“In God We Trust? Faith and Community among Cancer Patients”

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“How can you connect in an age
Where strangers, landlords, lovers
Your own blood cells betray
What binds the fabric together
When the raging, shifting winds of change
Keep ripping away”

-“Rent” lyrics
“Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place. I want to describe, not what it is really like to emigrate to the kingdom of the ill and live there, but the punitive or sentimental fantasies concocted about the situation…”

Susan Sontag, *Illness as Metaphor*

**Introduction**

Susan Sontag did not wish to enter into the kingdom of the ill and describe what the kingdom and its people are really like, but that is exactly what I wanted to do. I understand Sontag’s strict dichotomy between the two kingdoms may be a little dramatic and does not acknowledge the possibility of a middle ground between sickness and health, but the onset of disease, nevertheless, creates a shift in the person’s beliefs, behaviors, and his or her general outlook on life. In Floyd Skloot’s book, the author recounts his experience with the sudden onset of chronic fatigue syndrome and writes, “without warning, without choice, we are Other” (Skloot x). For Skloot, he remains in both kingdoms; he is not truly healthy and the virus that attacked his brain will always be inside his body threatening to attack again, yet he is not fully ill and functions like any “normally healthy” person despite his faulty balance, occasional loss of words and concentration. He may be in both kingdoms, but he identifies himself as “Other” and this word seems to suggest a certain level of alienation. Whether the alienation is from the “normal,” from a person’s concept of the self or from a person’s body I do not know, but with the onset of illness, a person is separated from something he or she had that is now gone. I wanted to understand the illness experience and the “night-side” of life: what is lost and how do people recover? How do people cope with disease and distress?

These general questions preoccupied my mind and derived from an event in my own life: three years ago my mother was diagnosed with kidney cancer. A tumor grew on her right
kidney and settled right around the renal artery, a major area of blood flow from the kidney to
the rest of the body. The tumor was encapsulated and, according to a battery of tests, it did not
appear to have metastasized. Because of the specific type of cancer it was, it would not respond
to chemotherapy or radiation; surgery was the only option. In five months it was surgically
removed and she has been in remission ever since. The news shocked my entire family. As a
caregiver, I tried to do everything I could to make things easier on my mom and dad, but mostly,
I just felt helpless. I began to question my understanding of the world and reflected on fate, God,
religion, faith, family and community. Simultaneously, I hated God and pleaded for His help. I
would not consider myself a religious person and yet, I needed to believe in something higher
than myself in order to feel comforted. My personal faith and the support from our church
became really important to me during those stressful months. This experience inspired me to
learn more about the relationship between faith and cancer.

Specifically from this experience, I became interested in how cancer patients act under
the duress caused by the onset of cancer and what type of role personal faith, religion and social
support might play in the patient’s struggle to regain control. I separate personal faith and
religion for a specific reason. I define personal faith or faith as individual, intrinsic beliefs; I
define religion as communal, public and shared beliefs. Faith may be communal, but then it is
no longer personal faith, but religion. And, social support I define as the secular and communal
support of a group. In defining my terms this way, I can explore the function of support
networks at both the individual and group level. In the following study, I try to determine the
role and function of secular social support, religious social support and personal faith and
respectively, the role and function of the individual and the group in cancer patients’ lives. Is
personal faith enough to help comfort and give hope to the individual or is religion, in the larger
sense of community, needed? Does a diagnosis of cancer cause individuals to have more faith, question faith or lose faith? Does a religious community provide more or better support than a secular community? Fueled by these questions, I set out to explore the “night-side” of cancer and the role of community.

**Methodology**

I focused my research on two local cancer support groups, one with a religious affiliation and one without. Over an eight week time period, I conducted one in-depth interview with seven cancer patients from these two support groups, and their caretakers, if present, and the two support group leaders. Three of my informants are members of the religious support group, which is a Christian faith-based cancer prayer group that meets at a Baptist church. The remaining four informants are members of what I will refer to as a secular, or non faith-based, support group held at a cancer center. Prior to the interviews, I contacted the group leaders and after getting their approval to do research, I received the phone numbers of any willing participants. I called each willing participant and explained my project and intentions fully. Upon their spoken and written consent, I started to conduct the interviews, which ranged from one hour to three and a half hours. In addition to interviews, participant observation also played a major role in my research. I attended four support group meetings, two with each group, upon the spoken consent of both the leaders and the members attending. By attending both meetings more than once, I could get a more consistent representation of the group, its dynamics and structure. I am not suggesting that the two meetings I attended are completely representative of the group, but it allowed for more representation than if I just attended one. Upon several of my informants’ requests, I also attended the Baptist church service with one of my informants from the faith-based support group. Viewing this service gave me a greater understanding of their
religion and belief-systems as a whole; rather than just hearing my informants explain it to me, I could experience it for myself.

Both groups are general cancer support groups rather than cancer-specific groups. In addition to having different types of cancer, the groups also have members with varying stages of cancer – diagnosis, treatment, recovery, etc. Although some may say this is a limitation of my research, I believe the variety provides a wider understanding of the disease and the strong effect community has on an individual. Out of these extreme differences of experience, similarities arise and I think that says a lot about the response to cancer; certain responses do not just occur in individuals who share the same type of cancer and are at the same particular stage as one another, but responses may be shared all across the cancer spectrum. Cancer, whether “curable,” maintainable or terminal, strikes a tough and similar chord among many individuals.

I strived to be as objective as possible in my research. Several informants asked me why I was interested in this topic, and I told them the truth and the story about my mother. I only mentioned my personal experience when I was asked. In some respects having taken the role of caretaker with my mom, I was an insider in the circle of cancer and yet, stood so very far outside. I would never know how it felt to be a patient, nor a full-fledged caretaker.

In relation to the religious side of my research, my informants were curious to know what religion I practice. Whenever directly asked about my religion, I told them I was a Christian and a member of xyz church. During the interviews, some started “witnessing” to me and one asked “Would you liked to be saved right now?” After the church service, my informants were wishing I would come again, and I accumulated many pamphlets from them about taking God into one’s life. To them, I was an impressionable youth so they talked more about their
experiences and beliefs in God. I was polite, but never lied nor led them to think that I was searching for a new church.

**Literature Review**

Cancer is a disruptive, life-altering experience for most patients and their families. In the face of grueling treatments, unruly symptoms, and uncertainty about the future, many express the important role personal faith and spirituality play in helping them cope (Mathews, 2000; Sherman and Simonton, 2001; Singleton, 2001). In all three studies, the concept of an individual, personal faith is central. From a psychological outlook, Sherman and Simonton conclude that personal faith or the belief in a higher being and meaning of the world affects a person’s physical and emotional well-being. From an anthropological outlook, Mathews and Singleton reconstruct their informants’ individual faith through their narratives. All those informants outwardly express a personal devotion and belief in a higher being.

In other studies, informants emphasize the important role social support and networks play in helping them adapt to cancer (Falke et. al., 1986; Jacobson, 1987; Mathews, 2000; Singleton, 2001). These studies suggest alternative networks of support instead of or aside from religion or personal faith. Support can come from families, physicians, nurses (Falke et. al., 1986; Jacobson, 1987) or other people who have cancer (Falke et. al., 1986; Mathews, 2000). The construction of personal narratives and the telling and re-telling of those narratives are another form of support for the person suffering from cancer (Singleton, 2001). The collectivity of support groups is a fast-growing source of support (Falke et. al., 1986; Mathews, 2000). These studies show that support stems from the communal and the shared.
Several studies refer to both religious and social support (Mathews, 2000; Singleton, 2001). They explore personal faith in a social and cultural setting, either of a support group (Mathews, 2000) or constructed by language (Singleton, 2001). In both of these instances, religious beliefs are made social and as a result, religion becomes a form of social, not just individual, support. The religious beliefs are shared, along with the illness, and thus, a community of support emerges. Through the sharing of illness narratives focused around personal faith, people are One as cancer patients and One as children of God. Religion is a shared social support that simultaneously explains and interprets, but also unites.

In these three categories of studies on faith and health, there is a tension between the concept of the individual and of the social. This tension is present within the field of anthropology, and significantly present in medical anthropology. One study conducted by Sherman and Simonton is psychologically based and focuses on the effect of a spiritual outlook on physical and emotional functioning in cancer patients (2001). Their research findings are that general religiousness had little to do with the person’s adjustment to cancer – “all 70 participants indicated fairly high levels of distress” – and yet, “individuals who perceived greater existential meaning experienced reliably better functioning across a broad range of outcomes (stress, life satisfaction, physical well-being, emotional well-being) relative to those with less sense of meaning in life” (174). Personal spirituality rather than religious practices had a more significant and positive effect on the patients. In another study conducted by Sherman and Simonton, the results suggested the opposite. The persons with a stronger organized religiousness reported less distress, better emotional well-being, and fewer concerns with physical symptoms, whereas private or non organizational religiousness, such as private prayer, did not have a significant role (175). In Sherman and Simonton’s second study, organized religious practices, not personal
spiritual belief, had a positive impact on the patients. The two different results suggest the significance of both individual faith and of organized religious practices in moments of medical crises. Despite the shortcomings of Sherman and Simonton’s methodology – a non-longitudinal study gathering and analyzing data by use of surveys and scales – their second study pulls away from the individual and into the social.

On the other hand, religious coping can also be tied to unfavorable outcomes. Religion may comfort, but it also may create conflict and struggle. A life-threatening illness may cause one to re-evaluate one’s spiritual and religious beliefs. One study’s findings reveal their informants struggle with the fairness of God, fate, and especially the meaning of unanswered prayers (Taylor, Outlaw, Bernardo, & Roy 1999 in Sherman and Simonton 178). Whereas plenty of literature suggests a positive correlation between faith and health, some suggest that religious coping creates a negative effect on the patient and can increase the distress rather than ameliorate it.

Studies in the field of medical anthropology also bring out this tension between the individual and the social being and, like Sherman and Simonton, combine the two (Harris, 1989). Harris argues that,

respondents have not merely juxtaposed or contrasted cause and reason, mechanism and morality, but have linked them […] they have done this by making use of a bundle of ideas about the relations of body to mind, ideas central to a psychologized concept of being (4).

His informants seek moral interpretations for their physical functions, or in this case, physical dysfunctions.
Aside from the dichotomy between the individual and social, studies reveal the dichotomy between medical and religious epistemologies (Harris, 1989; Mathews, 2000). In Harris’ study of illness and injury, he notes:

The social arenas in which medical treatment is given – hospitals, clinics, and so on – have their own distinctive rules, roles, customs, and organizational forms. When people enter these arenas to receive care, they are expected to shed the roles and symbols appropriate to other contexts and to become patients willing to accept the scientific explanations offered by medical personnel (3-4).

Following Byron J. Good’s argument that “medicine constructs its objects” and is its own culture, Harris suggests that the medical field implies that patients must abandon their non-biomedical model of understanding and knowing in order to come to terms with illness (Good 65). Similarly, Mathews studies a breast cancer self-help group and focuses on how the members negotiate consensus from conflicting belief systems. The support group strives to integrate biomedical and religious viewpoints without compromising either belief system. Harris and Mathews suggest that the two domains of science and religion can be reconciled and do not have to stand in direct opposition.

