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Los Angeles

Prayer and Care:

How Elderly Nuns Sustain Well-being

A dissertation submitted in partial satisfaction of the  
requirements for the degree Doctor of Philosophy

in Anthropology

by

Anna Insolio Corwin

2014

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## ABSTRACT OF THE DISSERTATION

Prayer and Care:

How Elderly Nuns Sustain Well-being

By

Anna Insolio Corwin

Doctor of Philosophy in Anthropology

University of California, Los Angeles 2014

Professor Elinor Ochs, Chair

Epidemiologists have identified American Catholic nuns as a group that lives longer, healthier, and more actively, experiencing less anxiety, pain, and depression than their lay counterparts. While contributing factors such as education, nutrition, physical activity, optimistic outlook, and spiritual and social support have been identified through surveys and medical examinations, this dissertation is the first to document the everyday, on-the-ground social and sacred communicative practices that may contribute to the quality of life these elderly nuns report. The dissertation is based on long-term ethnographic fieldwork in a Midwestern Catholic convent where the elderly nuns report above-average quality of life. The dissertation identifies how a suite of institutional and communicative practices may contribute to the nuns' sense of well-being, including how their prayers are composed to garner assistance for peers in distress and



how care provided by the elderly nuns themselves offers a sense of purpose to both the caregiver and recipient of care.

The dissertation focuses on care interactions in the convent infirmary, examining how the nuns integrate the divine into their everyday interactions, how they imbue everyday care interactions with spiritual meaning, and how these care interactions may contribute to the nuns' aging process by providing an enriched form of support. The dissertation blends a phenomenological approach to embodiment with linguistic analysis of prayer practices, care interactions, and institutional *kenotic* practices to show how they may shape the nuns' experiences of illness, aging, and death. As a whole, the dissertation offers ethnographic insight into the everyday lives of elderly Catholic nuns in a convent infirmary, documenting the ways in which these nuns understand and experience well-being at the end of life.

The dissertation of Anna Insolio Corwin is approved.

Alessandro Duranti

C. Jason Throop

John Heritage

Elinor Ochs, Committee Chair

University of California, Los Angeles

2014

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- 2012 "Let Him Hold You: Spiritual and Social Support in a Catholic Convent Infirmary." *Anthropology of Aging Quarterly* 33(4).
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## CHAPTER ONE:

### Introduction

This dissertation is based on ten months of fieldwork with elderly nuns conducted over five years in a Catholic convent in the Midwestern United States. The central question of the dissertation concerns how Catholic nuns' everyday spiritual and communicative practices might shape their experiences of aging, their bodies, the end of life, and their experiences of the world. Elderly Catholic nuns have reported remarkable well-being and one of the central motivations of this dissertation is to understand what role their everyday linguistic and social practices might have in shaping their experiences of well-being and aging.

An enduring theme of this dissertation is a concern about care and aging. I am interested both in the medical and in the phenomenological aspects of care – the experience of care as a way of being-in-the-world. As a medical topic, the dissertation addresses the enactment of care among elderly nuns. It documents how members of a convent assess, attend to, and serve each other's needs. The dissertation analysis draws from a rich history of literature in both the medical, gerontological, and nursing fields (c.f. Barer and Johnson 1990; Leininger and McFarland 2006; Watson 1999) and in medical anthropology (c.f. Aulino 2012; Buchbinder 2012; Good 1995; Kleinman 1980, 2008, 2009, 2010; Mattingly 1998, 2010; Mattingly and Garro 2000; Mattingly and Lawlor 1998)<sup>1</sup>. My focus on nuns' end of life experiences was inspired by research findings in epidemiological and gerontology. In particular, the dissertation pursues the findings that elderly American nuns display higher than average physical and psychological well-being (Butler and Snowdon 1996; Snowdon 2001; Tyas et al. 2007). Medical anthropologists like DelVecchio Good, Garro, Good, Kleinman, and Mattingly have treated care

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<sup>1</sup> There has also been important work on the social, economic, gender, and political implications of care (c.f. Boddy et al. 2006; Brechin et al. 1998; and Meyer 2000).

interactions as culturally shaped (Garro and Mattingly 2000; Good and DelVecchio Good 2012; Kleinman 1980, 2006; Young and Garro 1981) a number of medical and psychological anthropologists have drawn on phenomenological perspectives to integrate the subject's point of view into the treatment of care (DelVecchio Good et al. 2004; Good and DelVecchio Good 2012; Kleinman 2008, 2009, 2010; Mattingly 1998, 2010; Ruopp et al. 2005; Throop 2010; Yang et al. 2007).

The dissertation addresses cultural and medical forms of care as they emerge in the convent; how elderly nuns physically and socially care for each other within the institution of a Catholic convent infirmary. Medical anthropology literature has often approached this subject through interviews and ethnographic observation. Through my training as a linguistic anthropologist, I hope to shed light not only on broad ideological, social, cultural, and institutional forms of care in the convent, but also the unfolding of care as it happens moment-by-moment via the micro-interactional exchanges through which individuals provide, receive, and create care and caretaking<sup>2</sup>. Through this blending of medical and linguistic anthropological analysis, care can be seen as a series of interactions that offer, provide, or suggest support to others' bodies, beings, or persons. I see care not only as a practical action – for example, offering assistance to a person or body, but also as a psychological and emotional process through which individuals (both human and divine) are present to each other in various ways.

I draw on phenomenological and philosophical modes of care, in which care can be seen as a way of being towards the world. Heidegger introduced this notion of care in his work *Being and Time* (1962 [1927]). Although I do not devote much space to the rich philosophical tradition that examines these notions of care (c.f. Dreyfus 1991; Tomkins and Eatough 2013; Videgård

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<sup>2</sup> Conversation analysts have done excellent work analyzing the micro-interactional unfolding of medical interaction. For examples of conversation analysis in medical settings, see Heritage and Maynard 2006; Stiver 2007. For a broader review of medical interaction, see Wilce 2009.

2013), the understanding of care, also translated as *concern*, as a phenomenological way of being-in-the-world and being towards others influences my approach to the analysis of care in this dissertation<sup>3</sup>. I understand care to be not only a set of practical actions, but also an orientation to the world and to others. As such, the dissertation seeks to illuminate the notions and practices of care as potentially material and embodied (as in providing for someone a glass of water, helping someone dress, or comforting a person through touch as emerges in Chapter Two), as linguistic (through actions such as listening to someone or communicating in particular ways, as shown in Chapters Four and Five), and as emotional and experiential (as in Chapters Two and Three).

My research has been influenced by a number of fields of anthropological inquiry, and I have been lucky to be writing at the intersection of research in a number of sub-disciplines. Medical anthropology, a sub-discipline that explores the cultural and social underpinnings of healing, medical interaction, and the body has shaped the topical focus of the dissertation. As a linguistic anthropologist with training in psychological and medical methodologies, I bring to the analysis an interest in the role of language not just as a means of representing experience or histories (as through narratives and interviews), but also as a mode of experiencing the world and expressing and instantiating those experiences. In this way my work is deeply influenced by Ochs' work on language and experience (c.f. Ochs 2012). As a linguistic anthropologist interested in how care emerges in interaction both between humans and with the divine I also hope to contribute to a growing literature on the role of prayer and religious language (c.f. Baquedano-Lopez 2001a; Capps and Ochs 2002; Keane 2007; Robbins 2001; Shoaps 2002), the growing conversation in linguistic anthropology on the problem of communication with the

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<sup>3</sup> The topic of care is also related to issues of intersubjectivity and empathy which have been taken up recently in the anthropological literature by Csordas (2008) Duranti (2010), Throop (2008), Hollan (2008), and others.

divine, and the various ways in which communication with and about a divine interlocutor shapes and articulates interaction in specific ways.

As research about aging and the end of life, my dissertation also speaks to the field of the Anthropology of Aging and the Life Course. Clark (1967:13) famously wrote “if one is to judge from typical anthropological accounts, the span of years between the achievement of adult status and one's funerary rites is either an ethnographic vacuum or a vast monotonous plateau of invariable behavior.” Clark is seen to be the “founding mother” of the anthropology of aging (Perkinson and Solimeo 2013). Her foundational work reframed aging as not only a universal biological process, but as a *situated phenomenon* that is better understood as an iterative, contextually embedded, cultural phenomenon (Clark 1967).

In recent years, the anthropology of aging has brought a phenomenological focus to the themes of experience, embodiment, and identity across the lifespan (Cohen 1994, 1998) as well as a critical focus to how aging is represented and how cultural context and social interaction shape identity, personhood, and experience over time as people grow old (c.f. Amoss and Harrell 1981; Aulino 2012; Fry 1980; Lamb 2000, 2009; Myerhoff 1978; Sokolovsky 1997)

I have also been fortunate to be writing in a time when the anthropology of Christianity is beginning to flourish. Thanks to the work of many ethnographers like the Comoroffs, Robbins, Bialecki, Bielo, Cannell, Engelke, Hardin, Tomlinson, and more, Christianity has become, at long last, a field of inquiry for anthropology (Bialecki et al. 2008; Cannell 2006; Lampe 2010; Robbins 2003). Historically un-examined by anthropologists and social scientists, recent scholarship in anthropology has brought to the fore Christianity's influence on colonial and political histories (Coleman 2000; Comoroff and Comoroff 2003; Vilaca and Wright 2009), linguistic histories (Hanks 2010; Harding 2000; Robbins 2001, 2007; Schieffelin 2000; Keane

2007), and cultural, gendered, and experiential modes of being (Bielo 2012; Cassaniti 2012; Coleman 2007; Engelke 2007; Hardin 2014; Luhmann 2012; Tomlinson 2009).

My work is strongly influenced in this area by the writings of Csordas and Luhmann. Csordas' work (1988, 1993, 1994, 1996, 2002) combines phenomenological inquiry into religion, experience, embodiment, and healing. Luhmann's work (2004, 2010, 2012a, 2012b) addresses how religious practices such as prayer and communication with the divine shapes experience and cognition. Both have influenced my own thinking about the intersection of practice, religion, and experience.

Most influential to this dissertation is the unique training I have received at UCLA. I have been under the generous intellectual influence of a group of scholars who are blending linguistic, medical, and phenomenological thought. This is what drew me to UCLA and what has been the greatest gift in my work here. Elinor Ochs' work has, since the 1980s involved an analytic drive to understand how psychological processes are manifested in communicative interaction and vice versa, how linguistic interaction shapes psychological modes of experience (Capps and Ochs 1995; Ochs 1989, 2012). Both Alessandro Duranti and Jason Throop's work combining phenomenological work on attention, interaction, and intersubjectivity have also influenced the way that I have chosen to take up the topic of care (c.f. Duranti 2009a, 2009b, 2010; Throop 2003a, 2003b, 2008a, 2008b, 2010a, 2010b). As such, I hope the dissertation will add to conversations in each of these fields.

Finally, this dissertation examines the lives of women living within the institution of the Catholic Church. The body of literature on the Church and its historical, cultural, theological, and social influence is tremendous (c.f. Dolan 2003; Finke and Stark 2005; Hanson 1990; Orsi 2005). Since this is a dissertation that examines the lives of women who live in a particular

moment in a particular manifestation of the institution, I have chosen to address only the aspects of the Church and its history that manifested as ethnographically relevant within their everyday lives. As such there is a rich body of literature on Catholicism, its influence, and lived experience for those within the institution that this dissertation omits.

### **From Successful Aging to Well-Being**

In June of 2008, I boarded an airplane from Los Angeles to a convent in the Midwestern United States where I would spend the summer living with one hundred and fifty elderly Catholic nuns. I call the convent the Franciscan Sisters of the Heart Convent<sup>4</sup>. I had begun this journey to try to understand why some people experience greater well-being at the end of life than others. Specifically, I wanted to understand how the lives of religious persons might shape their experiences as they aged. Research has shown that people who are deeply spiritual with a strong belief in the divine and those who regularly attend religious services are healthier than others (c.f. Koenig 2012; Green and Elliot 2010; Maton 1989; Steger and Frazier 2005). As a linguistic anthropologist, I believed that the communicative practices that bind religious participants to each other and to their experience of the divine would offer insight into these differences. I wanted to understand was how religious language practices might influence the way one feels about one's body, especially when one is ill. For those who believe in God, how might their communication about or to the divine guide their experience of everyday well-being? How might a sense of sacredness infuse the experience of illness and pain, and if so, how?

In recent years, there has been a flurry of research on healthy aging practices in medical and epidemiological research (c.f. Glatt 2007; Johnson 2013; Phelan 2004; Reichstadt 2006; Rowe 1997). This work has defined successful aging as a suite of features including longevity, biological and mental health, "cognitive efficacy, social competence and productivity, personal

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<sup>4</sup> All names are pseudonyms.

control, and life satisfaction” (Baltes and Baltes 1993:5). These studies have drawn primarily on survey methods and have linked particular behaviors and practices such as nutrition, exercise, lower stress, higher education, social support, and spiritual practice with healthy aging outcomes (c.f. Reichstadt et al. 2006; Rowe and Kahn 1987; Sarnak et al. 2008; Tyas et al. 2007).

The majority of medical, epidemiological and gerontological studies have defined healthy aging by identifying factors that contribute to longevity, cognitive function, and absence of disability and disease (c.f. Cannella et al. 2009; Lustig et al. 2009; Rowe and Kahn 1987). Yet these studies do not necessarily reflect how the individuals themselves see their own aging process. A study in Southern California found that older adults did not define successful aging in terms of longevity, cognitive function, or disease. Instead, they defined successful aging in terms of psycho-social factors such as adaptability to change, positive attitude, and social support (Reichstadt et al. 2006). Ethnographic exploration into local models of successful aging has shown that medical models do not always match individual experiences of illness (Kleinman et al. 2006) or individual goals for successful aging. Lamb’s recent work has brought a critical analysis of the healthy aging literature, arguing that the model of successful aging as presented in both the popular and much of the academic literature promotes a very particular cultural and bio-political model promoting “individual agency and control; maintaining productive activity; the value of independence and importance of avoiding dependence; and permanent personhood, a vision of the ideal person as not really aging at all in late life, but rather maintaining the self of one’s earlier years” (Lamb 2014:41).

Within this paradigm, epidemiologists have identified U.S. Catholic nuns as a group whose members live longer, healthier, and more active lives, and experience less anxiety, pain, and depression than their lay counterparts, a model of “successful aging” (Butler and Snowdon

1996; Snowdon 2001). These studies have suggested that the nuns' "deep spirituality" and powerful sense of community positively impact long-term health and significantly improve quality of life (Snowdon 2001:201-202). In addition, an increasing number of studies suggest that religious practices including prayer, meditation, and participation in religious services aid the mental and physical health of the practitioner, promoting physical well-being and protecting against depression (Koenig et al. 1997; Koenig 1999; Newberg 2006; Strawbridge et al. 1997). Through meditation, for example, Tibetan monks are able to train their brains neurologically to reinforce "positive feelings and well-being" (Newberg 2006:187). Pevey et al. argue that in general religion provides a relationship with a divine being that the believer experiences as supportive (2008:55). Koenig et al. (1988:18) found that "for women and those seventy-five and over, religious behaviors and attitudes were particularly strong correlates of morale." Religion often correlates with meaning in life, and meaning in life correlates with subjective well-being such that it "mediate[s] the relation between religiousness and life satisfaction" (Steger et al. 2005). Religiousness has also been strongly associated with better health habits, including lower smoking and alcohol consumption and greater likelihood of medical screenings (Aldwin et al. 2014), but these behaviors alone do not tell the whole story. Quantitative measures of spirituality have also been strongly linked to biomarkers including blood pressure, cardiac reactivity, immune factors, and disease progression. The effects of spirituality (e.g., meditation, self-transcendence) on health have been theorized to be mediated primarily via the effects of emotion regulation on the inflammatory processes underlying chronic illnesses such as cardiovascular disease and cancer (Aldwin et al. 2014).

While quality of life and well-being are often used as synonyms (Cooper et al. 2013; Nussbaum and Sen 1993; Nyklíček et al. 2014), quality of life is often associated with external



measures such as physical health, and well-being usually includes measures of both subjective and objective states and is defined as a collection of attributes. In psychology, well-being usually refers to subjective states, including life-satisfaction, positive affect, high self esteem, and limited negative affect including infrequent anger, anxiety, depression and fear (Diener and Cha 2011:25; Maton 1989). Gerontology expands this definition to include physical, social, and “mental” criteria including “length of life, biological health, cognitive efficacy, social competence and productivity, personal control, and life satisfaction” (Baltes and Baltes 1993:5). A few gerontologists also include measures of spiritual satisfaction (c.f. Cowlshaw et al. 2013; Meisenhelder 2003; Nelson-Becker et al. 2013). Although a number of studies have established a quantitative connection between spirituality and well-being, this dissertation is unique in its exploration of well-being at the end of life in that it explores nuns’ *interactions* as they unfold in everyday life in the convent<sup>5</sup>.

In contrast to the quantitative approach employed in most medical measures of successful aging, anthropological literature on well-being has emphasized cross-cultural variation, drawing on ethnography to explore local models and definitions of well-being (Mathews and Izquierdo 2010, Weisner 2010). In this way, anthropology has broadened the study of well-being to situate it within a cultural framework. In *Pursuits of Happiness: Well-Being in Anthropological Perspective*, Mathews and Izquierdo (2010:5) define well-being as “an optimal state for an individual, community, society, and the world as a whole.” They assert “it is conceived of, expressed, and experienced in different ways by different individuals and within the cultural contexts of different societies” (Ibid 2010:5). Since the factors that make up well-being vary across cultural contexts, Mathews and Izquierdo (2010:6) assert that it cannot be understood to

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<sup>5</sup> For ethnographic treatment of religious training of Catholic nuns see Lester 2005; for socialization into Buddhist monastic practices, see Dreyfus 2003; for ethnographic description of social support in secular aging contexts, see Buch 2013; for ethnographic treatment of aging in India see Lamb 2000, 2009

be one set of attributes; it must be studied through “soft comparison” using ethnography.

Weisner’s research (1998, 2002:279) views well-being as an engaged activity rather than a set of attributes. He defines well-being as “engaged participation in cultural activities deemed desirable by a cultural community (e.g., kinds of play, work for the family, prayer), and the psychological experiences produced thereby (such as effectance, happiness, and trust)” (Weisner 2002:279).

Hollan’s concept of the selfscape, the constant mapping of one’s representations of one’s “own past experience onto the space and time of the contemporary culturally constituted world” (2010:214), adds temporality to the notion of well-being. Hollan (2010:214) argues that “the self-system and by implication one’s awareness of one’s own state of wellness or unwellness, is a dynamic and ever-changing product of the interaction of body/brain and experience.”

Catholic nuns’ lives set them apart from other Americans in many ways (Bernstein 1976; Fialka, 2003; Kaylin 2000). They spend their lives as committed to serving the divine, a lifetime of obedience to a religious institution, which both restricts their autonomy and provides for them as they age. When they join the convent, the nuns take vows of obedience, chastity, and poverty, promising to obey convent and Church authority, to never marry or have sexual relations, and to give the majority of their earnings or inheritance to the convent (see Chapter Four). They devote themselves to prayer and service to the Church, the convent, and to the greater community (Reed 2004; Zemba 2010).

A longitudinal study of 678 Catholic nuns led by epidemiologist and Alzheimer’s disease specialist Snowdon found that Catholic nuns live longer than their lay peers (Snowdon 2001). Members of the School Sisters of Notre Dame who participated in this study had “lower all-cause mortality rates than did the general population, and this mortality advantage increased over

time, particularly from earlier to more recent birth cohorts” (Butler and Snowdon 1996). Their study concludes that Catholic nuns are 27% more likely to live into their seventies and that their likelihood of living longer increases with time. The nuns have also been found to live happier, and healthier lives than their lay counterparts (Butler et al. 1996; Danner et al. 2001; Snowdon et al. 1989; Snowdon 1996, 2001).

The research on the School Sisters of Notre Dame found that the more years of education the nuns had received, the more cognitively robust their minds were at the end of life. The education the nuns received appeared to buffer cognitive decline and reduce the risk that the nuns would express dementia in later life (Butler et al. 1996; Mortimer 2002; Snowdon et al. 1989). The nun study analyzed the nuns’ writings including personal narratives written by the nuns when they entered the convent. They found that low linguistic ability in early adulthood had a strong relationship to poor cognitive function and dementia in later life (Snowdon et al. 1996). In another significant finding, analysis of the nuns’ archives indicated that positive emotions expressed in their writings were associated with longevity six decades after the nuns had written their accounts (Danner et al. 2001). The study analyzed one hundred and eighty of the personal narratives, rating each for “positive emotional content.” The study then compared these data with the nuns’ age of death, concluding that the nuns who expressed the greatest amount of positive emotion in the early narratives were likely to live the longest (Danner et al. 2001). Through multi-decade analyses of the nuns’ histories, physical and cognitive health, and analysis of their brain structures, the nun study has made remarkable progress identifying and understanding the factors that contribute to physical and cognitive health at the end of life. The study has produced hundreds of articles, the majority of which address the development and neurobiology of Alzheimer’s disease (e.g. Riley et al. 2002; Snowdon et al. 2000).

