study, spirituality will be defined separately from religiosity, which is much more narrowly defined and usually refers to specific behaviours within the context of a religious institution, such as church attendance or reading Scripture or other holy writings (Hinterkopf, 1994; Ingersoll, 1994). Many religions have their own beliefs and rules which determine who is considered a member, as well as certain behaviours or practices which may be required or recommended for its members. These religious behaviours are often external and public, in comparison with the private, interior world of spirituality. These two concepts may overlap: a person may express his/her spirituality in a religious context, but religiosity is not always a result of spirituality (Allport, 1960; Genia, 1993). The two may be expressed as distinctly

separate experiences.

Spirituality is a broader concept than religiosity, representing a system of beliefs and values which is primarily a private part of a person's life. Although spirituality may be expressed publicly in a religious community, it does not need to be. Spirituality involves personal beliefs about God or a higher power and the nature of the relationship between God and the world, as well as values and goals which an individual considers worthy and important within his/her belief system (Chandler, Holden, & Kolander, 1992; Hinterkopf, 1994; Ingersoll, 1994). These values and beliefs often provide a source of meaning, giving individuals a sense of purpose and guidance in their lives. Spirituality is often experienced internally, and the values and beliefs which guide a person's view of the world are often attached to very strong emotions and deeply held convictions.

Definition of Prayer

One of the oldest activities common to humans, prayer is practiced by many diverse religious groups. Among those who pray, there are many different spiritual beliefs, theological doctrines, values, morals, traditions and forms of expression. However, all those who pray share the belief that there is some Being or God whose power is greater than their own and who is willing to listen to them. Many who pray have some form of relationship to their God, finding that communication through prayer can provide a great deal of comfort.

> To the scoffer, [prayer] is the most futile of religious activities. To the skeptic, it is a harmless, if ineffectual, source of comfort. To the believer, it is

a spiritual hotline to the supreme force in the universe; a gateway not only to comfort, but to power, miracles, and deliverance (Hughes, 1997, p. 318).

Levin (1996) identified four dimensions of prayer which may be common to many religious traditions: 1) Ritual, including readings or reciting of formal prayers; 2) Conversational, a more informal conversation with God; 3) Petitionary/Intercessory, requesting something specific from God; and 4) Meditative, reflection, listening, experiencing and worshipping God. While there are some commonalities in prayer among religious groups, it is also a deeply personal and unique act of communication, love and worship. Therefore prayer takes as many different forms as there are different forms of human expression in relationships.

Statement of Research Questions and Purpose of the Study

In this study my intention was to use a phenomenological approach in order to explore three women's experiences of prayer and spirituality within the context of their depression. A deeper understanding of their experiences of prayer will enrich our knowledge of the role that spirituality can play in the recovery from depression. The research questions which arose out of this exploration were as follows:

1) Which resources have been most significant in dealing with their depression?

2) What role does spirituality hold in their lives?

3) What role does spirituality play in dealing with their depression?

4) How do they see hope relating to their depression?

5) Is hope related to their spirituality, and if so, in what way?

6) How do they describe their experience of prayer?

Contributions of the Study

An in-depth reflection on these three women's experiences of prayer and the role that spirituality holds in their lives, will enable counsellors and others in mental health professions to better understand the way that spiritual beliefs and practices function in the maintenance of mental health, as well as in recovery from depression. This deeper understanding and awareness can contribute to the integration of the spiritual dimension in assessment and therapeutic intervention, creating a broader range of possibilities for effective treatment strategies in counselling clients with depression.

CHAPTER 2

REVIEW OF RELATED RESEARCH AND THEORY

Historical Overview of the Theories of Depression

There are a wide variety of theories which seek to explain depression, and it is appropriate to give an overview of the historical development of these theories in order to enrich our understanding of depression in its many dimensions. Many of these theories have provided useful insights which have led to effective interventions in the treatment of this illness. Beginning with the grandfather of psychology himself, Freud changed his own theoretical explanation of depression several times. In the middle of his career, Freud viewed depressive "melancholia" as an exaggeration of the mourning process of losing a loved one (Freud, 1930). After he developed his structural model of the psyche, including the id, ego and superego and his concept of "thanatos", the aggressive instinct, Freud explained depression in terms of the superego turning the aggression against the ego, which could potentially result in self-destruction or suicide (Freud, 1949). Freud and other psychoanalytic theorists have emphasized the emotional dimension of depression by highlighting the role of emotions such as sex, love and aggression.

The predominating psychoanalytic theory of depression was challenged in the 1930s when electro-convulsive therapy began to be used to treat depression with some success. A medical model came into favour as more medical professionals were trained to treat depression with psychotropic medications by the 1950s. In the 1970s, behaviour modification began to be applied to the treatment of depression, and cognitive behavioural theorists developed techniques for managing this illness. Researchers such

as Seligman, Beck (1976) and Perris (1987) developed biological-psychological theories to explain the phenomenon of depression and support therapeutical interventions. Since Aaron Beck, the great pioneer in cognitive therapy, developed his original theory, he has modified his position, stating that it is doubtful that cognitions are the actual "cause" or starting point of depression. However, he maintained that cognitions are a convenient and effective intervention point in the treatment of depression (Beck, 1979). Seligman, who based his theory of "learned helplessness" on his research with laboratory rats, and linked this concept to the development of depression, has also changed his theory to include factors such as society, culture and values, to explain the epidemic of depression (1990).

At the same time that behavioural and cognitive theories were being developed and the medical community was offering more possibilities for psychotropic treatment, there was a group of theorists who were beginning to probe deeper for explanations of the prevalence of depression. In the 1970s, Rollo May (1975) warned that our modern society had lost its connection with myths, symbols and values, and stated that this was the root of the growing need for psychotherapy. Emphasizing the innate human need to find meaning in life, Victor Frankl (1978) described the major existential neurosis of our modern time as meaninglessness, which he referred to as an "existential vacuum." Although Frankl believed that people might find meaning outside of spirituality, he recognized spiritual beliefs as a vital source of meaning and purpose in life (1959). In Maslow's (1971) hierarchy of human needs, the deeply spiritual goal of transcendent self-actualization is highly valued, described as an appreciation of beauty, truth, and unity and

a recognition of the sacred in life. It is this pervasive lack of meaning and purpose in our lives which existentialists believe is the major contributing factor to the epidemic of depression. "Depression is the utter lack of relevance in every form, the absence of all forms of value, inability to vindicate anything in life, a deficiency of any commitments" (Brink, p. 387).

By the 1980s, writers such as William and Patrick (1984) were talking about the "age of narcissism" which our society had entered. Seligman (1990) related this narcissistic way of thinking to his "learned helplessness" theory of depression, speaking of the "California self" which has become so common in our society. He described this view of the self as an individual freed from all obligations of responsibility to others, with no absolute commitments and no connection to ultimate relevance. The "California self" takes centre stage, leaving no room for others, magnifying feelings of pleasure and pain. While at first, individuals might think this way of life will bring them more happiness, it eventually leads to feelings of helplessness and hopelessness along with a loss of meaning and purpose in life. Seligman emphasized the loss of commitment to God and family as important factors in the development of depression. Many authors have related the lack of meaning and purpose in life to the development of depression, linking this illness with this century's "progressive loss of our culture's ability to express the ultimate relevance of spirituality" (Brink, p. 388).

The Multidimensional Nature of Depression

Physical Factors

Depression may appear in many different variations, and there are also many different factors involved in its development. There are many possible physical illnesses and conditions which are related to depression, from adrenal gland disorders such as Addison's disease and some forms of diabetes, to endocrine system disorders such as thyroid imbalance and viral infections like mononucleosis, central nervous system disorders such as Alzheimer's disease, and deficiencies in vitamins or minerals such as vitamin B6 or iron (Copeland, 1994). Depression is also frequently masked by other disorders such as hypochondriasis or paranoia and its symptoms can be confused with some types of dementia such as Alzheimer's disease (Lesse, 1983).

Another issue which can prevent accurate diagnosis of depression is the tendency for many individuals to seek treatment from their medical physician for isolated physical problems such as insomnia, lack of energy or fatigue, without realizing that these physical problems are symptoms of a larger, underlying problem. Often, these patients are given iron supplements or sleeping pills for their specific ailments rather than being treated for depression. One study found that ninety percent of depressed individuals were not initially diagnosed as depressed by their primary care physicians (Cutler & Heiser, 1978).

The abuse of alcohol and non-prescription drugs, such as cocaine, PCP, heroin, marijuana or amphetamines, as well as some prescription medications such as tranquilizers or sleeping pills, is also related to a higher incidence of depression

(Paterson, 1996). Some researchers and theorists have concluded that many substance abusers are actually trying to self-medicate their depression, which may work for a short time, but is usually unsuccessful in the long term (Brink, 1993). Even tobacco may be used to self-medicate in this way: recent research has found that depressed smokers need their "fix" of nicotine more than non-depressed smokers, and find it more difficult to quit smoking (Anda et al., 1990).

Stress and Other Environmental Factors

A recent history of major life disruptions such as the death of a loved one, a move, divorce, or loss of employment, can increase a person's risk of developing depression. In fact, stressful events may precipitate up to 50% of all depression, and early life stress can prime people for later depression. Recent research has demonstrated that early strain can alter the nerve circuits controlling the emotions, which exaggerates later responses to stress and creates the neurochemical and behavioural changes of depression (Marano, 1999). Recent research by Heim showed that sexual abuse experienced by young girls before puberty creates hyperactivity of the stress-hormone system, based in the brain's hypothalamus, which likely increases their chances of experiencing depression as adults (in Marano, 1999). Heim compared the brain activity of three groups of women: those with a documented history of childhood abuse who were experiencing depression, those with a history of abuse who did not have depression, and those who had not been exposed to abuse and who had never been depressed. All of the women who experienced early trauma reacted to the experimental stress with elevated stress hormones. Women

experiencing current major depression had the highest levels of stress hormones of all. This study is significant because it is "the first human study to report persistent changes in the reactivity of the hypothalamus-pituitary-adrenal axis among adult survivors of early trauma" (Marano,1999, p. 72).

Stress related to ongoing difficulties such as marital problems, work problems, and conflict in other relationships may also contribute to increasing the risk for developing depression. Some evidence has actually suggested that recurrent minor stressful events may have even stronger links with depression than major life events (Paterson et al., 1996). Experiencing one or more of these stressful situations will not necessarily result in depression for every individual; however, the more severe and numerous the events are, the higher the risk. It is not simply experiencing a stressful event which "causes depression." Individuals interpret situations differently, attaching different meanings to events, which will influence their response and method of coping with different kinds of stress. Even life changes which appear to be positive can lead to increased anxiety or depression. For example, a promotion at work could dramatically increase a person's stress level, with the additional pressure of increased responsibility and longer work hours. It is the interpretation of the stressful event in a person's life, combined with his or her ability to effectively cope with stress, which will determine its impact in contributing to depression (Paterson et al., 1996).

There are also many societal factors which may contribute to a higher risk for depression. Individuals from minority groups may experience prejudice and discrimination, and the ongoing stress of poverty and homelessness can increase one's

vulnerability to depression (Paterson et al., 1996). The stress associated with lower income and lower positions of power in our society may also contribute to the higher proportion of women who experience depression. The excessive demands which many women feel they are expected to meet can contribute to higher levels of stress. In our society, the expectation is still very widespread that women will care for others, including husbands, children, parents, and friends, without attending to their own needs. Mothers who stay at home caring for more than two children under the age of fifteen are at a higher risk for developing depression, likely due to social isolation and extremely demanding role expectations (Paterson et al., 1996). Dysthymia and bipolar disorder are more evenly distributed between men and women, but the other forms of depression such as major depressive episodes and major depressive disorder are almost twice as prevalent among women. Recent statistics have shown that the incidence of depression in women compared to men is 3.62 cases of depression per year compared to 1.98 per 1,000 people (Marano, 1999).

Other environmental factors which appear to contribute to depression are isolation and insufficient rewards or positive experiences. Research has clearly shown that people with minimal social support are at increased risk for depression. Supportive relationships with friends and family often increase feelings of self-esteem and well-being, which can provide a buffer against stress and lead to enhanced emotional adjustment, and may contribute to preventing depression (Cohen & Wills, 1985; Pearlin et al., 1981). Finally, a low rate of positive reinforcement can predispose individuals to depression as well as maintain depression once it has developed (Lewinsohn et al., 1986, 1978). Increasing the

rate of positive reinforcement or rewards, such as self-care or social contact, may be an effective part of treatment for depression.

Neurobiological Factors

Scientists are continuing to add to their understanding of how the brain's functioning and chemical balance contributes to depression. Research in the 1980s showed that neurotransmitters such as serotonin were not transmitting properly between nerve cells in the brains of individuals suffering from depression. This discovery revolutionized the medical treatment of depression in 1988, with the development of new drugs such as Prozac, Paxil, and other SSRIs (Selective Serotonin Reuptake Inhibitors). The newest evidence has shown that recurrent depression is a neurodegenerative disorder, which disrupts the structure and function of brain cells, destroying nerve cell connections and even killing certain brain cells, and precipitates cognitive decline (Marano, 1999). Even in a single episode of depression, the brain appears to set up "neural roadblocks" to the processing of information and inhibits effective response to stress (Marano, 1999). At other levels of brain functioning, the way that human emotions take shape in a neural circuit involves several brain structures such as the hippocampus, the amygdala and the prefrontal cortex. In depression, the way that this circuitry normally functions is changed, so that the brain fails to generate positive feelings and to inhibit disruptive negative feelings. (Marano, 1999).

While it is clear that there is a strong neurobiological component to depression, many scientists caution that it can not be simply reduced to a biochemical imbalance.

Ronald Duman, a neurobiologist at Yale University, stated that, "It is not possible to explain either the disease or its treatment based solely on levels of neurotransmitters" (in Marano, 1999, p. 32). It is crucial that scientific research continues to deepen our understanding of the brain changes that are associated with depression, so that it can contribute to more precise and effective treatment of this disorder at the neurobiological level, but this is just one level of explanation of the phenomenon of depression.

Research on Prayer and Physical Health

After an overview of the theories and research on depression, it is vital to investigate the research on prayer and its effects on health. The experience of depression involves functioning on many different levels: physical, emotional, mental and spiritual. Therefore it is important to look at prayer's relationship to physical health as well as mental health.

Although researchers have just recently begun to focus on prayer's effects on mental health, research focussing on prayer's effects on physical health has a much longer history. Formal research in the relationship of prayer and physical health began in 1872, with the publication of the first objective inquiry into the efficacy of prayer by Sir Francis Galton (Dossey, 1993). Although his study was so flawed that even he admitted that his conclusions were very questionable, Galton acknowledged that prayer may make a person feel better, and affirmed its value. He posited that those who pray find comfort in their belief in eternal life. "[This] great idea is quite powerful . . . and [can] give serenity during the trials of life and in the shadow of approaching death" (Galton, 1872,

p. 133). While Galton's study did not offer much in the way of empirical evidence, it opened the door for future research in this area.

It was not until the 1950s that a scientific study on prayer was attempted in this century. Parker and St. Johns (1957) studied 45 individuals who suffered from a variety of problems including depression, exhaustion, exaggerated fears, and seeking medical treatment when there is nothing organically wrong. Divided into three different treatment groups according to their preference, the first group was given psychotherapy, the second prayed for themselves independently as they believed psychological counselling was unnecessary, and the third went through group prayer therapy. Pre- and post-treatment tests were used to guide clients in the first group, as well as by the third group's members whose prayers each week focussed on eliminating one of the revealed negative aspects of his/her personality. After nine months of treatment, the researchers found that the psychotherapy group had a 65 percent improvement on their test scores, the self-prayer group had no improvement and the prayer therapy group had a 72 percent improvement. The researchers were delighted with the outcome of their study, concluding that "for the first time in history, the results of a controlled experiment in prayer...[was] scientifically measured, compared and evaluated." (Parker & St. Johns, 1986). However, there are several problems with this study, the most obvious being that the participants suffered from a wide variety of physical ailments, some less severe and therefore more likely to heal than others and there were no accurate, empirical criteria for improvement of medical conditions. Measuring a subject's level of health by their physical symptoms is very unreliable, and using psychological tests to measure precise percentages of

improvement is probably a stretch. Drawing conclusions that a seven percent difference in improvement between the third and the first group is significant and proves the superiority of prayer therapy is not convincing. However, this study was significant in that it was the first scientific attempt to measure the effectiveness of praying for oneself and it initiated discussion on the use of prayer in medical and psychological treatment.

During the next thirty years there were many more studies on the power of intercessory prayer, i.e. prayer requesting God to fulfill spiritual or physical needs such as healing for another person. Researchers looked at the effect of praying for subjects such as children with leukemia (Collipp, 1969), patients with rheumatoid arthritis (Joyce & Welldon, 1965), as well as for human red blood cells (Braud, 1990), resulting in some very interesting and sometimes surprisingly positive outcomes. While they have introduced some important questions for future research, most of these studies have major flaws in their methodology, rendering them inconclusive and ambiguous. One of the most successful was a double-blind study of patients with coronary disease. Byrd (1988) found that clients receiving prayer fared much better than the control group who received medical attention alone: the prayer group had less congestive heart failure, required less medication and had fewer complications.

There have also been several recent studies on the preventative effects of prayer. Koenig, George and Peterson (1998) found that people who attended religious services once a week and prayed or studied the Bible once a day were 40% less likely to have high blood pressure than those who do not. Another study (Koenig, 1997) measured levels of the protein interleukin-6 in elderly people. Koenig found that elderly people who

attended church at least once a week and prayed were half as likely as non-attenders to have elevated levels of this protein, which is associated with immune system malfunction and a wide variety of age-related diseases. The study concluded that the lower level of interleukin-6 in the subjects who prayed and attended church regularly would lead to positive health benefits.

Research on Prayer for Nonhuman Organisms

Some have criticized studies on the effects of prayer on human subjects because of the many uncontrolled variables, and have focussed their attention instead on simple, nonhuman living systems. These researchers have investigated the effects of healing prayer on fungi (Barry, 1968; Tedder & Monty, 1981), bacteria (Nash, 1982 & 1984), yeast (Grad, 1964), cancer cells (Braud et al., 1979), algae (Pleass & Dey, 1985), paramecia (Richmond, 1952), moth larvae (Metta, 1972), and barley seeds (Grad, 1965). In his review of these experiments, Dossey (1993) discussed the implications for health and illness in human beings. In each of these studies, subjects who prayed were able to either inhibit or stimulate growth in the organisms, which would be helpful in healing infections or to stimulate growth of "good" bacteria during antibiotic treatment, for example. Dossey suggested that "If genetic mutations can be influenced by the conscious efforts of others, as in one of the above studies, then genes can not be the absolute controllers they are represented to be. Biology, therefore, is not destiny." (p. 191). There are other powerful factors to consider. In each of these experiments, the pray-ers were ordinary people with no known healing powers, which suggests that everyone may

possess the ability to access healing. In several of the experiments, those who prayed were stationed up to fifteen miles away from the microorganisms, which shows that spiritual healing can work as powerfully at a distance as it does when the subject is in the same room. Dossey also pointed out that although many who believe in spiritual healing think that healing only happens when a person wants to be prayed for and healed, these studies show that this is not necessary, as the microorganisms were not aware that they were in an experiment. In fact, "these results suggest that the effects of spiritual healing can be completely independent of the 'psychology' of the subject." (Dossey, p. 192).

The Physiological Effects of Prayer

The literature on prayer has stimulated some important questions and raised some vital issues. However, with the exception of the Parker and St. Johns study (1957), it has all investigated the effects of intercessory prayer (i.e. prayer for someone or something else). These studies have shown that healing can occur sometimes quite dramatically through this means; however, they do not examine the effects of prayer on the person doing the praying. These effects can be very beneficial in ways quite distinct from the experience of being prayed for by someone else.