Within this literature, psychologists, religious studies experts and anthropologists work to understand the relationship between religious faith, social support and illness. In trying to understand how people respond to and cope with life-altering experiences, the studies reveal the power of a shared mindset, but more specifically, of a shared religious mindset. Religion comes to the forefront and the secular system of belief is not represented. Within these studies, the narratives of secular individuals who rely on reason for understanding are missing; the
biomedical viewpoints are few and far between. Similar to those who have faith and hope in God, are there those who have “faith” and hope in science? In my study, I explore both the communal and individual effect personal faith, religion and non-faith has upon a cancer patient. By studying two support groups, one with a religious affiliation and one without, I enter into the academic debate concerning the function of social groups, the role of the group versus the individual, and the belief system of the secular person versus the non-secular person during a time of duress.

**Ethnographic Research**

**Cancer Prayer Support Group**

As I turned off the main road, I felt as if I was heading home; it looked more like a driveway than a road. It ran through deep woods with towering trees swaying in the night wind. The branches above rocked back and forth, touching fingertip to fingertip, creating a living canopy over the forest road. The brush encroached both sides of the pavement threatening to take it over or maybe just protecting it from intruders like me. My car whined as it climbed the hill and its wheels hugged the white line around the first curve. Convinced I had missed a turn and was soon going to be lost in the woods, a lighted sign appeared on the right that read “Baptist church.” Under the rocking canopy and within the blanked forest walls, stood a small, unassuming church building. Had it not been for the sign out front, I would have never thought this building to be a church. It was a modest one-story building with a brown exterior. There was no steeple, no ornate stained glass windows, no imposing bell towers or any towering structures and no grand, oversized entryway. Instead, it had a covered walkway that led to a doorway with glass doors. There was a sense of homeliness and warmth to the church because
of its appearance. I am embarrassed to admit that written in my field notes, my immediate impression of the building was that it reminded me of a barn. The symbolism of the church as a barn standing against the starry night sky enclosed in a wood is too strong, but there is something to say about my first impression. The unassuming nature of the building was soft, inviting and humble. I did not know this then, but the building said a lot about the people who were inside it.

The inside was just as modest as the outside and the meeting was held in a room in the back. It had beige wallpapered walls, a whiteboard on one wall, a tapestry with the words “forgiveness,” “kindness,” and “love” embroidered onto it, a clock and a line of scripture written in calligraphy and framed. There were three rectangular tables pushed together to make a square with chairs along the perimeter. Everyone that walked through the door was welcomed and hugged – mostly everyone knew each other. One woman brought home-cooked goodies and before the meeting began, people snacked and chit-chatted to catch up on diagnosis or treatments or just everyday activities and events not related to cancer. The woman that sat next to me pulled big-rimmed clown glasses out of a plastic bag and put them on. “It makes me laugh,” she said. She also brought a bear with patches all over it that giggled when she pressed its tummy. She wore the glasses for most of the meeting and pressed the bear frequently during the jokes section of the meeting. When the meeting began there were twelve in all, eleven were female and one was male. This was unusual for the group having only one male attend and in the next meeting there were four. The prayer group meets at a Baptist church, but it is not limited to Baptists. That night there were Baptists, Catholics, and Pentecostals. The various cancers mentioned were breast cancer, tonsil cancer, lymphoma, brain tumors, colon cancer, and lung cancer.
The leader, Jo, started off the meeting with jokes, she explained, because laughter is important and because someone might not have had the chance to laugh today. The woman next to me pressed the bear and everyone laughed. Right from the start, the atmosphere was welcoming, warm and amusing. The jokes rarely have anything to do with cancer and the joke that racked in the most laughs that night is as follows:

The new supermarket near our house has an automatic water mister to keep the produce fresh. Just before it goes on, you hear the sound of distant thunder and the smell of fresh rain. When you approach the milk cases, you hear cows mooing and catch the scent of fresh hay. When you approach the egg case, you hear hens clucking and cackling. The air is filled with the pleasing aroma of bacon and eggs frying. The veggie department features the smell of fresh buttered corn. This new supermarket is really cool….but I don’t buy my toilet paper there anymore.

After the jokes, everyone “introduced” him or herself. One-by-one around the table people stated their names and talked about their illnesses – what type of cancer, when it was diagnosed, what treatment they undertook/are undertaking, etc. Some were survivors, others were still not in the clear yet, and others were in the middle of it all. Everyone was very open and willing to share. Some were shy, but still expressed their emotions. Those who were experiencing difficulty or anxiety talked of that and asked everyone to pray for them. Everyone mentioned God and his grace, love and power. Several even said that God had cured them. When one person talked, everyone listened and when one person stopped the next one began. Generally, the sharing ended quite positively either with a statement of God’s grace or thanking
the group for the prayers or requesting prayers. Some gave advice, but it was minimal and most of the support was through prayer.

After the introductions, there was motivation through scripture. Jo read Psalms 33 and while she read, several people uttered “amen” and “praise Jesus”:

A king is not saved by his great army;

a warrior is not delivered by his great

strength […]

Our soul waits for the LORD;

he is our help and shield.

Yea, our heart is glad in him,

because we trust in his holy name.

Let thy steadfast love, O LORD, be upon

us,

even as we hope in thee (Psalms 33: 16-22).

When she finished reading the scripture verse, she read from a handout with six guidelines or changes one needs to make to one’s life to get peace, joy and happiness written in the voice of God: quit worrying, put it on God’s list, trust him, leave it alone, talk to him and lastly, to have faith. The handout teaches one to stop worrying about every little thing and reminds the reader that God is there to carry one’s burdens and worries. The handout urges people to hand over their problems to God and trust that he will meet their needs: “Life has dealt you a blow and all you do is sit and worry. Have you forgotten that I am here to take all your burdens and carry them for you? Let ME be the one to take care of the problem. I can’t help until you turn it over to me.” God wants you to forget, but the handout also stresses that communication with God is
crucial. Faith is the final ingredient: “I see a lot of things from up here that you can’t see from where you are. Have faith in me that I know what I am doing. I will continue to care for you, watch over you, and meet your needs. You only have to trust me.” “Amen” and “praise the Lord” were uttered through the reading.

After the motivational segment, everyone joined hands and bowed their heads in group prayer. Jo started the prayer by thanking God for getting everyone together and blessing them with his love. She asked Him to heal those in need and to lift those who are in need. After her prayer the room was silent. The clock ticked loudly in my ears, people breathed in and out, people’s fingers twitched in my palm and every once in a while a voice broke the silence as he or she prayed out loud. Finally, the woman, Martha, who brought the snacks ended the prayer session with her prayer. She is called the “prayer warrior” and that she is. Martha prayed for everyone in that room individually. Her voice was loud, enthusiastic and filled with spirit. Her faith and passion was almost tangible in that room in that instant. I felt it in the warmth of the hands I was holding, the strength of the prayer’s voice and in the little utterances people muttered: “touch her Jesus,” “Jesus lay your hand upon them”, “amen,” “heal her Lord.” When she finished, her voice hung in the air for a few seconds, like after a bell has been struck, and until it disappeared, no one moved. For a second, we were all connected by our hands, our prayers, her voice, our voices and we were one in that moment. Everyone uttered “amen” and people let go of each other’s hands. As if awoken from a trance, each person was transported back to reality, back to disease, back to winter and readied to leave. Despite this cold reality, everyone had a glow, an aura as one of my informants would later explain it, which shone through. Two hours after I had arrived, I left the building that night loaded with all the leftover
snacks (they insisted; I was a college kid and needed to eat) and with a little mini-aura of my own. I felt levitated, unable to be touched by anything.

At the next meeting, I walked into the room and to my surprise found it packed with people. Last meeting I was told that it was a “full house,” but at the second meeting there were at least twice as many people as the last one, including cancer patients and their families. There were four new patients and their families, and two patients and their families who were not strangers to the group. The meeting had the same structure as the one previous: jokes, introductions, motivation and group prayer. Once again people introduced themselves and their illness one-by-one and everyone else listened while he or she talked. During one introduction, a newcomer briefly told her story and asked the group whether anyone had any suggestions that she could give her husband, who had tonsil cancer, about how to make eating easier. Several members who had tonsil cancer offered suggestions, but after a few questions and comments, the introductions continued. Afterwards Jo read passages from a small book about what cancer cannot take away. One point asserted that cancer cannot take the “childness” out of one’s soul; that part of the soul can never be lost. She invited everyone to contemplate on the notion of one’s soul being untouched by cancer. The idea was never discussed within the group meeting; it was put out there for people to derive their own meaning from it later. Piggy-backing on what someone said in their introduction, Jo then offered up the concept of “survivor guilt” to the group. She asked a survivor how she felt and dealt with the guilt. Her answer was brief and said she did feel guilty and then she shrugged. A few other survivors voiced their opinions on the matter and one struggled with the question “Why am I still alive?” The newcomer who asked for advice quickly responded that survivors are alive to help those who need it. The discussion
ended quickly after her comment and the group joined together in prayer. The prayer-warrior came full-blast that night and, afterwards, everyone seemed uplifted.

After several hugs from my informants, I left that night, once again loaded down with leftover snacks, but feeling a bit unsatisfied and unfulfilled about all of the unanswered questions left floating in the air in that room. I wanted the group to flesh out the feelings of survivor guilt and to provide support and advice for those who were going through those difficult emotions. Why did no one actually talk about cancer?

**Illness narratives**

Illness narratives, or stories of illness in which a person makes sense of his or her illness by reinterpreting the past and using it to construct the present and the future, place a person’s experience of illness in a wider social and cultural context (Good 1994; Kleinman 1988; Singleton 2001). For each of my informants, understanding one’s illness is an act of reconstruction and a way of redefining the self. Each constructs the story of their illness; insignificant events suddenly become reinterpreted and made significant. It is through these narratives that an individual makes sense of their own experience and works to integrate it within the genre of illness narratives.

In order fully to understand the relationship between faith, religion and illness, and the relationship between the individual and the community, I moved from the general community of the religious prayer group to its specific religious members. I met with three individuals who attend the group, two of whom are members of the church and one who is very interested in becoming a member. Their stories are of pain, misdiagnosis and depression, but mainly about coping, the grace of God and the power of prayer and scripture.
“I truly believe God gave me cancer so I could become a Christian.”

This quote is from Henry’s \(^1\) testimony at his baptism on January 10\(^{th}\), 2007. One year ago Henry and his wife Sarah said they would have laughed at the thought of being saved by Jesus Christ and being active members in a community of faith:

We pray out loud before every meal now, even if we go out. A year ago, we would have laughed at the sight of two people praying beside us […] we were too busy to be with God and only went to church once a year […] We believed in God, but never took the time to worship him properly. We were both taught it, but we just didn’t do it […] Heaven was certainly not in my [Henry’s] future. I thought I was going to hell and wanted to be left alone.