In his popular work, Snowden (2001) has also written about the role that faith, community, and attitude play in contributing to the nuns' record of healthy aging. Yet, Snowden notes that the question of how the nuns' daily spiritual and social practices contribute to their experiences of health and well-being cannot be answered using the existing database and largely quantitative analyses that have been conducted as part of the nun study. This dissertation begins to address these questions, examining how spiritual and social communication among elderly Catholic nuns might influence their sense of health and well-being.

Recognizing that the processes and experiences of care and aging are multifaceted and dynamic, this dissertation considers the topics of care and prayer from a number of analytical angles. My linguistic analysis of narrative, prayer, and caretaking interactions provide an interactional approach to the examination of the spiritual and social roles of prayer in the convent. Together with a phenomenological approach to embodiment and care, these approaches aim to provide a diverse picture of the factors that contribute to the ways in which the nuns experience and understand the end of their lives.

## **Methods**

During the summers of 2008, 2009, 2010, 2012, and 2013, and a five-month period in 2011, I conducted ethnographic fieldwork on the spiritual lives and social encounters among the nuns in the convent. For much of this time I lived in the convent, except for a period after my son was born, when he and I lived nearby in an apartment. During these months, I participated in the daily activities at the convent, ate with the nuns, attended mass<sup>6</sup> and prayer meetings, and accompanied them during their work or volunteer activities. During the research period, I

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<sup>6</sup> As a non-Catholic, one activity I did not engage in was communion during mass. Although some of the nuns invited me to participate, the Catholic Church treats Eucharist as a sacrament available only to those who have been baptized in the Church. I chose not to participate both to respect the Church stance and as a communication of my position as a non-Catholic.

collected a corpus of video and audio recordings comprising more than one hundred hours of naturally occurring interactions including formal and informal prayers, and social interaction. In addition, I collected a corpus of fifty-two person-centered interviews (Levy and Hollan 1998) and sixty-seven quality of life questionnaires.

### *Participant Observation*

I engaged in ethnographic participant-observation (Bernard 2006; Emerson et al. 1995) throughout the course of the research period, participating in daily activities in the convent, including daily mass, morning and evening prayers, meals, daily work routines, and the social activities in which the six focal sisters participated. Throughout the course of data collection, I maintained daily field notes detailing the communicative and social activities in the convent with particular attention to the organization of care, institutional and individual problem-solving pertaining to medical conditions, spiritual support interactions with the divine, and emotional dispositions towards illness, aging, and death.

### *Quality of Life Questionnaires*

In 2010 I administered the McGill Quality of Life questionnaire<sup>7</sup> (Cohen 1995), designed to measure the quality of life for individuals suffering from terminal illness. While the nuns' infirmity may not be diagnosed as a terminal illness, it is understood that they will remain in the convent to be cared for until the end of their lives. The quality of life questionnaire was chosen because it is designed to address physical and psychological symptoms, and existential well-being and support domains (Cohen 1995). This four-fold focus made the questionnaire relevant for the purposes of this study. The McGill Quality of Life questionnaire was administered to all of the retired elderly nuns in the convent. It was distributed in written form. Two participants requested assistance filling it out.

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<sup>7</sup> A copy of the questionnaire is in the appendix.

### Audio and Video Recording of Focal Activities

During the preliminary research period, I chose to isolate four focal activities comprising the highest density of care and prayer interactions to video- and audio- record. The goal was to focus on activities in which nuns were interacting around care, social support or spiritual engagements.

These activities included:

1. *Mass and Evening Prayer.* The nuns meet daily as a community in the chapel for mass and in small groups for evening prayers. I attended both of these activities on a daily basis and recorded a corpus of prayer interactions in both settings. The mass corpus includes video and audio recordings of daily masses as well as three funeral or remembrance services. The group prayer corpus includes audio-recordings of a series of evening prayer meetings in the nuns' living quarters. These are discussed and analyzed at greater length in Chapter Four.

2. *Pastoral Care.* I gathered a corpus of pastoral care interactions between nuns providing pastoral care and recipients in the infirmary wing of the convent, shadowing three nuns who regularly visited individuals in the infirmary wing of the convent. One of the nuns provided foot massages to individuals living in the infirmary. The second nun provided structured prayer and social interaction for nuns suffering from dementia and the third nun made less formalized social and spiritual care visits. I followed each of these individuals with an audio or video recorder as they made their way through the infirmary visiting nuns in their bedrooms. I recorded a total of thirty-nine pastoral care interactions.

3. *Mealtime.* The majority of the nuns meet for meals in a large dining hall in the center of the convent. These mealtimes involve key social interaction between the nuns as they eat. I

recorded a corpus of audio recordings from one dining table that included a small group of six to eight nuns as they ate dinner.

4. *Card Games*. In the evenings after prayer, many of the nuns gather in the convent infirmary to play card games in groups of two to six. During my time in the convent, I participated in these games and recorded a corpus of interactions between two groups of nuns as they played cards. One series involved a small group of two to three nuns on the infirmary first floor and the second series involved a group of three to five on the infirmary second floor.

#### *Semi-Structured Interviews with Institutional Authorities*

In 2011 I conducted semi-structured interviews (Bernard 2006:212) with institutional authorities on the organization of care in the convent. These interviews were conducted with four people: the Congregational Minister (Reverend Mother), the wellness director in the infirmary, the head of pastoral care (a nun), and the head nurse (a lay employee). The goal of these semi-structured interviews was to explore the institutional organization of care in the convent. The interviews were designed to examine how care for medical conditions is administered; who provides the care; and when, where, and how medical decisions are made across all three levels of the convent.

#### *Life History and Person-Centered Interviews*

When I first visited the convent in 2008, I conducted a series of life-history interviews with twenty nuns. In these interviews I followed an open-ended format inspired by Levy and Hollan's person-centered interview protocol (1998). I asked the nuns to recount how and why they joined the convent and to talk through their years working and living as a nun.

In addition, I conducted thirty-one person-centered interviews (Levy and Hollan 1998) with the goal of examining the roles and meaning of social and spiritual interaction with

community members and as well as the role of prayer and interaction with the divine. Person-centered interviews are designed to elucidate “the interplay between social and personal forces” in individuals’ lives and to illuminate the central concerns and values held by individuals that may not emerge without long-term one-on-one interaction with the ethnographer. Person-centered interviews are guided by the compelling concerns of the individuals being interviewed, when interviewing an individual more than once, are directed by close analysis of previous interviews with each individual and participant observation. These interviews covered concepts of aging, illness, and well-being, and the role of prayer, God, and social support in the nuns’ lives.

### **Quality of Life Questionnaires**

The quality of life questionnaire that I administered in the convent asked the nuns to report on physical, psychological, social, and spiritual domains. This questionnaire aimed to address both “internal” (psychological and spiritual) as well as “externally measurable” attributes (physical health). The results from the questionnaire (below) confirmed that the nuns in the Franciscan Sisters of the Heart convent report higher quality of life across domains similar to that documented in other communities of U.S. nuns.

While quantitative measures of well-being cannot capture the full picture of well-being, when coupled with ethnography, quantitative measures can provide a useful point of reference. Using the McGill Quality of Life questionnaire, I found that the sixty-seven retired nuns who responded to the questionnaire reported a relatively high overall quality of life. When asked to rate their overall quality of life, including physical, emotional, social, spiritual, and financial over the past two (2) days from zero (“very bad”) to ten (“excellent”), the majority of the nuns reported a relatively high quality of life at 8/10.



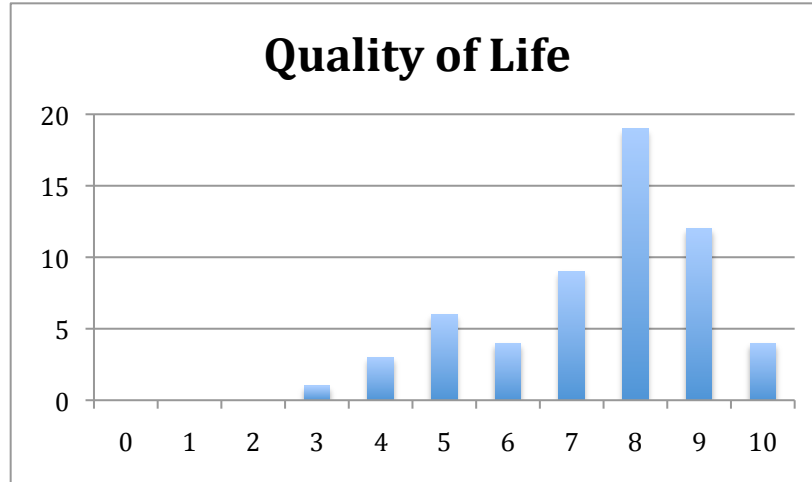


Figure 1.1: Quality of Life in Convent

The quantitative measures numbers are useful to visualize how the nuns see themselves at a particular moment in time. However, it is important to situate these data in the ethnographic context. In my research quantitative measures were coupled with person-centered interviews and participant observation across four years to establish a culturally situated understanding of well-being within ethnographic context.

The majority of the nuns in the convent understood well-being to include physical health, mental health, and most importantly, a deep and enduring connection to the divine. The convent mission statement outlined a commitment to prayer, service, community, and connection with the divine. In my interviews, the nuns' definitions of well-being aligned with these values, including time and space to pray, the ability to serve those in need, including the poor, and their own aging or ill community members, and a deep connection to the divine.

All of the nuns, especially the elderly nuns, saw themselves as involved in a day-to-day process in which they strived for spiritual well-being. S. Carline, who was suffering from cancer, said that she aspired to spiritual healing. She described this as “when your whole body can accept whatever is coming in your life.” S. Carline's model of healing, which is consistent with

the model I found in the convent as a whole, exemplifies the nuns' values of serenity and acceptance of the future, which they understand to be God's path for them. Although the nuns believe the divine has the power to intercede in the material world, they focused their petitions to the divine on requests for endurance and for spiritual comfort rather than physical healing. Instead of requesting the divine to change the material world, to heal them, the nuns relied on interactions with the divine for an enduring sense of spiritual peace (for more, see Chapter Two).

The values of service and community were realized quite vividly in the convent infirmary where even the very elderly or frail made significant efforts to care for other community members either through prayer, if they could not leave their rooms or through acts of pastoral care. Each time I walked down the infirmary hallway, I saw elderly nuns visiting those even more infirm than themselves, talking with them in their rooms, bringing by news, mail or sweets, or sitting with them in silence or in prayer. These social support practices, often centered on spiritual activity were a central activity in the nuns' daily lives.

The data from the quality of life questionnaire also provide evidence of the prevalence of social support in the convent. When asked to rate the statement "Over the past two (2) days, I have felt supported" from zero ("not at all") to ten ("completely"), nearly all of the nuns reported feeling highly supported, with only a handful (5/62) of the nuns reporting a seven or below.

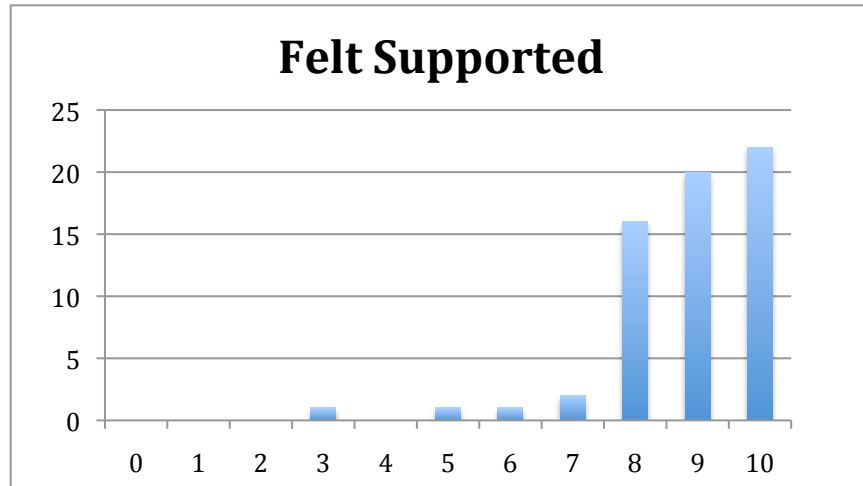


Figure 1.2: Reported Sense of Support in Convent

Social support has been defined as the perception that one is loved and cared for, valued, and integrated into a network of mutual assistance (Wills 1991). A more interactional approach defines social support as: “the feedback provided via contact with similar and valued peers” (Gottlieb 1985:5). Research has indicated that social engagement and support from others has positive health outcomes, reducing stress, and positively impacting both physical and psychological well-being (Golden 2009 and Golden et al. 2009). Specifically, social support enhances physiological and psychological function, including improved immune, cardiovascular, and neuro-endocrine function and decreased depression and anxiety. Social support helps buffer against the negative impacts of stress (Seeman, 1996; Thoits 1995; Cohen, 2004).

Chapter Four finds that petitions, or prayers for the divine to intercede in worldly affairs, function to communicate requests and support between the nuns, creating a “network of mutual assistance,” an integral feature of social support (Wills 1991). In the convent, prayer is seen as a significant contribution to the community and to the world. The nuns believe they are doing something extremely important when they pray. They believe that prayer impacts the world in positive ways, and that the divine hears and responds to their prayers. This feature of petitions is

especially important for the very elderly or infirm. Individuals who are not physically able to contribute in other ways to the community are understood to be able to serve the community and the world through prayer. Even those who suffer from extreme forms of dementia and aphasia and who can no longer speak are asked to pray for their family and for those in need. When caregivers and friends visit the very elderly nuns who can no longer speak or move on their own, they often thank these women for their prayers. These tasks frame even the most infirm sisters as contributors in the community.

The quality of life questionnaire supports the ethnographic findings that the nuns value community and social support. When asked to rate their lives over the past two days on a scale of zero through ten with zero as “utterly meaningless and without purpose” to ten “very purposeful and meaningful” the nuns rated their lives as highly meaningful and purposeful:

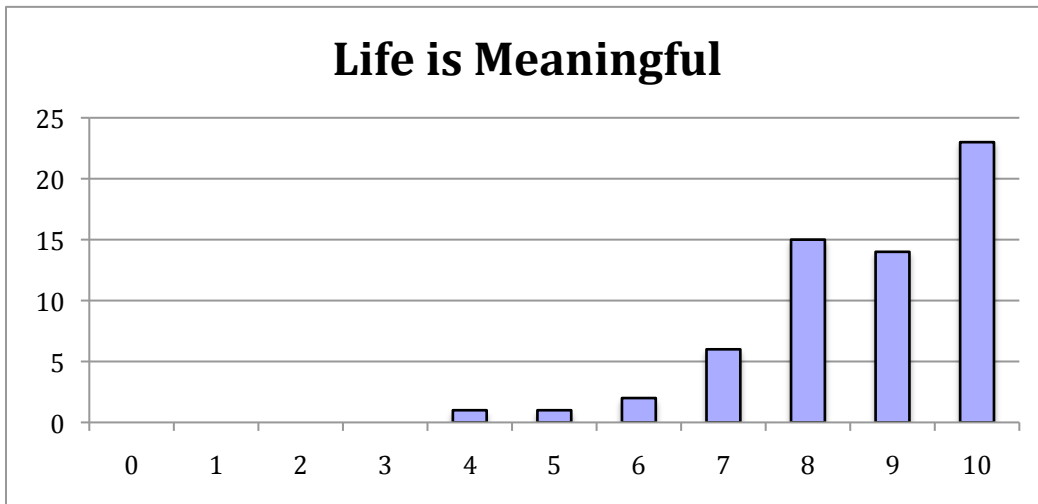


Figure 1.3: Reported Meaningfulness of Life in Convent

### **The Convent**

The Franciscan Sisters of the Heart community are similar to the nuns in the Snowdon’s study referenced earlier. Like the nuns with whom Snowdon and his team worked, these women live in an apostolic (i.e. active) order. Unlike contemplative nuns who spend their lives within the

convent walls in contemplative prayer, apostolic orders are dedicated to service outside the convent walls. Both orders see themselves as serving the larger world. The majority of the sisters in both the School Sisters of Notre Dame and the Franciscan Sisters of the Heart convents were trained as teachers and worked in Catholic schools much of their lives. They see this work as a form of prayer through which they can directly serve those in need. This work serving others - as teachers, nurses, and in other capacities – they frame as a form of “physical prayer.” Some of the nuns told me that there are two ways to pray – one is to call directly on the divine to change the world, and the other way is to physically do “God’s work” by working directly in the world.

Prior to my first visit, I suspected that the Franciscan sisters were likely to exemplify the same increased well-being as the nuns in prior studies. I did not know, however, how well-being would manifest in on-the-ground social and spiritual encounters. It had been my Jewish grandmother’s casual remark “I know a nun” that led me to the Franciscan Sisters of the Heart<sup>8</sup>. As I boarded the plane to the Midwest, I had had only modest familiarity with Catholicism and had never before set foot in a Catholic convent.

### **Arriving in the Convent**

When I landed in the small Midwestern airport, S. Angelica (the nun my grandmother knew) met me at baggage claim. She wore blue slacks and white blouse. I identified her by the large silver cross pinned to her blouse. Soon, I would learn that to anyone in this part of the Midwest the silver cross with the outline of the crucified Christ above it marked her as a sister in the community. She wrapped me in a huge hug and a warm smile.

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<sup>8</sup> I also spent some time with Notre Dame Sisters in Los Angeles, and working in a *Filles de Charity* (Daughters of Charity) convent in Paris.

At the car I met a second nun who had accompanied S. Angelica. Also retired but working at the convent motherhouse, S. Paula had taken time from her work in the convent archives to accompany S. Angelia to the airport. They had signed out one of the community cars weeks before for the event of my arrival.

From my place in the backseat I watched the small city recede and the countryside emerge. The car rose and sank over small hills passing field after field of calf-high corn, groups of lazy cows, and the occasional farm house and barn. The landscape was interrupted by a massive parking lot yawning towards a Wal-Mart. Farmers with roughened faces and faded jeans appeared from time to time and billboards on the highway advertised pro-life messages.

After an hour of travel we turned off the highway and drove on small country roads past modest homes and small family farms. At the top of a hill S. Angelica whispered, "Look, look, just through the tops of those trees you can see the spires of the convent church." She told me that each year at Christmas and summer holiday, as she returned to the motherhouse from teaching she would look forward to seeing the spires and know that she had arrived "home." As we descended into a small valley, the spires became prominent, looming like protective parents over the sleepy town.



Figure 1.4: Convent from the Hill in Winter

The town is small with a population of 600 including the nuns and is almost entirely Catholic<sup>9</sup>. Two of the town's residents are priests, one serves the convent community, and the other serves the town church, which stands only a block away. Nestled in this small rural town, the convent feels secluded.

The motherhouse and its adjoining buildings were built to house more than 500 nuns. At the present time, the Franciscan Sisters of the Heart number about two hundred and fifty members. More than half of these women work outside the convent as teachers, missionaries, or administrators. They return each year to celebrate Christmas and for a week-long summer retreat. The convent houses more than one hundred retired nuns in their seventies, eighties, and nineties,

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<sup>9</sup> The postmaster once introduced herself to me as the only non-Catholic in town. She drives to the closest town about 15 minutes away to attend a Baptist church.

along with a few centarians, who have returned from their work to retire in the convent. They now live in the convent full time, where they have access to nursing care if needed.

The nuns are both of this Midwest region and separate from it. Although they come from the region, after joining the convent their lives became quite different than the lives of their siblings or schoolmates. They have far more education and are more likely than their neighbors to have travelled. The nuns frequently travel to work in the surrounding counties, to Assisi, Italy on a pilgrimage, or as missionaries to the Native American reservations and in China and Oceania. The majority of the nuns are far more liberal politically than other members of the surrounding community, actively supporting social causes for peace, justice, tolerance. Both before and after retirement, many of the nuns work with local immigrants and with people in rural and urban areas struggling with poverty.

Most of the sisters joined the convent when they were sixteen- to nineteen-year-old girls. In life-history interviews with thirty-one nuns, many described having a meaningful relationship with one of the Sisters of the Heart as they were growing up. Most of them went to Catholic school, and many wanted to emulate the sisters who taught them.

S. Carline's story is similar to many of the nuns' narratives:

SC- S. Carline

1 SC I was taught by one of the Sisters of Charity  
2 And I **really loved** her and all sisters.  
3 And even at that time in my little mind, I wanted to be like that,  
4 **I wanted to be like her.**  
5 And then as time went on I put it in the back of my head.  
6 I dated and did all the things you're supposed to do as you're growing up  
7 And going to high school,  
8 Going to games and all that.  
9 Then we moved and I had the Franciscan sisters.  
10 And I **really loved them** too.  
11 There was just something drawing me to them.