The act itself of turning to prayer and bringing a concern to a higher Being can be freeing, producing feelings of relaxation and peace, stimulating the production of endorphins and repressing the action of the sympathetic nervous system that is responsible for the stress response. Clinical research has clearly demonstrated that prayer and meditation trigger a cluster of physiological changes: a lowered heart rate, slower

metabolism and rate of breathing, lowered blood pressure and a distinctive pattern in brain waves, all of which are opposites from the effects induced by stress (McGovern, 1998). Prayers and meaningful phrases such as "Shalom" or "The Lord is my shepherd" were found by Benson (1984) to effectively stimulate positive physiological changes called the 'relaxation response.' Relaxation not only improves immunity; it may also exert a protective force on the immune system during times of stress (Kiecolt-Glaser et al., 1986). These researchers further explain the way prayer affects the body:

> By providing the sense of efficacy in dealing with problems, as well as the relaxation response, the use of prayer as a behavioural strategy may decrease the action stress-related hormones that lower the activity of the immune system, thus removing hindrances on the body's defenses and empowering the immune system to attack disease with renewed vigour." (Kiecolt-Glaser & Glaser, 1992, p. 573).

Levin, a researcher in the area of prayer and religious practices, has identified a number of scientifically accepted mechanisms which may explain the positive effects of religious or spiritual involvement on health (Levin & Vanderpool, 1989):

> These mechanisms represent health-related functions, characteristics, expressions, or manifestations of being religious or practicing religion, including:
> (1) health-related behaviour (i.e., prescribed or proscribed behaviours related to smoking, drinking, diet, hygiene, sexuality, etc.),
> (2) social support (and other psychosocial benefits of collective religious involvement and friendship),

> (3) stress-buffering (resulting from certain rites or cultic experiences such as ritual prayer or worship that engender emotions that may act on the body by means of psychoneuro-immunologic or psychophysiological pathways),
> (4) cognitive effects (eg. as manifested in the consonance of certain religious beliefs or worldviews such as free-will theology with respective health-influencing beliefs such as internal locus of control), and
> (5) the psychodynamics of faith (which may produce healing on the basis of expectations of God's action or will). (Levin, 1994, p. 68).

Levin shows that a person's knowledge that he/she is being prayed for can be healing because it fosters a powerful sense of belonging and being cared for and supported. The absence of such supportive bonds has been shown to rival or exceed tobacco smoking as a risk factor for mortality (House et al., 1988). Realizing that one is being prayed for may also stimulate the immune and/or endocrine systems in ways that alleviate symptoms or even produce a remission of disease. Both psychophysiology and the new field of psychoneuroimmunology have demonstrated the impact of feelings and emotions on the physical body and its constituent physiological systems (Ader et al., 1991). "Emotional states engendered by awareness of being the object of healing include thankfulness, grace, telos, relaxation, hope, inner peace, calmness, forgiveness, love, and may mobilize the body to respond in certain ways that promote healing." (Levin, p. 68).

Prayer as a Coping Mechanism

The use of prayer goes beyond fostering the perception of well-being, which has

already been shown by several studies (Poloma & Pendleton, 1991; Carson et al., 1990). Prayer has been identified as a significant coping mechanism among patients with serious illness (Koenig et al., 1988; Fry, 1990), as well as patients with advanced cancer pain (Georgesen & Dungan, 1996; Arathuzik, 1991). A recent study by Brown-Saltzman (1997) described the way she integrated prayer and guided imagery in her practice as a clinical nurse specialist with terminally ill patients and their families. When assessment showed that prayer would be welcomed by the patient, it was introduced first through spoken prayers for health, formal prayers or readings. Brown-Saltzman described the meditative state that both she and her patients achieve and the movement into silence and guided imagery. She guided her patients through imagery by introducing a theme and encouraging them to fill in the details, using the patient's own images to represent cancer cells or their immune system. Prayer and imagery worked together to produce a state of deep relaxation: "The ongoing imagery gave the patient a sense of control, and the silent meditative prayer decreased the anxiety." (Brown-Saltzman, p. 257). One of her patients was highly anxious but was able to relax through experiencing this prayer and imagery, "feeling the sense of having been given a gift of reassurance and meaning." (p. 258).

Others have found that prayer is an important way of coping with serious and chronic illness. Reed (1991) found that among a sample of hemodialysis patients, the most frequently identified coping methods were hope, prayer and trust in God, and O'Brien (1992) found that 74% of subjects reported that religious beliefs had been important in adjusting to their illness. Another study of women with HIV and AIDS found that most had increased their practice of prayer and/or meditation since their

diagnosis (Guillory et al., 1997). The peace, hope and strength that they found in their relationship with God and prayer was essential in learning to live with their disease. It is the expectations of healing in the person praying or being prayed for which often seem to be the key factor in producing results, regardless of the ability of the pray-er or even God's apparent response to the prayer. Dossey (1991) described many cases in which the way his patients ascribed meaning to their disease, hospital experiences or patient-physician interactions led to very dramatic, immediate changes in their diagnoses. As Levin interpreted this finding, "cognitively framing one's experiences in a certain way, operating under a set of optimistic or health-influencing beliefs, or simply expecting a healing or miracle or response to prayer may be enough to heal." (Levin, 1996, p.68).

Prayer and Psychological Health

A vast majority of the research on prayer has been in the medical field, studying participants suffering from various physical diseases and symptoms. Very little research has focussed on the role of prayer in psychological disorders. In a recent review of the literature, O'Laoire (1997) reported that out of about 150 scientific studies of prayer published in English, only 37 have dealt with the effects of prayer on human subjects, nine have measured its effects on anxiety and self-esteem, and there have been no studies on depression. O'Laoire's (1997) double-blind study of the effects of distant, intercessory prayer on self-esteem, anxiety and depression was the first of its kind and offered some interesting insights. Dividing a sample of depressed subjects into two groups, one of which was prayed for by others and one of which was not, O'Laoire found

that both groups of depressed subjects improved equally. Improvement on all of the psychological measures was significantly related to their conviction about whether or not they were being prayed for. A significant difference was found between the subjects and those who had prayed for them, the latter group scoring significantly better on the psychological tests. There was also a significant difference among those who prayed more often than those who prayed less often. "Those agents who prayed more got significantly better results in their own self-esteem, trait-anxiety, state-anxiety, depression, and mood than did those agents who prayed less." (p. 52). O'Laoire suggested that praying may be more effective in improving mental health than being prayed for.

Spiritual Health and Depression

As interest has grown in a more holistic approach to health and healing, attention has also grown in the area of the spiritual dimension of our lives, how it relates to mental health, and more specifically, how it relates to depression. Until very recently, research has focussed on the somatic, affective and cognitive aspects of depression, with little awareness of the spiritual aspect of this disorder. However, some researchers and health care professionals are recognizing the strong connection between spiritual well-being and health on all other levels. In the treatment of depression and other mental illnesses, a holistic model of health addresses all aspects of functioning, including the physical, affective, cognitive, social and spiritual dimensions. This model contrasts with the medical community's model, which seeks treatment of the malfunctioning part as

separate from the whole person, and treats symptoms, rather than the human being.

Health professionals concerned with developing a more holistic approach to medicine have tried to define wellness in the context of the whole person: Bensley (1991) has described it as "an integration of the various dimensions of human functioning, including social, mental, emotional, physical and spiritual." Physicians such as Dunn (1961) have tried to clarify the term by connecting it to growth: "oriented toward maximizing the potential of which the individual is capable" (p. 4). The spiritual dimension is seen by some as including values and creativity, which provide the mechanism through which integration and growth occur (Bensley, 1991; Ingersoll, 1994). Chandler et al. (1992) related the term spiritual wellness to the counselling field, offering the view that it is a "balanced openness to or pursuit of spiritual development" (p. 170). A common thread to these definitions is that the spiritual dimension is an innate component of human functioning which integrates all the other components. Spiritual wellness involves the integration of a person's spirituality with the other dimensions of life, which increases the potential for growth and self-actualization (Westgate, 1996).

There are many different ways of describing or defining spirituality and spiritual wellness, and an overview of the literature reveals that these are multidimensional concepts. However, there are some recurring themes which emerge from the research in this area. A recent review of the literature in the area of "spiritual wellness" identified four dimensions: 1) a sense of meaning in life, 2) a transcendent perspective, 3) an intrinsic value system, and 4) a sense of belonging to a spiritual community of shared values and support (Westgate, 1996). Westgate argued that the fact that these same

dimensions are common themes in the clinical and empirical literature on depression supports the link between spiritual wellness and depression. It is clear that the spiritual dimension holds much potential for contributing to both understanding and treatment of depression and other mental illnesses.

Meaning in Life

The concept of a sense of meaning and purpose seems to be essential to the definition of spirituality and spiritual wellness. Existentialists have recognized the need for finding meaning and purpose in life as an innate human need (Frankl, 1978; Maslow, 1971; May, 1975). Maslow's picture of the self-actualized person who has found meaning and purpose in life is a vivid contrast to the depressed person's sense of hopelessness and meaninglessness of life. Feelings of hopelessness, futility and meaninglessness are some of the most frequently documented symptoms of depression in the clinical research on depression (Beck, 1967; Seligman, 1990). Other symptoms which appear to be associated with this underlying sense of meaninglessness are feelings of emptiness, gloominess, pessimism and helplessness (Klein, Kupfer, & Shea, 1993; Brink, 1993; Seligman, 1990).

A number of recent studies seem to support a negative relationship between depression and finding meaning in life. Wright, Frost and Wisecarver (1993) investigated church attendance, meaningfulness or religious beliefs, and depression in a group of adolescents. Their results demonstrated significantly lower depression in adolescents who found meaning in life through their religion. Richards, Owens and Stein (1993)

found significant improvement in both depression and existential well-being (a sense of meaning in life) when a spiritual component was integrated with cognitive group therapy. While their results are limited because of the absence of a control group to compare results, their findings are consistent with other similar studies. Propst (1980) also found that addressing the spiritual dimension in counselling significantly improved depression scores, more than cognitive therapy alone.

Others have studied hope and its relationship to a sense of meaning in life within the context of spiritual well-being. Carson, Soeken and Grimm (1988) found that a sense of life purpose and satisfaction was positively related to both trait hope, which refers to hope as a personality construct, and state hope, which is based on a specific situation or a point in time. As hopelessness is common among people with depression, the relationship between meaning in life, hope and depression is an important one to study. These studies indicate a negative relationship between meaning in life and depression, but further research is needed to clarify the way that lower existential well-being affects the level of depression.

Intrinsic Values

Intrinsic values is another vital component of spiritual wellness (Banks, 1980; Myers, 1990; Brink, 1993). Described by Myers as "a personal belief system" and by Banks as "principles to live by," Moberg (1974) also included this concept in his definition of spirituality as "the inner resources of people, their ultimate concern around which all other values are focussed, their philosophy which guides their conduct" (pp.

258-259). Maslow believed that an intrinsic value system is necessary for optimal health, "to avoid sickness and to achieve fullest humanness" (p. 312). His views are confirmed by many, as a large body of research has associated intrinsic values with high levels of mental health (Bergin et al., 1987; Donahue, 1985).

Allport (1960) also devoted much time to comparing intrinsic and extrinsic orientations toward religion. He contrasted extrinsic values, which are self-serving, change according to one's needs at the time and the choice which offers the greatest perceived value, with intrinsic values, which provide the framework for understanding life and are stable, guiding our lives regardless of external circumstances.

Brink (1993) theorized that there are three types of values, ultimate, utilitarian and ulterior, with ultimate values equating with Allport's definition of intrinsic values, and utilitarian values with Allport's extrinsic values. Ulterior values are described by Brink as dysfunctional values which are used to cope with irrational fears or to boost self-esteem. Over-emphasis on ulterior values is related to the development of mental disorders, according to Brink, who described depression as "the utter lack of relevance in every form, the absence of all forms of value" (p. 387). This alienation from ultimate values as described by Brink is consistent with clinical research on depression symptomatology. Beck (1967) characterized the depressed person as "depleted psychologically . . . experiences an accentuation of his passive needs, which are gratified by activities involving less of a sense of duty or responsibility and more of a tangible and easily obtained satisfaction" (pp. 18-19). Seligman (1990) also observed the characteristic of a "preoccupation with their own hedonics" as frequently occurring in

individuals with depression.

Several studies have looked at the relationship between intrinsic values and depression. Many have used Allport's Religious Orientation Scale, which differentiates between people with an intrinsic orientation and others with an extrinsic orientation. Lower levels of depression were found to be related to intrinsic orientation and higher levels of depression related to extrinsic orientation by Brown and Lowe (1951), Genia and Shaw (1991), and Watson, Hood, Foster and Morris (1988). The latter study also found that correlations were significantly higher for religious participants than for nonreligious participants (Watson et al., 1988). Brown and Lowe (1951) found lower levels of depression for all participants, both male and female, with strong religious/intrinsic values. They also found higher levels of depression in male participants with extrinsic values. Genia and Shaw's (1991) results indicated that an intrinsic orientation was related to lower depression scores. These studies seem to suggest that intrinsic values may be negatively related with depression.

However, other studies have had differing results, which may point to other important factors related to depression. Nelson (1989) found that intrinsic orientation was negatively related to depression but significantly positively related to church attendance. She also analyzed the interaction between depression and ethnic background, which showed that even though African American participants were higher in intrinsic orientation than Caucasian participants, they had a higher level of depression. These results suggest that other societal factors may also play an important role in depression.

There have also been a few studies which have shown no difference in depression

levels between intrinsic orientation and extrinsic orientation (Bergin, Masters, & Richards, 1987; Spendlove, West, & Stanish, 1984). Spendlove et al. (1984) concluded that correlations between depression and religious orientation were no longer significant when factors such as education, caring from spouse, health and income were controlled. Similarly, Bergin et al. (1987) found no significant relationship between intrinsic/ extrinsic orientation and depression, but revealed a significant relationship between intrinsic orientation and a sense of well-being. However, because the majority of the participants had an intrinsic orientation, the analysis may not have accurately portrayed the results. Westgate (1996) pointed out that there is an important distinction between the studies which showed significant correlations between intrinsic values and depression and the studies which did not: the heterogeneity of the sample group. "Relying on a religious sample group leads to a statistical ceiling effect that often restricts analysis" (Westgate, p. 31). She concluded that there is a need for further research to clarify the effects of race and gender on intrinsic-extrinsic orientation and depression.

A Transcendent Perspective

The experience of transcendence is another common theme found in the literature on spiritual wellness, although it is described in many different ways. Allport (1960) and Brink (1993) both related intrinsic/ultimate values to transcendence. Some view this concept very broadly as an awareness of and appreciation for the vastness of the universe, or a belief in a creative basis for all beings (Chandler et al., 1992; Hinterkopf, 1994; Maslow, 1971; Myers, 1990). For others, transcendence goes deeper, to a dimension

"beyond the natural and rational" (Banks, p. 196), and involves an acceptance of the mystery of the spiritual realm as well as the element of faith. For many, transcendence includes an awareness of or belief in a power greater than ourselves, such as a God, the creator of the universe, or a cosmic force (Banks, 1980; Ellison & Smith, 1991; Ingersoll, 1994).

Maslow (1971) described transcendence as "an end rather than a means, to oneself, to significant others, to human beings in general, to other species, to nature and to the cosmos" (p. 275). He described the "transcendent self-actualizer" as a person who recognizes the sacredness of life and who is "metamotivated" by truth, beauty and unity (p. 275). Others have used similar terms, characterizing transcendence as a shifting of one's "locus of centricity" beyond oneself to include humanicentricity, geocentricity or cosmicentricity (Chandler et al., 1992). This transcendent perspective contrasts with the narcissistic preoccupation of the depressed perspective, which clinical researchers have observed (Beck, 1967; Klein et al., 1993). Seligman (1990) directly attributed the increase in depression in the last half of the century to the narcissism of our time. Many believe that the lack of transcendence in our society has created a greater vulnerability to depression (Brink, 1993).

Two studies mentioned earlier, researched by Richards et al. (1993) and Carson et al. (1988), found a negative relationship between transcendence and depression among Christian samples. Noble (1987) studied transcendent experiences in a wider variety of participants and found higher levels of psychological well-being among people who have had transcendent experiences than in people who had not. She found greater self-

actualization, optimism and integration as well as positive relationships, guiding values and a sense of life purpose in participants who have had transcendent experiences. While she did not study depression specifically, these characteristics might suggest that lower levels of depression would be found in these individuals.

Community of Shared Values and Support

Many authors who have written about spiritual wellness believe that the natural outcome of intrinsic values and a transcendent perspective is the living and sharing of these values with others (Banks, 1980; Maslow, 1971). Anderson, Maton and Ensor (1991) have recognized the importance of a community of faith in the maintenance of mental and physical health and well-being. Participating in a spiritual community through practices such as praying, singing or meditating with others can contribute to experiencing a sense of unity (Travis, 1988), which can have an empowering effect for some people (Rappaport & Simkins, 1991). Association with a spiritual community can also help people in articulating their faith and in providing opportunities for the expression of spiritual values (Maton & Pargament, 1991).

A community may also provide mutual support, which has become more important to many in our society who experience a sense of disconnection from others. Maton (1989) has theorized that spirituality provides support through a stress-buffering mechanism, which may have an impact upon well-being through two pathways. First, "cognitive mediation" contributes to changing thinking patterns in order to make sense of traumatic life events and reframe them in more positive ways. Secondly, the emotional

support pathway involves perceptions of being valued and cared for by God, which may lead to enhanced self-esteem and reduced negative affect, especially for "individuals psychologically vulnerable due to high levels of stress" (Maton, p. 311). His research supports his theory that spiritual support is more strongly related to well-being for individuals under high levels of recent life stress. In Maton's study of adolescents entering college, spiritual support was positively related to personal-emotional adjustment for those with high life stress, but not significantly related for participants with low life stress (1989). A feeling of connectedness and being supported is especially significant to people with depression, many of whom have experienced high levels of stress. Individuals with depression often experience a loss of emotional attachments, which can lead them to further withdraw from social contacts (Beck, 1967; Brink, 1993).

Many studies have investigated the relationship between participation in a spiritual community and depression, perhaps because it is much simpler to define than the previous three dimensions of spiritual wellness. Wright et al. (1993) found a significant correlation between frequent religious attendance and lower levels of depression in an adolescent sample. In a group with a variety of religious affiliations, McClure and Loden (1982) found that time spent on religious activities and religious responsibilities was significantly negatively correlated with level of depression. Hertsgaard and Light (1984) found similar results in their study of women in the rural Midwest. Women who attended church once a month or more scored lower on depression than those who did not attend church. Most recently, Koenig et al. (1998) compared "intrinsic religiosity": beliefs in God, prayer and religious practices in a depressed sample of patients. Tracking their

level of depression for one year throughout treatment and recovery, they found that the higher the level of religiosity, the faster the rate of recovery from depression. For every 10 point increase in religiosity, there was a 70% faster recovery.

Implications for the Present Study

The growing body of literature which has investigated the relationship between depression and spiritual health suggests that this is an important link which can contribute to our understanding and treatment of depression. For many individuals, spiritual beliefs and values can be a significant source of strength for them in their recovery. Prayer and spirituality may also be potential resources for counsellors and other health professionals in treating clients with depression. An assessment of spiritual functioning may be a significant part in the diagnosis of depression as well as creating an appropriate plan for treatment. Recognizing the role of spirituality in a person's overall functioning acknowledges the multidimensional nature of depression (Yapko, 1994).

There is a convincing body of research which supports the positive effects of prayer in the treatment and recovery of patients with cancer, heart disease, AIDS and HIV and other chronic illnesses. Research also supports the vital role spirituality plays in contributing to mental health, as well as its potential role in the development and treatment of depression. The general positive physiological effects of spirituality and prayer have been documented, but most of the research on prayer has studied the effects on people who were being prayed for by others. Little is known about the experience of prayer itself and its effects on the person doing the praying. O'Laoire's (1997) research

seems to suggest that the effects of prayer are most powerful on the person doing the praying, and that the pray-er's belief in the possibility of healing is also an important factor in the way they respond to the experience of prayer. Further research is needed in order to explore the long term effects of prayer on pray-ers themselves. What does the experience of prayer look like in the lives of people who are experiencing depression? What role does spirituality hold in their lives, and does it contribute to a sense of meaning and purpose in life? Does spirituality affect the way people deal with their depression? If hope is a significant aspect of a person's spirituality, can it play a role in their recovery from depression?