All of this changed when Henry was diagnosed with stage four tonsil cancer in 2006 with a fifty percent chance of survival. A benign tumor was removed from Henry’s throat back in 1998 and neither worried about the mass found around his tonsils during a general physical with a doctor and confirmed by a specialist. During surgery, the doctors were going to take out his tonsils and the tumor. Both were expecting an outpatient procedure and cancer did not even cross their minds. Sarah recounted that day in the sitting room waiting for her husband’s surgery to end:

The surgery took longer than before, but still I thought nothing of it. After a few hours, the doctor came out told me ‘Mrs. Stewart we found cancer.’ I was numb. I walked to the nearest stairwell and cried my eyes out. All I could think was ‘God please help me.’

Doctors prescribed a treatment of chemotherapy and radiation for three weeks, four times a week. Henry recounts:

I thought I was going to die. I got depressed, angry and mad. For my

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\(^{1}\) All names and identifying characteristics and details in the case histories have been changed.
radiation treatment I wore a hockey-like mask that was molded to my face. My shoulders and the mask were bolted to the table during the entire length of the treatment. The first few times it lasted thirty minutes, but then after that each treatment lasted ten minutes. I had ulcers and sores all over my mouth and the radiation killed my taste buds. Everything tasted like metal. I went five days without eating and had to go back to the hospital. I had a feeding tube for twelve hours. I hated that idea [...] of being tied to a machine. I was humiliated and embarrassed that a machine had to work for me. It was demasculating. Within twenty-four hours I had a stomach tube surgically inserted because I refused to eat on my own [...] The problem with the feeding tube was that it got clogged. One time it clogged and I drove myself to his [the doctor’s] office. To unclog it, he kept jammin’ me and jammin’ me [...] I was in a bottom-less pit. I was so mean to the nurses and the nutritionist. All the while I’m still thinking I’m dying.

God entered into their lives slowly and it started with just a little prayer. Henry’s doctor said a prayer before Henry’s first surgery. Then the leader of the support group and the patient advocate in his doctor’s office, Jo, asked if she could say a little prayer with them. Henry thought “What is with these people and their prayers?” On their tour of the cancer center and the chemo room, a room full of fifteen recliners with IV racks next to each one, a man getting treatment at the time saw Henry’s NASCAR shirt and said “Cancer’s like a NASCAR race, it takes a long time. Hang in there, you’ll win this race.” Henry and Sarah would find out later that that man in the recliner was a pastor and that Jo, the two nurses at the center, and the doctor running the center all belonged to the same church. Sarah said that “God was placing seeds all over the place [...] Religion was put
under our noses, but we were still too busy […] Many things and signs kept showing up […] Religion was always there grabbing us, pulling us in.”

After surgery and during treatments Henry became bitter, irritable and downright mean. Sarah did not know how to handle Henry: “All he said was ‘Why are you bugging me all the time?’” Fed up with his attitude, she decided to attend a local support group run by Jo, the patient advocate in their doctor’s office.

I thought the support group would be depressing […] everyone talking about their troubles, crying and feeling sorry for themselves. But everyone latched onto me and let go of their own troubles. There was so much love and care within the group and it grabbed me. I felt the Lord that night. God was knocking on my door.

Meanwhile, a friend of Henry’s had been witnessing, or talking about the Lord, to him and urged him to read the Bible. Sarah recalls: “I had put Jo’s books on the table next to the sofa hoping he’d read them one day. Everyday I’d see if they had moved, but then all of a sudden the Bible showed up on the table.” One night Henry saw God in a dream and his entire life took a complete turn:

I had a dream that someone was sitting on my bed and holding his hand out to me. The next day I collapsed into my wife’s arms wailing and asking that she pray for me. The Holy Spirit came to me that night […] Sarah and I said a small prayer over the phone with my sister and in saying those simple words we were saved.

Sarah recalls how “it just seemed too easy […] but it’s what you do with it afterwards that makes a difference.” They attended the Baptist church service one Sunday and Henry said “a year ago I
would have laughed at the service [but] I felt the Holy Spirit that day […] We’ve been going ever since.”

After being saved and committing both of their lives to God, Sarah recalls that “he was an entirely different person. He was talking to people and he was not so angry. Treatments were better and we were better.” Henry interjects,

I couldn’t see that I was mean, but I believe it was the devil […] the devil was in me and blinded me […] With God in my life, I didn’t believe that I was going to die anymore and if I was, I was going to heaven. I had found my peace with God.

In a PET scan a few months ago he was cancer-free and he believes that “God was on their side […] and if I get cancer again, I’m not going to be mad at God […] we’ll be fine because we know that I am going to heaven and God is in my life.”

Sarah described it as “an awful, but an awesome year.” Both Henry and his wife slowly transformed from believers who took God and life for granted to complete believers who embrace cancer for bringing them closer to God and “saving” their souls. With their trust and care in God, both are not afraid of the future or the changing course of cancer. Henry and Sarah found a sense of security and hope in religion and have devoted their lives to it. They both had an individual faith before cancer, but when placed under the duress of such a disease and facing one’s (or in Sarah’s case, her husband’s) mortality both found comfort in the community of the support group and the church family. After diagnosis, faith increasingly became very important to both and it is through both personal faith and a community of shared beliefs that Henry and Sarah learned to cope with cancer.
“They all have the aura. You know what I mean? There is just something about them. I want that too.”

Like Henry, God is knocking on Nikki’s door too and for the first time in a long time, she is listening. Nikki was raised Catholic and always went to church on Sunday, but for most of her adult life did not attend church and would not consider herself very religious at all: “I always believed, but it was just never a big part of my life […] now religion has become a major part of my life. It brings joy, comfort and peace.” After a diagnosis of cancer, Nikki searched for peace and found it with God and his community of followers.

Nikki’s story is one of misdiagnosis and of cancer caught too late. In 2000 Nikki had a ruptured disk and her doctor advised her to get a scan. A spot on the liver about the size of a pea appeared, but it was diagnosed as a hemgeonoma, or a blister on the liver. “I believed what my doctor told me. I had no reason not to.” Over a period of five years the spot grew to be thirteen centimeters.

When it got to be around nine or ten centimeters I decided to get a second opinion. Looking back I should have gotten a second opinion earlier, but my doctor said it was nothing to worry about and I wanted to believe her.

She went to a gastroenterologist who did a liver biopsy and the pathology came back as cancerous. In 2006, she was diagnosed with carcinoid syndrome. She recounts,

It was my daughter’s birthday. I’ll never forget that […] And I quit smoking for thirty years, but after I was told I had cancer, the first thing I did was light up a cigarette. I thought, ‘what the hell.’ For days after that I just drank coffee, smoked and thought all day […] Back when the tumor was the size of a pea, it could have been taken out and I would be fine. But now it is too big […] I had chemoembulization which shrunk the tumor from thirteen centimeters
to eight centimeters, which is good. At this point, the tumor probably won’t kill me, but rather something that it secretes […] People are surprised when I say I am not mad about the diagnosis – I just feel sad that the doctor was so ignorant […] I take a shot to alleviate my symptoms – mostly just diarrhea. I hate going to the center. I cry every time I go there. I feel guilty – I just get a shot and go when there are other people who have to sit there for hours for their chemo. The difference between them and me is that they have hope and I don’t.

Nikki attended a support group for carcinoid syndrome at her cancer center with her husband and daughter.

It was a bunch of snotty people, like a doctor talking to another doctor. I had no idea what they were talking about half the time. It was too technical and people talked above you. I’m too down to Earth and it’s like don’t talk above me just talk to me. I never went back.

In the meantime, Nikki switched medical care and recently decided to attend the Baptist church’s support group.

My daughter and husband couldn’t believe I was going to another group […] But when you get to this point, you look for encouragement. You look for hope, joy, comfort. I think I mean peace. You look for peace […] I was so surprised to like the support group. The difference was like night and day compared to the other […] The community makes you feel so welcome and everyone in the support group is so united. They are all there to help each other.

Henry followed her out into the parking lot after a meeting and talked to her about God. Jo talked to her too.
Everyone just talked and talked and talked and I let them. They all have this aura.

You know what I mean? There is just something about them. I want that too […]

When I talk to Jo, she makes me tingly all over. You know, like I get goosebumps

[…] At my first meeting, she read passages from the Bible and I felt so peaceful.

Nikki told me a story about losing friends because of the stigma linked to cancer. She and two friends of hers would make an effort to go out to lunch every month or so. When one found out that she had cancer, she reacted in such a negative way comparing cancer to leprosy and exclaiming that Jesus condemned the lepers. She no longer came out to lunch with them. Nikki remarked “it was kinda hurtful […] When people know you have cancer, they treat you like you have the plague […] Some people no longer treat you like a human being.”

The church and its support group seem to provide the community and love that Nikki needs. “It’s where I need to be. I want to be positive. If I didn’t have them I don’t know what I’d do some days.” Nikki is not “saved” and is not baptized, but she says “she will probably join.” Nikki may have a personal faith, but it’s the community that provides that aura that she so desperately wants.

“I don’t know what my future holds, but I know who holds my future.”

In contrast to Henry and Nikki, religion has been a major part of Martha’s life. She is titled the prayer-warrior of the church; she keeps a journal full of people’s names that she prays for. After church there is a line waiting to talk to her and give her a name so she may pray for them. She is a member of the Baptist Church for five years and before that, used to be a member of another local church.

Martha is sixty-five years old and has been fighting cancer for twenty-five years. Everything she does, she does for the Lord. We sat in her newly added living room, which she
and her husband agreed to build if they could put it to use in the name of the Lord. It is the meeting place for one of their church’s bible study groups. At the age of forty-four, Martha had a lump in her right breast. A biopsy was taken and it was cancerous. “Since my mother had died of breast cancer and there were no real treatments then, I had a double mastectomy and later got implants.” Nine years later, she had a pain down her sciatic nerve. Her chiropractor sent her to get an MRI and the image showed a tumor on her nerve. “The doctors gave me four days to live and told me to go home. I prepared my funeral arrangements, wrote everyone in my family a letter saying goodbye and I prepared myself.” After fifteen treatments of radiation, the tumor shrunk. Seven years later it spread to her spine and vertebrae. Four vertebrae were crushed as a result. She takes an oral chemo pill to treat her cancer and its symptoms.

My entire body is filled with cancer. It is from my head down to my feet. It is in my skull, my vertebrae, my arms, my feet, but it is not in my lung, liver or brain. I have breast mestastis, a type of bone cancer. It is an estrogen dependent cancer or an estrogen receptive cancer which is treatable and maintainable through oral chemo pills and other medications.

Martha has been attending the support group there at the church for one year and is the snack lady. She described her connection to the group succinctly: “I minister there.” It is a service as a follower of God to lend her story and encouragement to others. “My Lord and my faith are my support. I would not be here without Him […] I don’t know how I would have made it without the Lord’s help.” She expresses the power of prayer, but just as strongly expresses trust in God’s will.

God may not always heal anyone who tells you otherwise is lying. He uses you as a vessel for prayer, consultation, etc. You pray in his will and he
answers according to his will. Salvation is through Jesus Christ and by faith and faith alone.

She tells me a story of a miracle of God: A man in their church was on dialysis and his kidney was failing. A girl from their church offered to give him hers and she was a perfect match. “That’s the faith we have.” This particular mini-story emphasizes the communal spirit of religion, rather than the individual faith of religion. She continues to characterize the church as “a loving community; a communal, helping church […] a family. The connection between everyone is intimate and we love each other. You are as strong as what your people are.” Martha may have an extremely strong personal faith in the Lord, but she describes the church community as a loving family and attests to the power of the communal.