Ultimately, one of the Franciscan Sisters of the Heart took her to visit the convent and by that Christmas she had decided to join the community.

S. Genevieve tells a similar story. When I asked, “What was it about religious life that attracted you?” She responded:

SG- S. Genevieve

- 1 SG I think it was that the sisters were **happy**.
- 2 They were excellent teachers,
- 3 And I liked to study and I wanted to be a teacher.
- 4 And so I was attracted to that, I think, because of their example
- 5 And because **I wanted to be like them**.

In this narrative S. Genevieve says she found in the nuns a model she hoped to follow in her own life. She emphasizes the nuns’ particular emotional outlook, being *happy* and having meaningful work that they were good at, calling them “excellent teachers.” She says she wanted to “be like” these women. S. Genevieve told me, however, that the reasons she joined the convent, including a desire to be like these “happy” nuns, were not the same as the reasons that she stayed:

SG- S. Genevieve

- 1 SG One is the bonding you get in religious life.
- 2 Religious life is a family.
- 3 I love it here.
- 4 **But** also it’s a real **commitment to the life**.
- 5 **Commitment to the vows**,
- 6 And a **commitment to just living in community**.

Here, S. Genevieve hints that life in the convent was not entirely easy. She says “I love it here,” but contrasts that statement with the next. “But also,” she says “it’s a real commitment to the life, commitment to the vows, and a commitment to just living in the community.” Many of the nuns I spoke with also referred to the challenge of living *in community* with other women. As seen in the discussion of kenosis in Chapter Four, the nuns often found the daily exercise of

sharing space and the duties of housekeeping, cleaning, cooking, and everyday living to be a challenge requiring on-going negotiation.

Franciscans see themselves as the “heart of the Church,” emphasizing Saint Francis and Saint Clare’s teachings of contemplation, peacemaking, poverty, care for the poor, and care for the earth (Francis 1982). They are committed to prayer, presence and service. Saint Francis, the founder of the Franciscans wanted, in S. Angelica’s words, all people to “be fools for Christ; Live a life of joy that results in peace.” The sisters strive to foster Saint Francis’ doctrine of peace, joy, and love through Christ.

The nuns describe a powerful sense of love and gratitude for God and what they perceive God has given them. S. Betsy, an elderly nun confined to her room because of severe back pain, for example, described feeling overwhelmingly grateful for her life. She said that she had a “happy family life” and joined the convent because she “wanted to do something hard for God.”

S. Angelica expressed similar sentiments:

SA- S. Angelica

- 1 SA I didn't go to the convent to get something out of it.
- 2 I wanted to **give something to it.**
- 3 **I wanted to work for God,**
- 4 I fell in love with working for God and His people.
- 5 What a wonderful thing to help people see value in loving and knowing God.

When they joined, most of the nuns understood that life in a convent would be hard work. The majority came from farming families and were used to hard work. They grew up in big families with many siblings and spent before- and after-school hours working the farm, raising their younger siblings, or helping their mothers with housework. In these large Catholic families with four to seventeen children it was expected that one or two might join the Church as a nun or priest. Many had brothers who had gone to seminary, and a few had sisters in the convent with

them. Most of their parents were accepting of their children's decisions to join the convent and were proud or honored to have raised a child who would devote herself to the Church. Only a few of the nuns discussed the decision as difficult for the family<sup>10</sup>. In the 1940s and 1950s, when most of the elderly nuns entered, adolescent Catholic Midwestern girls from farming families saw two options for themselves: to marry and become a mother, helping their husband with his work as a farmer or in a small farming town, or to join the convent. It was not until the 1960s and 1970s that women from these communities began to gain access to other life choices. Fialka writes that historically "becoming a Catholic Sister offered a curious way out of a stifling, small community and a ticket to see the larger country" (2003:2).

Once they joined the convent, the nuns spent the first few years before taking their final vows as postulants and then novices. They lived in the convent novitiate under the supervision of the novice mistress and received basic religious training. After this the convent paid for them to complete college and many of them obtained Masters or Doctorate degrees, which allowed them to teach in Catholic schools at the high school and college level.

The Franciscan Sisters of the Heart Convent, like many in the United States, has had few young women join as novices in the past few decades (Fialka 2003:15; Johnson et al. 2014; Wittberg 1994). The majority of the nuns in the community are over fifty-five years old.

### **Convent History**

The Franciscan Sisters of the Heart convent was founded in the mid-nineteenth century. A local pastor, seeing a need for community services, invited a Franciscan nun to found a convent in the small Midwestern farming community. He wrote to a religious order in Austria, and a brave nun answered his call. She traveled across the world to a small log cabin in the to found the

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<sup>10</sup> It seemed that only children who represented their parents' only chance to have grandchildren had an especially difficult time garnering their parents' permission to join the convent.

Franciscan Sisters of the Heart convent. Their goal was to develop a convent of nuns who could provide schooling for local children and services for orphans who had survived a recent cholera outbreak in the area. The first generation of nuns, a handful of hard working women, expanded the log cabin into a stone building, established schools in the area, and ministered to the orphans. The community expanded, and in subsequent decades, the convent population expanded. The nuns extended their work to cities and towns throughout the Midwest. They set up schools and served the poor.

In the 1960s, when many of the elderly nuns were novices or young nuns, institutional change in the Catholic Church transformed American convents and the Franciscan Sisters of the Heart Convent specifically. The Second Ecumenical Council of the Vatican, or Vatican II, took place in Rome as a series of meetings between 1962-1965, setting in motion institutional changes that would alter the lives of Catholic nuns around the world (Chittister 2003; Clifford 2004; Kaylin 2000; O'Malley 2008; O'Toole 2005; Orsi 2005; Redmond 1970; Wilde 2007). The changes included elimination of the habit, major restructuring of institutional rules and democratization of convent leadership. The experiential effects of these transformations in the everyday lives of nuns is analyzed in more detail in Chapters Two and Three.

### **Entering the Convent**

Inside, the convent smells of wood and cold air-conditioned marble. In the summer, the air outside is thick with the hum of insects and densely humid, smelling of flowers and freshly cut grass. Within the convent, the cool of the air-conditioned motherhouse creates a quiet calm. As the seasons change, the air outside turns crisp and the furnaces in the convent begin to hum, making the enormous building startlingly warm. The outside becomes white and cold as the heart of the convent heats up, smelling of clean sweaters, cleaning fluid, and baking bread.

I was given permission to live in the novitiate, a building built to house novices for their first few years in the convent. The building is set apart from the motherhouse by a small yard with flower gardens and a few spaces for prayer with benches facing grottos housing statues of Mary, Jesus, and, amidst a burst of daisies, St. Francis.

Echoingly empty of novices, the novitiate building resembles a mirage of hope for a future now passed.



Figure 1.5: Hallway in the Novitiate

Built in the late 1960s, the building emanates an imagined future that never materialized. Large dormitory bathrooms, with aquamarine and cream tiles, and pale green curtains hold rows of showers. The expansive bedrooms that now hold two twin beds each were built as dorms with floor-to-ceiling wood-paneled closets lining the walls, expecting clothes for the groups of nuns

meant to bunk together. The wide hallways and vacant rooms hearken back to a time of anticipation, when the community expected young women to join the convent in large numbers as they once had. The linoleum floors -- unscratched, swept, and clean from dust, -- behold a different history.

The nuns who joined before the 1960s spoke to me of the kindness of the sisters who taught them, the opportunities behind the convent doors, the goodness, the education; they wanted to be what they saw in the kind, educated, wholesome women who taught them. Entering the convent, the young nuns traded the freedoms and excitement of love and motherhood for a lifetime of education, prayer, community, and hard work as teachers, nurses, or administrators serving those in need.

By the 1960s, young farm women began to have many more opportunities (Ebaugh 1993). The number of women joining Catholic convents, especially liberal communities like the Franciscan Sisters of the Heart began to decline (Ebaugh et al.1996). In 2012, 80% of convents in the United States reported that they had no new novices and 14% reported that they had only one (Gautier and Saunders 2013). The Church provides no conclusive explanation of why numbers have dwindled so dramatically, but a theory held by many of the younger nuns is that there are now other means for Catholic women to gain higher education and participate in missionary or service work without joining a convent for life. The novices who do join are now much older than before Vatican II. In the United States, the average age of women to join convents is thirty-nine (Gautier and Saunders 2013), much older than the sixteen- to eighteen-year-olds who were joining in the first half of the twentieth century.

## The Day

After a few days in the convent, I began to feel the rhythms of the place. In the summers, my sleep would yield to the sounds of chattering birds and the quarter-hourly morning bells. In the pre-dawn light, I came to expect the voices of two nuns who passed under my window each morning before six o'clock on a pre-mass stroll. As I showered and prepared for the day, I became aware of the quiet stirrings of the sisters in their rooms. A few emerged to make tea at the shared kitchenette down the hall. Doors quietly opened and shut. The mornings were a time reserved for private prayer. Some prayed in writing, using a daily prayer journal. Some read Franciscan prayer books. A few greeted the divine in the garden, walking the flowerbeds and fields, allowing the divine to emerge to them through the blades of grass and the wind. Most sat in silent conversation, taking in or talking with the divine.

At 6:30 a.m. many of the nuns descended from their rooms and gathered in the chapel. The chapel is expansive. The slow cadence of walkers scraping the oak hall floors that lead to the chapel signaled that it was gathering time. I listened to the pattering of feet, the tapping of canes along the hallways, and learned to judge by the tempo how late it was; the pace of movement quickening then falling off as mass approached. Walking into the chapel, there was a hush. I would sit and listen to the hollow clicking of sensible shoes on the marble floor, the creaking of wooden pews, the shushing of clothes as the sisters crossed the center of the chapel, paused to dip their fingertips into the font with holy water, and brought their wet fingers to their forehead to cross themselves and bowed to the alter. Even the clicking of the video camera, as one of the retired sisters adjusted the closed-circuit video image so that nuns who cannot walk the short distance to chapel could participate in prayer with their peers, became part of the morning chapel hum. At 6:40 a.m. one of the sister's voices would break the chapel's silence as

the nuns began morning prayers. Just before 7 a.m., the priest would emerge in the hallway and the sound of shoes moving towards chapel would increase again, as the Church filled with those who had made their morning prayers alone.



Figure 1.6: Convent Chapel

After mass, as the nuns flowed out the stained-glass chapel doors into the hallway to the dining room, the hush of church would balloon into warm chatter, hugs, talk, touching, as the nuns make their way to the dining room for breakfast.

The nuns would gather again after supper for evening prayer. Some would gather in the chapel, mirroring the morning ritual. Others would gather in groups of four to eight in small rooms throughout the convent, with evening prayer books open on their laps. In the space between prayer-time and meal-time, the nuns would work, care for each other, or if they could do neither, they would pray.



Meals were served in a large dining room in the heart of the main building. Until the last decade or so, the nuns staffed the kitchen and did the cooking, cleaning, baking, and planning. Now only a few nuns work the kitchen and local lay woman are employed for most of the staff positions. Before each meal the sisters queue up in the hallway outside the industrial kitchen. Meals were served in a cafeteria-style buffet. At the entrance to the food line, a white board listed the menu, often adorned with a quote, a drawing, or encouragement.



Figure 1.7: White Board in Dining Hall

The nuns collected their trays, silverware and napkins, and served themselves fried chicken, barley soups, brisket, alongside potatoes, corn, or thoroughly steamed vegetables. The

salad bar often offered lettuce, tomatoes, jell-o salads, and desserts of pie, puddings or cookies, and fruit.

At meals, the nuns were warm, almost boisterous. In my first few weeks at the convent, I was surprised by the intense sociability. I eventually learned that for the nuns, God is in chatter of the cafeteria as much as in the chapel. A few months into my stay, a few people had told me the story about Saint Francis, founder of the Franciscans, and Juniper, one of St. Francis' original followers. St. Francis had suggested that they give a sermon. They went into town and casually, kindly, spoke to and greeted people, and then headed back for their return. Juniper asked Francis, "Holy Father, I thought we were going to give a sermon?" and St. Francis said, "We did."

The nuns strive to follow St. Francis' model of spirituality by embodying compassion, kindness, and love. They hope to model St. Francis' spirituality by remaining highly engaged in the social world. In a lecture in the convent on St. Clare, a follower of St. Francis, one of the nuns reminded her peers: "Jesus has no hands, no arms, no legs, so we must be his arms and legs and do his work. We [religious] must dress and act in ways that allow people to see Jesus." They believe that engagement in the world is one way to do what they see as God's work - to create compassion, peace, and goodness in the world.

### **The Infirmary**

As a child I remember walking down the wide linoleum hallway of the nursing home where my great grandmother lived. We passed rooms that smelled of antiseptic and, even as a child, I clung to my mother's hand as we passed doors to rooms whose voices echoed disembodied moans. I was terrified of my great grandmother's body, arched in her hospital bed. Twisted and confused from advanced Alzheimer's disease, she no longer recognized us and was too difficult

to be cared for by family members. Entering the convent infirmary, I was struck by the complete contrast to the one where my great grandmother resided.

The infirmary of the convent has been renovated to look much like a medical institution. The wing is open to the rest of the convent - so one can walk directly from heart of the motherhouse up steps with polished wood banisters with inlaid flowers, into the three-story unit. The elevator, large enough to hold a wheeled bed, opens its silver metal doors (on each of the three floors) to a hallway. The linoleum-tiled pink and off-white speckled floors opens to eight doorways on each side, and culminating in a T-shape at the end of the hall that led to more doorways. The mauve-rimmed white doors open to rooms across from each other. At the intersection of the T there was a nurse's station with a desk, closet, and an industrial medical bathroom with a trough-like tub equipped for bathing those who could no longer bathe themselves. Across from the nurses station was a brightly lit dining room with windows overlooking the lush convent grounds. Those who could still feed themselves (and a few who could not) walked or are rolled in their wheelchairs for mid-day and evening meals.



Figure 1.8: Infirmary Hallway

Although the infirmary looked medically sterile with plasticized tablecloths, hospital-pitchers of water, nurses in scrubs, it was immediately clear that this was not a typical hospital infirmary. The smells were different. Although there were lingering smells of latex gloves, cleaning solutions, and bodily fluids, more perceivable were the smells of life - the warmth of beef stew still lingering from dinner, the scents of quilts, books, sometimes flowers.

As I begin to meet the sisters in the infirmary, I walked by small rooms that held a twin hospital bed, a chair, and a TV on a bookshelf. Some sisters sat in their armchairs, watching the television, reading, or napping. Some were in bed. A few waved. One sister stiff on her bed moaned and moaned. A few, in wheelchairs, stared blankly out the window. As I met the nuns, the contrast with other care facilities become heightened. One of the first people I met in the

infirmery was S. Betsy. She spent most of her time sitting, slumped a bit - her soft body spilling over itself in her chair, now that her back, crooked with scoliosis and deterioration no longer held her upright. Her room was situated between the elevator and a woman named S. Esther; her days are punctuated by the ding of the elevator announcing itself and S. Esther's moans. When one of the sisters, S. Mary, tapped on S. Betsy's door to introduce me, S. Betsy struggled to turn towards us in her chair. One shoulder sagged much lower than the other, her pale flesh gathered on the chair where her arms rested. When we walked in, S. Betsy's face lit up. Her body still, she met us with a gleaming smile and warm blue eyes. S. Mary rushed towards her and as she bent down, she grasped the chair arm to steady herself and wrapped her arms around S. Betsy. She introduced me, "This is Anna, our visitor." But before even asking who I was, why I was there, she grabbed my hand in her warm palms and enveloped me in a smile. "Welcome, welcome!" she said, inviting me to pull up the one extra chair and sit.

Similarities with other medical institutions were inscribed only in the building, not in the people. As sisters passed by rooms, visited each other, there were no backwards-tick of the body, no hesitation before they entered. Even the elderly nuns' bodies were different. There was no fear in S. Betsy's eyes. She, like almost every elderly invalid whom I met, did not wait for me to touch her, to advance. She held me, touched me, welcomed me with her body. Even though her body was ill, chronically so, deteriorating - her way of being in her body was confident, warm, unashamed.

The dissertation seeks to understand some of the reasons that S. Betsy, an elderly nun with chronic pain, and her peers, might experience such warmth and optimism. The dissertation explores some of the institutional, theological, ideological, and social practices that contribute to the nuns' experiences of themselves, their bodies, and illness as they age.

## Layout of the Dissertation

Each chapter of the dissertation addresses the problems of care and well-being in the convent from a different angle. The four distinct analytical approaches seek to illuminate aging and well-being in the convent providing a robust picture of the intertwined beliefs, practices, and involvements that allow nuns to experience relatively high well-being at the end of life. In Chapter Two “Let Him Hold You”, I analyze the care taking interactions in the convent infirmary. This chapter examines how the nuns integrate the divine into their everyday interactions. I draw on a phenomenological approach to understand how mundane care interactions are rendered sacred. I examine how the communicative care interactions contribute to the nuns’ aging process by providing an enriched form of care and support. Chapter Three “Changing God, Changing Bodies” focuses on historical changes in the nuns’ prayer practices throughout their lifetimes. In this chapter, I combine a phenomenological approach to embodiment with narrative analysis to show how institutional linguistic prayer practices transformed the nuns’ embodied experiences of pain and illness as they age. Chapter Four “Emptying the Self” takes a psychological and theological approach to the question. This chapter addresses the theological trope of *kenosis* to reveal how theologically-inspired institutional practices throughout the nuns’ lives have shaped the way the nuns experience basic interactions with their material and social environment. The chapter examines how theological practices are integrated into everyday activities and how this contributes to nuns’ experience of illness and death, shaping their well-being at the end of life. Chapter Five “Lord Hear our Prayer” uses a pragmatics approach to examine the spiritual and social roles of prayer in the convent. The chapter analyzes intercessory prayers, or petitions to the divine, as they are performed in mass and prayer groups to understand the multiple functions of prayer in the nuns’ lives. I argue

that the prayers provide spiritual and social support that contribute to the nuns' physical and mental well-being. The analysis aims to provide a diverse picture of the factors that come together to influence how the nuns experience and reflect upon the aging process.

## CHAPTER TWO:

### Let Him Hold You

My third summer as a researcher in the infirmary wing of the convent, I found myself sitting in S. Theresa's small room. S. Theresa was in her mid-eighties and had lived in the infirmary for two years, due to trouble walking and her limited ability to navigate the convent hallways and to negotiate physical tasks of daily living. We spent the afternoon as we had spent many afternoons together. She spoke to me about the spiritual books<sup>11</sup> she had been reading and she talked about the spiritual connection she felt with God in nature. She spoke for quite a while, stopping often to laugh with reverence about the mystery and beauty of the world. After a pause, she began a story about speaking to Jesus:

ST – Sister Theresa

- 1 ST The other night I was sitting here
- 2 And I said, "You know what Jesus?
- 3 I feel like an old married woman and you're an old married man."
- 4 And I said, "We're sitting in a swing on a porch.
- 5 That's where I see us right now."
- 6 And I said, "And I- I get the idea that you're thirsty?"
- 7 I said, (.) "So, I'm going in to get you some lemonade."
- 8 So I come out with a big glass of lemonade,
- 9 and He nearly drinks all that then He looks at me and smiles and said,
- 10 "How did you know I was thirsty?"
- 11 And I said, "'Cause I love you:."

At the end of this story, S. Theresa erupted into a bout of contagious laughter that punctuated all of her conversations. She ended the story with the conclusion. "So that's my spirituality." I asked her how often she talks like this to Jesus, and she exclaimed, nearly exasperated by the naïveté of my question: "OH! All day, all day! We're inseparable."

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<sup>11</sup> The convent library held a collection of books on Catholic spirituality and practice. The authors included Joyce Rupp, Thomas Merton, Joan Chittister, and Henri Nouwen. Many of the nuns also owned, shared, or were given as presents a number of books in this genre.



Although S. Theresa was a joyfully unique personality in the convent – certainly the only person who mentioned sharing lemonade with Jesus – her relationship with the divine is nonetheless representative of the relationship many of the nuns have with the divine. A majority of the nuns in the convent describe experiencing the divine as an enduring presence in their everyday lives. They engage the divine in conversation, watch television with him<sup>12</sup>, or hold his hand as they walk the convent grounds. They experience him variously as a spouse, a companion, a spiritual presence, and a caretaker. For almost all of the nuns in the convent, the divine is an enduring presence who accompanies them in every activity, cares for them, and shapes their experience of the world.