Many who suffer from moderate to severe depression experience the loss of meaning and purpose in their lives. Prayer may be a way of restoring that purpose, as some medical practitioners have expressed:

> Religion is a pervasive and powerful way of stimulating a healing faith . . . . For many people religion forms a basis of meaning and purpose in life. The profoundly disturbing effects of illness can call into question a person's purpose in life and work . . . Healing, the restoration of wholeness, requires answers to these questions. (Foglio and Brody,1988, p. 473).

CHAPTER 3

METHOD

Theoretical Assumptions of a Phenomenological Approach

Phenomenological research is very different from traditional quantitative research in everything from its methodology to its basic assumptions about human beings, the world and the nature of research. Therefore, it is appropriate to devote some of this chapter to outlining some of these basic differences. Before the unique process of methodology of the phenomenological approach can be understood, it is necessary to look at some of its assumptions about the purpose of research.

Phenomenology is "the study of the lifeworld - the world as we immediately experience it rather than as we conceptualize, categorize, or theorize about it" (Van Manen, 1984, p. 1). Instead of starting with a theory or explanation and gathering evidence to support it, the goal of phenomenology is to study something as it appears, in order to gain an understanding of human consciousness and experience as it is lived by being in the world. One of the basic assumptions of this approach is that knowledge is grounded in experience (Polkinghorne, 1989). Therefore, the purpose of phenomenological research is to investigate human experience as it is perceived and understood by the person experiencing it (Giorgi, 1970). The lived experience is valid in and of itself, and therefore worthy of study. Phenomenology as a psychological discipline seeks "to explicate the essence, structure, or form of both human experience and human behavior as revealed through essentially descriptive techniques including disciplined reflection" (Valle, King, & Halling, 1989, p. 6). It is in studying the essence

of an experience that we truly understand the phenomenon of human consciousness and awareness.

The nature of consciousness in phenomenology lies in the lifeworld of the individual; the world as it is presented and experienced by the individual. Husserl (1970), one of the founding philosophers of phenomenology, focussed mainly on the world of everyday experience as expressed in everyday language, as found in direct and immediate experience. This lifeworld is pre-reflective, "both independent of knowledge derived from reflective thought processes, and yet, being pre-reflective (before-reflective), it is also the indispensable ground or starting point for all knowledge" (Valle, King, & Halling, 1989, p. 10). Another aspect of consciousness which phenomenology draws attention to is its intentionality; consciousness is always intentionally focussed on an object. Objects are made present through consciousness, and consciousness is revealed through the presence of objects.

One of the main philosophical assumptions of phenomenology is co-constitutionality, the concept that individuals are not separate from the world they live in, but are interdependent with others. Valle, King and Halling (1989) explained that "it is through the world that the very meaning of the person's existence emerges both for himself or herself and for others . . . it is each individual's existence that gives his or her world its meaning" (p. 7). A person does not exist apart from the world, and it is through the interdependency of the person and the world that experience occurs. "Experience, as it is directly given, occurs at the meeting of person and world" (Polkinghorne, 1989, p. 42).

Co-constitutionality involves the assumption that people and the world are in constant dialogue with one another. Individuals are both active and passive, because they act in their world in a purposeful way, while at the same time the world also acts upon them. Because of this "dialogal relationship", phenomenology views individuals as having situated freedom, being neither completely free nor completely determined by the environment. In this way of thinking, we have the freedom to make our own decisions, but we are also presented with situations which limit our choices in terms of how to respond to them (Valle, King, & Halling, 1989, p. 8).

Phenomenology has a view of objectivity which is radically different from the rational notion of pure scientific objectivity. For the phenomenologist, "objectivity is fidelity to phenomena" (Colaizzi, 1978, p. 52). This concept is central to a phenomenological approach to research, in the way it allows the phenomenon to speak for itself rather than trying to operationally define it by using quantitative methods. In this approach, the researcher makes every attempt to not judge, interpret or analyze the phenomenon in order to fit it into preconceived ideas or theories. However, the researcher must not deny her own experiences in attempting to be objective. Using a process called bracketing, the researcher must make her experience explicit, becoming aware of her biases and preconceptions and then setting them aside so that they do not unconsciously influence the research process. Phenomenological research is therefore neither purely objective, as quantitative research strives to be, nor completely subjective. Osborne (1990) describes the position of phenomenology this way: "The knowledge coming from such research is not objective but perspectival. Given the researcher's

orientation, the reader is then able to judge whether the phenomenon of interest has been illuminated from a particular perspective." (p. 81).

The ultimate goal of phenomenology is to reveal the structure of an experience, which is the essence or underlying form of the phenomenon being examined. Phenomena may be revealed in many different ways, but they can be seen as sharing the same essential meaning. When the structure of a particular experience is revealed, it shows the researcher what aspect of the experience remains similar in different situations. Valle, King and Halling (1989) described this process using this analogy:

> The perceived phenomenon is analogous to a mineral crystal that appears to have many different sizes and shapes depending on the intensity, angle, and color of the light that strikes its surface. Only after seeing these different reflections and varied appearances on repeated occasions does the constant, unchanging crystalline structure become known to us. (p. 13)

A Phenomenological Approach to Reliability and Validity

The phenomenological approach to research, because of its different purpose, requires a different view of reliability and validity. Wertz (1986) held that any consideration of reliability and validity must first acknowledge that phenomenological research methods are based upon different metatheoretical assumptions to those used in natural science. The two assume very different goals; "natural science methodology looks for statistical generalizability while phenomenological research strives for empathic generalizability" (Osborne, 1990, p. 86). Reliability in phenomenological terms does not

exist in objectivity or abstraction; it is always evaluated within a particular context, recognizing that human perception is perspectival and never completely free from subjectivity. Osborne (1990) described contextual reliability in this way: "different interviewers of different co-researchers produce situations which are never repeatable but which provide multiple perspectives which can lead to a unified description of a shared phenomenon" (p. 87).

Reliability and validity in phenomenology are evaluated by the congruence of the research and by how clearly the researcher illuminates the phenomenon. Giorgi (1975) suggested that the key criterion of qualitative research is "whether a reader, adopting the same viewpoint as articulated by the researcher, can also see what the researcher saw, whether or not he agrees with it" (p. 96). In order for the reader to come to an understanding of how the researcher arrived at a certain interpretation, the researcher must bracket her orientation to the phenomenon and carefully describe the procedure and method of analyzing the data. Furthermore, the researcher can further prove validity by checking the congruence of her interpretations with the co-researchers, through the process of dialogue.

In phenomenological research, it is the interpretive process in the analysis of the data which constitutes the real danger of unreliability and invalidity. Kvale (1983) pointed out that "extensive, complex and little structured interview material lends itself to be read like the devil reads the Bible, selecting and interpreting interview statements according to one's own preconceptions or prejudices" (p. 190). It is crucial, then, that phenomenological researchers present coherent and convincing arguments for their

interpretations. Gergen (1985) has stated that the interpretive process is dependent on rhetoric which convinces members of the research community. While the rationale behind the interpretations is important, in the end, the validity of the interpretation of data in phenomenological research is dependent on the extent to which it resonates with other people who have experienced the phenomenon and who are not involved in the study (Shapiro, 1986).

Rationale for Using a Phenomenological Approach

There are several reasons for choosing a phenomenological approach for this study. First of all, phenomenology is well-suited to the aim of this study, which is to explore, understand and describe the experience of spirituality and prayer within the context of depression. Rather than formulate a theory or explanation of the way prayer functions or contributes to an individual's strategies for coping with depression, this study seeks to illuminate the experience of prayer as it is experienced by individuals with depression. Prayer, along with most other spiritual phenomena, is extremely difficult to quantify and "prove" by scientific research methods. The phenomenological approach is much more appropriate for this task, because it seeks to examine and describe the life-world of individuals as they experience and perceive it.

The second reason for choosing a phenomenological approach for my research is the similarity between the relationship which is developed between the participant and the researcher, and the relationship between counsellor and client. As a counsellor who is seeking to do research which is relevant and which contributes to the field of counselling

and mental health, it is important to choose an approach which is compatible with my own personal philosophy. I have experienced the sense of dissonance between the practice of counselling and quantitative research methods which Osborne (1990) has suggested is common among counsellors. When phenomenological research is integrated with the practice of counselling, it can dispel this dissonance and can contribute to a sense of integrity between theory and practice.

> The integration of counselling practice with phenomenological research methodology, for those whose approach to counselling is more influenced by human science than natural science, can strengthen both by removing any antithesis between practice and research and replacing it with a meta-theoretical unity (Osborne, 1990, p. 90).

The unity between phenomenological research and the practice of counselling means that its methods, such as interviewing co-researchers, are highly compatible with the skills and tasks which are central to the counsellor role. It is essential that both researchers and counsellors be fully present and listen respectfully to their co-researchers and clients as they allow their stories to emerge and try to understand and enter their life-world of experience. Osborne outlines other parallels between these two roles: "personal qualities such as warmth, caring, openness, positive regard for others, ethical integrity and responsibility are important requisites for both counsellors and phenomenological researchers" (1990, p. 89). The skill of being able to bracket one's own beliefs and experiences while listening and trying to understand another's life-world is also a vital skill for both counsellors and phenomenological researchers. These parallels lead to a

natural continuity between the two roles, making counsellors very suitable for the task of phenomenological research.

Finally, part of my personal philosophy includes a feminist approach to research which is congruent with and respectful of women's experiences. Many feminists have argued for radical changes in research which appear to be compatible with the phenomenological approach (Gergan, 1988; Salner, 1989; Stanley & Wise, 1983). Feminists and phenomenologists share the belief that personal experience is worthy of scientific investigation. Both would agree on the importance of accepting the validity of women's experiences based on their own accounts, rather than trying to make their experiences fit with outside theories and explanations, which traditional research has often done. "Feminism insists that women should define and interpret our experiences, and that women need to re-define and re-name what other people - experts, men - have previously defined and named for us" (Stanley & Wise, 1983, p. 114). This goal is consistent with that of phenomenology's aim of accepting the validity of participants' experiences and reflecting on their accounts in order to uncover the essential structure of a particular phenomenon.

Feminists as well as phenomenologists highlight the significance of the relationship between the researcher and the participant. Feminists believe that the relationship between participants and the researcher should be non-hierarchical and mutual. Gergan (1988) stated that it is unrealistic for researchers to maintain an objective distance from their participants. Salner (1989) further elaborated by saying, "The effort to maintain such artificial distance creates a psychological sense of personal alienation to

which feminists have objected on experiential and moral grounds" (p. 6). Phenomenologists have described a similar attitude which researchers need to exhibit towards their participants:

> The researcher must realize that [her] subject is more than merely a source of data: [she] is exquisitely a person, and the full richness of a person and [her] verbalized experiences can be contacted only when the researcher listens to [her] with more than just [her] ears. [She] must listen with the totality of [her] being and with the entirety of [her] personality (Colaizzi, 1978, p. 64).

Phenomenologists and feminists also share a similar view of objectivity in their research. Both emphasize that the researcher and the participant are involved in an interactionary process, a reciprocal relationship with each other. Both researcher and participant are individual persons with thoughts, feelings and behaviours which will impact the research process as well as the outcome. Therefore, it is important for the researcher to acknowledge and account for her influence in the research process. This view is in opposition to the way that quantitative research denies the researcher's presence or her subjective experiences within the research process. Feminists such as Gergan (1988) have discussed the issue of objectivity in a way which is consistent with a phenomenological view of objectivity (see earlier in this section):

> Feminist inspired research would endeavour to recognize that scientists, subjects, and "facts"are all interconnected, involved in reciprocal influences and subject to interpretation and linguistic constraints. In addition, scientific endeavours would be treated as value-laden and would be formed with

specific value orientations in mind. This research approach would treat scientists as participants in the research project along with the subjects of the research and not as superior beings who maintain a knowledge monopoly among themselves. (p. 94).

Because the phenomenological approach is congruent with my profession as a counsellor as well as my experience as a woman, this approach to research is particularly appropriate for me in my position of researcher. But just as importantly, the phenomenological approach is well-suited to the subject of this study. For all of these reasons, the phenomenological approach appears to be the best choice for this study.

Assumptions of the Researcher

Following the phenomenological approach, prior to interviewing my participants I examined my assumptions about depression, prayer and spirituality so that I could be aware of and bracket them before involving the participants in my research. I began this process of bracketing by first listing any presuppositions of which I was aware. Then, in an effort to access other assumptions which may have not been conscious, I discussed my experiences and beliefs with friends, professors and colleagues, making notes of other assumptions which surfaced in these conversations. This process increased my awareness of the experiences and assumptions which may influence my research, so that I would be less likely to impose my beliefs on my participants and the research data. The following assumptions arose out of this bracketing process:

1. There are many factors involved in the development of depression, and people

experience depression in different ways in their lives. My view of human beings is holistic, meaning that functioning on the physical, emotional, mental, behavioural and spiritual level is interconnected, and a change in one area will affect all other areas. I believe that spiritual functioning can both be affected by depression as well as influence the experience of depression.

2. Throughout history, people have looked beyond the realm of humanity for guidance and help to some kind of "higher power," seeking to transcend human nature in a variety of ways. This spiritual or metaphysical search for meaning has taken many forms: religion, philosophy, psychology, the pursuit of art and music, to name just a few. As a committed Christian, my own belief is that this search for life's meaning and purpose ultimately leads to God and a personal relationship with our Creator. I believe all human beings have a deep need and desire for spiritual connection with God and with other like-minded people who are also on a spiritual journey. However, I also recognize that this need for connection with a "higher power" is expressed and experienced in many different ways by others outside the Christian faith.

3. Based on my Christian beliefs, I view prayer as a two-way communication between human beings and God or a "higher power," an interaction between the human and the divine. When we pray, we express a desire to know God and to enter into an active relationship with someone who listens to us and communicates with us. Prayer is an ongoing process of connection with God and growth as a result of our relationship with this Higher Power.

4. There are as many ways to pray as there are forms of human expression,

because prayer is a deeply personal and unique act of communication, love and worship. Worship is acknowledging and thanking God for His goodness, for taking care of us, and for His power in our lives, and may be characterized by an attitude of gratitude. Worship is one aspect of prayer, which can also include communication on many other levels, such as communicating needs and requests for ourselves or others, conversation, and listening to and experiencing God.

5. Just as there are many different forms of prayer, I believe that people also experience and express their faith and spirituality in many different ways. God does not work in our lives in a uniform fashion, doling out His power and love in equal, measured amounts. God meets us in a deeply personal way, recognizing our unique personalities and individual needs as He makes His presence known in our lives.

6. Prayer is a process of healing and transformation in not only the spiritual realm, but also the physical and psychological realm of life. Although God works in our lives in various ways, there are also some commonly experienced beneficial effects of prayer. The simple act of trusting in God and expressing faith in a power higher than ourselves has many psychological and physical benefits which have been well-documented in psychological research. Immediate effects include increased feelings of relaxation and peace, which are embodied in slower and deeper breathing, a lower heart rate, decreased muscle tension and decreased feelings of anxiety. The freeing experience of relaxation has been shown to be a result of the production of endorphins, which repress the action of the sympathetic nervous system that is responsible for the stress response. The resulting relaxation response has been shown to boost immunity by protecting the

immune system during times of stress and decreasing the stress-related hormones which lower the activity of the immune system. While experiencing these physical effects of relaxation, our emotions and cognitions are also affected. In prayer, we experience increased feelings of calmness, a stilling of the mind, inner peace, well-being, thankfulness, hope, love, forgiveness, a sense of belonging and being cared for and supported.

7. These beneficial effects of prayer will also directly affect the experience of depression, leading to decreased symptoms including: feelings of hopelessness, meaninglessness of life, emptiness, gloominess, pessimism, helplessness, loneliness and insomnia. By turning our focus away from ourselves, prayer allows us to focus on a powerful God who helps us and cares for us, giving us a sense of purpose in life and the awareness that we are not alone in this world.

8. This connection with something larger than ourselves, something deeper and more meaningful than our own self-centred concerns, allows us to connect with other people in deeper and more meaningful ways. Feelings of connection with other people, especially those with whom we pray and relate to on a spiritual level, can lead to increased social support, which also plays a significant role in dealing with depression. Being a part of a community of people with whom one shares values and mutual support can be a potentially empowering source of strength and a resource for people experiencing depression.

Selection of Participants

Three participants were chosen to be interviewed for this study on the basis of their experience with both prayer and depression, as well as their articulateness. These are the two main criteria for participants identified by Colaizzi (1978). Two co-researchers had participated in a therapy group on depression and prayer which I co-facilitated in the preceding fall. After being given a verbal and written description of the study (Appendix A) and being encouraged to ask questions about my research, three group participants agreed to be interviewed. However, one of the participants was not available after the initial interview, and another co-researcher was needed. My third co-researcher was a friend with whom I had discussed depression previously. After hearing a verbal description of my study and asking questions about my research, she agreed to be interviewed. After the co-researchers had been informed of the purpose of the study, they were asked to read and sign consent forms (Appendix B).

The level of depression for all three co-researchers was serious, necessitating the use of anti-depressant medication on a long-term basis. The two co-researchers who participated in the Fall therapy group were evaluated using the Beck Depression Inventory, and assessed as experiencing moderate to severe depression. The third co-researcher was assessed by her psychiatrist as experiencing "clinical depression." These assessments would fit the DSM IV category of Major Depressive Episode. All three had sought counselling therapy for their depression and saw it as a major part of their lives. All three co-researchers also identified spirituality and prayer as a major component in their lives.

Data Gathering and Analysis

Interview questions were composed through the process of research in the area of depression and prayer, as well as through discussions with friends and colleagues in the counselling field. The following questions were used as a guide in the interview process:

1. What has your experience with depression been like?
2. Which resources in your life have been most significant in dealing with your depression?
3. What role does spirituality hold in your life?
4. What role does spirituality play in your experience of depression?
5. What is your experience of prayer? How does it feel in your body, and do you notice any changes in your body or your state of mind when you pray?
6. What does hope feel like for you? Does hope play a role in your experience of depression?
7. Is hope related to your spirituality? If so, in what ways?

The participants were each interviewed a total of four times for this study. The initial interviews were approximately thirty minutes each and were used to give information about the research project as well as to assess whether the participants would be appropriate for the study. The remaining interviews each lasted between forty-five minutes and ninety minutes, depending mainly on how much each co-researcher wanted to say. When the participants felt that they had said as much as they had to say, and I thought I had understood their experience sufficiently, the interviews were concluded. Most of the interviews were conducted in person at an agreed upon location, but three

interviews were conducted by phone out of necessity. All of the interviews were audio-taped so that they could be transcribed at a later time.

During the first interview, open-ended questions were asked as a means of initiating the exploration of each woman's experience of depression and prayer. The interviews began with general questions about their experience of depression and prayer, and then further questions were asked if necessary to encourage the co-researchers to describe their experiences in greater depth.

After the first interviews, I listened to the audio-tapes and transcribed the interviews, noting topics which I wanted to clarify or learn more about. I then conducted further interviews, asking more detailed questions so that the co-researchers could expand on certain topics which they had spoken about in the previous interview. I also reflected some of the major themes which I saw arising out of their accounts, so that the participants could give me feedback on my understanding of their experience. Finally, I gave each co-researcher the opportunity to add any information that they had thought about since the last interview.