Martha spoke very matter-of-factly about her cancer and spent most of the interview speaking of the church and its community. Cancer is very much a part of her life, but it does not seem to stop her from living or believing. She has devoted her life to God and puts in Him all her trust. If He wishes that she die, it is because her duty is done: “He’s not done with me yet.” At the last meeting she stated that “I have lived my life and Meg [another younger member of the group] has not. I pray that he take me instead of her if that is his will.” Martha’s every action is in service of the Lord and Martha has accepted the cancer and works to turn her disease into a means in which she can help others. After the interview we joined hands and she said a short prayer before I left. I expected to feel the “aura” when she prayed, but I felt nothing.

**Church Service**

It was Sunday and I was going to meet up with my informants to attend the church service with them. As I walked through the glass doors and peered around the room – always empty when I came for the meetings – filled with people piling out from the early morning
service. Two of my informants and a few other individuals from the support group spotted me and came up to welcome me at once. My informants hugged me and the one man said that “he had planted the seed in my mind and that Martha was getting the credit for it.” They all were smiling and seemed proud that I had come. The woman I was supposed to meet came up and after a brief chat with the group, I followed her into the sanctuary but frequently stopping along the way so she could introduce me to people. The sanctuary was a large, fairly modest room. There were no pews, but rather individual chairs set up in rows with one center isle and two isles on the sides. The ceiling dipped down a bit in the front and a small cross hung on the piece of wall connecting the old ceiling to the new ceiling. It faced the congregation, but was not the centerpiece of the foreground. In the foreground a few steps led up to the worship area. Microphones lined the front and a drum set lay in the corner. The pulpit was wooden and was placed in the front of the worship area in line with the center isle. It was communion Sunday and a table with ornate golden dishes holding the bread and the wine (or rather broken saltine crackers and grape juice) was positioned right below the pulpit on the same level as the rest of the congregation in the center of the room.

At the beginning of the service, the Pastor stood up in the front, but not at the pulpit, and welcomed everyone. He introduced the worship team and started the worship with a short prayer. As he sat down in a chair in the first row, the drummer started drumming a beat and the women standing in front of the microphones introduced a song. Everyone stood and a child behind me exclaimed “I love this song!” A picture of a sunset was projected onto the white wall behind the worship area and the words to the song were projected on top of that serene image. There were neither hymnals nor sheet music to the songs, everyone knew the tune from memory and most knew all the words by memory, too. The congregation belted out the lyrics to the song,
often swaying side to side or bobbing their heads to the beat. When the chorus came the voices got louder and louder and with the dramatic release of the music in the chorus, many people put their hands up in the air. Their faces made it look as if they were touching God Himself. I stuck out like a sore thumb. I was the only one around me not singing, and I was too afraid to look around to find out whether anyone else was not singing for fear of having more people realize that I was a stranger. Feeling entirely overwhelmed that I did not know the tune and coupled with the fact that I do not sing aloud unless I am either alone in my car or in the shower, alone being the key word, I stood in fear for a few stanzas. I did not want to offend my informant who stood next to me with her husband singing and praising God at the top of their lungs. Had I somehow been transported to a concert? I started to catch on to the tune and mumbled the words very much under my breath: “It’s all God’s children singing glory, glory, hallelujah He reigns! (Oh yeah, He reigns).” I felt relieved at the end of the song, and I was waiting for others to sit, but they did not. The sunset picture changed to a serene mountain landscape picture and another song’s lyrics appeared on the screen. The congregation’s spirit was tangible in their singing; the voices were so expressive and emotional. It did not matter whether you weren’t the best singer or whether you sang off-tune, what mattered is that everyone sang together and raised their voices as one up to God in worship. I don’t like singing, but that Oneness stirred a powerful feeling inside of me. I kept thinking about what Covington said about the snake holding ceremonies: “I felt as though I were in an element other than air. The people around me were illuminated. Their faces were filled with light…We felt invulnerable, forever alive” (101-102). As I looked around at the people singing, they had that aura about them that Covington felt and that I, at times, so desperately desired. So I sang. I did not “let go,” in an effort to stay an objective observer, but I had a strong temptation to.
After the songs, there was a time to express love for God in community. Everyone greeted each other around them and shook their hands. And you didn’t necessarily have to greet the people in your immediate area; one man from the back of the sanctuary came up to the front to say hello to someone. After the greeting, a man announced the certain ministry opportunities coming up in the future and gave an update on the current ministries. There was an offering followed by three more songs. The last two songs were being first introduced to the congregation, so by luck, I was not the only one who didn’t know the tune. And yet, everyone did not hold back. Those two songs had just as much energy and passion as the first three. Not knowing the tune did not stop them from expressing their love for God through song.

The Pastor gave a message titled “Just Walk Across the Room – Part I.” During the season of lent all of the sermons will be connected through a central theme: walk across the room. His sermon emphasized that humans each have a gift to give and that each of us must walk across the room, leave our circle of comfort, enter the zone of the unknown and extend our gift to change one’s eternity. Routine events then are transformed into divine possibilities. The theme is one of evangelism and spreading God’s word and love to others. As he spoke, his points were projected onto the wall in bulleted form. Christians who walk across the room receive: renewed faith, fulfillment, revitalization of the scripture, a growth in worship, a personal feeling of purity and the power of service. Many people took notes and scribbled phrases in their bibles beside the scriptural verses. He ended his sermon with these questions: How is God using you? Are you willing to be used by God? Who walked across the room for you and changed your eternity?

After his sermon the pastor led the communion ritual and ended the service with a prayer and a blessing. Through prayer, song and message they worshiped the Lord. I left the service
that morning, “in a heightened and confused state, as though the pupils of my spiritual eyes had been dilated” (Covington 11).

**Cancer Center Support Group**

I turned down the lane at the gas-lit lantern signpost. Instead of being in the heart of the woods looking for a church, I was in the heart of a corporate center looking for a numbered building. I pulled up in front of it and turned the engine off. The building looked like any building in a corporate center: uniform with the surrounding buildings, grey in color and slightly tinted windows. Only half of the cancer center was lit and I walked through the door on the light side. The room looked like a living room extracted from a nearby home and transplanted into the cancer center. Flower-printed cushioned chairs and loveseats were arranged in groups suggesting that earlier in the day patients sat there together chatting. Square tables were surrounded by chairs and resting on the tables were half-completed puzzles still with all the loose puzzle pieces lying on the table. Bookshelves filled with books lined the one wall. The books looked as if they had been read before and will be read again by those waiting in the room or by those seeking treatment or encouragement or both. The entire room had a very warm and communal atmosphere.

The leader, Kim, and a man were sitting in the cushioned chairs of which they had moved to form a circle. We greeted each other and chit-chatted as others came in from the parking lot. Everyone was greeted, with smiles, words, and hugs. One newcomer came and the leader welcomed her and explained how the meetings worked. Kim handed out two handouts – one outlining next month’s meeting times and topics, and one containing information about the group itself and what is expected from the group and oneself as a member of the group. The sheet
explains that the group provides hope, love, affirmation, information, encouragement, growth and nurture. The group is open and always accepts new members. There is a topic to guide discussion, yet the discussion is flexible and may stray from the topic a little. No one is required to speak, but they are also encouraged. After the leader’s brief run-through of the nature of the group, the meeting began. There were five people not including Kim and myself. Two individuals were/are patients and the remaining three were caregivers to patients at the center.

The meetings start with a brief check-in from each person. Every person gets a chance to tell his or her story (although terse) and give any updates in treatments, emotions, activities, behaviors, etc. After the check-in, Kim introduces the topic and from there, the meeting was free-flowing and highly interactive and participatory. The topic for that week was “Sick and tired of being sick and tired” and stemmed from the newcomer’s “story” of the hardships of being a caretaker. She expressed how angry she was; angry that her husband had cancer again, angry that it was taking over her life, angry about everything. The conversation centered on anger for a while and ultimately, the topic of God and faith entered into the discussion. All said to believe in God and God’s will, but one questioned the ultimate power of faith, claiming that faith can only take you so far and that’s where personal will comes in. Faith provided support, but not all of it. A question postured was ‘how do you explain all the unanswered prayers and deaths?’ The answer someone gave was “sometimes the answer is just ‘no.’”

The meeting ended on the topic of community and support. The group determined that a community of support (whether religious or not) lifts you up, literally or figuratively, and also fills you with warmth at one’s core. Kim wrapped up the meeting with a brief summary of what was said and discussed. The meeting formally ended with a prayer – the serenity prayer. Everyone stood up in a circle and held hands in a circle. One person led the prayer and said each
line first while the rest of the group reiterated that line in unison: “God grant us the serenity to accept the things we cannot change, the courage to change the things we can, and the wisdom to know the difference.” Everyone uttered “amen” at the end.

When I left the building that night my mind was racing with thoughts of cancer, death, faith and guilt. I thought “why do those people have to suffer?” It just seemed unfair. I felt like crying. And the worst of it all was that those in the group who had cancer were not even acting like this. They spoke the harsh truth, but with courage, conviction and hope. Where does that hope come from? How is it so strong? Why do some people have it and others do not?

At my second meeting with the support group in the cancer center there were eight people there: three of my informants and two of their caregivers, the new member from the last meeting and a new couple. The topic this meeting was “My life as a book.” The meeting began with a welcome and introduction from Kim, and then the check-ins started beginning with the new couple. Along with introductions and updates, Kim asked everyone to talk about what his or her life-book would be about. Many suggested that their books would be filled with different chapters or that they would have several books in order to separate certain events and time periods in their lives. One expressed the desire to have two books packaged side by side one about life before cancer and one about life after cancer. Also the notion that things in life were interconnected and that nothing is random came into the conversation.

Many stories expressed that night alluded to the idea that cancer is a gift and allows one to reconstruct a different outlook on life. The narratives contained many cultural idioms like “don’t sweat the small stuff” and “I can appreciate the sun without the rain.” Although the group individual’s outlooks on life changed, some argued against the notion that they viewed cancer as a gift. The idea of being knocked down to appreciate life did not sit well with a few and it
opened the door to the question of God’s will. Is cancer given to us by God’s will as a blessing to make us appreciate the things we take for granted? This concept was hashed out, but never answered. God entered into the group discussion, but his role remained uncertain.

The group meeting ended with the serenity prayer and after a round of hugs and some casual talking amongst each other, people went on their way home. On my drive home, I thought how hard these meetings hit me, despite the laughter and joking that does occur, as compared to the other group’s meeting.

**Illness Narratives**

As with the religious support group, I interviewed four members from the secular support group to determine how the individuals cope with cancer and if it is similar or different from the ways in which the religious individuals cope with cancer. Is God present in their lives? Is faith a major way in which each deals with their lives after being diagnosed with cancer? Or is God totally out of the picture? Is there any contempt for God?

“[God] will heal you faster than anything else.”