In this chapter, I examine the caretaking interactions between the nuns in the infirmary wing of the convent to demonstrate the social and linguistic tools that elderly nuns use to integrate the divine into their everyday interactions and the ways that these interactions render all health-care interactions in the infirmary sacred. I suggest that these care interactions impact the nuns' well-being in three major ways:

First, the care interactions include blessings through which the caregivers offer both social and spiritual support.

Second, the nuns invoke the divine in conversational care interactions in such a way that Jesus emerges as an engaged caretaker.

Third, the nuns summon the divine into their lives by living the powerful trope of “being God” for each other and receiving others as the divine.

In this chapter I show how these three practices provide forms of spiritual and social support that may bolster the nuns' quality of life.

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<sup>12</sup> Here, I use the male pronoun to represent the nuns' representation of the divine.

Grainger's (1995) work "Communication and the Institutionalized Elderly" addresses the communicative exchanges between elderly individuals and their institutional caregivers. She depicts an isolated communicative landscape in which individuals are often left alone. When they are communicatively engaged, their concerns are often demeaned or ignored. This bleak social world, with few "confirmative and stimulating adult-to-adult encounters" (Williams 2011:9) is unfortunately common in end-of-life care and has been found to negatively affect elderly patients' cognitive function. Grainger (1995:433) suggests that the "most important move" for the future of institutional care for the elderly, would be "for elderly long-term care to take place in an environment in which the status of caring (vs. curing) is elevated to the level of a valued occupation and skill."

The convent employs a palliative model of care, with the goal of providing ongoing holistic care to all of the sisters, attending to not only medical needs, but also the emotional, spiritual, and social concerns of each of the individuals in the community. The elderly Catholic nuns at the Franciscan Sisters of the Heart convent experience the type of care Grainger envision as ideal, elevating "caring" over "curing," prioritizing and implementing multiple modes of care at the end of life.

In this chapter I argue the two processes of social support and spiritual support among elderly nuns are interactionally intertwined, in that they jointly unfold in caretaking activities. I demonstrate how spiritual support is communicatively established through caretaking interactions. I specify three communicative forms within caretaking -- blessings, summoning the divine, and the trope of "being God," -- that directly contribute to the nuns' spiritual and social support.

As the nuns invoke the divine in everyday caretaking and other activities, they engage in a reality-shaping process outlined by Schutz in his work “On Multiple Realities” (1945). Schutz, who drew strongly on Husserl argued that individuals pass through a number of experiential domains throughout the course of everyday life, each of which is associated with a particular cognitive style and a particular “accent of reality.” Each of these “accents of reality” or particular ways of being in the world is contained within its own “finite province of meaning” that “would appear as merely fictitious, inconsistent and incompatible” (Schutz 1945:553) in another context. I follow Schutz’s model to argue that this process contributes to the nuns’ overall well-being at the end of life.

### **Care in the Convent**

Care in the convent provides a contrast to that of most institutional care facilities for the elderly in the United States. First, and perhaps most significantly, the nuns chose to enter this institution long before they were in need of care. The majority of the nuns joined the convent as sixteen- to nineteen-year-old girls, choosing to dedicate their lives to service to the Church. They have lived and worked as part of this community for all of their adult lives. The majority of the nuns live in small convents near Catholic schools or parishes where they work and return to the central convent or *motherhouse* for summer retreats and meetings. By the time they enter the convent infirmary, they feel as if they are “coming home.” S. Carline, for example, spoke to me about her experience coming “home” to the motherhouse when she retired. She describes her return home as an experience of “coming full circle”:

SC – Sister Carline

- 1 SC I **came** home here four years ago
- 2 And in the dining room we have these round tables,
- 3 you know just sit **wherever**,
- 4 And so I had no trouble adjusting

5           when I **came**, retired,  
6           No trouble **whatever**,  
7           I mean it was like I started here  
8           **Full circle**  
9           And I **come** here all the time  
10          you know for any kind of celebration  
11          **Full circle**  
12          And I'm **coming** home.  
13          And so I've known these people for sixty-seven years,  
14          you know,  
15          Ah- it's not like I'm **coming** into a nursing home of strangers,  
16          These are friends.

In this narrative, S. Carline describes her journey in time, as she retires from work to the convent as a “circle” which contrasts the linear trajectory more common to Western narratives (Labov 1972; Ricoeur 1980; Ochs and Capps 2001). At the center of the narrative, the locus to which she is deictically oriented “I **come** here all the time” (line 9); “I’m **coming** home” (line 12); “it’s not like I’m **coming** into a nursing home” (line 15) is the convent motherhouse. Using poetic parallelism in lines 8 and 11 which adds weight to the metaphor, S. Carline describes herself coming “full circle” as she returns to the convent or “home” (line 1). She emphasizes this in the line “It was like I started here” (line 7).

In many ways, this return “home” is the opposite of the move experienced by most lay individuals who must give up their homes when they enter assisted living or nursing homes. Although the nuns may not know the individuals who live with them in the infirmary, the infirmary is part of an institution of which they have been part for most of their lives. They share a sense of belonging, history, and common life experience. S. Rita, who worked as a pastoral care minister in a hospital before she retired reflected on the convent infirmary. She describes it as a unique setting that evokes a deep feeling of communalism, which she contrasts with a hospital or nursing home setting:

SR – Sister Rita

1 SR I think that maybe in the hospital, nursing home,  
2 [the employees] don't want to be attached,  
3 in the sense that it means that when that patient dies or goes,  
4 (you know)  
5 Won't be seeing (her) again,  
6 But here we have a continuity  
7 because this is our Motherhouse,  
8 This is our **home**,  
9 This is **home**.  
10 So when you **come** here,  
11 we're all going to be here.

S. Rita also describes the convent as her “home” (lines 8 and 9). She, too, holds the deictic locus of her story as the convent, describing others who “come here” (line 10). The nuns consider their peers in the infirmary to be an extended family. As S. Rita says “this is our **home**” and “we’re all going to be here” (lines 9-11). The convent holds a permanence, (“we’re all going to be here”) that is manifested in both the presence of the nuns who live in the motherhouse and is echoed in the fact that all the nuns who’ve died are buried on the convent grounds. The nuns are cared for by people with whom they have a shared history and are buried with generations of nuns who have shared that same history. These things may be part of the reason that the nuns do not experience the same level of loneliness, isolation, or abandonment that many elderly individuals in long-term care facilities endure.

In addition, since they have taken the vow of poverty, almost all of the income they generate throughout their working lives goes directly to the convent (Briggs 2007; Sugawara 1997:124). The convent administrators manage the group finances and plan for the housing and medical care for all of the nuns. Although many convents are struggling financially to manage the end-of-life care of their members, no member has the sole responsibility of financing her individual retirement and end-of-life care (Fialka 2004:304).

The nuns, however, do not necessarily find the transition into retirement to be easy. In this way, they share a few significant similarities with lay individuals entering a long-term care institution. The majority of the nuns have not lived in the convent since they were novices. They have worked their whole lives, often longer than forty-hour weeks, and are deeply involved in the local communities in which they work and with the small usually multi-generational convent in which they live. These women rarely choose on their own to leave these busy lives in which they are important contributors to local communities, often in positions of authority as teachers or community organizers to enter a convent infirmary. Most of the nuns work until physical or mental deterioration makes it impossible for them to continue. Even then, many of the sisters retire to the convent only after they are asked, or sometimes required, by the convent authorities.

When they do return to the convent, the nuns, again like their lay counterparts, must give up many of the freedoms and responsibilities they held outside the convent. In the small convents where they work, the nuns cooked, cleaned, and generally were in charge of themselves and their small community. In the motherhouse, they are served three meals a day in a cafeteria or in their rooms in the infirmary. They can travel the five miles into town only when someone with a car is scheduled or persuaded to bring them. If they are not mobile, they rely on nurses or aides to clean their rooms, and to clothe and to bathe them. For women who have spent their lives caring for others, and striving to ask for as little as possible, the transition from an active, working life, to a retirement in which they are dependent on others, can be very difficult.

When the nuns retire to the convent, they live in one of three types of living quarters, which range from independent living, moderately assisted living, and full time care in the infirmary. Active and working sisters, including newly retired sisters who can live

independently, live in rooms with shared dormitory-like bathrooms and, in some cases, shared kitchens. Even the nuns who are most independent adjust to reduced independence and self-sufficiency. They are no longer responsible for their own cooking or transportation and now must fit into an institutional schedule of community prayers, meals, and daily activities and duties. The nuns who are primarily self-sufficient and require minimal physical assistance live in a three-floor wing of the convent that has been converted to offer private bathrooms that are handicapped accessible as well as easy access to the dining room and nursing station in the infirmary. The infirmary, which has full-time nursing care for those who need it, is a three-floor wing of the convent, housing forty-five to eighty individuals at a time.

Nuns in the infirmary have private rooms with televisions connected to a closed-circuit channel that broadcasts community activities from the chapel, including daily prayer and mass. There is a nurses' station on each floor as well as a dining room. Nurses and aides, employed from the local community, care for the nuns' daily personal and medical needs. In addition, each floor has a pastoral care minister, a nun in the community who cares for the nuns' spiritual needs – making sure she is able to take communion, access spiritual books or materials, receive spiritual direction or confession if she desires. The pastoral care minister also helps with personal communication, opening and answering mail, and she organized group activities, such as special prayer meetings, in the infirmary. The convent also employs a wellness director who is in charge of physical activity, keeping the elderly nuns active, and assisting with any physical therapy.

The care interactions in the infirmary are organized around meeting the physical, social, and spiritual needs of the elderly nuns. They do not receive medical care in the convent and need to be driven to doctor's appointments. There are a number of retired sisters who volunteer

to drive those who cannot drive to medical appointments. There is a large network of volunteers among the retired sisters living both in the infirmary and in the larger convent who visit the sisters in the infirmary, pray for them, and who visit those who are in the hospital for surgery or other major medical treatments.

The majority of the nuns in the infirmary have transitioned there because they are suffering from chronic conditions, most often those associated with old age, and will therefore live out the rest of their lives in the convent. The majority of the sisters do not expect to be “cured” or “healed” of the particular chronic conditions from which they suffer. Yet they do strive for physical and mental well-being, with as little pain and physical/mental suffering as possible. The concept of healing is rarely invoked in the infirmary. Instead, the nuns see themselves engaged in an ongoing process in which they strive for well-being. This well-being includes acceptance of whatever may come, including the unpleasant experience of illness. S. Carline, who had an advanced form of bladder cancer, spoke about this process of acceptance and surrender:

SR – Sister Carline

1 SC I know that physical healing isn't gonna last forever.  
2 it doesn't last forever for anybody,  
3 but for me it's more imminent  
4 and I know it's not gonna [last]  
5 . . .  
6 The main kind of healing is **spiritual healing**,  
7 you know that **your whole body can accept whatever is coming in your life**.  
8 You know  
9 if somebody says  
10 'Do you want to die',  
11 No I don't want to die,  
12 I mean you know it's not that I'm craving to die  
13 Although sometimes, sometimes when you're feeling kind of sick  
14 or you know you don't feel good  
15 you thought "oh maybe that's not gonna be so bad",  
16 you know?



17 But it's not that I'm uh you know sitting here waiting to die  
18 but **I'm gonna take when it comes**,  
19 you know,  
20 I want to be ready to hand it over,  
21 to surrender **when that time comes**.

S. Carline contrasts physical healing, which she describes as temporally limited, with “spiritual healing” which she describes as a “whole body” acceptance of “what is coming”, meaning, in this case, her death. There is a tension in this narrative between *will* or *desire* and *acceptance*. She says, “I don’t want to die” (line 11). However, she follows this with the lines “although sometimes when you’re feeling kind of sick... you thought ‘oh maybe that’s not gonna be so bad’” (lines 13-15). She shifts here from the first person pronoun (I) to a second person pronoun (you), a device that allows her to distance herself from the narrative as she suggests there are moments she may, in fact, want to die. This struggle of the will is held in tension with her desire to accept what is “coming,” her inevitable death. She says “I’m gonna take it when it comes” (line 18) and “I want to be ready to hand it over, to surrender when it comes” (lines 20 and 21). There are tensions in the narrative between S. Carline’s desires both to live and to die, to accept death, but not to *want* death, and her desire to accept and surrender to what may “come.”

S. Carline’s model of healing, which is consistent with the model that I found in the convent as a whole exemplifies the nuns’ values of serenity and acceptance of the future. Unlike many Christians, the nuns do not rely on the divine to intercede in their physical healing. Although the nuns believe the divine has the power to intercede in the material world, they focus their petitions to the divine on requests for endurance and for spiritual comfort. Instead of requesting the divine to change the material world, to heal them, the nuns rely on interactions with the divine for sense-making and for an enduring sense of well-being. S. Carline, for example, understands that she has a terminal illness and accepts her oncologist’s prognosis. She

turns to the divine to help her develop a sense of peace and acceptance, what she calls “spiritual healing.”

The nuns, like many elderly individuals, embody healing trajectories that are not strictly bounded in time. Their healing trajectories are neither restricted to physical transformations, nor are they restricted by the temporal bounds of a healing event. The model presented in the convent by nuns like S. Carline is one in which healing is not contained by a bounded medical diagnosis. This model fits with Csordas and Kleinman’s (1996) argument that healing is not contained within therapeutic events, but rather “spills” into the larger temporal framework of everyday life<sup>13</sup>. The nuns do not focus exclusively on physical healing, which is a unidirectional process in which healing events (such as surgeries or therapeutic treatments) are conceptually contained as either “successful” or “unsuccessful” events. Instead, the nuns see themselves as involved in an ongoing day-to-day process in which they strive for spiritual as well as physical well-being. This process continues throughout the life course, beginning when the nuns join the convent to begin their spiritual journal as novices (see also Lester 2005).

The next section will analyze how spiritual healing is constructed in the care interactions between the elderly nuns in the convent infirmary.

### **Caretaking**

S. Irma is an 83-year-old nun who worked in various positions throughout her life as a teacher and community leader before she retired to the motherhouse. During the periods when I was in the convent, she spent part of each week providing foot massages to elderly sisters in the infirmary. Each Monday and Tuesday afternoon she massaged the elderly sisters’ feet in the infirmary and providing acupressure treatment. She went into each room to offer treatment.

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<sup>13</sup> This concept of healing as temporally unbounded has been taken up by recent authors working on chronicity. For example, Smith-Morris argues that the acute/chronic dichotomy is not representative and can be problematic (Smith-Morris 2010).

When she was invited in, S. Irma removed the shoes and socks from the sisters' feet; she encouraged them to relax and massaged their feet as they reclined in an easy chair or on the bed. In these interactions S. Irma saw herself as contributing to her peers' medical care. She was working to generate circulation in the feet of elderly sisters who were no longer mobile. This form of physical care is essential for the protection of the elderly sisters' limbs, the importance of which the nuns are acutely aware. During the final year I was in the convent, a ninety-nine-year-old sister had her leg amputated due to lack of circulation in her limbs.

As S. Irma contributed to the nuns' physical health, she simultaneously engaged in spiritual caretaking. Like many of her peers, when S. Irma engaged with the sisters in the infirmary, she invoked the divine as an engaged interlocutor and caretaker. This is achieved in three ways: through *prayer* -- primarily blessings--, *summoning God* to participate in ongoing interactions, and *embodying* the divine for others and *experiencing* others as the divine.

## 1. Prayer

The most common form of prayer in care interactions in the convent was blessings. Blessings are an "invocation of divine favor" on an activity or individual (Bruder 1998:466). As S. Irma blesses the sisters, she calls on the divine to care for them, to offer them peace, or to be with them as an enduring presence.

The following excerpt represents a typical blessing in the convent:

SI: Sister Irma  
SS: Sister Suzie

- 1 SI     There ya' go.
- 2         You ready for your blessing?
- 3 SS     Mm Hmm
- 4 SI     Okay.
- 5         May the Lord bless you and keep you.
- 6         May He give you courage to live each day
- 7         knowing He is with you.

In performing a blessing, the speaker directly addresses the divine, petitioning the divine to provide a favor to the speakers. In this way, blessings can be seen as requests to a third party not previously addressed in the interaction. Blessings actively shift conversation from a typical dyadic arrangement in which the two individuals in the room are speaking to each other (represented below) to a tripartite interaction. Before the blessing, the two participants are engaged with each other, each as a ratified speaker and listener<sup>14</sup> (Goffman 1979).

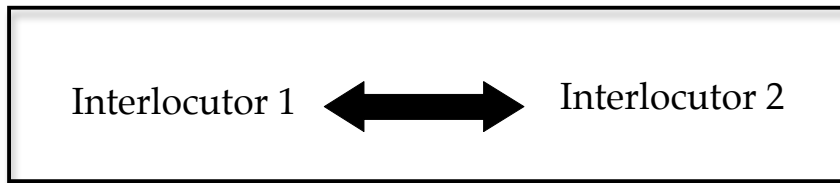


Figure 2.1: Dyadic Interaction

When a blessing is introduced, the participant arrangement of the interaction moves from a dyadic arrangement to a tripartite or multiparty arrangement, as seen in Chapter Four, in which the divine is addressed as a participant (see Ochs and Capps 2001). As the nuns ask the divine for a blessing, for example to intercede in the room or in the world, the participants involved in the interaction include the divine as well as the two original interlocutors. This can be represented in a table similar to that seen in the previous chapter.

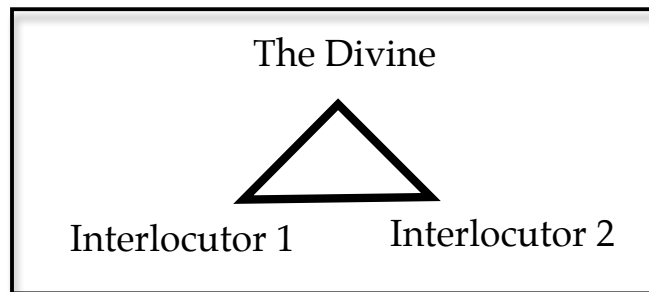


Figure 2.2: Multiparty Interaction Including the Divine

<sup>14</sup> Of course, if the blessing occurs in a group setting with overhearers the blessing would be a multiparty interaction.

The divine is brought into the room as a relevant participant in the interaction.

As S. Irma blesses S. Suzie, “May the Lord bless you and keep you,” she is calling the divine into the room as an interlocutor, asking him to hear her request for S. Suzie and intervene as he sees fit, presumably blessing S. Suzie, keeping her, and giving her the courage and peace of his presence. The blessing achieves three actions: First, S. Irma communicates to S. Suzie that she wishes her peace, courage, and an awareness of the loving presence of the divine in her life. In this capacity, the blessing provides intimate peer support through which S. Irma can offer hope for S. Suzie. Second, it is a direct request for the divine to intervene in the world by providing the requested blessing. Finally, the blessing is a way for S. Irma to bring the divine into the room as an engaged interlocutor, as a being whose presence becomes engaged in the activity. The divine becomes an addressed interlocutor, engaged in the communicative activity at hand.

## **2. Summoning God**

S. Irma also brings the divine into the room by calling on the divine directly as an engaged participant in the interaction. S. Irma often reminds people to talk to Jesus. When she leaves a room, she frequently says, “Jesus said to tell you that He loves you.” While she is in the infirmary, she regularly calls on Jesus as an embodied participant in the interactions.

In following example, S. Irma massages S. Mary Augusta’s feet. S. Mary Augusta is in her late eighties. She had just explained to S. Irma that she is suffering from a “bad heart” and that she “won’t last much longer.” She had been having bouts of tachycardia for the past few weeks and had little energy. S. Irma had encouraged her to relax while she received the massage, and S. Mary Augusta had complained that she could not. As S. Irma soothed S. Mary Augusta, she invoked the divine. In the example below, S. Irma encourages S. Mary Augusta to call on

Jesus to comfort her and thereby to cultivate an embodied relationship with Jesus that might benefit her physically and psychologically.

SI – Sister Irma

SMA – Sister Mary Augusta

- 1 SI And know that the Lord does love you.
- 2 SMA I knew that.
- 3 SI And **He wants you to relax.** [And]
- 4 SMA [I know]
- 5 SI: **And let Him hold you.**
- 6 SMA I have a hard time relaxing.
- 7 SI: Let Jesus hold you,
- 8 **and don't squirm in His arms.**

S. Irma here describes an intimacy with Jesus, one in which Jesus is physically present in such a way that he can hold the sisters in his lap and hug them. This embodied intimacy echoes S. Theresa's description of sharing lemonade with Jesus. Srs. Irma and Mary Augusta are embedded in an institutional framework in which the divine is understood to be a constant embodied presence. S. Mary Augusta, like S. Theresa, describes Jesus as a routine physical companion. She describes watching television with him each evening, his hand holding hers. She talks about engaging in physical embraces with him (a huge hug, as she describes it) each time she passes a crucifix in the convent.