The procedure which I followed for analyzing the data from these interviews is very similar to those outlined by Colaizzi (1978) and van Manen (1984). After transcribing all of the tapes from my interviews, I listened to and re-read each transcript over and over again in order to "acquire a feeling for them" (Colaizzi, 1978, p. 59). Once I felt I had a sense of the co-researcher's experience overall, I went back to each individual transcript, underlining words and phrases which were directly related to the phenomena of spirituality and prayer within the context of depression. Next I

paraphrased each of these significant statements, keeping the vocabulary and expression of the original speaker. I then translated the paraphrased statements into themes, allowing the themes to emerge from the data, rather than pre-determining the categories. These themes were then clustered into several groupings, and validated by reading the original transcriptions in order to check them with the original meaning of each co-researcher's experience.

After I was satisfied that I had organized the themes into meaningful categories, I wrote a detailed description of each co-researcher's experience and created a summary diagram which illuminated the significant aspects of each co-researcher's experience and highlighted the recurring themes. After the co-researchers had read my analysis of the interviews, I interviewed them a fourth time, giving the opportunity to add to or change the descriptions so that they felt satisfied with the way that I had represented their experiences. The final step in the process of analysis was to write an "exhaustive description of the investigated phenomenon in as unequivocal a statement of identification of its fundamental structure as possible" (Colaizzi, 1978, p. 61). Once all three co-researchers' experiences were analyzed and illuminated, I was able to relate the general themes evident in their individual experiences to each other and draw a more general picture of the essential structure of the experience of prayer within the context of depression.

CHAPTER 4

RESEARCH FINDINGS

This chapter explicates the data gathered from the interviews with each participant, giving an account for all three women of the general structure of the experience of prayer within the context of depression. All three names have been changed in order to protect their identities.

Explication of the Data

Paula's Story

Paula participated in a nine week counselling group which I co-facilitated in the fall preceding our interviews, which focussed on the issues of depression and spirituality. After completing the group sessions, she agreed to be interviewed for my research. In her late thirties, she is a single mother of a young son in elementary school. She had been unemployed for several years due to various health problems, including her depression. At the time of our interviews, she had started an employment program and was beginning to explore career options.

Although Paula stated that she has only become aware of her depression within the last two years, she reflected that she has probably experienced depression for most of her life. She traced painful symptoms of depression and anxiety back to a childhood of "trauma and lots of stress", which she tried to self-medicate with alcohol and drugs. Paula explained that "for nineteen years, drugs and alcohol were my primary way of dealing with my depression and negative feelings." She had been clean and sober for five

and a half years at the time of our interviews, but as with most ex-addicts, she needs to continually work at staying clean. Alcoholism and addiction are inseparably intertwined with her experience of depression, which she feels has been at times "very much present, and at times more in the background," but always a part of her life.

Spirituality Centred in Alcoholics Anonymous

Paula emphatically credited Alcoholics Anonymous with her recovery from addiction as well as her depression, saying, "That program of recovery has saved my life." She explained that "the key to A.A. is a higher power, greater than ourselves," and used the term "Higher Power" interchangeably with "God," meaning a supernatural being who cares for her and gives her strength to live. Paula's spirituality is strongly centred around her enthusiastic experience with A.A. Meetings with other A.A. members are her "place of worship," where she connects with people who are on a similar path. In Paula's experience, "A.A. members are far more spiritual and living a far less hypocritical life than most church members." Because A.A. members must rely on God and living a new way of life in order to stay away from alcohol, Paula believes that this keeps them honest. She said she is open to going to church: "I may find a church someday that suits me - I like church, but in the meantime, I feel God in A.A. meetings."

Paula clearly believes that God is the one who gives her strength to live and stay clean and sober. "There is no hope without God, because then I'm in charge, and I am completely powerless over this illness. I have tried everything, and I am powerless over it." Not only is God the source of the power Paula needs to overcome her addiction, He

is a source of comfort and support. Paula described how important this support is in her life: "The feeling of not being alone was really important, that there was someone to help me bear the pain - that made the difference."

It is through Alcoholics Anonymous that Paula first met God, an experience which she called a "miracle." One month after she completed treatment for her addiction, she was in the hospital with a serious illness which the doctors were never able to diagnose. For three days she had been suffering excruciating pain which even the highest dose of morphine could not take away, when an A.A. member whom she had barely met visited her and just sat and listened to her for hours. This touched her deeply. She had thought she was dying because she was so seriously ill and nothing the doctors were doing was helping her pain. Paula told me that when this visitor left,

> I was laying there, and all of a sudden I realized that the physical pain was completely gone, just like that. I hadn't gotten in touch with this God thing yet, because I was brand new to A.A. And I either heard or I felt a voice saying, 'You're going to be alright.'... I don't know how long it lasted, it could have been two minutes, it could have been twenty, I'm not sure. It went away, and the pain came back eventually. But while the presence was there, the pain disappeared. And I knew from that moment on that I was saved - that is what it felt like, that I'd been saved.

Gratitude for Being Rescued

Being saved, which Paula first experienced in a very dramatic way in her first connection with God, is a recurring image which continued to surface throughout her story. For Paula, being saved quite literally from excruciating pain in her hospital bed and feeling that her life had been saved from a fatal disease was a "turning point," which some might call a conversion experience. She connected this experience to a feeling of being rescued when she prays. She described it as feeling " a real sense of being rescued or saved," and as we spoke, she actually experienced this dramatic physical sensation.

> I feel that sense of being safe washing over me now in my body. I can feel the shivers, the tingling, and there is a real sense of 'Wow, thank God, literally I've been saved, and isn't this amazing, isn't this a miracle.'

The powerful experience of God saving Paula from her physical pain as well as her addiction is embodied in the strong physical sensations she feels in prayer. When she prays, she feels "a certain presence moving through me, some sort of physical energy." This energy brings with it slower, deeper breathing and a sense of peacefulness, calm and well-being. Paula described a sense of being grounded in terms of feeling as though her body is waking up: "I feel very present in my body . . . so I'm not up in my head, I'm in my body. I feel alive, because I can feel my body and the energy in it. I feel awake, present, alive."

Paula is firmly convinced that God has rescued her from the desperate, dangerous situation of her addiction to alcohol and drugs. She described the way she called out to God in a low point of desperation:

> Life had to get bad enough for me, unfortunately, to scream out for help, which is what I did, literally. And my call was answered immediately, which was just phenomenal. That was what I needed at the time, for God to show me that He cared about me and would help me.

Paula's response to God saving her is a very real, strong sense of gratitude. When she prays, she says she often feels "very emotional, overwhelmed by feelings of gratitude, a sense of relief." She believes that this faith that she has in God is a gift, for which she is truly thankful. She expressed this view several times, saying "It is a gift to have faith this real and this strong." This attitude of thankfulness permeates through Paula's speech and her view of life, so much so that she says she is even grateful for her experience of alcoholism, because it introduced her to God. Paula expressed her gratitude in these terms: "I thank God for A.A., and I thank A.A. for God."

Transformation from Emptiness to Meaning

Paula's faith has changed the whole way she looks at the world now, so that her life is transformed from "just a sad story" to a life of meaning and purpose. She explained that without faith in God,

> I have to believe that it is all up to me. I have to believe that all the things I went through were just mistakes that I made, or bad luck, bad circumstances. That does not help my depression . . . . When I have God in my life . . . I am open to believing that perhaps some of these things were necessary, or that they are lessons - maybe I chose to learn my lessons in lousy ways, but I'm

> OK with that, because there is still some kind of rhyme or reason to it . . . . There is some sort of deeper meaning to life, rather than just a random universe where things happen for no reason at all.

This sense of meaning and purpose in life which comes from believing in God has extended to the way that Paula views her depression. She trusts that God is working in her life and that there is a purpose for her depression. "For all I know, there is a reason for my depression - God is going to use that in some area. So I have to keep thinking that way, and it makes my life better. It takes a while to develop that perspective, but it really makes a difference in my life." The knowledge that there is some greater purpose behind her experience of depression makes a difference in the way she copes with the painful symptoms of this illness. Without believing in God's purpose for her, life is meaningless for Paula.

Transformation of Values

Having faith in God and a new perspective on life clearly requires a change of values and lifestyle for Paula. Making God "the top priority in [her] life" means that she has become a transformed person. "It is a completely different way of life; you have to change your whole entire life, to being honest, helping others." Her experiences in the world confirm this new value system, when she sees that "other people who have lots of money, who have jobs and material success, are very unhappy and unfulfilled people."

Paula's spirituality is so central to her life that it had recently started to influence her career path. Paula participated in an employment program at the time of our

interviews, which led to the realization that she needed to choose a career which would allow her to express her spirituality.

> What we are doing in this group is looking at our value systems and I have realized that I need to do something for a living that is directly connected to God . . . . My spirituality has to be an integral part of my life, in my work, and that has become clearer to me through the work in this program.

Paula talked about how difficult this transformation in her value system had been for her. As an alcoholic, she had been very isolated and had learned to cope by distrusting others and looking out for herself. Paula described her way of thinking before she knew that she could trust in God:

> I couldn't fathom how to turn over my life and my will over to God - I'm going to die! If I don't look after myself, no-one is, because that is how I learned to survive - nobody looked after me - I did. So people have a really hard time with that.

All of Paula's past experiences had pointed her towards suspicion of others and the belief that the only person she could rely on was herself. The revelation that God cared about her and was someone she could trust was life-changing.

Trust: Essential to Prayer

Trust is a crucial part of Paula's faith, which was expressed in her prayer life: "The experience of trust is always part of my experience of prayer . . . . Trust is crucial to my spirituality - it just doesn't work without it." In her recovery from alcoholism, Paula

has had to learn how to, as she described it, "give over my will to God." Admitting that she is powerless over her addictions and depression, she has recognized that God is the only person who can help her, and her very life depended on trusting Him.

> I don't know what I need - God knows what I need. It feels great - what a relief, for someone who has lived on mega self-will all her life, and made some really lousy decisions. To give it over to God has become pretty innate now - it just comes naturally for me, but I have to keep coming back to it.

Being able to give up control of her life and give her problems over to God has brought a sense of relief that she doesn't have to do it by herself anymore.

As God has given Paula strength to overcome her problems, she has developed a deep trust in Him. She has learned that "one of the keys to my relationship to God [has been] that willingness to say, 'Whatever you want, God, I'm going to follow you, because I know your way is the best way for me.'" Paula expressed this willing attitude to follow God wherever He leads her, knowing that the outcome will always be beneficial for her, in the following statement of faith:

> I know that there is a God, and that there is hope that if I continue to pray and seek God's will that I will either cope better with my depression and maybe it will go away, or I will just see the plan that God has for me, as a depressed person. I can't lose, either way. Either direction my life takes me in, I know that there is some sort of plan that God is working in.

Trusting in God to provide the strength to handle whatever life brings her is essential to Paula. She had faith that God will not give her more than she can bear, because as she

expressed it, "God only asks us to handle so much at a time."

Perhaps the most dramatic way in which Paula's deep sense of trust in God has changed her life is the transformation of her fears. She described the way she had been overwhelmed by a lot of fear in the past, which has changed through her faith in God:

> If I would have had to make up a fear list when I first sobered up five years ago and I didn't have a grasp of this higher power, it probably would have had thirty or forty things that I was fearful of. Today, my fear list has about five things on it. One is cougars, a healthy fear to have, and one is my child dying. . . . But even when I do go there, I probably have a little bit less fear than someone who doesn't have faith. God helps me with these fears. The other significant fear is going out in the world and trying to get a job . . . and I am doing that right now. And that is a pretty significant drop in fear, [which] is a direct effect of prayer and the higher power in my life.

Faith in God has helped Paula to cope with her fears, both in decreasing the number of fears which she had, as well as in giving her courage to face the few fears that are still in her life. As Paula has experienced God helping her and protecting her, she has been able to trust God more, which has been a gradual process of change.

Hope and Faith Built on Answers to Prayer

Being able to trust God with her life has given Paula hope for her future, which she also believes is essential to prayer:

> Hope is always there when I pray - I think it is a sign of hope to pray . . . . In the beginning, when I prayed for the very first time, I felt pretty hopeless, but I had that tiny bit of potential hope, so that I was able to ask for help. But now, because of all the demonstrations I have had of God in my life, now I always have hope.

Being reminded of the many ways which God answers Paula's prayers serves to reinforce and build her faith so that it becomes stronger and stronger:

> This higher power works in my life, I know it does, because I took the leap of faith to try it, and I constantly have prayers answered - there are many, many, many coincidences that I now choose to believe are not coincidences.

At first, Paula explained, her faith was built on listening to others' stories of answered prayer: "When I first came into A.A., I had to rely on other people's stories of hope, but then my own faith was built, with all the stories of faith happening." Slowly, there was a shift for Paula from drawing strength from hearing others' stories to being able to build on her own spiritual experiences.

As God began to answer her prayers, Paula learned that she could trust God and rely on Him for support. She described the characteristic way in which God answers her prayers: "My prayers are usually answered very quickly for me, and I am very grateful for that." Paula has felt God's care and support through His immediate answers to her

prayers and said that this was exactly "what I needed at the time, for God to show me that He cared about me and would help me." Paula saw these answers to prayer as evidence that "God is working in my life," and has learned to recognize the way that God works in her life to answer prayers. God has often given her "intuitive thoughts or decisions," placing something in her path so she can see that He is trying to show her which direction to go.

Paula believes that it is important to remember and recount the many ways in which God "miraculously" answered her prayers. She told many stories of God answering her prayers in very practical ways, such as praying about not having enough money to pay for her car insurance, and the next day winning a set of golf clubs which she sold in order to cover the cost. A more recent example she gave was the way that God had made it possible for Paula to enter the employment program she was currently in. There were many obstacles, including being accepted into the program, her poor health and a scheduled surgery, doubting that she had enough energy to run a household and take care of her child as well as full-time attendance, and a lot of fear. However, Paula clearly saw God working in her life in order to make this program happen for her. At the time of our second interview, she had just started the program and said it was "just exactly what I need." In our last interview, after we had gone back to these stories Paula had related earlier, she talked about how encouraged and uplifted she felt just hearing them again. As she explained, there is a "pink cloud when you first enter A.A.; you are so high and so grateful for being saved, and eventually life hits you . . . kids, dogs, partners and making a living. You can really lose sight of it. It is lovely to remember it."

Remembering these answers to prayer contributed to building her faith that God will take care of her needs the next time, just as He has in the past.

Faith Strengthened by Support from Community

The connection with God which Paula found through A.A. has become the most significant resource in her life. However, other things have helped her in recovery; the antidepressant medication she was taking in order to function, the therapy group, and support from friends and other A.A. members have all been important. Just knowing that there are other people who are going through the same struggle with alcoholism, addiction and depression encouraged Paula. The support element of the counselling group she participated in during the fall was especially significant. Paula said it was helpful for her "just to know that there are other people out there that do suffer with [depression], because I don't hear about it very often, or people don't talk about it very often. It's still a big taboo in our society." Because depression is often not discussed in our society, people who go through it can often feel isolated and abnormal, and simply being able to talk about their experiences can be a relief. Paula went on to say that although this support was beneficial, what was even more effective than just talking about their experiences was praying together. Paula related:

> When I first started the group, I had lost my conscious contact with God - I had been so depressed and not going to A.A. I had a bad year with depression . . . and I have to work at this conscious contact with God, or I lose it. So being in the group actually got that back for me and I was very excited about

> that, immediately in the first session . . . . I really loved the prayer and meditation, and I think the prayers that were said for me helped and worked. And just knowing and remembering that God is here with me, and everything is O.K. right now - that reassurance and support was very important.

The support which Paula received from others in the group through talking and praying together encouraged her and motivated her to work on her connection with God, which was something that had slipped to the background while depression had taken over her life. Being able to share her spiritual experiences with others who were on a similar spiritual journey contributed to feeling strengthened as part of a community. Being reminded that God is working in others' lives was crucial to strengthening Paula's faith.

Faith as a Garden in Need of Tending

Another image which Paula used to describe her spiritual life was a garden, which needs attention and nurturing in order to grow. She spoke about her need to continually work at her prayer life to strengthen her connection with God. In Paula's words,

> My spiritual life needs nurturing and I need to keep working at it to develop it. It is like a garden that I need to keep watering and weeding - that picture captures it perfectly, my spirituality is like a garden that needs work to keep it growing.

Rather than feeling that one experience was sufficient or that she had achieved an adequate level of spirituality, Paula was extremely conscious that her spiritual life is a

process needing continuous care and attention if she wants to keep it alive.

Paula recognized her need to continually be aware of surrendering her will to God in prayer. She explained the significance of this process:

> If I don't completely give over my will to God, I am in trouble. I have surrendered my life to God - He's in charge. I take my will back all the time and when I do that, I get in a bad place. I get much more depressed, much more anxious, things just don't go well, it's very simple.

Giving control of her life to God is not something which happened at one point in time, but something which Paula continually needed to work on. She repeatedly recognized her need to work on catching herself and returning to God:

> When I am sort of on the beam, and if I let that slide, particularly if I am in a downward spiral with my depression, I can find myself beginning to make lousy decisions, or thinking about making them. But I catch myself and I say, 'Wait a minute, I don't make decisions, I ask for help.' So I catch myself - I've been doing pretty good that way.

My personal response to Paula's story

Listening to Paula's story, I am deeply moved by the strength and courage of her faith, which has brought her through so much suffering. I have a profound respect for this woman and the way she has managed to turn her life around from alcoholism and life on the streets to a deep sense of hope and grace. There is a clarity in her voice when she speaks of the stark contrast between life believing and trusting in God and being

controlled by alcohol, which she sees as death. For Paula, the choice is between life and death; the only way to live is to completely depend on and trust in God. I am inspired by Paula's strong faith in miracles and her sense of humility, based on her awareness of her own powerlessness and her gratitude for God's work in her life.

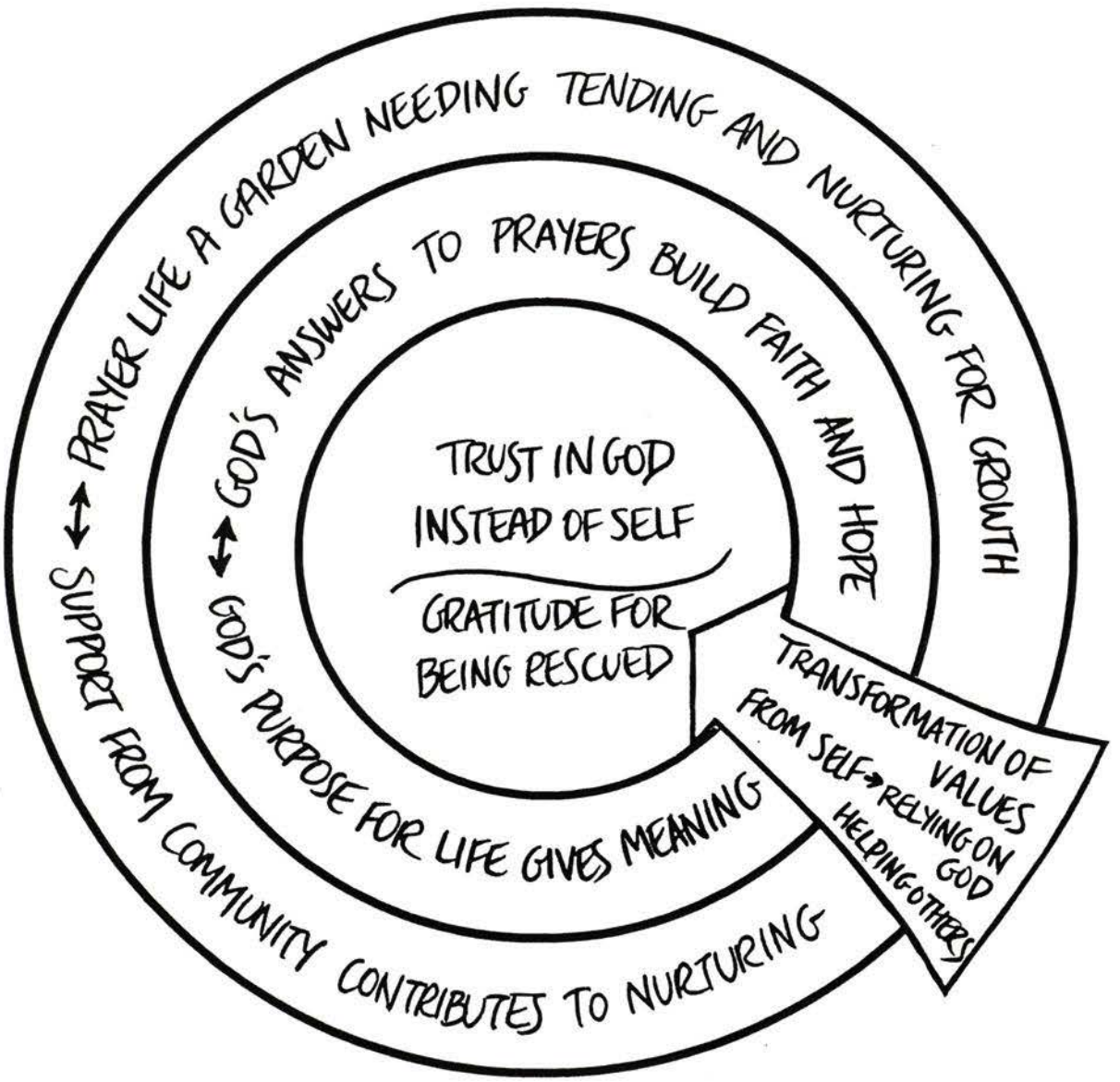
Although Paula has made some major changes in her life and has become a "completely different person," she is very aware of her need to constantly work at prayer and her process of recovery. Alcoholism is a constant reminder of her dependence on God and need to continue building her relationship with God in prayer. Paula and I discussed the fact that prayer and spirituality are a process of hard work for everyone, but that the need to continue working on the process is simply more apparent for alcoholics. When I look at her experience this way, I can see how Paula has come to see her alcoholism and depression as gifts which have brought her closer to God and a new way of life. In our last interview, Paula said again that she was thankful for her experience and wanted to use it in some way to help others living with depression and addiction. I believe it is a beautiful sign of strength and maturity to be able to look for the good in one's suffering and to want to use one's experience to help others.