In the fall of 2002, Nicole was diagnosed with “small cell, slow growing non-Hodgkin’s lymphoma.” That summer she had experienced a large pain in her midriff and broke out often in sweats. She visited her doctor and he advised her to get a CAT scan. By October, a tumor attached to her stomach wall had grown six centimeters. The tumor could not easily be removed by surgery, so chemotherapy was Nicole’s only option. Nicole recounts her reaction to the diagnosis:

> When I heard the diagnosis, I felt numb at first, then scared because then I thought of death [...] and then I just felt stupid. I thought ‘were they telling me
the truth?’ It was rough […] It was around Halloween time and I joked with my husband saying ‘I have an alien in my belly.’ Laughing helped.

Nicole’s cycle of chemotherapy ended and she goes back every six months to get a maintenance drug that helps alleviate the sweating and other symptoms she experiences. Medically, Nicole deals with a lot more than just cancer. She suffers from diabetes, thyroid disease and hernias from several surgeries upon her abdomen. The cancer just became one among many medical problems. The scary part: “You just don’t know when it’s going to flare up.”

So, how does she cope? “If I didn’t have the Lord in my life I don’t know what I’d do […] it will heal you faster than anything else […] the Lord carries me and I know it […] God brought me so many friends to me, and he sent my pastor to me.” Nicole did not become a Christian until she married her second husband; she was baptized on the same day as her wedding. Nicole believes in the power of prayer to heal both physically and emotionally. She mentioned a man in the support group who doctors “gave six months to live and now he is completely cured. He is a Christian and we believe it is the prayers.”

Nicole also expresses herself through writing poetry: “I’m not a writer, but for some reason I just wanted to write.” She has written poems about doctors, butterflies and has even written one about the support group she attends at the cancer center. She could not find it at the time, but she dictated what she wrote: “I wrote that the support group is very open and like one big family. We see each other outside of the group and go out to lunch or dinner or have a little party together. The group is about sharing. You can sit and be quiet or you can cry or you can laugh […]”
Nicole belongs to the non-faith based support group at the cancer center and a faith-based share group at her church. God is the biggest support in her life along with the community of the church and the community of the support group.

“I have great faith. I could not face everyday without Him.”

I talked with Amy and her husband while she got her chemotherapy treatment at the cancer center. I had never been to a treatment center and although I had heard it explained a few times in previous interviews, it was striking to actually see one. The room was full of blue recliner chairs situated in a circle along the perimeter of the room, each with its own IV stand and a curtain for privacy. There was one other person receiving treatment at the time Amy was and the atmosphere was very communal. No curtains were drawn and often they talked freely back and forth to each other remarking about this or that. The nurses’ station was right outside the circle of chairs within the same room and they were chatting with the people there, laughing and cracking jokes. When the nurse had ensured the connection between the IV and Amy’s medaport, we began to talk.

During a trip to Newfoundland, Amy experienced a pain in her neck: “I just thought I had slept on it funny or something.” After her return from Newfoundland, she was seeing a therapeutic masseuse to relieve the pain in her neck: “The masseuse told me to go to the doctor and ask to get an MRI.” According to Amy, her masseuse told her that the doctor would tell her that she didn’t need one, but that she was to not take no for an answer. As a result of the MRI imaging, Amy was diagnosed with multiple myeloma. In February of 2002, Amy had her C4 vertebrae replaced with cadaver vertebrae. She also had to undergo radiation treatment and the cancer was reportedly gone. The cancer came back in her sternum, shoulder and one rib. Each time the radiation treatment worked to get rid of the cancer. Recently, the cancer has come back
and she went through another bout of radiation, but this time the cancer stayed. Amy now undergoes a specific chemotherapy treatment which is specially mixed and is very quick in relation to other chemotherapy treatments.

On the subject of support groups, Amy did not like the thought of them. “I didn’t like the idea of airing out my dirty laundry and talking about myself […] My husband made me go.” They went to one and have been going ever since. “I think it’s a very unique group. We are all so different and yet we mesh so well together […] we see each other outside of group.” Initially Amy went to satisfy her husband’s need and after a while to satisfy her own needs, but acknowledges that she also goes to help satisfy the needs of others. “Kim is great. We love her. She is so knowledgeable and keeps the group on subject. When the conversation seems to be going off topic, she reels us back in.”

Despite the rollercoaster of emotions that she and her husband feel, faith is a major part of her life. “I have great faith. I could not face everyday without Him.” Her husband interjected “Faith can only take you so far though, prayers aren’t always answered.” There seemed to be a different view of faith and hope in relation to patient and caretaker. Amy was very adamant and sure in her faith, whereas her husband seemed to be questioning faith. Major avenues of support for Amy are: family, the church, prayer, the interaction between the caregiver and a faith in her doctors.

“I never thought ‘why me?’ but instead asked ‘why not me?’”

I sat in Paul’s kitchen and it felt as if I was meeting an old friend. Upon sitting down, Paul immediately took off his winter cap and threw it down on the table. “I want to be completely honest with you.” It was the first time he had taken his cap off since his cancer treatments started. In this scene of mutual trust and comfort, Paul began his narrative. He began
with his mother. When he was six years old his mother was diagnosed with breast cancer and had a life expectancy of six months. “She had two mastectomies and lived for twenty years […] in all those years she always hugged me frontways and she hugged completely with her arms and her eyes.” Paul claims he was born “to feel before think and I felt the love, courage, wisdom and integrity through the women in my family.”

Paul recognizes divine providence in his diagnosis and the steps following diagnosis as a “line of blessings”. He felt bulges in his neck and thought it was bulging discs as a result from lifting heavy things during work at a packaging plant. He went to the doctor and was referred to an ear, nose and throat specialist who determined that the bulges were not discs, but lymph nodes. In October 2006, Paul had surgery in which the tonsils and several lymph nodes were removed. Both pathologies came back cancerous. Paul was diagnosed with non-Hodgkin lymphoma. Upon his diagnosis Paul was,

not upset because I remembered how my mother lived her life with no fear and no anxiety. I never thought ‘why me?’ but instead thought ‘why not me?’
I was magnificently prepared and it was my second birth […] I have been in gestation for sixty-four years…there is more of me coming out even than I knew existed.

After the surgery, Paul was very weak. His body weight decreased, he was not eating and “my body started to eat itself.” He tells a story that he wanted to get something to eat at the diner a few blocks away from his apartment. It took him an hour to walk three blocks and the instant he sat down he drank three full glasses of water. “If I had not made that physical effort, I would have died. I was immediately put into the hospital and got the last free bed.” For two weeks he was completely sedentary and by the third week he was walking around. “I turned sixty-four
there and all I wanted for my birthday was to walk ten laps around the hospital (six plus four), to take a healthy crap and to take a shower.” Two nurses helped him complete his laps and he referred to both of them as his “angels.” “I did the laps, but I didn’t get the crap.”

At one point during his recovery, he stayed at an interim home for the convalescing. His white cell count was low.

A minister offered a prayer and my cell count was twice what it was. It was a blessing and a miracle and I started crying and laughing. I thought only Catholics had a hotline to God! [...] I have been truly blessed and cancer is the best experience of my life because it showed me who I am on the inside – that I’m a good guy.

Faith and the power of prayer are important to Paul. He prefers to think of things within his narrative as divine intervention rather than merely accidents. In prayer, Paul recounts, “literally feeling levitated [...] The cap I wear was knitted by women in my church choir and each thread represents a prayer.” Life before cancer was depressing for Paul. He worked, ate and collapsed into bed only to start the cycle all over again when he awoke. Cancer brought a “whole new level of connection between himself and others: human to human.” He talked of nurses, housekeepers, cleaners, janitors, etc. that he met while in the hospital or in homes and is “blessed to have them all in his life and has unconditional love for all.” Cancer was a blessing for Paul and a chance to make his life count for something: “I give sixty-four dollars each month for a boy’s airline ticket to Australia who will be an ambassador to youth there [...] I’m recommitted financially to the church [...] I enjoy food again and now love drinking water. I try to eat healthy.”
Paul attends two support groups: one disease specific support group at the hospital and the general support group at the cancer center.

Initially I went to feed my spirit, but in actuality, I became a blessing to them

[…] I gave my cell phone number out to everyone because I return to work in April, so I will not be a physical presence but I want them to know that I am always there.

Paul’s support was “everyone that walked through my door” and things past, present and future: his mother, his current family and grandchildren, his hobbies such as biking, bowling and ballroom dancing, the medical staff at the hospital, his church community and the support group community. Each community brought him into personal contact with strangers.

“Where do I go from here? How do I let my life count for something? I’m ready to go back to work not to retire […] I feel like there is a book in my soul and if I don’t get it out I’ll be constipated for the rest of my life […] I’m listening to the spirit.”

“The stronger one’s faith is, the greater their chance of survival.”

In 1997, Mike went to the doctor and was diagnosed with the flu. For the next six months he took medication, but never felt any better. After six months, he went in for scans and after the nurse came back in for the third time to take another picture, he figured something was wrong. The next morning, Mike, at the age of fifty-five, was in an emergency surgery. He had stage three colon cancer and later the doctors would tell him that in twenty-four hours he would have been dead. On the fifth day after the surgery, the nurses made him get out of bed to walk around. “I was in excruciating pain lying down and I told them I could not walk. They pulled me out of bed and made me. Every step I was in excruciating pain. I kept yelling ‘It hurts, it hurts’ but no one listened. I was in tears.” The nurses kept telling him that it was good to get the
muscles active and stretched. One nurse saw his pain and ordered him to be taken to get x-rays.

“The x-rays showed that everything that they had done in surgery came apart – stitches and all. I had the same operation again and they told my wife, ‘if the cancer doesn’t kill him this operation might.’”

Mike had to undergo six months of chemotherapy and was told that he had six months to one year to live. “My doctor asked me what I liked to do. I said I like to hunt and fish. He said, ‘then go home and do it’”

The next operation he had was to reverse the bag for waste. “That bag was inhumane […] it fit over a piece of the intestine that stuck outside the body […] when you changed the bag, you had to be quick or else stuff spewed out.” After the surgery, his digestive organs stopped functioning.

This is where God comes in […] an intern came into my room and asked me if I had an OMP (osteopathic manipulative procedure) […] later I found out that this procedure is standard for this situation […] what happens is someone puts their hands with the palms facing up underneath the back and slowly rolls the fingers up towards the wrists. This stimulates the nerves. She did this and everything started working again.

After the operation to get the bag reversed, the nurses came into the room and forced him to get out of bed and walk. “I requested a baseball bat and no one could figure out what it was for. It was so I could hit her with it and tell her it doesn’t hurt.” Each time he had an operation he was in the hospital for two weeks. After this recovery he was told that he could go back to work. “I did auto body repair and mechanical work…I got a hernia and had to go back for an operation, but they never said watch what you do.” Following the first hernia operation, he had one more
single hernia operation and two double hernia operations. “I asked is it me? And they said, ‘no you were permanently damaged from the second operation [redoing the popped stitches inside]. We didn’t think you were going to live this long.’” Both he and his wife had to keep pressing doctors for answers because nothing made sense and they heard this again: “We didn’t expect him to live so we didn’t want him to worry.” I was fighting depression by the end of all my surgeries, from start to finish it had been five years (1997-2001). “I went from being able to do everything to being able to do nothing.”