S. Irma's directive, imploring S. Mary Augusta to let Jesus hold her in his arms therefore emerges in a framework in which Jesus exists to them, if not necessarily visibly, as nonetheless real and embodied. S. Irma's directive "let Jesus hold you, and don't squirm in His arms" is more than a metaphor. It is an embodied directive that emerges in a context in which touching Jesus and being held by him is understood to be a common and, moreover, possible experience. In this interaction, S. Irma instructs S. Mary Augusta to call the divine into the room and to rely on him to help quell her anxiety.

In addition to encouraging S. Mary Augusta to summon the divine, S. Irma is also engaging in peer socialization, communicating what she sees as appropriate and expected behavior for a Catholic nun in their community. By suggesting that S. Mary Augusta engage with Jesus in a physical way, allowing him to care for her, S. Irma is suggesting that she experience the embodied states the nuns associate with a divine embrace such as peace, love, support, and calm. She redirects her complaints, subtly suggesting that the complaints may not be appropriate. S. Irma communicates to S. Mary Augusta not only that it is expected for her to turn to God in her times of need, but also that the divine is an embodied spiritual resource who can offer her the most support and assistance with her physical and psychological ailments.

### 3. Being God

Finally, the nuns also bring the divine into their everyday interactions through the trope of “being God” for each other. As Sister Irma explained in an interview with me:

SI – Sister Irma

- 1 SI To be there for other people is my greatest prayer.
- 2 I pray with my community and with other people,
- 3 through who I am and what I do.
- 4 So communicating with them,
- 5 the **God in them**,
- 6 the **God in me**
- 7 in a peaceful and gentle and just a way of graciously being.

As S. Irma describes her actions as a prayer, she spoke in the style of a prayer, using parallelism and poetic meter. For the nuns, embodying the divine means two things: First that they will model Jesus’ behavior as closely as they can, serving others with humility and compassion. Second, it means treating others as they would treat the divine, or as S. Irma said:

“communicating with them, the God in them, the God in me” (lines 5-6). As one nun explained to me, this means communicating with others as if she or he is “Jesus himself.”

In a talk on prayer that S. Irma gave to a group of her peers, she made explicit the metaphor of “being Jesus” for others. In this lecture, she argues that in order to follow Jesus’ command to “Go out and be the light of the world” (line 1), the nuns should embody the physical presence of the divine (line 3) through everyday acts of prayer and compassion. Here, she describes this in detail:

SI – Sister Irma

SL – Sister Lupita

1 SI If Jesus says, “Go out and be the light of the world,”  
2 **We are His presence.**  
3 **The physical presence of Jesus among others,**  
4 and so, it is our vocation as Christians to be that in some way.  
5 Whether it’s just praying for people,  
6 or listening to people,  
7 or serving people in any way,  
8 but when we’re in need,  
9 we have to be gracious  
10 to allow others to do that for us.  
11 To share our pains,  
12 to share our needs,  
13 to let others listen to us,  
14 **so it’s a two-way street.**  
15 **If I am Jesus for S. Lupita today,**  
16 **tomorrow I may need S. Lupita to be Jesus for me.**  
17 Would you do that Lupita?  
18 All ((laughter from sisters))  
19 SL ((S. Lupita nods))  
20 SI She would do that.  
21 Alright.

At the end of the passage, S. Irma gives the example of “being Jesus” for someone. She suggests that while she might “be Jesus” for S. Lupita one day, S. Lupita will reciprocate by embodying the divine for S. Irma another day (lines 15 and 16). By embodying the divine, S.



Irma suggests the nuns will continue God’s work on earth with him and for him by spreading love and compassion and by serving others. The nuns see themselves fulfilling this goal through everyday activities both spiritual and mundane. For example, many of the nuns serve others by bringing them feeding them or helping them bathe. Others might fulfill the quotidian tasks necessary to keep the convent running, for example, answering the phones or cleaning the bathroom.

One of the ways that Sister Irma strives to communicate the “God in [her]” with the “God in them,” as she put it, is through the foot massages she gives. As she sits by the elderly sisters’ feet, and takes them into her hands, she, and the other sisters in the community are consistently made aware of the story of Jesus washing the disciples’ feet. In embodying this metaphor, Sister Irma superimposes the trope of Jesus’ humility and devotion on top of her own interactions with her community of elderly peers.



Figure 2.3: Jesus with the Disciples.



Figure 2.4: S. Irma Massaging Her Peer's Feet.

The nuns' awareness that S. Irma is recreating the interaction between Jesus and the disciples is made salient through the frequent references they make to letting S. Irma "serve" them. S. Irma also sometimes jokes about the engagement and its similarity to Jesus' washing of the disciples' feet. In the example below, S. Irma teases another nun about the work involved in removing and replacing her stockings, saying that Jesus never had to wrestle with the disciples' stockings:

SI – Sister Irma

- 1 SI I wonder-
- 2 Jesus didn't have to do this, did He?
- 3 'Cause they didn't wear socks then.
- 4 ((laughter))
- 5 You just hadda put the slippers back on 'em.
- 6 That's okay,
- 7 I won't charge you extra.

Through this practice in which she serves her fellow nuns with humility just as Jesus is described serving the disciples in the New Testament, S. Irma performs a metaphorical and a ritual act. Like all embodied practices, this practice "confirms the reality – not just the symbolic idea – of a ritual act" (McGuire 2003:7). As the ritual act of being Jesus is overlaid on a

mundane interaction promoting circulation, S. Irma constitutes a sacred reality in which she, as a divine servant, is humbly serving her peers in the infirmary. The act of massaging the nuns' feet brings the divine into the nuns' tangible daily lives.

### **Conclusion**

In this chapter I have argued that through everyday linguistic and embodied practices, the nuns engage the divine in three primary ways, through (1) prayer, (2) summoning the divine's presence into the room and (3) enacting the powerful trope of "being God" to each other. Through these processes, the nuns constitute a particular reality, or, in Schutz's terms, a "finite province of meaning" in which the divine exists in every interaction as a caretaker, in which other persons are no longer just human subjects, but also representatives and embodiments of the divine. Through these interactions, the nuns create for one another and for themselves a reality in which the divine tangibly exists to them. The "province of meaning" that shapes their reality is distinct from a strictly secular or medical world, and yet is thoroughly integrated into it.

As the nuns constitute the divine as an embodied participant present in their lives, the social support that the nuns receive from each other is dynamically integrated with the social and spiritual support that they exchange with the divine. As they receive care and support from their human peers, they experience the divine healing presence of God. The nuns describe experiencing the divine as a presence that accompanies them throughout the day. When they hold his hand or speak to Him, they describe experiencing various embodied states including joy, peace, calm, and love. The phenomenological reality they constitute seems to impact their emotional well-being.

I have suggested that these physical engagements in which the divine becomes integrated into the nuns' everyday interactions – through prayer, through an embodied presence, and

through the nuns' very bodies – shape the nuns' experience of care and well-being. As the nuns superimpose this sacred reality onto everyday physical/medical care interactions, the nuns' well-being, as well as their overall health trajectories appear to be enhanced.

These embodied rituals are central to the nuns' enduring well-being at the end of life. As the nuns imbue everyday care-taking interactions with engagements with the divine, medical interactions take on sacred meaning. The nuns note that they experience care, comfort, and an enduring sacred presence. As they are not engaged solely in a temporal healing trajectory that may or may not be successful, they appear to mitigate the disappointment of failed healing events. Instead, they continue to engage in a life-long process of achieving spiritual well-being, which shapes all encounters, whether mundane, medical, or sacred.

## CHAPTER THREE:

### Changing God, Changing Bodies

When S. Theresa was seventeen years old, in 1944, she left a large German Catholic family in the rural Midwest to join the Franciscan Sisters of the Heart convent. After becoming a nun, S. Theresa spent decades teaching and working as a missionary. In the 1960's, she was one of the first five sisters from the convent to travel to Oceania<sup>15</sup> to work as a missionary. While there, she developed an amoebiasis, an infection of amoebas that spread throughout her body. The condition went untreated for years, and by the time she returned to the United States in the early 1970's, her infection was incurable. As a result S. Theresa had trouble walking for more than thirty years. She retired early and spent the rest of her life at the convent. Now, with significant effort, she can walk only a few steps, and uses a motorized wheelchair to move through the convent. She has had a number of surgeries to remove infected areas of her body, and in 2009, one of her feet had to be amputated.

Sitting in a plush easy chair in her small room in the assisted living wing of the convent, S. Theresa told me that for years, she interpreted the pain as God's will. She said used to ask God why she had had to endure such physical and mental suffering, and used to curse the amoebas infecting her body and pray to God to heal her.

What occurred next in S. Theresa's narrative, I suggest, was afforded by changes in convent prayer life following Vatican II and the ideological shift that accompanied these changes. A few decades earlier, while she was praying, S. Theresa realized that "if everything in the world is divine," as taught in the convent after Vatican II, "if every single creature is not only made by God but *is* God" then, she recounted, it seemed only logical that the amoebas infecting her body

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<sup>15</sup> I have chosen not to name the island where the sisters did their missionary work in an effort to protect the confidentiality of the convent.

must be God as well. Upon realizing this, “I called a meeting of all the amoebas in my body and apologized.” She spoke to them, saying “the same creator made us all.” She reflected that now she loves “her” amoebas as she loves God. Every morning she stands in front of the mirror and addresses all of God within herself; she includes the amoebas in this daily prayer. She reported that although she still experiences pain, this pain is no longer as significant as it once was. She no longer interprets her pain as divine punishment. S. Theresa reflected that when she let go of the idea of divine punishment and began to interpret the pain as a natural part of God’s world, the force of her pain decreased.

I suggest that this radical shift in S. Theresa’s thinking and in the trajectory of her chronic pain experience is related to the institutional changes implemented in the convent over the twentieth century. Like her peers, prior to Vatican II, S. Theresa saw God as an authority responsible for her suffering, to whom she addressed her problems and concerns about her illness. After Vatican II, she came to see God as so thoroughly integrated into every creature on earth that she came to address the amoebas infecting her body as part of a loving God. S. Theresa’s concept of her bodily condition was transformed, such that she experienced the divine within the bounds of her physical body, even in the amoebic cells infecting her. By her own account, her understanding and experience of pain changed as she stopped associating her pain with divine punishment and began interpreting it as a sign of oneness of God with the world. S. Theresa’s narrative exemplifies contemporary arguments that the experience of pain is deeply tied to the cultural and individual interpretations of illness and pain. Glucklich contrasted pain, which she defined as “a sensation that is tangled with mental and even cultural experiences” with suffering “not a sensation but an emotional and evaluative reaction to any number of causes” (2001:11). Morris (1991:29), in a stronger articulation of a similar notion wrote “pain is experienced only as

it is interpreted.” Throop has suggested that the experience of pain is made meaningful through complex cultural, moral, and personal processes (Throop 2010:181-5).

In this chapter, I explore the radical institutional and personal transformations that afforded the profound linguistic and embodied shift as nuns like S. Theresa began to address God as a divine being within their bodies instead of as an authority outside of or above them. I explore how these transformations altered the nuns’ cultural and moral interpretation of pain as they began to experience chronic illness as unity with the divine instead of pain and suffering delivered by God. I use linguistic analysis of nuns’ narratives to show how their prayer practices were central in changing the nuns’ somatic modes of attention, the processes through which they attend to and experience their bodies and the embodied presence of others. I draw on Csordas’ work on embodiment and somatic modes of attention (1993, 1994, 2002), Luhmann’s work on prayer as learning (2005; Luhmann et al. 2010), and Ochs’ work on language and experience (2010, 2012) to show how linguistic practices can transform the embodied experience of the divine and of illness and pain.

## **Vatican II**

For centuries, in convents across the world, Catholic nuns were taught to pray on schedule, rising before dawn to meet God in language that they had memorized as young novices (Evangelisti 2007). Nuns were trained to silently recite memorized prayers even as they completed each of the tasks of the day. As the Franciscan Sisters of the Heart from the American Midwest descended the convent steps in their wool habits to begin work each day in the sweltering summer humidity and in the frigid January cold, they were to recite “Meek and humble Jesus,

who didst descend to the lowliness of the tomb, grant that I may always descend below all creatures by practicing true humility.”<sup>16</sup>

These prayers, memorized from the community’s prayer manual, inscribed every act, from washing and eating to moving through the convent. When they bathed, they spoke the words “Crucified Jesus, cleanse me from sin through Thy Precious Blood flowing from Thy sacred wounds.” When they dressed, they spoke a silent prayer for each piece of the habit as they put it on. Tying on the girdle they prayed, “Jesus, unite me as closely to Thee that I may remain Thy faithful bride forever.” Just as the details of their days, from what they ate to where they worked, were shaped by the Church authorities, the nuns’ private conversations with the divine were designed to be scripted, and their relationship with the divine thus sculpted by the Church.

In the 1960’s, these prayer practices changed. In 1959 Pope John XXIII convened the Second Ecumenical Council of the Vatican, or Vatican II, for the purpose of “renewing” the Catholic Church in a quest to promote “unity and grace” across Catholic communities worldwide (O’Malley 2008). Vatican II took place in Rome in four sessions from 1962 to 1965. For many Catholics worldwide, including the Franciscan Sisters of The Heart, Vatican II seemed to break open the Church, letting in light, flexibility, and the freedom to work and pray as they chose. At the conclusion of Vatican II, the Church had undergone the most radical change in its history since the Protestant Reformation (Wilde 2007:2).

Chittister, a Benedictine nun and author, notes that nuns experienced far greater institutional change than anyone else in the Church (2003). The lives of nuns in the years following Vatican II were a “maelstrom of massive social change” and “the vortex of an

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<sup>16</sup> These prayers are quoted from the community prayer manual printed in the mid-nineteenth century. I do not include this manual in the bibliography in order to maintain confidentiality of the community.



institutional storm” at “ground zero of organizational meltdown” (2003:23). Although the majority of the nuns in the Franciscan Sisters of the Heart convent describe the changes following Vatican II in a positive light, Chittister’s description provides insight into the scale of the change as well as the speed of its implementation. One sister in my study who left the community for ten years and rejoined following Vatican II noted that when she re-entered, she was shocked by the “phenomenal” changes in the convent during that decade.

Only one document issued from Rome dealt directly with the changes to be effected in monasteries and convents. Given the significance of the changes that were made in religious life, the document was surprisingly brief. In Decree on the Renewal of Religious Life (*Perfectae Caritatis*), the Vatican Council declared that in convents:

The manner of living, praying and working should be suitably adapted everywhere ... as required by the nature of each institute, to the necessities of the apostolate, the demands of culture, and social and economic circumstances. Therefore let constitutions, directories, custom books, books of prayers and ceremonies and such like be suitably re-edited and, obsolete laws being suppressed, be adapted to the decrees of this sacred synod. [Vatican Council 1965]

The decree emphasized a return to the inspiration or *charism* of each community giving each convent the power to decide which changes would be appropriate to make.

While Vatican II commanded extensive changes, it did not dictate these changes in detail. Sisters in each religious community were allowed to modify their convents’ practices as they saw fit, according to the history and values of each community. Some convents saw no change, while many, like the convent in my study, saw significant transformations in virtually all aspects of the sisters’ lives. The massive changes following Vatican II were slowly instituted: many of the sisters said that it was not until many years after Vatican II that they realized the scale of the changes that were occurring. In the thirty life history interviews I conducted in the convent, Vatican II is constructed as a turning point – both binding and dividing the time periods that

straddle it. These narratives illustrate Weaver's (1999:154) claim that, "American Catholicism in the twentieth century divides neatly down the middle."

In the Franciscan Sisters of the Heart convent, Vatican II resulted in changes in authority structure and in the concept of obedience: a progressive elimination of the habit, a total restructuring of the nuns' daily schedules, and a significant shift in almost all of the communicative practices in which the sisters participated. Liturgy, which had been in Latin was now delivered in English. Prayer books were edited to accommodate a new intimacy with the divine and to be more "inclusive" of all people. Daily prayers transitioned from highly structured and scripted forms to free, individually designed forms of "communion" with God. Before Vatican II, the sisters were required to follow a uniform schedule, praying from set texts at set times throughout the day. Since Vatican II, sisters have been encouraged to set their own daily schedules, and to pray however and whenever they choose. For the nuns who still work, this means that they have more flexibility in scheduling their prayer life around their work responsibilities.

The changes following Vatican II also included an elimination of rules restricting the sisters' interactions with each other. Rules forbidding social interaction and conversational exchanges were abandoned, allowing the sisters to cultivate closer relationships with each other in the convent. Finally, the convent moved from a hierarchical structure of authority to a more democratic model of shared responsibility (Ruether 1991).

In addition to these changes, the nuns were affected by ideological changes embraced by the Church after Vatican II, including the signification of pain and suffering. The Franciscan Sisters of the Heart who participated in my study described a dual notion of pain similar to that described by Orsi (2005) in writing about Catholics' sense of suffering in the early twentieth

century. Pain had the character of a sacrament, helping one achieve closeness with the divine, and simultaneously interpreted as an act of punishment sent down from the divine (Orsi 2005:22-23).

These ideologies changed in the decades following Vatican II. The nuns now speak of a time when they “mistakenly” understood pain to be punishment sent down from God in response to human sin. They now “understand” that God does not cause pain and suffering; rather, the divine is a companion helping them endure it. While they used to accept pain as “God’s will” for them, and prayed for the divine to change “His will” and take away the pain, they pray now for acceptance and communion with the divine in the face of pain.

This change comprises a major shift in the concept of divine agency in human suffering, away from concepts of the divine as the arbiter of pain to a that of a companion who helps the nuns endure pain. Many of the nuns said that they felt they were “no longer alone” in their pain, and, like S. Theresa, a number reported that this feeling of companionship helped lessen the impact of their chronic pain. I will explore the specific changes in ideologies of pain in more detail later in this chapter.

### **Prayer and the Body**

In the Franciscan Sisters of the Heart Convent, prayer is the central activity in the nuns’ everyday lives. The nuns pray to fulfill a number of practical and ideological goals. They pray to connect to the divine, to strengthen communal bonds, to better themselves, or “purify” the body and soul (Lester 2005; Norris 2009), and to ask the divine to intercede in worldly affairs. As a daily ritual practice, prayer organizes their days; it is a means for spiritual growth and it has a significant role in representing and shaping the moral and ideological world of the convent. In

this chapter, I focus on prayer as a ritual practice in which the nuns connect with the divine through linguistic and embodied modalities.

James defined prayer, at its most basic, as “every kind of inward communion or conversation with the power recognized as divine” (1902:454). He described it as an act in which there is “movement itself of the soul, putting itself in a personal relation of contact with the mysterious power of which it feels the presence” (454). Prayer is a dyadic or multi-party interaction between the divine and one or more individuals (Ochs and Capps 2001). Through prayer, individuals try to “creat[e] an encounter” with the divine, who is a subjectively experienced yet invisible presence (Hanks 1996:171; James 1902; Keane 1997). Prayer is therefore designed not only to communicate with a divine interlocutor, but also to facilitate an *experience* of the divine (Capps and Ochs 2002; Ferguson 1985; Hanks 1996). Keane (1997:49) argues:

Language is one medium by which the presence and activity of beings that are otherwise unavailable to the senses can be made presupposable, even compelling, in ways that are publically yet also subjectively available to people as members of social groups.

It is through the remarkable power of language that individuals render an invisible interlocutor subjectively real. Prayer, therefore, makes the divine both publically and subjectively accessible.

Communication with the divine is not exclusively verbal but also involves the body on a number of levels. Here, I outline three ways in which prayer involves the body: first, as a semiotic resource to communicate with the divine and other congregants; second, as an object of prayer; and finally, as embodied interaction with the divine.

(1) **The Body as a Semiotic Resource:** Through embodied communication, the body is used as a semiotic resource to communicate with the divine (see Capps and Ochs 2002). When entering a Catholic Church, for example, congregants kneel, bow to the alter, and inscribe the

sign of the cross over their body, bringing the fingers of one hand from the forehead to the breast, and then from the left shoulder to the right. These gestures index both the cross and Jesus' suffering and communicate humility and reverence toward the divine. These and other similar embodied practices across religious contexts are linked to particular ideologies such as order, discipline, or moral selfhood (Starrett 1995; Simon 2009; see also Yafeh 2007). Although this is an important aspect of prayer, I do not analyze this aspect of embodiment directly here.

(2) **The Body as an Object of Prayer:** In Catholic prayer, the body is implicated as an object in many types of healing and intercessory prayers. For example, when individuals pray for healing through a laying-on of hands (Csordas 1994, 2008), incanting God's name (Dein 2002), or petitioning for intercession, the divine is called to act on a patient's body thus making the body the material object of prayer. S. Theresa exemplifies this relation between prayer and the body in her prayers to the divine to heal her from the amoebas infecting her body.