Visual Interpretation of Paula's Story (see Figure A, page 75)

At the heart of Paula's experience of prayer and spirituality is her trust in God, which she has learned is necessary to live her life free from addiction. Connected to this trust in God is Paula's gratitude to God for rescuing her, the reason I paired the two themes together in the centre of the circle of her experience. The image of being rescued

was a powerful one for Paula, rooted in her first encounter with God in her hospital bed when He took away her excruciating pain and revealed His presence to her. This sense of being saved from the powerlessness of addiction is evident throughout Paula's story, in her strong physical experience of prayer and her thankfulness for the way God has changed her life. The next circle represents God's answers to her prayers which build her faith and hope, and God's purpose for her life which gives meaning to her experience. Paula needed to remind herself of the way God had answered her prayers before so she could believe that He would continue to work in her life. Remembering and realizing that God has a purpose for her strengthens Paula's faith and hope in God. The outer circle represents Paula's prayer life, symbolized as a garden which needs constant attention and nurturing in order to help it grow. Part of this work is Paula's responsibility, but she also needs support from friends and particularly going to A.A. meetings in order to encourage her to keep working at her spirituality. Paula also spoke about the important transformation of values in her life, represented by the arrow moving towards the centre. There has been a dramatic change in Paula's life, from the old way of thinking that she could only rely on herself because no-one else cared about her, to a new way of life found in relying on God and helping others.

Figure A: Visual Interpretation of Paula's Story



Sharon's Story

Sharon also participated in the nine week counselling group which focussed on the issues of depression and spirituality. After completing the group sessions, she agreed to be interviewed for my research. An alcoholic who had been sober for over a year, Sharon had been unemployed for a long period of time. She had just started working again near the end of our group sessions together and appeared to be getting her life back on track. However, just before our last group session, she had a relapse and drank again, which initiated her life spiralling out of control again. She was charged for impaired driving, which she had to face in court the day after our last interview. Her symptoms of depression and anxiety, which had previously improved, became even stronger with the stress of facing the consequences of her actions. It was during this difficult time that I interviewed her, which definitely influenced her perspective in telling her story.

Depression, Anxiety and Alcoholism

Sharon, like Paula, also experienced a cycle of depression and anxiety which was closely linked to her addiction to alcohol. Although she had been sober for over a year when she started the counselling group for depression, she was still working through a lot of issues with her addiction. She felt very weak and powerless over her addiction, especially after her relapse. She described her experience of depression and anxiety quite vividly and expressed how desperate she felt when the anxiety "closed in on her" and she felt burdened by the weight of all of her problems. Sharon talked as though depression and her addiction were synonymous in her experience, saying that they both made her

feel "dirty." She elaborated on that feeling:

> It is like the devil is inside of me, and that is horrible - I feel like I am in hell. It is really yucky - when you come to after drinking the night before, it is like, 'Oh gosh, what have I done to myself?'

Sharon felt dirty and ashamed about her powerlessness over alcohol and depression.

Transformation: Cleansed Through Prayer

Sharon's experience of feeling dirty and evil in the midst of addiction and depression was in complete opposition to her experience of prayer. She referred a number of times to the image of being cleansed, having the dirt washed away and becoming pure through prayer. In her words, "It is a real contrast, living in my addiction with the dirtiness and disgustingness and to let all of that go in prayer and to experience being cleansed and forgiven." The image of being cleansed symbolized forgiveness for Sharon, which was significant in her experience of prayer and recovery. Forgiveness from God was extremely important to Sharon, but she also realized her need to forgive herself for the mistakes she had made. She acknowledged that "forgiving myself is the biggest part of [my recovery]." She explained that, "Prayer makes me feel pure, like I haven't done anything wrong, that I'm forgiven, and that is such a relief - I'm O.K., and everybody is O.K. It is a cleansing feeling, which is wonderful."

Transformation: Burdens Lifted in Prayer

Another central image to Sharon's experience of prayer was the sensation of her burdens being lifted off her shoulders, the heavy weight of her problems being taken away. Sharon described this experience quite dramatically:

> When I pray, I am really calm and my body feels like it's tingling, like it is light, even weightless. It feels like a natural high, not like a medicated high or a high from alcohol, but really good. It feels like nothing is wrong. I have an overwhelming sense of well-being, like a weight has been lifted off my shoulders. My burden is taken away. But when I get out of prayer, and into life and forget to bring my problems to God, the burdens are slowly put back on again.

As she spoke, Sharon expressed the contrasting experiences of depression and prayer. When she talked about feeling anxious and depressed and the burdens growing heavier, I noticed that the motions she made with her hands were closed in, rigid and small. When she talked about prayer and the burdens being lifted from her shoulders, her hands flowed freely, making large, fluid motions in the air. Sharon agreed with my observation and expressed her experience this way: "Yes, my life closes in on me, and prayer opens me up."

Feeling that her burdens were being lifted in prayer brought strong physical sensations for Sharon. She described the way she often entered prayer feeling a great deal of tension in her body, especially in the muscles of her shoulders and neck. As she prayed she felt some of that tension leave her body and she became relaxed, peaceful and

reassured:

> What I also notice when I pray is that the tension in my muscles I have from before is just released, and I feel much more relaxed. I really notice a difference, because I often carry tension in my shoulders and neck. After I pray, the tension all drains away, the burden is lifted and I am able to relax. After I pray, I feel like everything is going to be O.K., just really calmed and reassured.

At the time of our interviews, Sharon's depression was so severe that anxiety and negative thoughts were constantly with her. Time in prayer brought the only relief, when Sharon could truly relax and feel free of the weight of her depression.

Trust: Essential to Prayer

Central to Sharon's experience of prayer was being able to trust God to take away her problems, which is another way of looking at the image of her burdens being lifted. Especially in the difficult time surrounding her relapse and her efforts to get back on the road to recovery, Sharon felt that she could not trust herself and that she needed to trust God to lead her. She described her exhausting struggle with depression and addiction this way:

> It is almost like my mind is playing tricks on me. As an alcoholic, my mind is always out to get me. Being spiritual is the only way I can get through being an alcoholic and get through the depression. That's the only way . . . I feel like I can't trust my own mind, so I have to trust God to show me the truth.

Feeling completely powerless over her addiction to alcohol, Sharon believed that the only one who could help her with her problems and the only one she could trust was God. She looked to God for the strength she needed to get through her painful struggle.

Sharon would often express her trust in God and her strong faith that He would pull her through. "I don't think God will give me more than I can handle, so I'm willing to, and I'm really trying to put things in His hands." She had experienced the peace and the decrease in anxiety many times before when she prayed, and she knew that it worked. "I've experienced God working in my life, and I know He can help me." Giving up her control to God is the crucial part of prayer which gives Sharon relief from her problems. She described a continual process of reminding herself that she is not in control:

> If I wake up in the morning and let go of things and turn things over to God, and just remind myself during the day that I am not in control of really anything and try to pray for acceptance, it just gives me peace.

Ironically, giving up her control to God gave Sharon a greater sense of power over her life and her addiction. She described how she has learned this lesson through experience:

> Once I practiced spirituality and had a taste of God, there is no other solution but to go that way. Things just go a lot easier for me when I am in touch with my higher power. Because I don't have to really worry about anything, I just have to let go of it and do the footwork. So for instance, [in] the group, all I have to do is let go of it, do the footwork and show up. If I'm spiritual, the anxiety just doesn't seem to happen. I experience this peace which helps me deal with everything in my life, my depression and other problems in my life.

The Hard Work of Recovery and Prayer

Due to Sharon's relapse and her attempts to get on the right track of recovery again, she talked a lot about the incredibly difficult work involved in keeping clean, and maintaining her spiritual life. She felt discouraged that the progress she had made was taken away and frustrated that she needed to start over again. "I know that everything won't come back overnight, that it will take a lot of hard work, and that can be discouraging at times, because with just one drink, it can all be taken away again." She likened the process to returning to being a child again: "I've fallen so far back again that it is back to baby steps again."

Sharon was very realistic about the work she needed to do and humble about taking responsibility for her relapse. She acknowledged that there were choices she had made which contributed to her relapse: "I wasn't going to [A.A.] meetings, and it created a lot of confusion in my life . . . I just wasn't dealing with things. I was slipping back into denial and just not doing the work I need to do in recovery."

Working hard in recovery meant working just as hard in her prayer life. Sharon described the way she has often had to stop throughout her day in order to prevent the chaotic thinking and anxiety which she experiences in depression, and to remind herself to pray. Repeating a simple phrase or short prayer to herself was enough to calm her anxious thoughts and help her feel stronger.

> When I am anxious, my thoughts are racing, and I feel chaotic, but when I pray, my thoughts slow down and everything is clearer for me. Even if I have to stop and pray during the day, "Thy will be done", over and over again, even

> if I have to pray it a thousand times, it calms me down. I often repeat that phrase, or something similar, like the Lord's prayer, or the A.A. Serenity prayer, just to calm me down, and it helps with the anxiety. And prayer seems to work - it gives me a lot of strength. And when I forget to do it, I can tell. Everything becomes chaos for me - I'm off on a tangent, going every which way, but not accomplishing anything, without a direction. If I could remember at that time to stop and pray, I could get back on track and not get into the anxiety.

It is the continual process of returning to God in prayer and expressing her trust in Him that gives Sharon trust and peace. The immediate sense of relief and peace which she feels after she prays motivates her to work at her spiritual life. But in the long-term, prayer also provides Sharon with the hope that her life will eventually improve, that the depression and anxiety will decrease and the struggle will get easier.

Hope as a State of Mind

When Sharon first spoke about hope, she said that she did not feel very hopeful at this point in her life, although prior to her relapse she had felt more hope. She explained that when she was in the group, she was feeling more hope because she was learning how to control her depression more effectively. Sharon experienced feeling hopeful as the opposite of feeling depressed.

> For me, there was a lot of hope. I could see clearly where I was going, but then after that, it was taken away as fast as it was given. I didn't feel like I

> was depressed . . . and I felt hopeful that I could make changes in my life. I didn't constantly have the depressing thoughts getting in the way - it is pretty hard to feel hopeful and be depressed at the same time.

Sharon did not feel very hopeful at the time due to her difficult circumstances, but she realized that hope was much more than a temporary feeling.

Sharon had learned from her relapse that there was a distinction between hope as a temporary feeling, and hope as a more permanent state of mind. She expressed the knowledge that her life would get better, even if she did not feel very hopeful at present.

> Right now, I don't feel a lot of hope. I know things will get better . . . I guess I know there is hope, but it is a lot harder to see right now with my set-back. But I do know that there is hope that I will get better eventually - it is just going to take time.

Sharon was changing her view of hope due to the situation she was in, beginning to see hope more as an active process which also needed to be worked on. Reflecting on her view of hope, Sharon said:

> I believe there is hope. The circumstances I'm in right now don't mean that everything I have worked for is gone. I have hope that my life will get back on track again. With depression, everything is so overwhelming, it is either all or nothing. There is no balance and it is hard to see the steps to get in between either extreme. There is always hope - I don't know if it is a feeling, but maybe more of a state of mind. Hope is something that you work towards, that you keep working on - it is an active thing. It is not just passive, like me

saying 'I hope I get better.'

For Sharon, being able to believe that there is hope for her future even when she was not feeling hopeful was centred in the experience of God working in her life. She had faith that because she had experienced a sense of hope and peace in prayer before, she would feel hopeful once again if she kept working on her connection with God. She expressed her belief this way:

> Maybe I don't feel hope right now, but as long as I keep on a spiritual path, I know that it will come . . .I have experienced hope before, even in the group, so I know I can get it back . . . I have hope in my mind, even if I don't feel it right now. . . . I've tried [prayer] and I know how it feels, so I have to keep coming back, because I want more of it. I've experienced God working in my life, and I know He can help me.

While it was not easy for Sharon to feel hopeful because of her difficult situation, she was able to hold on to hope as a state of mind by remembering the ways that God had worked in her life in the past. She had faith that because she had felt hopeful before, it would be possible for her to feel hopeful again in the future, even if she could not see how that would happen. Remembering was the key to keeping hope alive in her mind, even when she did not feel it in her heart.

Faith Strengthened by Support

Another significant source of strength which helped Sharon to feel hopeful was the support she received from friends, family and other A.A. members. Looking back, Sharon identified losing this support network as a contributing factor to her depression, which she became aware of two years prior to our interviews. Recognizing that there were other factors such as being unemployed for a year, Sharon also talked about how deeply the loss of her support network affected her when she moved from another province.

> I lost my friends and family and didn't set up a support network right away, so I didn't have people in my life to support me. And that is so important when you're dealing with depression. The depression was there before the move, but it made it a lot worse, intensified it.

Sharon recognized that her depression makes it much more difficult to reach out for emotional support, even though that is when she needs it the most. She described the isolation and withdrawal she experiences when she is feeling extremely depressed:

> If I am slipping into a depression, I just close up - all the walls go up and I shut down, and I would rather be alone. I withdraw from the world, and it is extremely hard to go to a meeting and be around healthy, spiritual people. I know that is what I needed, even though I was uncomfortable. Then when I got home, it was almost like a high. The thing that I most don't want to do is the easiest thing to do, what would be the best thing for me.

In this place of isolation and despair, what Sharon felt that she needed the most was to know that she is not alone. She emphasized the importance of the encouragement and emotional support which she received from others, especially during the time after her relapse: "I'm doing O.K. though, because I'm surrounded by my family and friends, and that really helps a lot."

Attending Alcoholics Anonymous meetings have provided Sharon with a great deal of support to help her fight her addiction and depression. A major part of that support was knowing that other people were going through similar struggles with alcoholism, and knew what her life was like. These people understood her, and she did not have to feel alone in her struggle with addiction. Sharon explained the difference this group has made in her life:

> A.A. has been a big source of support for me - any support system besides my own head is what I need. Because everyone more or less had gone through the same thing, or was going through the same thing, just at different stages. So I knew I wasn't singled out, I wasn't alone. I didn't have to be hard on myself, asking myself, "What is wrong with me?"

Being part of this community, Sharon was able to see other A.A. members taking care of themselves and caring for others, which helped her to take care of and accept herself.

Support from others also encouraged Sharon in her spiritual journey. She mentioned this several times in our interviews and explained, "I am close to a lot of Christian friends who encourage me and pray for me and support me in my spiritual walk." This support has been crucial in motivating and reminding her to pray and work

on her connection with God. When Sharon spoke about our therapy group, she focussed on the way that the group supported her in prayer and strengthened her faith in God. Sharing her concerns with others on a spiritual journey and feeling cared for helped bring her closer to God.

> Especially the prayer at the end, that to me was the whole power of the group, the comfort of being able to bring things to God, let go of my problems and to know that there is someone bigger and more powerful in charge to help me.

Support from others in the group helped her feel a stronger sense of feeling supported by God.

Faith Gives Meaning to Life

Spirituality above all has provided a sense of meaning and purpose in Sharon's life. She recognized that when she forgets prayer and her relationship with God, she feels empty and does not experience as much meaning in her life. Sharon described this simply: "When I'm not spiritual I feel empty." When she is not praying and the anxiety and depression take over, she admits that she is overwhelmed by her problems: "I am the one who magnifies [my problems], gives them more power than they really have." When she prays and develops her spirituality, Sharon gains a sense of perspective on her life and her problems which is very difficult to see on her own. "When I feel I have the connection [with God] back, [my problems] seem so much smaller, like they are not so important anymore." Prayer helped her to see the meaning of her life and the reality of her problems.

My Personal Response to Sharon's Story

Listening to Sharon speak of the painful place she was in at the time of our interviews was difficult for me, because I can empathize with her feelings of shame and discouragement as she looks at the mess which she has made of her life. She had made so much progress in learning how to handle her addiction and the depression and had been so hopeful about being able to make changes in her life. Then, with just one drink, it all came crashing down. In the midst of her disappointment and depression, I am struck by the way that she is still able to hang on to the hope that her life will get better. Although she does not feel as hopeful as she once did, her tenacity and strength in holding on to her faith is inspiring. I believe that her strong faith will get her through this difficult time so that she can continue on her path to recovery.

Visual Interpretation of Sharon's Story (see Figure B, page 90)

At the core of Sharon's experience of prayer is her trust in God, which she knows is necessary if she wants to be free from her addiction. When she trusts God in prayer Sharon feels reassured, calm and peaceful, an experience which is completely opposite to her experience of depression, anxiety and addiction. This safe, secure place of peace is Sharon's refuge from the storm of depression and addiction which she still continues to fight against. When she comes back to this peaceful experience of prayer, Sharon feels the transformation happening in her life which is represented by the next circle. The two symbols which she used to describe this transformation were being cleansed from addiction through prayer and a sense of her burdens being lifted from her shoulders. In

the process of this transformation, Sharon has found hope which motivates her to keep working hard at recovery. She sees hope as an active process in her mind, a knowledge based on her past experiences with God, rather than being a temporary feeling. The support and encouragement Sharon feels she has received from friends, A.A. and God contributes to her sense of hope. It reminds her that God is continuing to work in her life and that she needs to keep coming back to Him. The process of recovery continues to be hard work for Sharon, but she realizes that she is dependent on God for strength to keep living and the hope that her life will change.

Figure B: Visual Interpretation of Sharon's Story

Deborah's Story

Deborah is a friend of mine with whom I had previously discussed depression. Knowing what a thoughtful, reflective person she is, I thought she might be well-suited to participate in my research. She showed a great deal of interest in the topic of my study, and when asked whether she would like to be interviewed for the study, she willingly agreed. Deborah is in her late thirties, single and a deeply committed Christian who grew up in an evangelical church. Recently she returned to graduate studies after working for a Christian organization for many years. Deborah thought that she had been depressed for quite a long period of time before realizing it about two years ago. Her depression intensified around that time due to a number of factors, including experiencing a sense of hopelessness about her future as well as a feeling of being overwhelmed by others' expectations of her. Deborah began counselling therapy with a psychiatrist who told her she was clinically depressed. She said this diagnosis "really shocked me at first, because I never thought of myself as someone who was or even could be depressed. But then I realized that she was right." This knowledge and acceptance of her depression began a journey of self-awareness and growth for Deborah.