In 2001 the cancer center started their support group and so he went:

After a while I didn’t need to go back to the doctors and I wasn’t a patient anymore so I wasn’t going to go back to the support group. But as a survivor, I was asked to stay and continue coming to the meetings as a source of encouragement […] The meetings are really helpful, I don’t know why more people don’t go…the only ones that didn’t ever come back were the ones that didn’t make it.

He has been attending since the group began and provides encouragement and a hope for those who come.

Mike belongs to a Mennonite church and faith, prayer and the church community is a major part of Mike’s illness narrative. He believes, the stronger one’s faith is the greater their chance of survival is […] I was not afraid of dying because I have acknowledged Jesus Christ and am saved […] absence with the body is presence with the Lord.

Before one of his operations, seven people showed up in one day to pray for him and each one did not know the other was coming. Mike understands this event as “reinforcements for the
spiritual battle going on […] I was praying to die, to get out of this world of pain.” His wife interjects saying that “if it weren’t for the church family we don’t know what would have happened.” The church paid a few of their medical bills and individual people sent them money for gas or whatever they needed. “It really brought the humanity out in people.” Mike is constantly reaching out to people (whom he can sense under duress) and talks to them: “Once I prayed with a man in an aisle of a store […] you can just tell how they feel and I can relate.”

Since Mike could no longer put all of his effort into auto repair, instead he put all of his time and energy into learning, cultivating and eating organic foods.

I was raised by my grandparents, not my parents […] I was raised by people living in the late-1800’s. There were no supermarkets, only good hunters, fisherman, and a great knowledge about crops. There were no force-fed cows in a barn.

All of this was passed onto me because of the missed generation.

Mike searches for morels, “mushrooms that grow in the woods here. They are hard to find but so good,” wild garlic, dandelion, paw-paws, poke in the woods surrounding the area. The plants are indigenous to the area and Mike has begun to sell them in Philadelphia at the Reading Terminal Market. He eats squirrel, turtle, bear, groundhog, venison. He then left his chair and went downstairs. He came back holding the shell of a thirty-five pound snapping turtle he had caught.

When I asked what turtle tasted like, he said,

“What does beef taste like?”

Sheepishly I responded, “beef.”

“Ok then, what does chicken taste like?”

“Chicken…So turtle tastes like turtle.”
From downstairs he also brought up a Jerusalem artichoke for me to eat. It looked like a pearl onion, but it was hard; biting into it felt like biting into a juicy potato. Mike was telling me how he finds these in the wild and grows them.

As a result of his interests, Mike stresses the importance of diet: There is a place for medicine and a place for diet, but it is not scientifically proven […] I think personal diet has a lot to do with a physical being […] I think it is the combination of both that is important.

He handed notebook after notebook to me full of information about these indigenous plants. Most of the notebooks listed the nutritional value of each plant and what diseases each plant is best to help. Mike praises “God’s bounty” and yet, still acknowledges the mighty role of God: “God is still in charge, but maybe me eating all of this wild stuff all my life helped fight off infection.” Mike reasoned that organic and natural food help maintain a healthy body and a pure self.

**Discussion**

According to my research, faith provides personal support and religion provides social support for people living and dealing with cancer. All of my seven informants not only expressed a personal faith in the Christian god, but said that it was one of the biggest, if not the biggest, ways they have coped with and come to understand their cancer. Henry and Nikki have a new found faith in God, but for individuals such as Martha, Amy, Paul, and Mike personal faith has been a part of their lives for a long time. Nicole is in the middle; personal faith and religion did not become important to her until she remarried. All believe heavily in the power of prayer and its ability to heal. Martha and Nicole told me stories of miraculous healing which not
only reaffirmed the healing power of prayer, but the reality of a healing Christ (Singleton, 2001). And yet, all my informants also heavily stressed the concept of God’s will: “Thy will be done.” Everyone realized that God is in charge and that no matter how “good” a Christian is, he or she may not survive cancer. God has the power to heal, but that does not necessarily mean that He will heal everyone, everywhere. Amy reiterates what a nurse said in the treatment room to illustrate her belief in a healing and benevolent God and a world where people die from disease: “sometimes His answer is ‘no.’” The patients all accept this notion of God’s will: “God has power in all situations” (Singleton 134).

My research is missing a major component: where is the secular individual? All of my informants in some way or another said “If it wasn’t for God I wouldn’t be here.” The completely secular individuals are absent from my research. Mathews suggests that the biomedical model conflicts with people’s own belief systems and expects the patient must help him or herself rather than look outside for support: “the expectations engendered by the general U.S. view of the sick role and by the specific biomedical model of cancer may conflict with their other beliefs and experiences and may be one reason why they do not participate in large numbers in formal support groups” (398). The United States’ emphasis on individual freedom extends to the illness experience and suggests that patients must work to mentally heal themselves. Thus,

the isolated individual often minimizes dissonance by finding ways to avoid explicitly recognizing or thinking about conflicting beliefs, [whereas] groups of individuals that come together for some common purpose must confront these differences of opinion and belief and find some way to handle them (399).
Drawing upon Mathews’ argument, the secular individual is isolated, off on his own trying to ignore the distress and conflict within his breast. He accepts the biomedical model, whereas Mathews’ breast cancer self-help group and these two support groups strive to reach a consensus by combining many different systems of meaning and knowing. One might argue that Henry and Nikki indirectly represent the secular outlook. While at the time of the interview, both were not secular, their narratives refer back to feelings and beliefs they had before God made an impact on their life. Their narratives may give a slight glimpse into a secular outlook, but that is irrelevant. What is intriguing is that they no longer have that secular outlook; due to cancer, both Henry and Nikki are committed to God and the support group. Under the duress of illness, the secular is absent.

Henry and Nikki testify to the transforming power of faith in the face of disease and medical crisis. The narratives show the search for meaning and understanding when one’s life is threatened by disease. The threat is so intrusive, destructive and personal; cancer threatens a person’s entire being. Old beliefs and practices are brought into question and a maelstrom of conflicting beliefs and concepts invades the brain (Mathews, 2000). In the cases of Henry and Nikki, their illnesses triggered the search for meaning. Henry equates his cancer as the catalyst for change in his life and the event that brought him into God’s community and made him a Christian. Implied in his narrative is that without cancer, he would be the same man he was before he was diagnosed: a man too busy for God. His personal faith grew out of the experience of facing mortality through a potentially deadly disease. Cancer threatened his very existence and religion provided the means in which to feel fulfillment in life and peace in death. Through faith and religion, Henry learned to accept his illness and be at peace with its course because he was ensured a place in heaven. Unlike Henry, Nikki looks to the religious community for
support. She desperately wants the “aura” that surrounds those in the church and the peace that comes with personal faith. She says, “when you get to this point, you look for encouragement.” Although both Henry and Nikki said they always “believed” in God, it wasn’t until they were diagnosed with cancer that they really started to take action and commitment to a church or God’s teachings. The cancer uprooted their general ways of knowing and understanding the world and ultimately, forced them to search for new meanings. The threat of cancer isolated them from everything they knew and they latched onto religion and social support for help and hope. Their narratives show that a person under duress is desperately searching for unity.

If all of my informants have a strong faith in God, why did they join a support group? Isn’t faith enough? Other studies suggest that people join support groups because other avenues of support such as family, friends, physicians or nurses are inadequate or ineffective (Mathews, 2000), class differences (Falke et al., 1986; Balshem, 1991), emotional or educational support (Falke et al., 1986), physicians’ encouragement, and the characteristics of the group itself (Mathews, 2000). All of my informants stated that they initially started going to the support group to satisfy individual needs, yet not all went on their own accord. Both Henry and Amy’s spouses brought them to the meetings and both couples still attend the meetings regularly. Amy expressed not wanting to go and “air out her dirty laundry” to a group of strangers and Sarah was worried that the meeting would be depressing with everyone crying and pitying themselves. Despite this negative image of cancer support groups, both Sarah and Amy’s husband urged their spouses to attend the meetings. Initially, Nikki attended a biomedical and professionally-led meeting at her local hospital, but never went back. Urged by Henry, she started to come to the religious support group meetings. Nikki’s bad experience with one support group made her hesitant to join another, but a friend’s encouragement and her desire to get that “aura” urged her
to attend. Paul, Nicole, and Mike started attending the support group because it was held at their cancer center and physicians and nurses encouraged them to go. Martha attends the support group to fulfill her own need to “minister.” None of my informants said they joined the support group as a result of the inadequacy of their other support networks. In most cases, informants talked of how effective their other means of support are: family, friends, hobbies, writing, etc. I did not deal strongly with class, but some of my informants are of the working class and they regularly attend the sessions, which counter arguments that the working-class have fatalistic attitudes toward illness (Balshem, 1991).

Although all started attending support groups for emotional and educational support, all still attend after the cancer is “cured.” Why? All of my informants stay in the group to provide support to others who may need it. Several informants described the support group as a family, a “fictive kinship,” that they remain loyal and faithful to (Jacobson, 1987). In both groups, the support may have started with cancer, but it does not end with cancer. The support is on-going and may have started with the individual, but extends out to the social.

The characteristics of the support groups are important in this study. My informants belong to two groups: one group is titled as a cancer prayer support group and the other, a cancer support group. The first group’s focus is primarily on prayer and God; cancer is secondary. Mostly the people who attend the meetings have strong religious beliefs, but not necessarily the same religious beliefs; some are Catholics, some are Baptists, some are Pentecostal, but everyone believes in the Christian god. There were no other religions present besides those within Christianity. Cancer may be the reason why everyone is there, but the group strives to offer spiritual support through prayer and shared testimonies praising the love of Jesus. The check-in stories turn into mini-narratives of the wonderful workings of the Lord and as proof to His power
(Singleton, 2001). As a result, the meeting focuses on the communion with God and how God can help one get through serious troubles in one’s life. The tone of the meeting is very positive and energetic. This may sound paradoxical to the reader: how can a cancer support group be happy? Despite the horrors of the disease and people’s experiences with it, the emphasis is on God’s love and how one must relinquish their worries and anxieties over to God and trust in Him. The supplemental materials that Jo uses for encouragement all stress the need for one to let God handle your distress and the group prayer is a way to communicate with the Lord, request things, but ultimately it is a form of praising the Lord and talking to Him. Aside from cancer creating “oneness” among the group, religion also creates “oneness” among the members that rises above the cancer. The meeting really exemplifies the saying: “God is bigger than cancer” (Eib xvi). The members in this group are tied together because of their illness, but also because of their shared religious beliefs and convictions. Cancer is the reason they are there, but God is the reason for everything.