(3) **Embodied Prayer:** Finally, the body is involved directly in prayer as individuals experience a divine presence. Csordas describes how individuals come to experience the divine through various sensory modalities (1994), and Luhmann (2005) and Luhmann et al. (2010) explore how individuals learn to attend to their experience and understand it as evidence of the divine. Many of the nuns described prayer as an experience of communion with God in which the divine is experienced through somatic modalities. Some of the nuns noted the experience of holding Jesus' hand, of engaging in a divine embrace in which they feel his arms around them, or of experiencing the divine as a calming or loving presence in the room with them.

All three of these modalities are central to the nuns' prayer practices. As the nuns pray, they attend to the body as a semiotic resource used to communicate to the divine, an object to be acted upon by the divine, and a resource with which they experience the divine. This process

can be understood using Csordas' (1993:139) concept of somatic modes of attention, in which individuals attend to and objectify the body and attend to phenomena with the body including the "embodied presence of others."

Luhrmann (2005) argues that this process of recognizing the embodied presence of the divine requires repeated practice. Luhrmann, Nusbaum, and Thisted (2010:67, 68) show that through the repetitive practice of prayer, people "acquire the cognitive and linguistic patterns that helped them to identify God's presence." Through this learning process, individuals "come to see differently, to think differently, and above all to feel differently." In this chapter, I argue that this practice can impact not only how individuals learn to think and feel, as Luhrmann discusses, but also how they embody the experience of illness and pain. Crucial to this relation between prayer and the body is a phenomenological understanding of the body, in which the body is analyzed within the context of lived experience. So framed, chronic pain and illness are understood not to be an "external attack on our biochemical organism, but rather a subjectively profound... variation in our embodiment" (Turner 1997:17). Good et al. (1992:7) have shown that bodily experiences such as pain are social and are influenced by "meanings, relationships, and institutions." Central to this argument is the conception of pain as both culturally and experientially shaped.

Although a link between the experience of pain and socio-cultural factors shaping its interpretation has been well established, researchers have only begun to untangle the process through which this occurs. Seligman (2010), for example, has argued that changing patterns of attention are central to Brazilian Candomblé healing. Individuals engaging in Candomblé trance healing practices transform their patterns of attention and behavior using embodied cultural and spiritual practices to "deconstruct" the self and to "repair" the self in ways that ameliorate

distress and physical suffering (2010:314). She argues that psycho-physiological and embodied mechanisms of Candomblé healing are central to the participants' successful alleviation of physical distress and pain.

Barsalou et al. (2005) argue that the subjective states associated with religious experiences are achieved through embodied ritual. Performing embodied rituals such as taking communion “help drive people’s cognitive systems into appropriate religious states” and these embodiments “help entrench religious ideas in memory” (2005:49). Barsalou argues that experience is shaped by repetition of embodied acts and that specific acts influence an individual’s subjective experience. For example, the embodied acts of bowing or stilling the body in meditation aid in creating the subjective experiences of humility or mental stillness (Althusser 2001:168-169; Hollywood 2010; Montag 1995:66-67). As Asad (1997:50) argues, “experience is a function of teachable bodies.” Such studies support my suggestion that the embodied metaphors that Catholic nuns cultivate during prayer impact their subjective experience of the world. In a learning process similar to that described by Seligman, embodied religious ritual enables the alleviation of chronic pain.

This process, through which individuals direct somatic modes of attention to the embodied presence of a divine interlocutor, is a fundamentally linguistic process. As Ochs has argued, linguistic enactments are experienced as they are produced and perceived (2012). As the nuns pray, they are experiencing the utterances that they are producing and hearing. This practice, repeated by them many times each day, impacts the ways in which they experience the world, their bodies, and their experience in the world. As Ochs writes, “perfectly ordinary enactments of language in everyday life” become crucial “experiential moments” in individuals’ lives (2012:150-156). In this way, it is the language the nuns use to communicate with the

divine that shapes their embodied experience as they pray. I argue that when the language of the nuns' prayers changed following Vatican II, their somatic modes of attention were redirected such that the nuns' relationship with the divine, their embodied experience of the divine, and their experience of their own bodies, including illness and pain, were profoundly transformed.

### **Prayer in the Convent**

The convent authorities schedule a number of activities throughout the week in which the retired sisters can participate. These activities include spiritual development programs, lectures, prayer meetings, exercise classes, and social activities. In the summer of 2009, the sisters in the convent adopted a new prayer book or breviary. For the previous two decades they had been using a book published by Carmelite nuns, but the then-recent release of a Franciscan breviary (Pasquale 2012) motivated a convent-wide change. As part of this institutional change, a local priest was invited to give a lecture about the new prayer book to the elderly sisters living in the assisted living and infirmary wings of the convent.

At 3:00 p.m. on a humid summer afternoon, nearly thirty of the elderly sisters gathered on the second floor of the convent in a recreation room where they were seated in wooden chairs facing a podium. F. Frank, a priest in his fifties, stood at the podium in traditional brown Franciscan robes and lectured in a jovial tone. The podium faced a closed-circuit video camera on the back wall. The lecture was a topic of conversation at meals for the following few days. F. Frank's lecture included an outline of the changes in prayer following Vatican II. During Vatican II, he said, the Council entirely reworked the rules of prayer for vowed members of the Church. The nuns had lived through all of this and knew well the changes he described.

In his lecture, F. Frank described the historical tradition of referring to God as a "He." He notes that many modern prayer books, written in the past few decades, do not follow this



pattern. In the following example, he rhetorically drills the sisters about the subject of God's gender:

FF – Father Frank

SS – Sisters in Unison

- 12 FF Is God a He?  
13 SS No  
14 FF Is God a She?  
15 SS No  
16 FF No! God's beyond that.  
17 He and she are this big. ((makes one small circle in the air))  
18 Here's a he, here's a she, ((makes two small circles in the air))  
19 God is like this! ((motions with his arms in a huge circle in all directions))  
20 All right? God is He and She and They and It and everything  
21 And all beauty and all goodness and beyond and beyond and beyond.

Here, F. Frank proposes that by referring to God with a gendered pronoun (He), as was common before Vatican II, the divine is being contained or imagined as limited in some way. Only by referring to God without these gendered pronouns, as has become more common since Vatican II, can one recognize the size and scope of the divine (lines 8-10). This new vision of God as “all beauty and all goodness and beyond” is strikingly different than the vision of God portrayed by the Church in the centuries before Vatican II.

The prayer texts used in the convent before Vatican II (c.f. Tanqueray 1930) indeed refer to the divine as a “He,” as F. Frank points out. This male God was portrayed as an authority figure to be obeyed. In the pre-Vatican II days, the Franciscan Sisters of the Heart used a didactic prayer text by Adolphe Tanqueray. Tanqueray's book, *The Spiritual Life*, published in English in 1930, gave instructions on how to pray. The Franciscan Sisters of the Heart convent, like many other convents in the U.S. and Europe, used this text through the first half of the twentieth century. In Tanqueray's prayer instructions, God was portrayed as a “father,” a “master” or “benefactor.” The book emphasizes “humility” and “dependence,” and encouraged

readers to “elevat[e] [their] soul to God” (Tanquerey 1930).

The nuns’ daily prayers before Vatican II were consistent with Tanquerey’s instructions on how to pray. For example, one of the daily prayers from the community prayer manual included the prayer:

Holy Father Saint Francis, keep me faithful to thy holy rule, obtain for me the spirit of sorrow in prayer, patience in trials, and purity in body and soul... And let me copy from thee the spirit of obedience, humility and denial of self.

These prayer directions characterized the divine as a male authority figure and the text created an embodied map of the location of God in space in relation to humans. The divine was outside of the human body and positioned above it. The nuns were encouraged to “bow before God” and the divine was described as “stoop[ing] down to us” (Tanquerey 1930: 243-252). I suggest that this repeated linguistic practice shaped the nuns’ somatic modes of attention. As Csordas (1993) outlines, this process includes attention to their bodies as objects in space, here below the divine, and as embodied persons in intersubjective relationship with the divine. As the nuns repeated Tanquerey’s words each day, they voiced and experienced Tanquerey’s call to be humble before God, to bow to him, and to depend on him as a father, master, and benefactor. S. Rita’s narratives below exemplify how these pre-Vatican II prayers were deeply incorporated into the nuns’ embodied understanding of the divine.

S. Rita, who joined the convent as a young woman in 1947, taught high school and worked as a hospital chaplain for years before retiring to the convent. In the narrative below, she recounts her experience of an authoritative God before Vatican II and foreshadows the changes that occurred after Vatican II. This first narrative will be contrasted with a second narrative that occurred later in the interview.

SR- S. Rita

12 SR     So I went to the college then,  
13         I was (.) put into (.) uh classes for theology,  
14         of which Church history was part.  
15         I bega:n um: seeing that the Church was rather rigid for me  
16         It was pretty much just as our ho:me environment was one of authority,  
17         It was still in the Church  
18         They had not come to Vatican II yet.  
19         Rather very legalistic,  
20         and I would se:nse that as I did years later in a paper that I wrote  
21         that in my early days God was a judge  
22         and He'd be up in some place  
23         keeping track of what I was doing and when I was good and when I was     bad,  
24         and it's h- int(h)er(h)esting because even when I entered here in '47,  
25         there was a picture in the dining room of an e:ye,  
26         which is a symbol of the eye of God  
27         and that you know  
28         was that same image coming to me that indeed God is watching us,  
29         you know,  
30         and I think the Church had not yet come out of that shell  
31         when I enter- we lived a rather struct-  
32         a very structured life.

In this first narrative, S. Rita describes God as a judge (line 10). She says that she pictured him “up” some place keeping track of her behavior (lines 11 and 12). In this description, S. Rita positions God as the surveyor and herself as the object of surveillance. She goes on to describe a picture of the eye of God that was painted on the wall in the dining room, watching her (lines 14-17). This image still exists in the convent in a stained glass window in the chapel.



Figure 3.1: The Eye of God

This image of God is one of a panopticon, an authoritative, omnipresent, all-powerful judge in relation to which S. Rita constructs her past self as an object of surveillance. She describes a spatial distance between herself and the divine. This image of God is consistent with the characterization of God in Tanquerey's prayer books, where God is a "father" and "master," to whom individuals must bow down (1930). S. Rita had read and repeated scripted prayers like Tanquerey's for the years between her entrance into the convent in 1947 until the transformation of prayer practices two decades later. Her embodied experience of being surveilled by an authoritarian God above her corresponds to this repeated linguistic practice, structured by the Church, that has shaped her embodied experience of the divine.

Now that Vatican II is decades in the past, the sisters no longer read Tanquerey's books on prayer. Most of the sisters spend part of each day or week engaged in spiritual reading, but now they are free to choose books from the convent library, which has a number of shelves of books by contemporary Catholic authors. The most represented authors on the shelves include Joan Chittister, Thomas Merton, Henry Nouwen, and Joyce Rupp. I informally surveyed ten of the nuns, asking which prayer books they read now. One of the most cited books was Joyce Rupp's (2007) book *Prayer*. In Rupp's instructions for prayer, there is a marked difference in

how the divine is characterized and in the relationship she outlines for people to have with the divine. She never mentions God as a “father.” Instead, Rupp consistently refers to the divine as, simply, “God.” She encourages “mutuality,” urging readers to “be with God” and to be in a “committed union with God.” Rupp writes that God is someone who “dwells within and among us,” who “breathes with us.” This description of God as “with” the reader, “dwelling within and among” her and “breathing” with her creates a spatial proximity, even intermixing, between the individual and the divine. The close spatial proximity here is in direct contrast to the spatial distance describe in Tanquerey’s work, and in S. Rita’s image of God’s eye looking down at her from above.

There is a distinct similarity between the depiction of God in Rupp’s text and nuns’ post-Vatican II renderings as in S. Rita’s narrative below:

AC: Anna Corwin

SR: Sister Rita

1 AC I would love to hear,  
2 if you don’t mind, (a little more about)  
3 So if God is no longer this authority figure  
4 how do you see God now?  
5 SR I’m glad you asked.  
6 I see God for me (.) as my mother.  
7 He is my belov’d (1.0)  
8 and I see Go:d (.) as (.) no longer the judge  
9 (.)  
10 no longer the eye  
11 (.)  
12 but He lives within me  
13 (.)  
14 and dwells within me  
15 (.)  
16 and walks with me  
17 (.)  
18 when I go out.  
19 there is a loving relationship.  
20 (.)  
21 one of tenderness.

22       one of unity  
23       and one that's accepting  
24       God for me is a God of love-  
25       unconditional love.  
26       He takes me as I am.

In this narrative, S. Rita describes how she relates to God now. She describes God as her “mother” (line 6). Although this is a female category, she continues to use male pronouns, saying in the next line that “He” is her “belov’d” (line 7). This relationship is one of “love,” “unity,” and “tenderness” (lines 21-22). This description directly contrasts with the relationship described in her earlier narrative. Instead of constructing herself as the object of judgment and surveillance, S. Rita is the implied daughter to God as a mother. She is the beloved partner to he who is her “belov’d.”

S. Rita’s narratives indicate that she experienced a dramatic shift in her relationship with God after Vatican II. This shift is evidenced not only through the different descriptions of God, outlined above, but also through S. Rita’s linguistic performances of the two narratives. In these narratives, S. Rita not only represents two distinct relationships with the divine, she also brings these contrastive relationships to life, performing them using distinct linguistic structure, cadence, genre, and spatial deixis. These distinctions are outlined in Figure 3.1.

	<u>Narratives about Pre Vat. II Divine</u>	<u>Narratives about Post Vat. II Divine</u>
<b><u>Genre</u></b>	<b>Conversational</b>	<b>Biblical Poetic Form</b>
<b>Meter</b>	Everyday Conversational Prosody	Rhythmic, Deliberate, Slowed Tempo
<b>Lexicon</b>	Standard English	Standard and Archaic English
<b>Rhetorical Devices</b>	Simile, Limited Parallelism ("Just as it was at home, it was still in the Church")	Grammatical and Lexical Parallelism
<b>Heteroglossia</b>	Quotes past self (as author)	Re-voices Biblical Passages

Figure 3.2: Genre of Sister Rita’s Narratives, Before and After Vatican II

S. Rita’s second narrative is performed with a number of rhetorical devices that make it more similar to poetic performance than ordinary conversational interaction. The first of these is parallelism that occurs in lines 12, 14, and 16 (“(1) He lives within me (2) and dwells within me, (3) and walks with me when I go out.”) and again in lines 21, 22, and 23 (“(there is a loving relationship) (1) one of tenderness (2) one of unity, (3) and one that's accepting.”). Parallelism occurs in poetry throughout the world and adds dramatic intensity to the speech or text (Jakobson 1987). As Atkinson (1984) has noted, three-part lists, like the two in S. Rita’s narrative, are common in public oratory like political speeches and are used as devices that strengthen the performance of a speaker’s message.

Psalms, which are Biblical poems and hymns expressing thanksgiving and lament (Ralph 2003), use similar poetic devices. Parallelism in psalms can be seen to invoke the poetry of human breath, and mimic the order of divine creation (Vos 2005). S. Rita’s use of parallel three-part lists makes her second narrative distinct from the first, making each line in this second

narrative sound like a verse from a poem in the genre of a Biblical psalm. This genre is also evident in the lexicon of the second narrative. S. Rita says that God “dwells within me” and “walks with me when I go out.” These markers of poetic, Biblical genre stand in direct contrast to the everyday conversational language of the first narrative. While the language of this second narrative is succinct and poetic, the first narrative is more conversational.

S. Rita also performs this poetic genre through a distinct rhythm or cadence. The delivery of the second narrative is much slower and more rhythmic. She takes a micro pause at the end of each utterance to add poetic weight and she systematically stresses certain words throughout the narrative. For example, she stresses the verbs in parallel lines 12, 14, and 16 “He lives within me (.) and dwells within me (.) and walks with me (.)” as well as the ultimate word in the utterance “when I go out.” creating a poetic cadence not present in the first in the narrative. Through these performative features, S. Rita not only describes how God changed for her after Vatican II, she embodies this change. She performs the relationship of unity and love that she experiences with poetic grace, channeling the affect she describes. As she speaks, she exudes love, peace, and joy. Through the cadence, rhythm and affect of her performance, S. Rita embodies her loving and unified relationship with the divine. As her audience, I was moved by S. Rita’s narrative.

Finally, S. Rita situates herself and the divine in space differently in each of the narratives, a spatial difference also present in the pre- and post-Vatican prayer books discussed above. In the first narrative, S. Rita situates God as “up” somewhere, which places her at a distance from the divine, looking up from below. After Vatican II, God is as close to S. Rita as is possible, mapped in space as next to her or within her body. In these two narratives, the divine for S. Rita has not just changed in character; God has also moved in the map of S. Rita’s lived



space from a distant place above her, to extreme proximity, existing within her. As this spatial relationship has changed, S. Rita herself has moved from a place below the divine, looking up, to a place where they are together such that she is next to, or containing the divine.

The notion of the divine “dwelling within” is not new to Catholicism. St. Augustine stressed interiority as a means of experiencing God as early as the Fourth Century A.D. However, the nuns in the Franciscan Sisters of the Heart Convent had little exposure to these ideologies and prayer practices until the middle of the twentieth century. So while an emphasis on interiority was not necessarily new to the Catholic Church, it was relatively new to the nuns’ everyday practices and their conceptions of the divine.

S. Rita’s embodied transformation mirrors that of S. Theresa, who transitioned from seeing God as an arbiter of her suffering to a loving presence within her very body, existing even within the amoebas that plagued her. Srs. Theresa and Rita are not exceptional cases; the majority of the sisters in the Franciscan Sisters of the Heart convent who lived through Vatican II describe a similar shift. They characterize their experience of the divine after Vatican II in new, more personal ways. As they understand and experience the divine in these new ways, they experience new emotions, including love and spiritual unity.

The majority of the sisters at the Franciscan Sisters of the Heart convent describe a similar amplification in their embodied experience of the divine following Vatican II. As the nuns pray to a God who inhabits the space near them and in them, a God who emanates love and tenderness, they describe themselves as being filled with the emotions of love, safety, and the knowledge that they are cared for by a benevolent companion. This new companionship, developed over the past few decades, has impacted the nuns’ interpretation of their illnesses and chronic pain trajectories.

## Suffering in the Convent

As Orsi (2005) notes, Catholic ideologies and experiences of pain and suffering significantly transformed over the twentieth century. Before Vatican II, “pain purged and disciplined the ego, stripping it of pride and self-love; it disclosed the emptiness of the world.” Indeed, before Vatican II, the Franciscan Sisters of the Heart were encouraged to welcome pain and suffering as valuable resources to humble the ego. They were instructed to see their own pain and suffering as small reflections of the suffering Jesus endured for them. The nuns describe pain and suffering as something they understood God required of them. Suffering was, and for some nuns still is, “offered up” to God. As they offered their suffering to the divine, they asked him to use their pain as he saw fit. The divine was seen to be the arbiter of their pain and suffering. As S. Rita told me, suffering and pain were understood at that time as things God “wanted you to have.” Through the process of offering up one’s pain through prayer, the nuns created something virtuous out of their pain and suffering, but it was nevertheless seen as necessary punishment for the sins of humanity. Suffering and virtue were deeply connected for the Franciscan Sisters of the Heart before Vatican II. Many Catholic convents have maintained a similar ideological connection between suffering and virtue since Vatican II. For example, Lester (2005:194) writes that postulants in a Mexican convent learn that suffering, albeit suffering with an “intention behind it” is the “path to sanctification.” This connection between pain and morality is not unique to Catholic cultural contexts (see Throop 2008). Since Vatican II, however, the Franciscan Sisters of the Heart have largely rejected the notion that suffering is virtuous or holy, and the sisters have made an explicit effort to break this connection in their local ideologies and prayer practices.

In describing “old” ideologies of pain in the convent, S. Rita says that the sisters used to think God “needed” human suffering in order to “be God.” Now, they believe “just the opposite. God doesn’t give us suffering. He’s present in our suffering, but he certainly [isn’t] doling it out.” The concept of God’s presence in one’s suffering is key to the change that the sisters describe. While the pre-Vatican II God was the distant, authoritarian who oversaw the distribution of pain and suffering to individuals in the world, for the Franciscan Sisters of the Heart, their post-Vatican II God is a God who is present as a supporting companion as they endure pain or suffering. As God has moved “down” to “dwell within” them, the sisters have come to experience him as a caregiver. S. Rita describes this relationship:

SR – Sister Rita

1 SR He goes with me throughout whatever it be.  
2 If it’s pain,  
3 I know that He’s there to support me.  
4 I think that that’s a strong thing for our sisters,  
5 particularly in the infirmary,  
6 because, most of them have pain, of some type.  
7 And yet I marvel that they’re not cranky,  
8 they’re not complaining,  
9 um they get wonderful care,  
10 which certainly helps them,  
11 but they’re able as you say to somehow,  
12 God, Jesus, is very close to them.  
13 And He walks with them.