Depression as Existential Questioning

Deborah first became aware of her depression during a period of a few months when she noticed that she was not herself and felt very sad and empty. She described her experience during this time: "I was feeling really dark and desperate and trapped, like a big weight was on my mind and heart, and thoughts of suicide, that I wish I wasn't alive,

and things would be a lot easier if I just would not go on living." Deborah began experiencing many other symptoms of depression, including insomnia and losing her motivation and interest in other people and life in general, which was very uncharacteristic of her. These feelings and behaviours were new and "scary," because as she explained, "I have always been someone who has really loved people, and I still do really care about others." Perhaps the most disturbing part of the depression for Deborah was a deep sense of emptiness and lack of meaning. During that time, she was overwhelmed with a sense of hopelessness.

> The whole feeling of darkness and heaviness weighing on me, like there was a burden which I couldn't identify what it was, but something really heavy and at the same time a deep sense of emptiness, a feeling of what is life all about? I don't really care anymore. I just lost the meaning and my purpose in life.

Faith Crisis Parallels Depression

Losing her sense of meaning and purpose in life during the depression was something which shook the very foundations of Deborah's faith. She described this experience by saying that she "had a crisis of faith, partly parallel to the depression." For someone who has a strong faith which has provided her with a deep sense of meaning and purpose in life, it was very frightening to feel this was being taken away from her. Deborah's faith in God was a major part of her life, so when she began questioning some of the foundational beliefs she had built her life on, this crisis affected her deeply.

> My faith is very important to me - basically it is the only solid point in my life, so I think that is partly why it was really difficult to go through this phase of doubting and questioning. I think my crisis of faith was really tied to all of the other psychological issues in my depression.

Deborah explained that during the time leading up to her crisis of faith, she was introduced to some ideas by a philosopher named Feuerbach, which initiated some deep thinking about her relationship with God. Feuerbach wrote that in Christianity, people project their own wishes and desires onto God, making Him into what they want Him to be. Deborah described the way she felt challenged by this theory, wondering how much she had been doing this in her own faith. She said,

> I think that really threw me, because I had to admit that in many ways this was part of my own spiritual life in prayer. At least I felt this was part of my faith - it made me question the psychology of my faith. Am I really only projecting my own issues onto my faith, or is it real? How much of it is fantasy and how much is real?

The possibility that much of her faith might have been a fabrication of an idealized God who met her own psychological needs was deeply troubling to Deborah, who began wondering how much of her faith was real and how much was false. This questioning, although difficult, prompted some important discoveries about herself and her faith. Deborah reflected,

> This whole experience, although it has been very painful, has been very important for me in my growth process. I think it has helped me to see things

> the way they really are, to help me face myself and face reality, to make me see myself for who I really am.

The pursuit of what was real and what was false became an important theme throughout Deborah's journey through depression, as she questioned many important areas in her life.

Questioning the Church and Others' Expectations

One of the main areas of Deborah's life in which this questioning surfaced was the religious beliefs and practices which she had grown up with in her church. Deborah realized that many of her religious practices were motivated by a sense of duty and by expectations which were placed on her by the church and other Christians. She related,

> I had already known that some of the evangelical practices of faith that I had grown up with were not healthy. It was not that I was not serious, or I was not honest about my faith, but it was more something I did because that is what you were expected to do - things like having a quiet time, or praying, etc. I saw more and more that it was not so much coming out of my real self, my real desires and emotions. It felt false to me, not deliberately false, but in a sense false to who I really am. Maybe it was more that I was repressing parts of me, which were not supposed to be there, according to the evangelical tradition I was part of. There are some things you are not really supposed to do - or at least I didn't really feel free to be really myself. I think it is probably at least partly just me - someone else with a different personality

might not have thought about it that way. But I did not feel really free to be totally myself.

Deborah was beginning to feel the incongruence between the practices of her faith and her real beliefs and desires. The religious practices which had been a large part of the expression of her spirituality were beginning to feel more and more like "going through the motions", trying to live up to the expectations imposed on her by others. It was not that she did not agree in principle with the practices of praying or reading the Bible, but that she felt she was doing them for the wrong reasons, for the sake of pleasing others rather than being true to herself. In trying to meet others' expectations, Deborah had been relinquishing her sense of her self.

Losing Sense of Self to Others' Expectations

The expectations which Deborah felt were being imposed on her by others were also related to the expectations which she felt God had of her. Deborah explained that the way she related to people affected the way she related to and saw God:

> Before, I felt that God had high expectations of me, along with feeling the expectations from others. The two definitely went together, the way I relate to people and the way I relate to God. My picture of God is very much determined by my relationships with others. My feelings about God were - I knew in my head that God loves me, but the expectations about the way I should be living, things I should be doing, like serving and ministering . . . those took over. I felt that if I didn't do those things, I would fall short of

> God's expectations of me. The depression, feeling like I was not really happy and what I am trying to do in terms of my ministry, was causing me to lose myself, who I really was. The depression brought me to the extreme of feeling I can not live up to these expectations, I can't live this way. That brought me to the point of saying I am giving up - I am not going to live like a 'Christian,' defined as what I thought God as well as others expected of me. I came to the point where I saw that wasn't real or true, and it was also destroying me, psychologically and emotionally.

Deborah had lived for years under the weight of other people's expectations of her, and this coloured her view of God. She felt that in meeting these expectations, she was not free to be herself, or at least not free to express the full range of herself. Deborah described how she felt she had to hide a part of herself which she thought would not be acceptable to other Christians:

> There is part of me which is really much more creative and 'crazy' - more spontaneous. So I was caught between trying to please other people - trying to be the 'good girl,' without leaving room for the 'wild' part of me, which I sometimes could be. I could sometimes be that part of myself, but more with non-Christian friends.

Finally, the pressure of trying to please everyone else reached the breaking point. Deborah realized that it was destroying her and she did not want to continue living this way. She realized that trying to live according to others' definitions of what was right or "Christian" was not being true to herself, and she had to give up her old roles and

expectations in order to find herself. In a place where she was removed from her old job and old environment, Deborah felt she had some space to experience freedom from these expectations. She explained,

> I think this time spent in studies, being able to leave all the responsibilities of my job, it has been a much freer environment and I didn't have all the responsibilities of my position with a Christian organization. I think I really felt as a leader that I had to be a model for people, and that also meant that by the end of that time, it felt like I wasn't really living as myself, that I was losing myself. And I think that has really come up in this freer environment, the whole question of 'Who am I, and who is the real me?'

Deborah had reached a critical turning point in her life where she was forced to face herself and make decisions about the way she wanted to live her life. The old expectations were being stripped away so that she could find the freedom to be herself.

Tearing Down the Old and Building Up the New

An image which Deborah mentioned a number of times throughout several interviews was the process of tearing down the old, false expectations and building up a new, real sense of her true self. Deborah believed that the painful process of tearing down the old expectations which had previously held her life together was necessary for her to be transformed. Deborah summarized her process of growth during this time: "this experience of depression . . . has been the tearing down of some things, and the building up of some things, which is more real, more existentially truly me." The process of

tearing away the things which were destroying Deborah's sense of self was crucial in order for her to be able to build up a stronger, truer self.

Deborah saw herself as being forced to go through this process by her crisis of faith. She believed that she needed to come to a place of being faced with these challenging questions and issues about herself and her faith. She described this process:

> Having to lose some of my faith was painful, but then it builds up something that is more true and more real, instead of just empty concepts. I was forced, more or less, to become more existential, because there is no point in going on with doctrines and just empty thoughts. And reaching a crisis point forced me to face some of these questions and issues - while I was working, I was in a position where I just couldn't allow myself to deal with all of this at a real level. In Christian work, I felt I had to just carry on. I think I was a strong enough person that God had to really bring me to the point where I just couldn't avoid facing these issues anymore.

As it became more evident that the old expectations were actually destroying her and that she did not want to continue living this way, Deborah began slowly giving them up. Gradually the things which she had built her life on were being torn down.

> What is false was real at one time in my life, but I realized it could not last. I didn't want to live that way. The tearing down has happened little by little; the things that have proved to be insufficient and really painful have caused more and more suffering. It was clear that this was not what I want in my life.

In this process of letting go and tearing down, Deborah was left with gaping holes in her

sense of self and her faith which needed to be filled. She described this time as:

> a vacuum, a period of spiritual emptiness and crisis, and then the building up has happened gradually. It was confusing, because it meant losing my identity, because my identity was very much tied to my role that I was trying to live up to . . . some of that I didn't really want to hold on to, but it was hard to let go of it - it started me questioning who I really was and who God was.

As these old expectations and roles were torn down and cleared away, Deborah could actually begin to see clearly and start building up a new sense of self and a new faith.

Finding Herself: Moving from Head to Heart

Knowing that she did not want to continue pretending to be someone that she was not, Deborah began the process of becoming more connected to her emotions. In her words,

> Being real and being myself was very important, moving from an intellectual level to being real and more connected to my body and my emotions. I am a person who thinks a lot . . . but I am not so good with understanding and accepting my emotions. This depression has involved a transformation, with learning to be more connected to my emotions and letting myself just be.

This transformation from an intellectual experience to a "gut-level" experience translated into some significant changes in Deborah's prayer life and relationship with God. She saw the need to drop all of her previous practices, which felt like false expectations, and instead be real and honest before God.

> From that point, my relationship with God has been much more real and much more honest. That is why I have dropped all the usual expectations: no 'quiet times,' no 'prayer,' no Bible reading, but still relating to God, crying out to God with more of a real gut level trust, which has grown little by little. Those felt like false expectations, rather than being really me.

In order to find a sense of herself in her relationship to God, Deborah had to begin again and leave behind all of the old things which she associated with being in her head. Instead of praying according to other people's definitions, she began to relate to God in her own way on a more honest level.

Deborah described her experience of prayer during the time of her depression as being a desperate cry of help, sometimes not even being expressed in words, but simply learning to cry out her emotions to God.

> Whenever I just felt really, really down, lying on my bed, it came very naturally to just cry out in desperation to God. Even sometimes not putting it into words, just from my gut, especially about why is this happening to me? Why am I going through this? And God, just help me and bring me out into the light again, take me away from all this darkness. So it was very much a crying out from my gut. I did sometimes journal, writing more as a prayer, or talking to God. But in the very dark times, I could not do that - I couldn't even put things into words.

For Deborah, this experience was very different. In the past, her prayers had come from

her head and did not often involve her emotions. She needed to learn to experience her emotions, to allow herself to express them and accept them as part of herself. She experienced a deepening of her prayer life, which provided the freedom for her to just be in God's presence, without feeling the expectations and pressures which had previously overwhelmed her.

This freedom to be her real self before God became very important to Deborah in her process of transformation. Her view of prayer changed and enlarged to make room for her growing sense of self. Deborah described this new experience of prayer:

> Whenever I am really desperate and need to have some space and be alone and think things through, and just be - for me that is always something like prayer, because it is just allowing myself to be more aware of being before God, wherever I am, making it more conscious. Even if it is not prayer in the sense of putting it into words, but allowing myself to let things come up, the desperation, or whatever I am feeling . . . . I think that in the worst times, I was pretty withdrawn from people because I needed to be alone and be with God at the same time. To be able to just cry out and experience the worst of what I was feeling and to bring it before God was really important.

Even though this experience was very difficult and brought many painful emotions, Deborah realized that it was necessary for her to go through a transformation of learning how to connect her head with this new "gut-level" experience. She embraced this new way of experiencing prayer and God, sensing that it was more real and more true to herself.

For Deborah, part of finding a sense of her real self was being able to express her self in a career. Part of Deborah's experience of depression involved seeing her future without many possibilities, so her healing process included thinking about a future career. She had previously felt trapped in a job which did not allow her to express her real self, and wanted to make sure that she was able to express her creativity in her future work. Deborah expressed what she had learned in this area:

> I am starting to think more about the whole issue of vocation and choosing a career. I think that was a big part of my depression . . . I really have to dare to be myself in terms of choosing a vocation, to go for jobs where I can really express myself as I am, and certain situations where I know are going to be difficult to do that, I should stay away from. I need to look for the sort of job which meets my needs, rather than always thinking about others' needs. That is really important, for me to honour myself in my work.

Trust and Hope at a Deeper Level

In entering this process of transformation from head to heart, Deborah has experienced some great changes in her relationship with God. From her perspective now, going through a time of desperation was necessary in order for her to experience true trust and hope. The time of searching for her true self and for a sense of reality led her to a deeper level of experiencing God. Deborah expressed this difference in a very articulate way:

> I think my experience of prayer is really different now, in the sense that very

> gradually, little by little, I have much more real existential trust in God. In the past, I always tried to trust God, but before it was much more in my head, and not so much at the real gut level. So, little by little, trust has really grown. So in that sense, prayer now is much more a real trusting in God - not just crying out in desperation, but turning to God with some measure of real trust. And I think I also know God's love for me more deeper in my heart, rather than only in my head, which it was before. So I think that would be the main difference - it is a trusting prayer, rather than a prayer of sheer desperation. Sometimes I also pray more now in terms of putting things into words, but not always. Sometimes it is just thinking or bringing my life and concerns before God . . . The main thing is more trust and more often turning to God. I feel I have more hope now in my prayer life - it still varies, but on the whole, I do feel I have more hope now . . . . Now I think I am able to feel much more deeply my relationship with God, where before it was more in my head.

In the process of becoming connected with her emotions and finding her real self, Deborah began to experience her faith and trust in God at a much deeper level than she ever had before. Instead of knowing intellectually that God loved her and that she could trust Him, Deborah could now feel God's love and therefore a deeper sense of trust in Him. She connected her ability to trust God on a deeper level with a stronger sense of hope.

Deborah spoke about this experience of beginning to feel more trust and hope in prayer and the physical changes which she noticed went along with this transformation.

When she was feeling very depressed and in a dark mood, she described the way she felt, burdened by the weight of heavy expectations and an overwhelming sense of darkness.

> I felt sometimes almost like I was physically sick - sometimes like I was in physical pain, but more a real uncomfortable feeling - feeling sick in my stomach. Sometimes I would get headaches . . . . I think I also felt a lot of tightness, a lot of tension in my muscles, feeling overwhelmed with this sense of being burdened. I did not actually cry real tears - I think that is part of my problem, that I got to the point where it was very hard for me to cry. I did cry sometimes, when I was feeling completely overwhelmed and lost, like what is happening to me. But that was only a few times, when I was at the very bottom. But I wish I could cry easier, just to get it out.

This sense of heaviness and tension which Deborah experienced in her depression changed when she prayed. She related the way her body felt when she prayed, that the tension seemed to be released so that she could relax and feel a sense of peace. These changes were not an instant process; they happened gradually as she slowly moved through the process of growth. Deborah reflected,

> I feel different in my body when I pray, I think in general . . . I think usually by the end of when I am praying, I did feel more relaxed and a little more at peace, as much as I could. It might not always be a complete resolution, but there is a little bit of letting go of the tension.

Transformation From Darkness to Light and Hope

Another significant image which Deborah referred to in describing her process of transformation was a picture of moving from the darkness of depression through to the light of hope. Deborah reflected that her whole understanding of hope has changed through her process of growth:

> I think hope means something very different to me now than it did before. Before hope was more just a concept that I knew intellectually was one of the things we as Christians have to have hope in Jesus. But before I went through utter hopelessness, I didn't know what it means to have real hope. But I think once one knows what it means to be hopeless, then one knows more what it means to have hope. I was really at a point of complete hopelessness about myself and my life and my future. Gradually I have come to a hope which is more real - it is hope not so much now in what will happen, that I am going to get married, or I am going to have a good job. But it is more a hope . . . in God, that being a Christian basically means that because God is loving and powerful, that we always have hope in Him. It is just like trust and faith, which is much more real and much more gut-level to me now, rather than just being concepts.

Being able to fully experience this hope was especially important in Deborah's depression and her process of building up a new sense of self and faith. She explained that during the period of depression and questioning, she had lost hope in her future. Ironically, it was through losing a sense of hope in the experience of depression that she

has gained a much larger and deeper understanding of hope in her life. She explained:

> Hope was very important to me in my experience of depression - I really lost hope about my future, both professionally and in terms of being married and having a family, which are probably the two main areas of one's life. Hope is very important, and it has gradually been built up in my life through this experience of depression. I am still in the process, but as compared to last year, I have already come so far from where I was. Hope is really a significant part of the healing process for depression. Everything is all connected to hope - it is really an awful state to be in, to not have hope. I see things very differently now from the way I saw things before - there has been a real turning point, although I can not say it happened in one point of time, it has been much more gradual.

This new understanding of hope has been a gradual process, which has slowly grown along with her new experience of trust and faith.

Deborah saw this gradual process of transformation in terms of moving from dark towards the light. She experienced darkness in feeling the heavy burden of others' expectations, the depression which was tied to feeling trapped and her inability to be her real self or express her real emotions. The whole journey through depression has brought her closer to the light, which she experienced as a complete contrast to the darkness of the past. Light to Deborah symbolized freedom from others' expectations, freedom to be herself and express her emotions, and the ability to see and experience hope in its fullest sense. Deborah expanded on this image in our second interview:

> The image of moving from the darkness of depression towards the light of hope is also meaningful in my life. It is very much connected to the other image of moving from feeling a heavy burden towards freedom from all of those expectations and responsibilities. Being able to express my emotions feels more like being true to myself and being in the light. Darkness means being trapped by the old expectations and not being able to be my real self. Hope is also a part of light, being able to see hope for change.

The Importance of Support

Throughout this difficult process of growth and change, Deborah felt the need for support from friends as well as from God. The psychiatrist who worked with Deborah for the previous two years had been an important resource for her in this journey through depression. Support and understanding from friends and the women she lives with have also been especially meaningful to her. Deborah expressed gratitude for her roommates:

> They are the ones who were closest to me; through that time they were very supportive and understanding. They pretty much knew what was going on, even if they did not know the details. And they put up with all my withdrawing when I was feeling really down. The support of a few close friends has been very meaningful.

Because of the sense of isolation and loneliness during her depression, Deborah felt a strong need for her painful experience to be understood. However, during the time when she most needed support, she often felt distanced from other Christians. She felt

that while she was questioning and doubting her faith, she would be judged by other Christians who would not understand her experience. This feeling of not being acceptable to other Christians emerged in Deborah's reluctance to pray with other Christians while she was depressed.

> I felt if I prayed along with all these other Christians who were doing fine and didn't have any questions or doubts, that I was being dishonest. It was really hard, because I didn't want to be false. Whenever I could, I would try to avoid praying in public, which was very isolating, feeling like I was the only one going through this . . . . it did feel very isolating, because people look at you as if you are strange, like something is not right with you spiritually, and I did not want to explain it to them because I felt they wouldn't understand what I was going through. And that was a time when I needed support even more, but I felt I had to hide from other people.

In the midst of this isolation and feeling that her experience did not fit with most other Christians, Deborah was fortunate to find the support of a friend who understood what she was going through. She described what this support meant to her: "It was a blessing that I had one other friend who was going through something very similar, so at least we could discuss what it was like for us. The support that I did receive from friends was important in that time." Being able to share her experience with a friend who understood her and accepted her enabled Deborah to feel that there was someone else to share the burden of her depression.

While Deborah was encouraged by her friends during her depression, the source

of support and strength which was the most important to her was God. She realized that God was the only source of stability in this confusing time of turmoil and change. Deborah increasingly found herself turning to God in prayer as her main source of support. She stated that,

> It was also important to realize that God was there to support me, and that He was really the only one who could completely understand what I was going through, what I was feeling and thinking. That was a real comfort to know that God was there to support me and understand me.

As Deborah began to experience more trust in God, she felt she could rely on Him more and more to help her. "Being able to talk to God and turn to Him for help, even to hear some answers, little by little - there haven't been any big answers, but gradually He has been answering me. That has been very important to me."