In contrast, the secular support group meetings center around cancer, not God. There are fewer personal testimonies and more group discussions; the conversation is fluid and involves everyone, whereas the prayer group has ordered and sequenced talk. Cancer is the center, but God is often brought up in conversation. Although all of my informants within the group express having personal faith and practice religious behaviors, His role is often debated and varies among members of the group. As a whole, the group does not praise the Lord and the leader tries to focus the group on cancer. Cancer patients, caregivers, etc. talk openly and honestly about death. Aside from admitting to be anxious or fearful, the individuals flesh out and elaborate the feelings to the extant that one can almost “feel their pain.” God is part of the equation, but is neither the whole equation nor even ultimately, the maker of the equation.
Because the focus is cancer, the tone of the group is sobering as compared to the optimistic fervor of the prayer group. One of Mathews’ informants comments on the forced optimism of support groups: “You just get the feeling that they expect you to be so upbeat and positive no matter what…They kind of look at you funny if you say anything about being a cancer patient” (397). Although my informants never once expressed distress or concern with their support group, I wonder if some members from the cancer support group visited the prayer group might feel that way. Despite this emotional heaviness, the group is simultaneously subtly uplifting. The energy, the verbal and physical support of the group and the sheer act of talking and letting things out lifted people up. Kind, reassuring things were said to others feeling down and in addition to God’s love, there is the love of humanity.

Other aspects that make the groups different do not stem from religion, but the actual structure and leadership of the group. The religious prayer group is held at a Baptist church and led by the wife of the pastor. She is a cancer survivor (stage three colon cancer) herself for 16 years and started the group in the fall of 1991, which she has “discovered is one of the oldest – if not the oldest – continuously meeting faith-based cancer support group in the country) (Eib xv). Jo was a journalist and now works for an oncologist in the area as the patient advocate providing emotional and spiritual care to patients and caregivers. As part of her ministry and stemming from her personal experience with the illness, she started the group and it has been running ever since. In addition to running the group, she has also written three books about God and cancer. Jo is a friend to all who come and has very close relationships with many of the core members. She structured the group as: jokes, check-in, encouragement and prayer. Checking in and prayer take up most of the time, but time is not ever an issue. People can talk as little or as much as they want and meetings usually last between an hour an a half to a little less than two hours, but
mostly everyone stays afterwards to chat or grab some more snacks for a half an hour or so. It is relaxed and flexible.

In contrast, the secular support group meets within a local cancer center and is run by a professional with a masters in social work. Running the support group is part of her job and she gets paid for it, whereas the leader in the religious support group is not paid and, although it may coincide with her job as patient advocate, it is external to that job. Yet, the professional leader has MS and her own personal illness experiences. She may be a professional, but she can relate on a more personal level. The support group is simultaneously more structured and less structured than the religious support group. There is a specific topic assigned for each day the group meets. The topics are meant to focus the discussion. Aside from the topics in the two meetings I attended “Sick and tired of being sick and tired,” and “My life as a book,” there are topics such as “I have cancer, the cancer doesn’t have me,” “Thinking positive – What is that anyway?” and “Rollercoaster of emotions.” When the group tends to be straying away from the topic, the leader smoothly helps to get the conversation back on track. She participates in the discussions by paraphrasing people’s points, asking specific people’s opinions, or posing a new question to the group. She keeps the conversation and discussion moving forward, and offering support by actively listening to all. The meetings are very punctual and end precisely after an hour and a half. The structure of this group offers guidance and direction, but also allows a lot of time for active discussion.

Both groups create a community comprised of shared experiences, feelings, treatments and doctors; a community of lives under duress from cancer. The groups’ focus is on sharing personal stories and experiences. Singleton argues that individual illness narratives are not “just individual stories, but also a recognized genre – they are an identifiable type of shared,
community story” (135). In both groups, the stories act to sustain the shared belief among its members and to create a reality for the community. In short, “stories construct reality for a community” and through these stories the community sustains itself. The illness narratives of my informants are “cultural tools” told to “strengthen community identity” (136). People tell stories to reinforce their way of understanding and to create unity. Both groups heavily rely upon the concept of sharing, and it is the shared that gives reality and power to those individual beliefs. Like Mathews’ breast cancer self-help members, my informants and their respective support groups seek to create a common system of belief and meaning. The religious prayer group recognizes the need for biomedicine, but ultimately places all of their belief in God; they adopt a religious model of knowing. Like the prayer group, the cancer support group individuals place all their belief in God, but struggle to integrate biomedical and religious models as well as other systems of meaning. The shared model of knowing in the prayer group seems to create a stronger, more unified community of support as compared to the mixed model of knowing in the secular support group.

Theoretical Implications

Cancer threatens to “unmake one’s lifeworld” (Good 118). Common assumptions of everyday life are called into question and one’s entire understanding of the world starts to deconstruct. Good asserts that, “one of the most fundamental assumptions of everyday life [called into doubt]…is that we live in the same world as persons around us, that the world we experience and inhabit is shared by others” (125). Cancer unravels a person’s sense of community and social belonging; it separates the patient from the healthy and functional social role. As a result, “their world is experienced as different, as a realm which other cannot fully
They feel alienated from others, separated from the everyday world of work and accomplishment” (125). Good theorizes about alienation and the personal duress created by disease, but Murphy expresses a first hand account of the loneliness and destruction created by disease:

Nothing is quite so isolating as the knowledge that when one hurts, nobody else feels the pain; that when one sickens, the malaise is a private affair; and that when one dies, the world continues with barely a ripple… loneliness begets alienation, a breeding ground for self-destruction (63-64).

The deconstruction of one’s world by cancer places the patient in a state of duress; a person’s “normal” way of life is threatened and coerces that person “to find or fashion meaning, to reconstitute the world” (128). In this state of duress, special personal needs emerge; the need for community and re-establishing the concept that the world and one’s experiences are shared with others.

A person under duress searches and searches for something to hold onto – religion, family, diet, support groups, etc. He or she searches for meaning and understanding, interpreting all the random events in one’s life and striving to piece them together in one cohesive order. People tell stories to personally understand their experiences, but ultimately, those stories are told and re-told, constructed and reconstructed as events change and time unfolds. Sharing narratives and experiences fulfills an individual need to understand, to share, to be heard and to feel as if belong in a community. To those under duress, knowing that “you are not alone” is fundamental to regaining control. In trying to understand a person’s actions under the duress of cancer, the question concerning the function of social support rises to the forefront. Do support
groups help the cancer patient in combating alienation and to re-establish his or her sense of community and belonging?

From my preliminary research, themes and patterns emerge both pertaining to the individual and to the collective. All of my informants express their own individual stories of specific facts, ideas, needs, desires, fears, and so on, yet the stories form a collective genre of illness narratives. All of my informants express having a strong, intrinsic personal faith and at support meetings, individual faiths combine to create a collective faith that is both religious, and a more general love and compassion for humanity. In trying to determine the function of social support at a time of extreme duress, I argue that it is both the individual and the collective; on the one hand, social support groups satisfy individual needs and, on the other hand, the groups prove to create social solidarity and a sense of “collective effervescence” that transforms the individual into the social. In understanding the foundations of religious support and belief, it is not just the collective or just the individual, but rather both that make it significant.

The relationship between an individual and society has long been debated among anthropologists. Individualists argue that society is a group of distinct individuals. They praise the agency and individual actions of people. Everything begins with the individual and builds upon that stable base. In contrast, holists argue that individuals are a downstream consequence of social forces. Social structures and forces shape and form the individual. Holists criticize individualists for ignoring the constructing social forces and structures, and individualists criticize holists for reifying the concept of society – individuals are real, society is an abstraction. So the debate stands: do individuals create social structures and meaning or do the social forces and structures form the individual? Which direction does the causal arrow go - from individuals to society or society to individuals? I will discuss the theories of Emile Durkheim and Bronislaw
Malinowski in light of my research to argue that both theories must be taken into account in order to understand the function of religion and social support.

Durkheim, a titan in anthropological theory, is a consensus theorist and a structural-functionalist. As a structuralist, he argues that the causal arrow moves from society to the individual and thus, society impresses and constructs individuals. Essentially, individuals are a downstream consequence of society and instilled with social values, beliefs, concepts, etc. As a structural-functionalist, Durkheim argues that all social institutions function in order to create social solidarity. As a result,

religion is an eminently social thing. Religious representations are collective representations that express collective realities; rites are ways of acting that are born only in the midst of assembled groups and whose purpose is to evoke, maintain, or recreate certain mental states of those groups (Durkheim 9).

According to Durkheim, religion as an institution is fundamentally social and thus functions to create social consensus and solidarity. Durkheim argues further that all social institutions have a foundation in religion:

In short, then, we can say that nearly all the great social institutions were born in religion. For the principal features of collective life to have begun as none other than various features of religious life, it is evident that religious life must necessarily have been the eminent form and, as it were, the epitome of collective life. If religion gave birth to all that is essential in society, that is so because the idea of society is the soul of religion (421).

The main features of collectivity emerge from religion and form the basis of society. Thus, collective action in its truest form is a religious action. This feature of Durkheim’s theory sheds
a little light on the fact that the non-religious affiliated support group is comprised of entirely faithful people. Following Durkheim’s theory, one might surmise that all support groups are religious in nature and specifically draw religious people. In addition, Durkheim argues that individuals are not independent of this social institution, but rather “they are born in and from religion; they are a product of religious thought” (9).

Durkheim’s emphasis on collective action proves very important in my research. My informants all have individual faith in a higher Being, but all felt compelled to join a social support group. Durkheim proposes that beliefs are strongest when shared, and it is his emphasis on the shared that highlights the function of the support group for my informants:

A faith above all is warmth, life, enthusiasm, enhancement of all mental activity, uplift of the individual above himself…How could he transcend himself by his own strength? The only hearth at which we can warm ourselves morally is the hearth made by the company of our fellow men; the only moral forces with which we can nourish our own and increase them are those we get from others…The beliefs are at work only when they are shared…In fact, the man who has a genuine faith feels an irrepresible need to spread it. To do so, he comes out of his isolation, he approaches others, he seeks to convince them, and it is the ardor of the conviction he brings about that in turn reinforces his own.

That ardor would speedily dissipate if left alone (427).

Faith is nothing without one’s fellow man and the nature of faith is anything but individual. Durkheim says how the faithful feel compelled to spread it and a few of my informants expressed this very same idea. Henry had reached out to Nikki and urged her to come to the support group meetings. She has started to attend those and also the church’s regular Sunday
service. Martha and Paul seemed adamant to spread the love of God to all in their daily activities and Mike told me the story of when he prayed with a man in the aisle of a store. The “ardor” of faith is created through collective experience and dies without reinforcement from a community.

Another major component of Durkheim’s social theory that resonates in my research is his concept of collective effervescence. This is described as a mental phenomenon that, alters the conditions of psychic activity. The vital energies become hyper-excited, the passions more intense, the sensations more powerful; there are indeed some that are produced only at this moment. Man does not recognize himself; he feels somehow transformed and in consequence transforms his surroundings (424)

Collective thought and religious thought brought to a high intensity create this feeling of effervescence, which is only collective. This concept is very similar to Nikki’s concept of “aura.” She associated the word with a calming feeling, but I think there is something similar about the two. This passionate, intense, hyperexcited, spiritual sensation that transforms oneself and the surroundings is the sense I experienced in the room holding hands with the people next to me listening to the prayer warrior pray for us all or at the church service listening to the singing or Nikki’s reaction while Jo read scripture to her. This collective effervescence only occurred in the communal settings of the support group. This concept need not only be associated with religious contexts, but to all ceremonies and congregations of people:

[It] can be achieved only through meetings, assemblies, and congregations in which the individuals, pressing close to one another, reaffirm in common their common sentiments. Such is the origin of ceremonies that, by their object, by their results, and by the techniques used, are not different in kind from
ceremonies that are specifically religious (429).