Indeed, as S. Rita describes, the majority of the sisters in the infirmary, even those living with significant pain, use prayer and their relationship with the divine as a mode to garner comfort and support and to mitigate the pain they are experiencing. They also receive robust social support from nursing staff and a significant team of sisters giving pastoral care who pray with them and remind them “Jesus loves them.”

In pastoral care interactions in the infirmary, the sisters often called on the divine as a caregiver. S. Irma, for example, a nun who gives foot massages to the sisters in the infirmary, regularly suggested that the sisters call on Jesus to comfort them, “walk with them,” or “hold them.” In one recorded interaction, for example, she suggested that an elderly nun who was suffering from tachycardia and anxiety “relax” and “let Jesus hold [her] in His lap.” Through this embodied directive, and others like it, she encourages her fellow sisters to draw on the embodied presence of the divine to comfort them in times of need.

The nuns’ prayer practices and imagery vary. Some describe prayer as a physical embrace with the divine. Others describe a more metaphorical “dwelling” together or co-presence. Some of the nuns describe detailed images. S. Carline, for example, a nun suffering from advanced ovarian cancer, described an image of a teardrop held within a beautiful crystal goblet. She said that the teardrop represented her pain, suffering, and fear, and the goblet represented the beauty of God, which held her with love, representing for S. Carline the all-encompassing love and compassion of God. She described meditating on this image. Almost all of the thirty nuns I interviewed describe prayer practices in which they experienced a close proximity or complete envelopment of the divine within their own bodies.

I suggest that following Vatican II, the Franciscan Sisters of the Heart have altered their cultural experience of pain and illness through their prayer practices. The “affective valences” (Throop 2008:276) the nuns associate with pain are no longer tied up in virtue, suffering, and sin. Through the repeated practice of praying post-Vatican II prayer, pain, for the sisters, has now become affectively associated with God’s supporting, calming presence. As they experience pain and pray with the divine, they experience him as a caring, loving presence that “walks with them” and supports them. These new subjective states seem to impact the nuns’ experiences of

pain and illness by mitigating it or making it more bearable. In this way, institutional changes in prayer practices have afforded new somatic patterns in the nuns' experiences of pain, illness, and old age. Pain no longer carries the pre-Vatican II associations with a punishing God. As Sister Theresa was able to begin to love and forgive the amoebas infecting her body, seeing them as one with God as a loving, although perhaps difficult and painful presence, the majority of the sisters have learned to patiently accept their pain and call on God as a caring partner who helps them endure worldly suffering.

The role of the body in prayer has shifted for the nuns. In the first half of the twentieth century, the nuns' prayer lives focused primarily on the body as an object of prayer as the nuns called on the divine to intercede in the material world to heal their ill or painful bodies. In the second half of the twentieth century, after Vatican II, the nuns have increasingly focused on the body as a means to experience the divine. Embodied prayer has become much more common than individual requests for the divine to intercede in the material world to affect an individual body.

Change in Catholic nuns' prayer lives has impacted religious sisters lives in many ways. Changes in prayer schedule have reordered their daily lives and changes in the language and imagery of prayer have influenced their characterization of the divine. God has been transformed from a male authority figure, located above the sisters looking down at them to a more intimate companion, a being who resides next to them, supports them, and even exists within their bodies. This shift in the characterization of God has resulted in a new relationship with the divine. Even more profoundly, this transformation has afforded new subjectivities. This changing notion of who the divine is, and how the nuns relate to him, has impacted more than the nuns' ideological relationship with God. This transformation has also influenced their

experiences of the world, their experience of their bodies, and ultimately their ideologies and experiences of illness and chronic pain. Morris (1991:45) argues “pain is not just blindly felt or reflectively endured as a series of biochemical impulses. It changes with its place in human history.” The current study suggests that the history of the Church as an institution has affected the ways in which the nuns experience their bodies as they age.

The story of Vatican II is one in which institutional authorities and the individuals within the institution moved together to create profound change. Pope John XXIII responded to shifting times and ideas of various theologians to set in motion major institutional changes in the Church (O’Malley 2008; Wilde 2007). These changes, due in part to the way the documents were written, afforded each convent its own interpretation and implementation of the changes. As prayer books were edited, and as local ideologies of the divine changed with them, Catholic nuns across the country had the opportunity to re-shape their own relationship with God. The change can be seen as coming both from the “top down” and the “bottom up.”

Analysis of the nuns’ narratives about this institutional transition exemplifies the intimate connection between communicative practices and experience. As the nuns spoke new prayers more on their own terms, they experienced a new relationship with the divine. From Ochs’ (2012) perspective, linguistic enactments were experienced as they were produced. The nuns’ new prayer practices also integrated the body in new ways. Through newly embodied relationship with the divine, they began to incorporate embodied prayer, and ceased to emphasize the body as an object of prayer. For the nuns in the Franciscan Sisters of the Heart convent, changes in the words they speak to God have ultimately impacted their own interpretation and experience of pain, suffering, and old age; how they move through the world, respond to their aging bodies, and how they experience the divine.

As a group, nuns experience greater physical and mental well-being at the end of life, enduring less physical and mental pain and loneliness than their lay counterparts. In this chapter I have drawn on psychological and linguistic analysis to show that as the divine has moved “down” in the nuns’ prayer, accompanying them for walks and “dwelling” within their bodies, the nuns in my research have reported experiencing less loneliness and decreased chronic pain. I hope to have offered insight into the process through which elderly nuns use communicative interaction with the divine to manage their physical and mental well-being at the end of life. In addition, I hope that this work will spur on those researchers dedicated to clearer understanding of the relations of mind, spirit, and body.

## CHAPTER FOUR

### Emptying the Self

It was a cold sunny day, like many in the spring of 2011, and Sister Carline sat reclined in a beige armchair in her room in the convent infirmary. The shades in her room were drawn as usual, letting in only a dim light. She had stopped chemotherapy a few weeks ago, and her grey hair was growing in downy soft, like a newborn's. She had me touch it, giggling, at the pleasure of having hair again. Her face was gaunt, but her complexion had lifted from ashen in the past weeks. She looked warm and kind, but her features maintained the etchings of significant pain and suffering.

Sister Carline was eighty-six, and this was her third serious bout with cancer. In the past few decades, she had battled liver cancer, then ovarian cancer, and now she had uterine cancer. The doctor had told her that the most recent round of chemotherapy had not been successful. After years of surgeries and chemotherapy, S. Carline had chosen not to try again. She understood that she was going to die in the next few months. Yet, in the quality of life questionnaire that I distributed, S. Carline responded that she only rarely felt depressed or nervous, and never sad. She, like most of the other nuns, felt that her life was overwhelmingly full with purpose, "worthwhile," and "complete". She reported feeling fully supported, and had almost no fear of the future.

S. Carline represents the model of "successful aging" that Snowdon and his colleagues documented in their nun study. Although she had to endure the embodied and psychic suffering of cancer, cancer treatment, and her own mortality, she handled this with remarkable equanimity and even peace. Snowdon titled his book on the nun study *Aging with Grace*; each time that I walked into S. Carline's room and witnessed the way that she faced aging and her own



impending death, this phrase echoed in my head.

For Catholics the concept of grace evokes two things: First, graceful, the adverb, as in to move gracefully; to be graceful. Indeed, the nuns were moving through time, aging, in a graceful manner, with serenity, peace, and kindness. Grace also invokes the concept of the Holy Ghost, one part of the Holy Trinity that makes up the Divine for Christians. The Trinity, which is understood to be both tripartite and a singular God is made up of the Father, as God in Heaven, the Son, Jesus Christ, as the human embodiment of God, and the Holy Ghost, the essence of the Divine. For Catholics, worldly “operations of grace” are attributed to the Holy Ghost (Knight 2009). For the nuns, the Holy Ghost is understood to be the ineffable sense of holiness or spirituality embodied in all things.

The concept of aging with grace conjures not only the nuns’ actions, as they move forward in time gracefully enduring pain, accepting older bodies, and approaching death; it also suggests that the nuns are aging with God, specifically the Holy Ghost, the essence of the divine whom they have witnessed, absorbed, and enacted throughout their lives, and now vividly experience at the very end.

Sister Carline and many of her contemporaries exhibited both of these. Her actions were graceful. She was kind; she shared a warmth, a lightness, and a serenity with those who spent time with her. She was humble in her acceptance of the future, yet honest about her fears and anxieties. She did not complain or burden others with her suffering. Sister Carline was also aging with the divine. Her days were filled with prayer and what she described as “a closeness with God.”

The goal of this chapter is to analyze this sense of grace and how it is cultivated throughout the nuns’ lives. I argue that the grace, equanimity and acceptance with which many

of the nuns approach old age are cultivated through a lifetime of theologically-inspired institutional practices. These practices, informed by the theological notion of kenosis, are manifested in the convent through strict institutional practices. These practices shape the way the nuns experience basic interactions with their material and social environment and contribute to their experience of illness and death, thereby affecting their well-being at the end of life.

Most prominent among these institutional practices is a range of behaviors associated with the theological notion of kenosis. The grace or equanimity with which the nuns face challenges especially at the end of life and the fulfillment they feel with their lives and community are cultivated through a suite of actions that occur at the macro- and micro-level. At the “top,” are institutional structures, including surveillance and the enactment of the three monastic vows poverty, chastity, and obedience. At the micro-interactional level, the very words that the nuns speak to each other and to the divine, through prayer, set the stage for the emptying out and filling up that are associated with kenosis, and, ultimately, the grace they exhibit at the end of life.

This chapter examines what these kenotic practices look like for elderly nuns who adhere to them and what aging has been like for other elderly persons who do not. Vatican II, the major institutional shift in the Church that took place in the 1960s, and the specific ways that the Franciscan Sisters of the Heart convent handled these institutional changes has played a major role in shaping how kenotic practices were introduced, incorporated, and embodied in the convent. Many rigorous institutional practices associated with kenosis practices became optional for the nuns in the 1960s; some nuns continued to engage in them while others did not. The theological changes in the church following Vatican II also introduced new ways to relate to the divine, towards a more personalized, love-centered relationship. (This was explored in Chapter

Three). This shift has afforded a great diversity in how kenosis is experienced in the convent. I hypothesize that the resultant variation in kenosis as an experience and practices correlates with individual differences in well-being among nuns inside the convent infirmary.

### **Emptying Out**

When S. Carline entered the Franciscan Sisters of the Heart Convent, it was 1943; she had just finished high school. She and her peers entered a total institution in which, to help her gain “freedom” from attachments to the material world, S. Carline, like all nuns, took three vows: a vow of poverty, a vow of chastity, and a vow of obedience. The vow of poverty was meant to motivate her detachment to material things; the vow of chastity to ensure her detachment from other humans; and the vow of obedience to teach her detachment from self-determination. In following with the vow of poverty, S. Carline was stripped of her belongings, reconfiguring her sense of desire and will (Lester 2005:70, 71, 74). The novitiate building in which the nuns lived was designed to create communality, and in doing so denied the novices any personal space. The girls shared sinks, showers, and bathrooms. They slept in twin beds in dorm rooms in which their only personal space was a small side table and perhaps a closet in which to hang their habits. As novices the girls had to make formal requests to the novice mistress for any material item that they required, such as soap or toothbrushes. I was told that some of the novice mistresses even determined how much toothpaste the novices put on their toothbrushes.

The convent structured all of the material details of the nuns’ days. The institution determined their daily schedules; they rose at 4:45 a.m. for prayers, sat on hard benches, worked, slept, and ate by convent bells. In the dining room, they sat in rows, each with an identical plate of food, and ate in silence as a superior read prayers or spiritual texts.

These vows became deeply ingrained in their everyday sense of morality: one of the sisters, whom I call S. Mary Bernard, told me a story of being a young teacher. She and a fellow sister received a grapefruit from their students. As she told me about the present, she laughed remembered with an intensity of emotion how difficult it was to discern what to do with the grapefruit. She remembered debating with the other sister whether or not it would be sinful to eat it or whether they must give it away, as part of their obedience to the vow of poverty, and if so, to whom. This little story illustrates how internalized these structures were - not only systematically, through rules, but also emotionally. As the ninety-nine-year-old nun told me this story, I could see her still struggle with the dual desires: wanting so much to be good, and also yearning for that grapefruit.

This example shows how the nuns' attention to even small moments in their everyday lives became reshaped through the vows. S. Mary Bernard's recollection of her struggle with the grapefruit indicates how she had been retrained to attend to every moment of her life. This can be seen as a type of phenomenological modification (Duranti 2009; Husserl 1991; Throop 2003) through which the nuns' experiences were shaped by modifications in attention to their world. The vow of poverty influenced the way S. Mary Bernard attended to the grapefruit and it's meaning away from a gift to be enjoyed to a possible indulgence and breach of her vow of poverty. In light of the vow of poverty, the grapefruit became imbued with new meaning. It had come to symbolize attachment to the world. It was one more thing that might threaten her attachment to the divine by taking away her attention from the divine.

This training stayed with these nuns throughout their lives. In a conversation S. Rita described the recent death of a nun we'd both known well. I had lived with S. Pauline for a number of months in 2009. She joined the convent in 1946 when she was 16 years old and

followed many of the pre-Vatican II institutional practices more strictly than many of the nuns even after the changes in the church. S. Rita described S. Pauline's adherence to the vow of poverty, even as she approached death:

SR – Sister Rita

22 SR     When we were over there [at the hospital], we got talk about death,  
23           it came up in some way,  
24           and I said in passing, “Have you thought about dying?”  
25           And she said, “Oh yeah it comes and goes, just a thought you know”.  
26           But she said, “I don’t think I’m quite ready.”  
27           When she got to the hospital, they did offer her the sacrament  
28           and she refused it:  
29           “Oh I’m just gonna have an angiogram done.  
30           That’s not serious enough”.  
31           I think Pauline by her very nature always weighed things  
32           as to whether or not I need this or not.  
33           Her life was very **structured**  
34           and **in that sense she led a very good, holy life.**  
35           She was at a point, I think, in her life,  
36           where **she was ready to meet God,**  
37           that when they had to go to heart surgery,  
38           they told her the seriousness of it  
39           and the priest came  
40           and she said yes I’d like to be anointed  
41           and she also said but if my heart stops  
42           I do not wish to have resuscitation.  
43           So I in the end she had made her choice  
44           and **there was her commitment**  
45           and **her willingness if life or death came to accept it.**

S. Rita's story shows how the vow of poverty can shape the way the nuns make even significant life decisions. Sr. Rita's description of S. Pauline's "structured life" refers to her continued abidance to the pre-Vatican II institutional forms and ideals. She follows that S. Pauline "always weighed things" (line 10) as to "whether she needed this or not" (line 11). S. Rita interpreted S. Pauline's abidance to the vow of poverty, even in a medical environment as evidence of living a "good, holy life" (line 13). This is paralleled with her acceptance of death (line 24), and her

“readiness to meet God” (line 15).

The second vow the nuns take is the vow of chastity which prohibits not only sexual relations, but restricts close attachments to any person. When Sister Carline and her peers had entered the convent as novices, they were not allowed to ever return to their own homes, and they were allowed to see their families only on special, chaperoned holiday visits. These family visits were highly regulated, on convent grounds, and only on special holidays. A superior read their letters home and even those allowed out were limited. In addition, the nuns were not allowed to have what they called *particular friendships*, a term that referred to having a friend who one preferred to the other sisters. If two sisters seemed to be too close in the novitiate, they were separated. In the first few years in the convent, when the sisters were young girls who had left their families, it could be difficult and perplexing to be prohibited from making close friendships, and very painful to be separated from the new close friends they might have made.

In an interview S. Agnes Marie spoke to me about working in the convent kitchen peeling potatoes. Here she describes short prayers called *ejaculations*, also known as *aspirations*, which are meant to be memorized and repeated throughout the day:

SA – Sister Agnes Marie

- 1 SA We would recite ejaculations **hour after hour**.
- 2 We had a potato peeler, this big thing where the potatoes rolled around,
- 3 but we novices after breakfast and after prayer had to eye the potatoes.
- 4 We didn't chat and giggle.
- 5 We eyed the potatoes with ejaculations.
- 6 **So someone would begin an ejaculation:**
- 7 “My Jesus have mercy on us,”
- 8 **and then everyone would continue that until someone else**
- 9 **began a new one.**

S. Agnes Marie's reminiscence indicates how the vow of chastity was realized in everyday social interaction. Instead of speaking or joking with the other girls, she describes

reciting prayers meant to keep the novices attention focused on the divine, even as they worked at mundane kitchen tasks. These repeated prayers, which she describes replacing chitchat or giggling, focused the nuns' attention away from their peers and onto the divine. Daily actions were thus reshaped to be morally informed interactions with the divine.

The vow of chastity is enacted through the process of "being God" to each other, in which the nuns learn to see others as an embodiment of the divine, treating others as they would treat Christ, a topic explored in Chapter Three.

The third vow the nuns take, obedience, required that the nuns unquestioningly obey their superiors. S. Genevieve described obedience in this way:

SG – Sister Genevieve

- 1 SG At the time I entered,
- 2 what you were told was that you obeyed,
- 3 You just did what you were told,
- 4 You went where you were sent,
- 5 regardless of whether you liked it or not.
- 6 Objections were pretty much forbidden.

Even as adults, a Reverend Mother determined their work, and these assignments could change at a moment's notice. Each summer the nuns packed all of their things into a trunk, came home to the motherhouse, for summer retreat and convent-wide meetings. At these meetings each year they received a slip of paper called an *obedience*, on which was written her work assignment for the following year. Each year they had to ready themselves for any possibility. As they packed up, they had to say goodbye to everyone they'd known: their fellow teachers, parishioners or students, in case they did not come back. A nun could be teaching at a school for twenty-five years of her life in one place, and then one year receive an obedience informing her that her next assignment was to work in the kitchen at the motherhouse or fly to

another continent to be a missionary. The nuns sometimes felt that the work assignments did “not have any relation to their abilities,” but they were nevertheless required to follow them.

The sisters were required to be obedient to their superiors in matters both major and minor. One of the sisters described her first meal in the convent. She, like all the sisters was served a glass of milk with her meal. She was allergic to milk and did not drink her glass of milk. The novice mistress told her she must and insisted. The novice drank the milk and later threw up. The interaction served to demonstrate to the novice that she was no longer in charge of her own body and actions. The superiors and, symbolically, the divine, were in charge of the novices’ actions, determining what they ate and drank, how they spent their time, and how they related to others. The nuns were being taught to think of their lives as determined not by themselves, but by the divine. As Lester writes in her ethnography on Catholic novices in a Mexican convent, "poverty and chastity have to do with giving up external things but obedience requires a woman to give up her own will, her claim to her own life” (2005:74).

<b>Vow</b>	<b>Meaning</b>	<b>Implementation: Emptying Out</b>	<b>Implementation: Filling Up</b>
<b>Poverty</b>	Detachment from Material Things	Stripped of Material Things	Helps focus on spiritual pursuits and meaning
<b>Chastity</b>	Detachment from People	Stripped of Connection with Others (letters, visits, personal friendships)	The divine becomes the primary loving relationship
<b>Obedience</b>	Detachment from Self-Determination	Stripped of Freedom of Movement, Freedom of Choice	Actions are seen as determined by the divine, not the individual

Figure 4.1: Vows, Meaning and Implementation

These practices structure the convent a total institution. In his seminal work on asylums, Goffman defined total institutions as institutions (such as convents, but also prisons, asylums, and medical facilities) that disrupt the self-determination, autonomy, and freedom of those within



(Goffman 1961). He described a set of features shared by all total institutions: daily life takes place under a single authority; daily activities take place in the immediate presence of a number of other members, all of whom live together and are treated alike; all daily activities are tightly scheduled by authorities, leaving no room for temporal self-determination; and all of these activities are “purportedly designed to fulfill the aims of the institution” (Goffman 1961:6).

The “curtailment of the self” is at first a symbolic process in which the nuns ritually mark the “barrier that total institutions place between the inmate and the wider world” (Goffman 1961). Entering the total institution a person is stripped of symbols of the self and identity. The nuns were assigned new names, new clothes, and new rules by which to live. Goffman (1961:18) notes, “The admission process can be characterized as a leaving off and a taking on with the midpoint marked by physical nakedness. Leaving off of course entails a dispossession of property, important because persons invest self-feelings in their possessions. Perhaps the most significant of these possessions is not physical at all, loss of one’s full name can be a great curtailment of the self....”

When nuns enter the total institution, they must “break the fundamental link between the self and ‘the world’” (Lester 2005:70). The nuns prostrate themselves on the floor to symbolize a death from the world. Once part of the convent, the institutional practices impact the formation of the self - one’s identity and experience. Goffman (1961:14) notes that entering the total institution includes “a series of abasements, degradations, humiliations, and profanations of the self. His self is systematically, if often unintentionally, mortified. He begins some radical shifts in his *moral career*.”