My Personal Response to Deborah's Story

The honesty and integrity in Deborah's account of the crisis of faith and her depression has deeply impressed me. It takes a great deal of courage to leave the security of the Christian "ideal self" and to search for one's true self. I admire the strength Deborah has developed in her difficult struggle to become more real and more herself. Deborah's experience of depression and spirituality have been much more existential than the other two women's experiences and have involved a great deal of thinking, questioning and reflecting on the meaning of her experiences. However, her experience has also shifted from an intellectual process to a fuller experience which is more

connected to her emotions and a truer sense of self. This was exciting for me to witness.

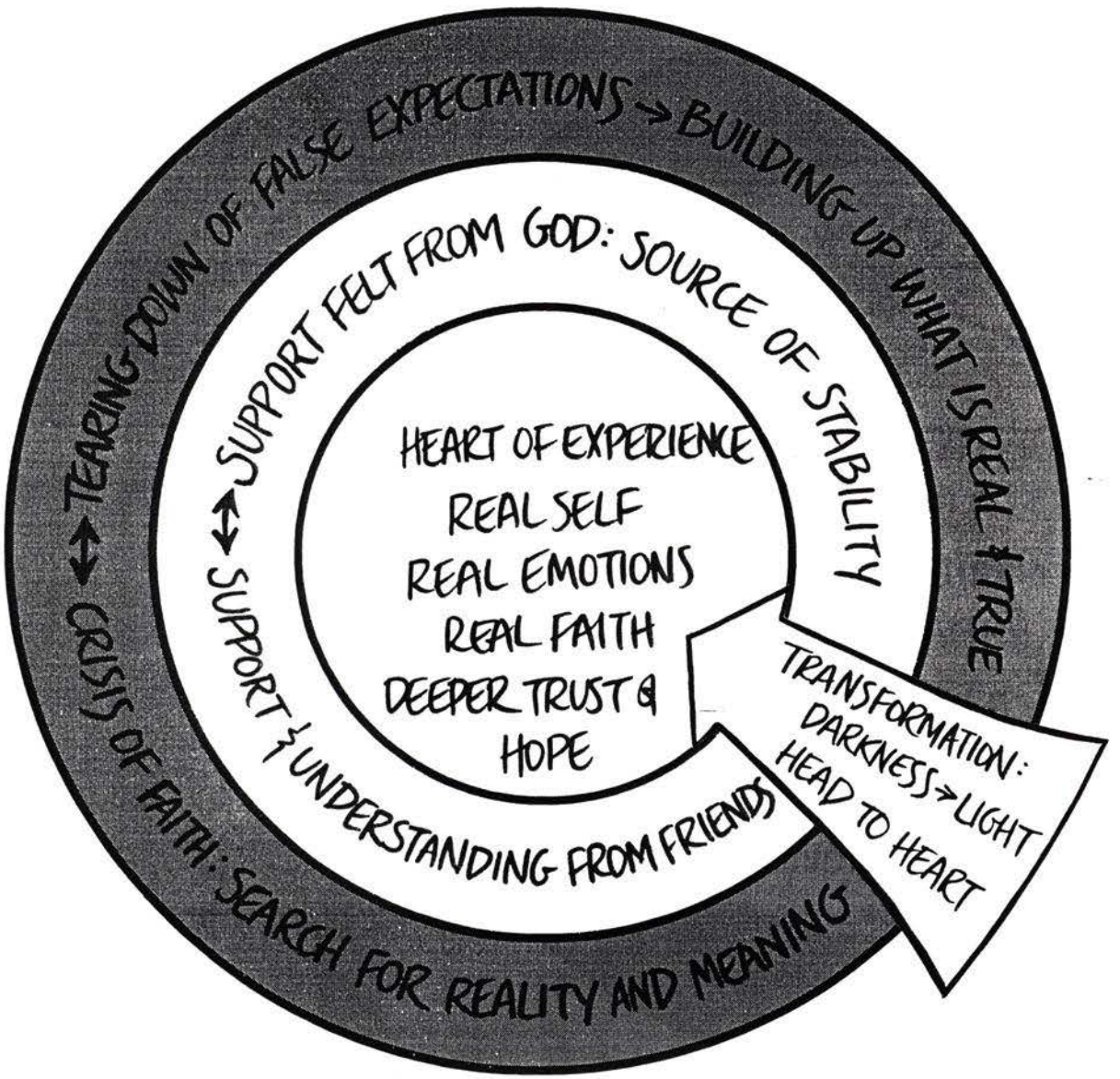
My own experience of faith, church and depression is more similar to Deborah's story than to the other two women's stories, so in some ways I can relate more closely to her experience. Listening to her experience of feeling isolated and not accepted by other Christians and the church causes me deep sadness because I have also experienced this lack of understanding and compassion for people going through depression. I believe that our experience is shared by many others who feel they have to fit into the mold of the "perfect Christian," following the rules and expectations of others even when it does not allow them to be true to themselves. The externalization of faith and values, which encourages people to please others rather than being honest, actually leads people away from the true focus of spirituality, which is a relationship with God. Deborah's struggle against this externalization and her process of searching for her real self while building a faith which is true to herself has been a painful process, but one which has been important in her growth as a person. It has also helped her to make sense of her depression and find meaning and growth in a difficult experience. I admire the way that Deborah has stayed true to herself in the process of finding what is real in her life and her faith, and I believe that others can learn a great deal from her story.

Visual Interpretation of Deborah's Story (see Figure C, page 112)

Deborah's experience of depression began with the realization that the old expectations which she had been trying to meet for many years as a Christian were false and were actually beginning to destroy her and her sense of self. This began a process of

searching and questioning, which Deborah called a crisis of faith. I chose to represent these two parts of her experience on the outer edge of the sphere of her experience, to show that as these false expectations were gradually stripped away, Deborah was able to begin a journey inwards. As she moved towards the core of her being, she was able to experience more and more of her real self and her real emotions. This transformation, shown by the arrow moving towards the centre of the circle, can be symbolized in two ways: Deborah's image of moving from darkness to light, and the process of changing from experiencing the world primarily through her head to being able to experience more fully with her heart. Deborah was able to go through this painful process of transformation only with the support and understanding of friends and God. As the outer layers of her false expectations were torn down, Deborah felt extremely vulnerable and confused, and needed the support from others to give her the courage to face her real self. The experience of being held and supported by God was especially important for her during this time of crisis, because it gave her the strength to work through this transformation. Now that Deborah has more freedom to experience her real self and her real emotions, she is able to experience her faith more fully in a deepening of trust and hope in God. This strengthened faith is shown at the heart of the circle.

Figure C: Visual Interpretation of Deborah's Story



The Essential Structure of Prayer Within the Context of Depression

Introduction

The three participants interviewed for this study each had unique experiences of prayer and depression. However, many aspects of their experiences are also similar. In this section I will give a broad view of all three co-researchers' experiences, weaving together recurring themes while illustrating individual differences. An overall picture of their experiences will show the fundamental phenomenological structure of the experience of prayer in the lives of these three women.

Beginning the Process of Growth

For all three women, a process of spiritual growth was initiated when they reached a low point of desperation. Paula and Sharon both reached their low point in their battle with addiction. Paula felt that it was necessary for her to reach a point of complete desperation for her to be able to reach out and ask for help from God, which began a relationship with God and her process of spiritual growth.

Deborah's experience was quite different, as she already had a relationship with God before she reached the low point of her spiritual crisis. However, this time of questioning began a period of spiritual growth which has transformed Deborah's entire faith and relationship with God. Deborah expressed the belief that she is such a strong person that God had to bring her to a point of crisis in order for her to face existential questions about life's meaning and her own identity.

While each woman's spiritual development is unique because of their individual

experiences, they share in common a view of prayer and spirituality as a process, an active, growing part of their life which involves continuing work and attention. Paula's image of her spirituality as a garden which needs constant attention and nurturing for it to grow and flourish beautifully reflects this theme. She referred many times to the continual process of surrendering her will to God in prayer and the importance of working on her spirituality by attending A.A. meetings.

Sharon was also very aware of her need to keep steadily working on her recovery through attending A.A. meetings and to keep returning to prayer throughout the day as a way of dealing with her depressive thoughts. Through her recent relapse, Sharon had learned a difficult lesson about her need to be disciplined in her recovery work and prayer life.

Deborah referred many times to the process she has gone through in her journey through spiritual crisis and depression. She felt that her depression had brought her through a process of learning and growth in her spiritual life which would continue in the future. All three women saw their spirituality as an integral part of their lives which required continuous work and attention.

Trust and Hope Essential to Faith

Although the three participants experienced trust in God in slightly different ways, they all identified it as an essential component to prayer and their relationship with God. For Paula and Sharon, trusting in God was connected with their feelings of being completely powerless over their addiction and of not being able to rely on themselves.

Paula felt the need to surrender to God. She believed that God has a plan for her life which she wants to follow because His way is much better than what would happen if she relied only on herself. Trusting in God led her to experience a dramatic decrease in her amount of fear and a greater ability to cope with the few remaining fears. Sharon also experienced a decrease in her anxiety level and a feeling of peace when she trusted in God in prayer. For Deborah, the transformation in her spiritual life allowed her to experience trust, love and hope at a much deeper "gut-level" than she had before.

Paula's trust in God led to hope, which she viewed as essential to prayer. God is her source of hope and power in her new way of life, free from addiction. Sharon and Deborah have both experienced a change in their view of hope, which was in complete contrast to their experience of depression. For Sharon, who was in a difficult place of relapse and finding her way back to recovery, hope became an active process in her mind. She knew she would be able to experience hope more fully in the future although she was not feeling particularly hopeful at the time of our interviews. Deborah also saw hope as significant to her healing process and she experienced hope on a much deeper level after going through the hopelessness of depression.

Physiological Effects of Prayer

All three women experienced physical and emotional changes while they prayed. Perhaps the participant who was most aware of her body, Paula described these changes in great detail: slower, deeper breathing, feelings of relaxation, calmness, peace, being "alive" and present in her body, a sense of well-being, and feeling overwhelmed by

emotions such as gratitude and relief. Sharon and Deborah also experienced feelings of peace and well-being, but their experience included more a sense of "burdens being lifted" - the tension in their muscles draining away followed by relaxation and feelings of peace and well-being.

Spirituality Brings Meaning to Life

All three women spoke of the way that their faith in God gave meaning to their lives. Paula expressed this meaning in terms of the way she sees her life narrative, which has changed from a tragic story of bad luck and suffering to a story of God working in her life with a good purpose and surprising her with miracles. Paula could believe that there is a purpose even for her depression, that God will use her experience for something good. This sense of meaning helps Paula to keep trusting God and "makes her life better." Sharon also expressed her view that without God her life is empty. Through prayer she is able to see life's meaning and put her life into perspective. Deborah's faith provides her with deep meaning and a sense of purpose which extended to her experience of depression. She sees that there is a purpose behind her depression, which helped her to learn and grow through the process of healing.

Change in Values

All three women spoke about their values changing in the process of their spiritual growth. Paula experienced a dramatic shift in her value system when she started to give God the top priority in her life. Previously, she did not trust others, believing that if she

did not take care of herself no-one else would. Paula expressed her view that now, "Life is about spirituality, helping others, doing God's will and praying continually to find out what His will is." She stated several times that she is a completely different person now, and that believing in God requires her to be honest and to help others. Sharon also spoke about the steps involved in working on her recovery with A.A. These steps required her to make amends with others and forgive others for what they had done to her, which was something she would not have done before. Sharon realized that these steps were crucial to her recovery, as well as to her relationship with God.

For Deborah, a change in values occurred not because of beginning a relationship with God, but because of her spiritual crisis. Her process of spiritual growth involved embracing a new value of honouring and connecting with her emotions and "gut-level" experience. The things that Deborah had made a priority in the past due to external expectations were torn down as she began to value what was "real and true" in life. This change could be characterized as a change from extrinsic to intrinsic values.

Support from Friends and Community Linked to Support from God

All three women felt that the support and encouragement which they had received from friends was significant to their healing process. In the experience of depression, all three felt isolated and withdrawn and needed support from others a great deal. For Paula and Sharon, A.A. provided a strong community of support from fellow alcoholics who understood the difficult struggle to stay sober. They both saw regular attendance at meetings as necessary for their recovery, to keep them motivated to do the necessary

work and to keep them accountable to others within the community. They both felt that praying together with others in the therapy group was significant in building their connection to God. Sharon also prayed together with Christian friends who encouraged her in her spiritual journey. Support from others who cared about them reminded them that God also cared about them and was a source of support and comfort.

Deborah also found support from friends and her roommates to be important. Feeling understood by another friend who was going through a similar experience of depression was particularly significant for her. However, while support from other people was an important resource, Deborah still felt that God was the only one who truly understood her and could comfort her. This was especially meaningful for her when she felt isolated from other Christians who she felt would not understand her experience of depression. Because Deborah perceived a lack of understanding from other Christians, she was not able to receive support from her spiritual community as a whole. Instead, she relied on the support she received from a few close friends and her roommates.

The Gap Between Religiosity and Spirituality

Two of the three participants identified what I would call a "gap between religiosity and spirituality" in their experiences. Paula spoke about finding more integrity and honest spirituality among A.A. members than among church members. She felt that alcoholics are forced to live honestly if they want to be free from their addiction. While not opposed to trying a church, Paula felt God's presence in A.A. meetings, which have become her place of worship.

Deborah's crisis of faith led her to ask some difficult questions about the spiritual practices which she had grown up with in the church. Through the process of becoming more real and honest with herself, she realized that some of the practices which were part of her faith were not honest. They were rooted more in living up to other people's expectations of her than in being true to herself. Deborah's process of growth led her to a new way of prayer which she felt had more integrity and meaning because she was being honest with herself and with God. She also felt greater freedom to express her whole self, rather than trying to hide those parts of herself which she felt would not be acceptable to other Christians in the church.

Importance of Faith in Vocation

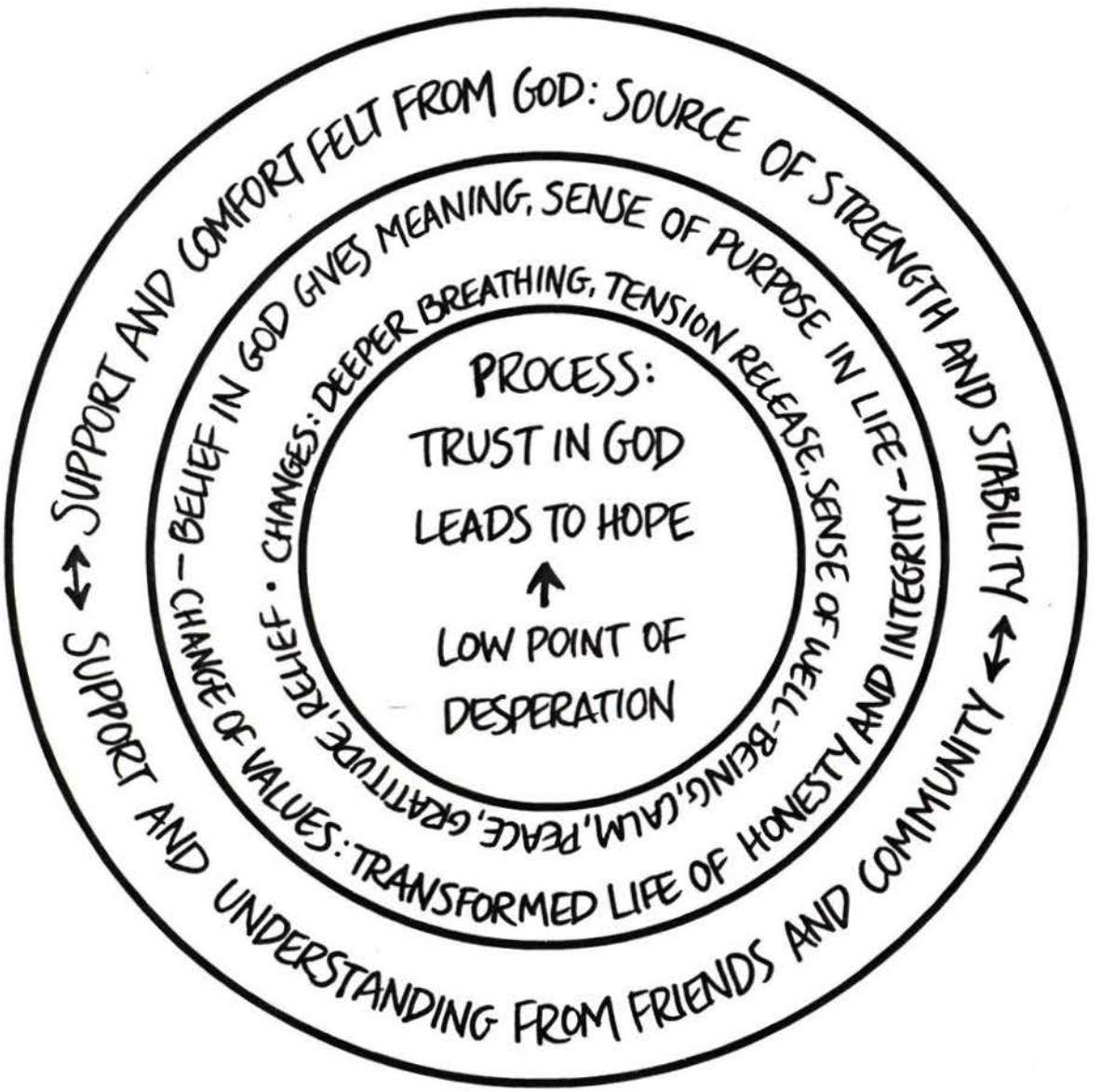
Although Sharon did not discuss work or career choices, Deborah and Paula both talked about the importance of faith in their lives and its strong influence in the process of choosing a career. For Paula, being able to express her spirituality was part of her commitment to God and to her choice of a healthy way of life. For Deborah, being able to express her real self, including her creativity, was vital to a sense of integrity to herself. Both women gave God the highest priority in their lives and felt the need to consider this value in their career choices.

Visual Interpretation of the Essential Structure of Prayer (see Figure D, p. 121)

For all three participants, the process of spiritual growth began at a low point of desperation, which led to trusting in God and the experience of hope. Trust in God and the resulting hope appears to be central to each woman's experience of prayer. For this reason, these themes are shown at the heart of the circle. The next circle represents the transformation which occurs through prayer, both immediate and long-term. Immediate effects of prayer include physical and emotional changes: deeper breathing, a release of tension, a sense of well-being, calm, peace, gratitude and relief. In the long-term, prayer brought changes in the values of all three participants, which resulted in transformed lives of honesty, integrity and what is "real." In the experience of prayer, God also gave them a sense of meaning and purpose in their lives.

Finally, what motivated all three participants to continue working on the process of transformation in prayer was support from others: from friends and a caring community as well as from God. Support and understanding from friends and a community is an important part of the experience of prayer. In a concrete way, this support also serves to remind and illustrate the comfort and support from God, which is vital to the process of spiritual growth. The two work together to provide strength and stability to those who are experiencing depression.

Figure D: Visual Interpretation of the Essential Structure of Prayer Within the Context of Depression



CHAPTER 5

DISCUSSION AND IMPLICATIONS

This chapter relates the results of this study to previous research and suggests implications for counsellors and counsellor educators. Finally, it offers suggestions for future research in the area of depression and prayer.

Relationship of Results to Previous Research

There are a number of reasons why any conclusions drawn regarding the relationship between this study and previous research need to be tentative and speculative. The phenomenological approach of this study led to the focus on subjective experiences using in-depth interviews of only three individuals. Furthermore, the study explores the experiences of women, as opposed to both men and women or only men. The results may not be similar to research which includes men as well as women. However, the results of this study are supported by other research.