The support group with no religious affiliation has a collective consciousness and this collectivity sustains not only the solidarity and consensus within the group, but also maintains the collective spirit of the group.

It is when individuals begin to question religion that the solidarity breaks and disbelief sets in. From his book *Suicide*, Durkheim developed the concept of anomie or the phenomenon in which “individuals are unhappy insofar as they lack meaningful participation in collective life, and are imprisoned in their own private space” (Cladis 62). Anomie is an “ethic” that “replaces public virtues with private interests, community with isolated individuals, tutored desires with boundless ones” (63). The individual separates from the community and it is this abnormal state that disrupts the function of society. Anomie disrupts order and rips at the seams of community. Disease threatens one’s meaning derived from collective life, yet collective life and collective consciousness is exactly what will help one confront it.

Bronislaw Malinowski deeply criticizes Durkheim’s notion of functionalism. Malinowski distinguishes his theory of “pure” and “plain” functionalism from Durkheim’s “hyphenated” structural-functionalism (Malinowski 293n1). In opposition to Durkheim, the individual and his or her psychological and physiological needs provide the basis for social life: “The individual…is the ultimate source and aim of all tradition, activities, and organized behavior” (291). Malinowski argues that social and cultural institutions, specifically religion, even satisfy the biological and psychological needs of the individual. He specifically refers to illness and delineates how religion and magic work to fulfill individual needs:

It is enough to remember that all human beings are affected by ill-health and have to face death ultimately, that misfortune and natural catastrophes, and
elements disturbing that favorable run of food-providing activities, always loom on man’s mental horizon. The occurrence of such acts of destiny engender not merely reflection, thought and emotional responses; they force the human group to take action. Plans have to be reorganized whenever a natural catastrophe occurs [...] We see that acting as he always does within an atmosphere of uncertainty, with his hopes raised and fears or anxieties aroused, man needs certain positive affirmations of stability, success, and continuity. The dogmatic affirmations of religion and magic satisfy these needs. Whether we take such early beliefs as totemism, magic, or ancestor worship; or these beliefs more fully developed into the concept of providence, a pantheon of gods, or one divinity; we see that man affirms his convictions that death is not real nor yet final, that an is endowed with a personality which persists even after death, and that there are forces in the environment which can be tuned up and propitiated to the trend of human hopes and desires. We can thus realize the dogmatic essence of religion by the analysis of individual mental processes (289).

As Durkheim argues that religion functions to create social solidarity, Malinowski argues that religion and magic work to calm anxieties of death, provide positive affirmations and the hope that the future holds something better. These anxieties and the need for positive affirmations are individual responses and needs during a time of duress.

In my research, Malinowski’s theory works in two ways. First, my informants all stated that they initially attending support groups in order to fulfill individual needs. No one said that their initial attendance of the group was to help others and provide support for people other than themselves. Although mostly all of the informants grew into the concept of attending to support
others instead of themselves, this concept came only after a period of time in which their individual needs had been met. Secondly, all of my informants are deeply religious and religion was mentioned by everyone as their main source of support and comfort. In order to deal with a cancer diagnosis and facing one’s morality, both Henry and Nikki slowly turned to religion to appease those fears. Henry was afraid of dying before, but with God in his life, he is able to handle whatever course the cancer takes, even if that means death because he is saved. In Henry’s life, personal faith brought back control and peace, despite the cancer. Similarly, Malinowski states, “the whole system of magical counteraction and cure, which is a regular counterpart of the belief in black magic, is the manner in which primitive man satisfies his individual cravings for some means of controlling a really uncontrollable evil” (290). Personal faith brings control to an uncontrollable disease.

According to Malinowski, individual needs came first. And yet, his theory does not dismiss collective action: “[…] sorcery and the magical means of combating it [evil] again satisfy certain psychological needs and are accompanied by a sociological byplay of collective effort to deal with the disaster” (290). Religion may satisfy individual needs, but in conjunction with social collective effort, the individual is fully able to deal with crises. Like Malinowski, Durkheim’s theory of collective action presupposes individuals and he states,

[…] man is double. In him are two beings: an individual being that has its basis in the body and whose sphere of action is strictly limited by this fact, and a social being that represents within us the highest reality in the intellectual and moral realm that is knowable through observation: I mean society (15-16).

Both the individual, emphasized by Malinowski, and the collective, emphasized by Durkheim, must be taken into account to understand the function of religion and social support among
cancer patients in my research. Individual agency and personal faith is not enough to combat the conflict; shared beliefs are crucial to the development of community and restoring order. Every informant initially sought out the community of a group to satisfy individual needs that their faith could not fulfill, and as a result, committed themselves to contribute back to other members of the social group. First, the informants were individuals, but second, they transformed into social beings.

**Conclusion**

In reference to the literature already conducted on faith and health, my study marries religious, psychological and anthropological studies. As a result, religion fulfills not only an individual need, but a social and cultural need as well. In opposition to some studies on the ability of religion to increase distress, this study reinforces the positive affect faith, religion, and community have on the cancer patient. None of my informants expressed a doubt in God; one of the caretakers did, but the patient remained firm in her beliefs.

Personal faith is important to all of my informants, but all of them actively sought out a support group in order to fulfill the individual need to feel belonging, common understanding and nurturance. Their actions suggest that personal faith is important, but that there is a greater strength and power in community and shared experience. The support groups emphasize sharing and focus on sharing stories, personal experiences and personal narratives. From this communal environment emerges Durkheim’s concept of *collective effervescence*. This concept only came about in a communal atmosphere and never one-on-one. My prayer with Martha at the end of our interview was unmoving and did not seem to contain the vigor and fervor of her prayer at the support group meeting. The collective consciousness and effervescence of the religious prayer group was strong and powerful, even transformative, but the cancer support group was a little
different. The support group, in contrast to the prayer group, is struggling to integrate various ways of knowing and often, consensus is not obtained. Although God comes up in the discussions, His role is often brought into question by some caretakers of the group and this inkling of disbelief breaks down the “Oneness” of the group and dissolves the collective effervescence. In contrast, all who attend the religious prayer group are fully committed to God and it is this powerful unity that creates the effervescent quality of the community. The closest the cancer support group comes to effervescence is during the serenity prayer. In that moment, everyone is holding hands and reciting a prayer in unison. Voices are folded into one another and it is as if all of the voices create one voice. In this instance, the cancer support group reaches the point of collective effervescence. Although the community may not be as religiously strong and may express some disbelief, all refer to the group as a type of family; it is humanity that creates the collective effervescence in this group.

In a time of medical duress, social support, in the forms of social groups and social institutions, prove to be beneficial and comforting rather than a source of more distress. Seemingly the conflict that sometimes arises in the cancer support group seems distressing, but to its members, the expression of negative thoughts is comforting and positively effective. Despite the positive function of social groups and institutions, what I set out to do I could not find; the secular individual is entirely absent from my study even despite the presence of a “secular” labeled cancer support group held in a medical center. The absence of the secular is a major limitation of my study, but I think it proves to be a valuable and very intriguing piece of information due to the lack of information on the secular individual. Confronted with disability due to a tumor growing around the spinal column, Murphy states,

In all the years since the onset of my illness, I have never consciously asked,
“Why me?” I feel that this is a foolish question that assumes some cosmic sense of purpose and direction in the universe that simply does not exist [...] this, then, has been a quest for meaning in a world in which there are no absolute meanings of any kind… (104, 222).

He expresses a secular attitude and refuses to accept that his disability is the result of a god’s master plan. This attitude is entirely missing from the members of the two support groups I studied. Maybe secular people do not experience anomie and are perfectly able to handle remaking their world and yet, Murphy heavily stressed his feeling of human loneliness and alienation. Some may argue that since Murphy is not suffering from cancer his outlook is not applicable to or similar to secular people suffering from cancer; however, through the course of my project, my advisor has voiced a lot of his experience with cancer. He says he is not a religious person, and very much relies upon reason and rational thought, but when confronted with a cancer diagnosis, he stated that “his world view became inadequate” and that he “felt alone.” With an overwhelming sense of purposeless, he stressed his “need for a nurturing community [and a belief in] something bigger than my will.” Under duress, he grew a spiritual impulse and started attending church. He does not still attend, but in that moment of duress, the nurturing community fulfilled his need. Here is the narrative of a secular man diagnosed with cancer who deeply felt anomie. Through the examples of Murphy and my advisor, secular individuals feel anomie and suggest that special needs emerge with the onset of disease.

Other speculations as to why secular people are absent from my study are that those who are secular may have been scared off by the religious nature of my seemingly secular support group, or that simply, secular people might just not believe in the function of support groups. For whatever reason, the secular seem at a disadvantage. With the growth of modernity and its
emphasis on science and reason, it would seem as if the secular suffer for refusing the support from social groups and institutions such as religion. As suggested in my study, support groups are beneficial and function to help people regain a sense of community and belonging. Without them, people are left to fight anomie by themselves. In times of duress, the function of faith, religion and social support is seen with greater clarity. In studying how individuals act under duress or when something goes wrong is a roundabout way of discovering how things work “normally” in society; in studying the dysfunctional, the functional emerges. By exploring the way some cancer patients strive to remake their “lifeworld,” I in turn explore the social forces that make “normal” life functional (Good 118). The power of religion and supernatural (often labeled today as “irrational”) beliefs create a social support that may not always be clear in “normal” times or moments in life, but become very clear under duress. Following Good, only when the common assumption that people share experiences with others in the world and that everyone is united is threatened does it really become clear how important community and shared beliefs are (Good 125).

If I were to expand my research further, I would make it a true longitudinal study and lengthen the period of my research. This would allow me to record my informants’ beliefs and feelings over a longer period of time, in which the status of their disease and treatment may or may not change. Another way to expand it, is to include both the religious and non-religious non-attender, specifically working to include a secular outlook on social support and religion as support. Why do they choose not to join a support group? How do they come to understand and explain their illness experience with cancer? Some of the major reasons that could emerge are issues of class, race and gender. I did not focus on these issues in this study, but it would prove significant in furthering the study of faith and health in medical anthropology. In addition to
capturing the secular perspective, exploring the perspective and avenues of support for cancer patients who practice other religions outside of Christianity would be useful. Do other religions provide support groups? Does a person get a sense of community from religions such as Buddhism or Islam or Judaism? Or does healing and comfort come from within the individual? Expanding the project to provide the secular perspective and various other religious perspectives, the understanding of duress and the issue of function at the group and the individual level may vary.

In this study, the relationship between personal faith, religion and social support is very intricate; each are woven into each other and provide a blanket of support for all of my informants. To my surprise, faith is a constant and the secular is left entirely unrepresented, but maybe more surprisingly, is this union of the individual and the group. Both function in beneficial ways to help and comfort the cancer patient in a time of stress and uncertainty; it is not an “either or,” but rather an individual need for the group, and the group as a communal, shared and unified whole.
Bibliography