The Physiological Effects of Prayer

> When I pray, I feel a certain presence moving through me, some sort of physical energy . . . . A sense of overwhelming gratitude and a real sense that it is O.K. In fact, it is wonderful, a sense of peace and calm. My breathing is more relaxed and deep . . . . I feel very present in my body . . . I feel alive, because I can feel my body and the energy in it. I feel awake, present, alive. (Paula)

Results of this study appear to support the previous research in this area. All three women's descriptions of their experiences during prayer fit with the positive physiological changes which are part of the "relaxation response" found by Benson (1984). The slower, deeper breathing, relaxation and release of muscle tension, feelings of calmness, peace, being "alive"and a sense of well-being which were experienced by the co-researchers are all part of this physiological response.

The emotional states which are identified by Levin (1994) as related to the experience of prayer also appeared in all three women's experiences of prayer: thankfulness, grace, telos, relaxation, hope, inner peace, calmness, forgiveness and love. These emotions were experienced throughout the participants' experiences of healing and spiritual growth.

The long-term effects of these short-term physiological changes were not measured in the present study. Therefore it is impossible to conclude whether the experiences of these three participants confirm the long-term effects which have been found in other studies. However, these women's experiences could be consistent with research by Kiecolt-Glaser et al. (1986), which found that relaxation improves immunity and exerts a protective force on the immune system during times of stress, and by Ader et al. (1991), which demonstrated the impact of emotions on the body's physiological systems. It would be fascinating to follow up this study by investigating the effects of these emotional and physical changes during prayer.

The Four Dimensions of Spiritual Wellness

Westgate's (1996) identification of four dimensions of spiritual wellness which have emerged in recent literature and research appears to be relevant to all three participants' experiences of prayer. The dimensions of 1) a sense of meaning in life, 2) a transcendent perspective, 3) an intrinsic value system, and 4) a sense of belonging to a spiritual community of shared values and support appeared in slightly different ways in the experiences of all three women.

Meaning in Life

> There was a burden which I couldn't identify, something really heavy . . . . a deep sense of emptiness, or a feeling or what is life all about? I don't really care anymore. I just lost the meaning and my purpose in life. (Deborah)

All three women experienced a sense of hopelessness and meaninglessness as part of their depression, which supports the research of Beck (1967) and Seligman (1990). This hopelessness and meaninglessness contrasted with their experiences of finding meaning and a sense of purpose in their relationship with God.

While all three participants were still going through depression, the meaning and sense of purpose which they experienced in prayer helped them to cope with their symptoms more effectively. Paula expressed this sense of meaning in life:

> There is a reason for my depression - God is going to use that in some area. So I have to keep thinking that way and it makes my life better. It takes a while to develop that perspective, but it really makes a difference in my life.

Paula and Sharon's positive experiences in the counselling group which integrated prayer with a cognitive behavioural approach supports the research of Richards, Owens and Stein (1993) and Propst (1980), which found significant improvement in depression and a sense of meaning in life when a spiritual component was integrated with cognitive group therapy.

Intrinsic Values

> It is a completely different way of life; you have to change your whole entire life, to being honest and helping others. . . . Life is about spirituality, helping others, doing God's will and praying continually to find out what His will is. (Paula)

The participants all experienced a change in values as part of the process of spiritual growth, which could be characterized as a transformation from extrinsic values to intrinsic values. Paula was transformed from a self-serving alcoholic to a gracious, generous person who valued helping others. Sharon was in the process of changing from meeting her own needs without caring about how her behaviour affected others, to making amends to people she had hurt and repairing broken relationships. Deborah shifted from trying to please others by living up to their expectations, to being honest with herself and God and valuing spiritual practices which had integrity for her.

The research which has looked at the relationship between intrinsic values and depression has produced differing results. Some studies have suggested that an intrinsic orientation is related to a lower incidence of depression (Genia & Shaw, 1991; Watson et

al., 1988; Brown & Lowe, 1951). Others have found no significant relationship between the two, and instead have shown a significant relationship between intrinsic values and a sense of well-being (Bergin et al., 1987). Because the participants had continued to experience depression while their values had shifted to an intrinsic orientation, I would say that their experience appears to support this study by Bergin et al. (1987). A shift in value orientation appeared to be an important part of their experience, but was not necessarily associated with an immediate or dramatic improvement in their depression. Rather, it would appear that intrinsic values helped the participants to deal with their depression by positively affecting their sense of well-being.

Transcendent Perspective

> I know that there is a God, and that there is hope that if I continue to pray and seek God's will that I will either cope better with my depression . . . or I will just see the plan God has for me as a depressed person. I can't lose, either way. Either direction my life takes me in, I know that there is some sort of plan that God is working in. (Paula)

The descriptions of all three participants' experiences demonstrate that their spiritual beliefs involve a perspective of transcendence. Again, these women continued to experience depression while also experiencing transcendence in prayer. Therefore, their experiences do not support the research which found a negative relationship between a transcendent perspective and depression (Richards et al., 1993; Carson et al., 1988). However, it appears that their transcendent perspective helped the participants to deal

with their depression more effectively. This might be considered to be more consistent with Noble's study (1987), which found greater self-actualization, optimism, integration, positive relationships, guiding values and a sense of life purpose in individuals who had transcendent experiences.

Community of Shared Values and Support

> A.A. has been a big source of support for me . . . . Because everyone more or less had gone through the same thing, just at different stages. So I knew I wasn't singled out, I wasn't alone . . . . Especially the prayer at the end, that to me was the whole power of the group, the comfort of being able to bring things to God, let go of my problems and to know that there is someone bigger and more powerful in charge to help me. (Sharon)

All three participants identified that support from friends and a spiritual community were an important resource in dealing with their depression. They had all experienced isolation and withdrawal as part of their depression, which supports the research by Beck (1967) and Brink (1993). Because of these feelings of isolation and their tendency to withdraw, the support which Paula and Sharon received from Alcoholics Anonymous members as well as the support Deborah received from her friends and roommates was especially meaningful. This supports the research which shows the importance of a faith community in the maintenance of mental and physical health and well-being (Anderson, Maton & Ensor, 1991; Rappaport & Simkins, 1991; Travis, 1988).

Research has shown that the support provided by members of a spiritual

community may benefit an individual in a number of ways. Participating in a spiritual community can provide members with an opportunity to articulate their faith and express their spiritual values (Maton & Pargament, 1991). Paula and Sharon were both able to express their faith and values in the supportive environment of their Alcoholics Anonymous meetings.

The important role that support from friends and community held in the participants' experiences of prayer is also consistent with Levin's research (1994) which showed that knowledge of being prayed for can be healing because it fosters a sense of belonging and being cared for and supported. Levin's research as well as other studies have also shown that participating in a spiritual community provides support by buffering individuals against stress and affecting their sense of well-being (Rappaport & Simkins, 1991; Maton, 1989; Travis, 1988). This buffering effect of community support was crucial for Paula and Sharon's recovery work. However, Deborah's experience was not as positive, as she did not feel support or acceptance from the whole church community. The support she received from individual Christians within the church was meaningful for her, but she was not able to benefit from a supportive community in the same way that Paula and Sharon did.

Although it is difficult to measure the efficacy of community support for the participants of this study, all three identified support as an essential part of their recovery from depression. This supports the research in this area by Koenig et al. (1998), Wright et al. (1993), Hertsgaard and Light (1984) and McClure and Loden (1982).

Significance and Implications of Results for Counsellors and Counsellor Educators

The purpose of this study was not to obtain results which could be generalized to include experiences of prayer for all people with depression. The intent of this research was to acquire an in-depth description of the experiences of three women. Therefore, the reader should not assume that the experience of prayer described in this study is similar for everyone who is depressed. However, counsellors, counsellor educators and researchers might find these results useful in guiding them in their work. This study provides a picture of three women's experiences which can deepen our understanding of prayer and spirituality for people who are experiencing depression. These experiences can guide mental health professionals in their work with clients with depression and can direct them in exploring clients' spiritual functioning as part of their overall health.

The results of this study can serve to increase counsellors' awareness of the significance of the role of spirituality and prayer in many clients' lives. Counsellors need to be aware of the ways which prayer and spirituality can be a source of strength and support in the recovery process for clients with depression. Spirituality is a major part of many individuals' lives, and it is crucial that this is recognized by health care professionals. Counsellors also need to be aware of how spiritual functioning can be affected by depression, which is vividly illustrated by Deborah's experience of a crisis of faith corresponding with her depression. Whether or not counsellors can concur with their clients' values and spiritual beliefs, they need to understand the meaning of these values and beliefs for their clients.

Counsellors should also be aware that it may not always be helpful to refer a

client who brings up questions and issues about spirituality to a religious or spiritual leader. Often ministers and other leaders within a religious community do not have an adequate understanding of depression, or may not have the sensitivity to be able to help people who are experiencing depression. Those who seek help from a spiritual leader or members of a community who are unable to understand them can experience further alienation and isolation. This can be devastating for people who are already feeling the disconnection and hopelessness of depression. I believe that spiritual leaders need to take more responsibility in providing a supportive, caring environment for people who are experiencing depression. A spiritual community which is accepting, sensitive and supportive can fill an important role in the recovery of people who are experiencing depression. Religious communities could learn a great deal from an organization such as Alcoholics Anonymous about providing this kind of support.

The four dimensions of spiritual wellness identified by Westgate (1996) may provide guidelines for counsellors in the assessment of spiritual functioning. For example, counsellors may want to ask questions about where clients find a sense of direction and meaning in life, what role spirituality holds in their values, whether clients believe in a "higher power" outside of themselves, and whether a spiritual community is a part of their support system. These dimensions may provide information which can contribute to counsellors' understanding of the role of spirituality in their clients' lives. It can also positively affect their working relationship. "Therapist sensitivity to clients' values and beliefs may be of therapeutic importance in fostering positive rapport and building an effective working alliance. In addition to enhancing the quality of the client-

therapist relationship, a therapist's awareness of a religious client's values pertaining to the means of coping with emotional conflict may provide a useful basis for specific therapeutic directives." (Gass, 1984, pp. 234-235).

Counsellor educators can contribute to a greater understanding of spirituality's role in maintaining health by offering training which addresses some of the relevant issues in this area. Counsellors in training would greatly benefit from exploring their own spiritual beliefs and values and the way that these beliefs and values influence their view of human beings, relationships and their work. Counsellors who are aware of their own spirituality and its role in their lives will be much more effective in addressing these issues with clients experiencing depression.

Implications for Further Research

Prior to this study, research on the experience of prayer in the lives of individuals with depression was very scant. Previous research on prayer had not focussed on the experience of women in particular, nor had any research explored the experience of the pray-er in such depth. There are many different directions which future research could take to explore other areas related to the experience of prayer for individuals experiencing depression. Some examples of suggested further research topics include the following:

1. This study explored the experience of prayer primarily from a Christian perspective. One participant, Paula, did not identify herself as a Christian, although many of her beliefs and values were consistent with a Christian belief system and she used Christian terminology in her prayers and in her description of her experience. An

exploration and comparison of the experience of prayer and spirituality with other participants from other faiths or religious affiliations would be illuminating.

2. This study explored the experience of prayer with female participants. A comparison of men's and women's experiences of prayer and spirituality would reveal whether there are significant differences between the experiences of both genders.

3. A further investigation of the ways which a spiritual community may provide support to individuals experiencing depression would be helpful to discover whether spiritual communities function differently from other types of communities or groups.

4. Further in-depth research could look at the experience of prayer and spirituality for individuals who are not depressed compared to the experience for those who are depressed. Are there any significant differences, or is the experience essentially the same?

5. An investigation of the way the experience of prayer changes for individuals who have a relationship with God before the onset of depression. This information would add to the understanding of spiritual growth and formation.

6. Further research in the area of hope and its role in depression would be helpful in understanding the differences between hope from a spiritual source and hope from other sources.

7. A comparison of the recovery rates of depressed individuals who pray and depressed individuals who do not pray as part of their therapy, including changes immediately after therapy and long-term effects. Does prayer affect the rate of recurrence of depression?

8. Further research could compare the experience of prayer for individuals with addiction issues and the experience of prayer for individuals who do not have addiction issues.

Concluding Remarks

The experiences of these three women show the great potential that prayer and spirituality have for healing in the area of depression. The spiritual dimension of health has long been neglected by counsellors and others in health care, although it is a vital part of many of our clients' lives. An awareness of the way spiritual beliefs and practices can affect the mental, emotional and physical aspects of clients' lives can open a whole new dimension in the treatment of depression. Spirituality and prayer can be powerful sources of hope and strength in the process of recovery from depression and in personal growth. If counsellors are willing to include clients' spiritual experiences in the therapeutic process, I believe that they will have much more to offer them in their recovery. A holistic view of health which gives equal value to the spiritual dimension along with the mental, emotional and physical dimensions offers a much more complete model which will lead to more effective therapy for clients experiencing depression.

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Appendix A

The Experience of Prayer Within the Context of Depression: A Phenomenological Inquiry

I am a graduate student at the University of Victoria, working on a Master's thesis which will study the experience of prayer in the lives of individuals who have experienced depression. I am interested in interviewing people who have experienced moderate to severe depression and who pray on a regular basis. It would also be helpful if participants have spent some time reflecting upon their experiences of depression and the role prayer has in their lives.

Purpose of the Study

The purpose of this study is to explore the experience of prayer within the lives of people who have experienced depression.

Method of Research

The purpose and procedure of this study will be fully explained to all individuals before they agree to become participants. Once individuals have agreed to participate in this study, they will be asked to sign a consent form which will indicate that their involvement is voluntary, that they can withdraw from the study at any time, and that any data which is collected will be kept confidential.

In-depth interviews will be used to gather data for this research project. Participants will be requested to be interviewed at least two times for up to one and a half

hours. These interviews will be audio-taped and transcribed for use in this thesis project. During the first interview, open-ended questions will be asked to initiate discussion on the participants' experiences of depression and prayer. The second interview will be conducted after a preliminary analysis of the data has been made. During this interview, participants will read summarized descriptions of their experiences and will then have the opportunity to modify, add or delete any information they would like.

Confidentiality

The names of persons, places, or any other identifying information will be changed in the transcript and in the text of the thesis. Only the researcher will listen to the original tapes. Consent forms will be stored separately from the research data.
If you are interested in becoming a participant for this project or would like further information, please contact Carrie Warkentin at 472-1299.

Appendix B

Consent Form

This research project will study the effects of prayer with clients with depression. You will be asked to participate in two interviews which will be approximately one to one and a half hours in length, covering topics such as the role of spirituality and hope in your life and more specifically in your experience of depression. The results of this project will be published as a thesis at the University of Victoria and may be published in a scholarly journal.

Any data collected in this study will remain confidential. All data will be stored in a locked filing cabinet in a locked office and only the researcher will have access to the data. Your name will not be attached to any published results and your anonymity will be protected by using code numbers to identify results from individual subjects. After the completion of this project, all data which has been collected including questionnaires and personal information about participants will be destroyed.

Your participation is completely voluntary and you can choose to withdraw from the study at any time, without explanation. Withdrawal from the study will not require withdrawal of any counselling services which you receive. You have the right to refuse to answer any questions you do not wish to. The results of this research project will be made available upon completion to all participants who are interested.

Participant's signature: _____

Participant's name: _____

Date: _____

_____
Signature of Researcher
Carrie Warkentin
Telephone: 472-1299

Appendix C

Excerpt of First Interview with Paula

Carrie: Can you tell me a little more about what that higher power means to you, and its presence in your life?

Paula: If I don't have that higher power, I have to believe that it is all up to me. I have to believe that all the things that I went through were just mistakes that I made, or bad luck, bad circumstances. That does not help my depression, because I tend to beat myself up anyway. So I beat myself up terribly, because of the lifestyle that I chose, and the weaknesses, and it is just a sad story. When I have God in my life, I don't have a clear belief of how it works - it is open. So I am open to believing that perhaps some of these things were necessary, or that they are lessons - maybe I chose to learn my lessons in lousy ways, but I'm OK with that, because there is still some kind of rhyme or reason to it. Because I can take what I've learned and do God's will, through God, with it. And that keeps me above water, and that excites me. This higher power works in my life, I know it does, because I took the leap of faith to try it, and I constantly have prayers answered - there are many, many, many coincidences that I now choose to believe are not coincidences.

Carrie: There is some sort of deeper meaning to life, rather than just a random universe where things happen for no reason at all. It sounds like that is very important to you.

Paula: Yes, for sure. Because I am ill in a society that puts so much importance on materialism, jobs, and earning money, I don't have to buy into that now. Because I believe that is not what God is all about, what life is all about. Life is about spirituality,

helping others, doing God's will, and praying continually to find out what His will is, and listening to God. And I see that other people who have lots of money, who have jobs and material success, are very unhappy and unfulfilled people.

Carrie: What role does spirituality have in your life?

Paula: God, this higher power, has literally saved my life. If I have a list of priorities in my life, God would be at the top. Without God, I am going to go down very, very fast. I could drink or use drugs again, and I could get so depressed that I could consider suicide again, and it is a possibility that I could kill myself. And maybe worse than those options, is that I could just live a very unhappy, miserable life, and make my loved ones really unhappy and miserable, too.

Carrie: That is the way your life would look without God, without your spirituality.

Paula: Yes, I would be a totally different person.

Carrie: It sounds like you draw a lot of strength from your spirituality - sustenance for life.

Paula: Yes, and I wish I had more time to spend developing that.

Carrie: Could I ask you to talk about what role has spirituality played in dealing with your depression? How do you see the two being connected?

Paula: Well, I know that there is a God, and that there is hope that if I continue to pray and seek God's will that I will either cope better with my depression and maybe it will go away, or I will just see the plan that God has for me, as a depressed person. I can't lose, either way.

Carrie: Either direction your life takes you in, you know that there is some sort of plan that God is working in.

Paula: Yes.

Carrie: You mentioned a little earlier some of the ways that God has answered prayer in your life. I am wondering if you can tell me more about that.

Paula: It's probably the easiest for me to go to the very recent prayer, which has been since I've finished this group. I've been seeking God's will for what I am to do, because I am in the dilemma of being unemployed, on social services, with them on my back, and feeling a lot of pressure and harassment from them. And a part of me is wanting to find something to do, thinking that maybe that will help my depression. So I've been praying, in particular in the last week or so, for God to give me an intuitive thought or decision, to place something in front of me or show me if there is some direction in particular that I should go in at this time. And my prayers are usually answered very quickly, for me, and I am very grateful for that. I had written down [the name of an employment program] months ago and I know a lot of women who have done it - it's for women getting back to work. And I had it in my mind for way down the road, because in my mind I am just not ready, and I am just too sick, and too scared. How am I going to do this program and do the laundry and wash the dishes, and be out of the house seven hours a day, because it is a seven hour a day program. So I had crossed it out in my Daytimer. But I don't know what happened, I was sitting in my chair three days ago and I was at the phone. I opened my book and I saw this program crossed out, and I thought, I should just phone and just see if they are full for the next intake, and even if I qualify for this program. It was just a

quick decision and I phoned, and to make a long story short, they had room immediately which they, by the way, never do, it's just that a new thing has changed with UIC, and it has slowed down the intake. So she said, "Come down for the interview anyway, and you don't have to start right away." The next intake wasn't going to work for me anyway when I considered it, because I've got children that would be out of school in the summer and I wouldn't be able to do this program while they were home. So anyway, I am registered for the program. I started this morning and it sounds like it is just exactly what I need. I have the option, if I do find that healthwise I just can't cut it, I have the option of leaving and coming back - that is not a problem. Even tomorrow, I have a nose operation scheduled, so I am going to be out of commission for about a week or even longer, and they have said that it would be O.K.

Carrie: Things just seem to be falling into place for you!

Paula: Yeah, and the whole time I am thinking, I just don't know how I am going to be able to do this, and can I do this? But there are no roadblocks getting in the way - the nose surgery didn't get in the way, the fear of my illness, of having to quit isn't getting in the way. So I have to, and I do believe, that God has said that this is what you need to do. And even if I do decide, in a week or two, or my nose surgery didn't go well, or whatever, I still think that this is God working in my life.

Carrie: God seems to be opening up a path for you and allowing things to work out so you feel like you are on the way to where you want to be.

Paula: Yeah, I think it is important - so that is one example, and there is lots more . . . .

VITA

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