Goffman’s attention to the shift in one’s moral self is especially appropriate in the monastic context. Unlike the prisons and asylums that Goffman depicts, the monastic total

institution was designed with the goal of moral and spiritual transformation. Foucault (1988:43) argues that the introduction of Christianity, which, unlike Greco-Roman tradition involves the ideology of salvation, holds that through a transformation of the self, an individual can move from one reality to another, “from death to life, from time to eternity”. The introduction of Christianity involved the principle that knowledge of oneself could achieve a “purification of the soul.” The monastic practices were developed as a series of techniques specifically designed to constitute a transformation of self.

The process in which a monastic submits complete control of himself in obedience is a “sacrifice of the self” through which the monastic develops a new “technology of the self” (Foucault 1988). While Goffman’s account of the total institution focuses on shaping individual experience, Foucault’s technologies of the self focuses on how the individual “acts on himself” within particular institutional and ideological settings (1988:18).

Lester (2005:162) notes, "The convent schedule requires a radical reorientation of their sense of time and agency - they are no longer in control of what they do and when they do it and effort is required in the beginning for the postulants to learn where they are supposed to be, doing what activity, at what time". The cultivation of a heightened “interiority” allows the nuns to focus primarily on the world inside the institution, attending to spiritual activities in the convent and inside their bodies (2005:161-163). This process can be seen as a shift in the nuns’ “natural attitude” (Husserl 2012 [1931]) or a phenomenological modification (Husserl 1991; Duranti 2009, 2011), through which the nuns’ attention shifts in a way that shapes the ways in which they experience the world around them (Throop 2003).

The shift in sense of self and reorientation of attention occurs in part through the institution of the vows. The vow of poverty involves “depriving oneself of possessions or

material comforts is seen as a means to an end, a technique for breaking the fundamental link between the self and ‘the world.’ Whose evil is thought to spring directly from our tendencies toward acquisitiveness and covetousness” (Lester 2005:70).

The vows are upheld through constant surveillance by an authority. As Goffman notes, constant surveillance is required for the strict regimentation afforded in total institutions. In the convent, the nuns did not have private space and their daily activities occurred in the company of their peers.



Figure 4.2: Shared Bathrooms

Surveillance not only by authorities but also by Catholic nuns involved in a shared spiritual and moral self-making restricted the nuns’ social mobility and flexibility. The surveillance of others makes a person’s infraction against authoritative codes, “likely to stand out

in relief against the visible, constantly examined compliance of others” (Goffman 1961:7)

In the convent, the nuns were under the constant surveillance of not only their superiors and their peers, but also by the divine. Until the 1970s, the nuns were reminded of God’s watchful presence every time they entered the cafeteria where a mural depicted the eye of God watching them at all times. To this day, the eye of God watches the nuns in stained glass above the front door of the chapel.

While most of these practices (the denial of property, autonomy, intimate relationships, and self-determination) can be punishments, in the convent the goal is theological, and the restrictions are imbued with meaning. Lester (2005:76) notes "obedience has its rewards. The sisters believe that from the moment they surrender themselves to blind obedience - totally renouncing their liberty, never more belonging to the world - they will be free".

All of the discomfort that nuns endure in the convent, through the same practices designed to punish prisoners, are aimed to foster a separation from the world they see as necessary to establish a closeness with the divine. This process is largely based in the theological notion of kenosis.

### **Kenosis**

The term kenosis, derived from the Greek for “emptiness,” first appears in the Bible in Philippians 2:1-11, where Christ is said to have "emptied (*ekenosen*) himself, taking the form of a servant." Kenosis is translated variously as emptying oneself; a death of the self; making oneself nothing; and a “voluntary decentering of the self” (Westphal 2005:22). The ‘emptiness’ associated with kenosis is often interpreted as selfless action, as in “being a person for others, loving, giving oneself, letting go" (Cronin 1992:7). Kenosis is also associated with humility and the process of letting go of individuality.

Theologian Riessan (2007) describes a story by Coetzee in which two characters give up the things that have built their identity and bring them joy. After an accusation of abuse of power and position brought by a student, one character must leave his job at a university to live with his daughter Lucie on a farm. During his stay, the farm is plundered by a group of men who rape the adult daughter. Lucie becomes pregnant, turning inward as she “lets everything take its course.” She gives up her independent life and marries a man who may be related to the rapist. Riessan (2007:175) writes, “Lucie’s attitude is a mixture of resignation and perseverance: she is willing to give up who she is (an independent woman with her own business) in order to stay in the place where she loves to be, on her own land, with the animals and plants dear to her.”

Riessen interprets this as a kenotic narrative: “It’s always about letting go, letting go of the past, of an influential position at the university; letting go of a successful future that would seem the natural destiny for the daughter of a professor. Letting go of positions of power and the status connected with them.” (2007:175). It’s also about accepting the difficult or painful events in life that cannot be changed. Lucie grieves the tragedy but accepts what has happened and moves forward to her life as it now stands.

Kenosis is not easy. As one empties the self or gives up the ego as agent, one is not separated from life’s tragedies. Kenosis does not allow one to avoid the world but rather accepts life as it comes, the good and the bad, and moves forward. The goal of kenosis is not to avoid life and its tragic or joyous events, a feat that would prove impossible, but rather to train the mind and body to react to these events evenly and with acceptance.

The process involves emptying oneself of the outside world and filling oneself with God has been incorporated into contemporary Western ideologies. For example, the Alcoholics Anonymous (AA) command to “let go and let God,” for example, can be seen as an example of

kenosis. Emptying the self involves moving aside the ego, and allowing oneself to whatever comes in life with equanimity.

Catholic interpretations of kenosis are distinct from the secular interpretations (above) as they emphasize an ultimate “filling up” with God (Hodges 2006; O’Grady 1997:100; West 2013). Catholics see themselves as making room in themselves, as they shed worldly attachments and involvements, for a closeness with the divine, and an experience of divine love. Through their vows and institutional practices, the nuns strip themselves of social, material, and internal connections while developing a deep spiritual sense of connection. For Christians it is only in the empty space that “the sacred can incarnate itself in bodily being and behavior” (Benson and Wirzba 2005:5).

For Catholics, the ultimate kenotic act was God, as Jesus, emptying himself to become “a slave” (Mensch 2005:65). St. Francis, founder of the Franciscan order was said to be taken with the kenosis of Jesus Christ, in which Jesus, as God, was understood to have emptied himself of his own divinity in order to take on the nature of a human, and ultimately accept his death by crucifixion. “This humbling, this emptying, this letting go was something Francis longed for in imitation of his love, Jesus Christ” (Cronin 1992:2).

Buddhism shares with Christianity the concept that “emptiness” is key to the path that allows individuals to approach enlightenment. The center of Buddhist teachings, the four noble truths, claim that (Bstan-'dzin-rgya-mtsho 1997):

1. There is suffering in the world
2. The origin of suffering in life is attachment or ‘craving’
3. There is a cessation to suffering
4. There is a path to the cessation of suffering.

In the Buddhist teachings, this path involves the cultivation of non-attachment, the practice of emptying oneself of the attachment to the world, which comes hand-in-hand with acceptance (equanimity) of the transience of all things

The theme of emptiness emerges in Hinduism as well. Lamb (1997:291) describes a similar process among Hindus in West Bengal. The event of marriage, for example, is a time when young girls are forced to relinquish their ties to their natal home:

The bride's surname and patrilineal membership would also be formally changed to those of her husband. In this way, her marriage was generally interpreted as obscuring and greatly reducing, although not obliterating, the connections she once enjoyed with her natal home.... For a girl, then, preparing to marry was like a first confrontation with Mortality

This symbolic death is not unlike that of the nuns entering the convent in which they gave up connections to their families and the world outside the convent. People in Mangaldihi, West Bengal experience the cutting of ties as they draw towards the end of life. As ties, or *maya*, increase over a lifetime, elderly persons find themselves in a “paradox” at the time of old age (1997:285): they experience these ties the strongest when they will be leaving the world and separating from the people, places, and things they know. Lamb writes (1997:289):

The greatest problem of *maya* in old age is that of how people will free their souls when they die. *Maya*, according to people in Mangaldihi, can quite literally “bind” a person (or the person's soul, *atma*) to his or her body, habitat, and relationships, caught as in a “net” (*jal*), and thereby unable to die, even if very ill and decrepit, and unable to depart from his or her previous habitat and relations after death. Not only can *maya* or attachments cause people to hang on in this way in a state of decrepitude without dying, but *maya* can also make the process of dying itself very slow and painful.

Elderly Hindus in West Bengal engage in a process of methodically cutting their ties or *maya* with the world. Elderly widows and men avoid particular foods that might excite worldly passions or attachments and dress in white, a color regarded as “cooling.” Elderly women and men also engage in celibacy and anti-social activities such as cursing or arguing, that she

describes as “techniques of self-alienation” (Lamb 1997:289):

People diminished their ties of maya to things as well, by emptying themselves of their favorite possessions in late life—giving away property, jewelry, favorite saris, keepsakes. All of the techniques of decentering, cooling, and emptying mentioned above were felt in Mangaldihi to be effective methods for shrinking those personal extensions that are known as maya..

The kenotic theme of “emptying” oneself of ties to the material and social world appears in a number of cultural contexts. In Buddhism, relinquishing attachments to the material and social world, and to the self or ego is seen as a path toward enlightenment, or a cessation of worldly suffering (Bodhi 1994; Mishra 2004; Nhất Hạnh 1998:11, 273)

### **Filling Up**

Unlike Bengali Hindus, who strive to reach equanimity or peace by giving up attachments, Catholic kenosis involves more than just letting go, but also a “filling up” through a concentrated relationship with the sacred:

Detachment from things does not mean setting up a contradiction between 'things' and 'God'... as if [God's] creatures were His rivals. We do not detach ourselves from things in order to attach ourselves to God, but rather we become detached from ourselves in order to see and use all things in and for God" (Merton 1961:21)

Riessan (2007:179) considers kenosis as the ‘descent’ or ‘humiliation’ involved in the defacement of the self in order to be an articulation “of God’s transcendence. Levinas (1982: xiv-xv) considered the letting go of oneself involved in kenosis to be a “*devotion à Dieu*,” a devotion to the divine. He wrote that it was “*une façon d’être voué avant tout acte de conscience*” (a way of ‘being dedicated’ before any act of consciousness) (Translation by Riessan 2007:193).

In the spring in which she was dying, Sister Carline recounted the experience of filling up with God. She described an inner life that, in her view, kept her buoyant throughout the cancers, and now, in the face of death. She spent the majority of her time meditating on Christ the child;



thinking to herself “how much He must have loved us” to come to earth. She was in awe that, in her words, “of all the places in the infinite universe He could go, He chose to come to us, to our tiny planet.” A sense of wonder and joy overtook her as she described this sense of love she attributes to this act.

From her bed and her reclining chair, she could rest her eyes on a small figurine on a shelf of the infant Jesus in the manger. With her eyes on the crèche, she regularly meditated on “God’s love for us, as humans”. Following this meditation, she described “traveling” across the wall, moving her eyes eight feet to the right, where a San Damiano Cross hung. With her eyes resting on Christ on the cross, she would meditate on the idea that “God loved us so much that he was willing to live as a human, and to suffer for us, out of love.” She emphasized the idea that his death on the cross was a form of compassion saying, “that suffering is love.”

Like many of the nuns, Sister Carline’s prayer life centered on a communion with God. She said she prayed for spiritual healing -- what she understood to be a closeness with God, what she called a healing of the soul. When I asked S. Carline to describe this healing of the soul, she told me about a retreat that she took a couple of decades earlier, her first retreat led by a spiritual director. She said that her personal focus for the retreat was first to become closer with God and second to address a fear she was experiencing at the time. She described this fear as irrational but very powerful. She did not tell me what she feared, just that she just wanted to get rid of the fear. When she told the spiritual director about this desire, the director suggested that S. Carline embrace the fear and accept it. Later in the retreat, she reports experiencing a very powerful vision. The vision was of a crystal goblet and inside the goblet was a teardrop. She described the teardrop as adorable and loveable with big eyes blinking at her. She said that she opened up her arms to the teardrop and it jumped into her arms and dissolved into her.

S. Carline then told that that to her the teardrop represented her fear and a new feeling of being able to love and accept it. The goblet, she said, represented God. Every corner, each edge represented a different facet of God such that “you could never see them all at once.” S. Carline said that the teardrop also represented her and, in the vision, her own body represented Jesus. In this vision, she experienced him loving her and wrapping his arms around her in an embrace like the one she gave the teardrop.

She explained that this vision seemed to her simultaneously “crazy” and very real. She said knew it was real because it had a tangible effect on her mind and body. Her fear was completely gone from that day on. In the many years since that retreat, S. Carline says that she re-visited and meditated on this image as a part of her daily prayer life. In these prayers, God embraced her as she dissolved into him.

Like S. Carline, many of the nuns in the convent infirmary suffering from chronic conditions do not focus on their own pain, but, drawing on years of kenotic training, seem to be able to focus their attention away from their own pain and instead let it rest with the sacred. These women seem to experience a remarkable sense of calm, or what S. Carline calls an “abiding love,” even as they face physical pain and suffering at the end of life.

This skill, of refocusing attention away from pain or mental anguish and onto feelings of divine love, peace, and calm, seem to be developed from a unique combination of kenotic practices emerging both before and after Vatican II.

Early in their lives, pre-Vatican II institutional training forced them to learn to shed attachments to material things, to families and friends, and to the ego or self-determination. In recent decades, many nuns, like S. Carline, have begun to practice embodied forms of prayer in which they cultivate a personalized relationship with the divine (Chittister 2005; Rupp 2002,

2007; Sherman 2012).

S. Carline described this process as a struggle:

SC – Sister Carline

1 SC I've been praying especially for that inner peace  
2 that I can accept whatever God's will is....  
3 I kept praying and I kept praying it,  
4 and, sometimes I'd be just you know kind of, not, not resisting  
5 but kind of struggling with it.  
6 And so as time has been going on,  
7 **I do feel more peace with where I am,**  
8 knowing that **I feel like God's peace has been given to me**  
9 and, and **I'm praying that it even goes deeper,**  
10 that it just keeps going.  
11 **I don't want to be struggling.**  
12 I want to, **I want to welcome death.**  
13 And it's really you know like all the scripture and everything say,  
14 **it's really not a death**  
15 **it's really going from life to life.**  
16 **This life to the next life....**  
17 So, that's what I try to do,  
18 befriend,  
19 like St. Francis always called it,  
20 Sister Death.

S. Carline is explicit about the tension between her desire to accept or “welcome” and even “befriend death” (lines 12 and 18). This struggle comes out in the oppositions present in her narrative. Even as she struggles to accept death, she reframes death as “not a death” (line 14), but a “next life” (line 16). Even as she struggles, S. Carline displays that she uses the concepts associated with Catholic kenosis to approach her own death with strength and peace.

### **Erosion of Kenotic Practices**

In the late 1960s and the decades following Vatican II the institutional structures that enforced kenotic practices gave way to individual freedoms meant to allow individuals to commune with the divine in more personal ways (see Chapter Two). The nuns gained the freedom to choose how they dressed, to develop and maintain close relationships with friends or family, to choose

where they worked and lived, and to pray independently. Many of the nuns welcomed these changes, as they felt these new freedoms allowed them to deepen their spirituality, to get to know God on their own terms, and allowed them to better serve those who were in need (Chittister 2003).

These changes eroded the rigorous kenotic practices that the nuns had developed in the convent (Kaylin 2000; O'Toole 2005). They were allowed to acquire material things, choose their own work; even live independently. The nuns still take the three vows of poverty, chastity, and obedience, but the scope of these vows has changed. Instead of emphasizing material poverty, they emphasize a poverty of the soul. Obedience has also shifted to be obedience to the divine or to a "God within" rather than an institutional power.

The vow of chastity has changed as well. There is no longer a ban on particular friendships. One of the nuns described the vow of chastity in this way:

SG – Sister Genevieve

- 1 SG For me it means that (.) it's a matter of responsible use of one's sexual energies,
- 2 That (um) it's more than just (.) that you don't get married
- 3 or that don't have sex.
- 4 That you don't
- 5 (.)
- 6 That your love is much broader than that,
- 7 It's a love for all people.
- 8 And **it makes you freer**.
- 9 **The vow of celibacy is a kind of freeing** to demonstrate your love for all.

The vow of poverty has changed as well. S. Genevieve said: "The idea of poverty is not so much that you get permission for everything you use. Rather, it is to live simply and be responsible in the use of goods." She describes the vow of celibacy as "freeing" (lines 8-9), and an opportunity to redirect feelings of love away from one possible partner to feelings of "love for all" (line 9).

For many nuns like Sister Carline, who lived for decades as a nun before the Vatican II,

the institutional changes did not radically alter their relation with the material world. Although Sister Carline no longer donned a habit, was able to choose her work, exercised a freer prayer life, she continued to live in small convents, never acquired many material things, and continued to practice the fundamental kenotic rituals of emptying the self, and filling herself with the divine.

Vatican II did alter prayer life (as came out in Chapter Three). Some of the nuns describe the change as an “Easternization” of prayer, with the introduction of centering meditation. Many of the practices the nuns now incorporate resemble very personal contemporary Protestant practices like those described by Luhrmann and others (c.f. Ammerman 2013:31, 104; Bender 2010; Luhrmann and Cassiniti 2011; Luhrmann 2012) such as sharing coffee with God.

Other nuns were more impacted by Vatican II. These sisters took advantage of institutional changes more dramatically. For example, Sister Marie<sup>17</sup> also joined the convent in the 1940s. She was trained as a nun under the same rigor as Sister Carline. When Vatican II introduced increasing freedom to the nuns’ lives, Sister Marie embraced these freedoms. She took a job teaching in a rural town where there was no convent and lived alone in an apartment. Community members gave her gifts, and she acquired beautiful figurines, sculptures of angels, and shelving units to hold these treasures. She developed deep and loving relationships with a large community, ties that were evidenced in her apartment: framed photographs of herself with dear friends, Christmas cards, loving statements. She was an important community figure, garnering praise and support for her work in the town. She acquired a dog whom she dearly loved and cared for. She had shelves of books, both spiritual and secular, and even newspaper clippings noting her good works.

When Sister Marie began having trouble walking and struggling to keep up with her job,

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<sup>17</sup> S. Marie is a composite portrait of three nuns. I have chosen to develop her in this way to protect the identity of the nuns who fit this portrait.

she resisted suggestions from convent authorities that she return to the motherhouse where she would have caregivers who could help her. The idea of giving up her apartment and returning to shared housing pained her. She did not want to lose her freedom. She vigorously resisted invitations to move to the assisted living wing in the convent. Finally, S. Marie fell and broke her hip. It was only after the injury that she was willing to move to the motherhouse.

In my fieldnotes in July 2010, I wrote about an encounter with S. Marie and my own initial comparison between her and S. Carline:

Today, I had a brief visit with S. Marie, who is now home from the hospital again. She was lying in bed, covered in a sheet, on her side. She looked miserable. She turned towards me. One of the first things she said was how upset she was that she will miss Jubilee. This strikes me as so different from many of the other nuns like S. Carline, who, when she had to miss Easter with her family, seems to handle disappointment with such grace. She kept her optimism up through her prayers for acceptance, and surrender. S. Marie on the other hand is so caught up in a different type of prayers: prayer for her own healing that she just clings to health, what she's missing out on.

The congregational minister, the head nurse, and many of the elderly nuns spoke to me about the phenomenon of nuns resisting retirement and a move to the convent motherhouse. They described this as a new development in the past few decades. They each said that many of the older nuns were struggling with retirement, enduring emotional strife, as they had to give up material goods, relational connections, and freedom of movement. The head nurse, who had worked at the convent for decades said "comforts such as independent living have made the sisters much more attached to their things, their individual space, for example, having their own bathroom." She noted that this attachment causes strife for the sisters as they get older and have to transition into smaller rooms, leave jobs and apartments, and give up their things.

In the quality of life questionnaire that I administered, S. Marie, like her peers, reported that her life was highly meaningful, purposeful, and worthwhile, and that she felt "completely" cared for and supported. However, she reported that she was slightly more afraid of the future

than her peers, with just slightly higher experiences of depression and anxiety. Significantly, her assessment of her overall physical, spiritual, and mental quality of life was extremely low, far below the majority of her peers. In my extensive person-centered interviews with her and other nuns like her, it became clear that S. Marie experienced daily emotional strife as she anticipated losing her independence. She resented suggestions that she could no longer live independently, even though she relied on a number of her peers to help with her daily tasks.

As some kenotic practices have eroded following Vatican II, new ones are emerging, but they are usually voluntary. In recent years, nuns have been asked to be involved in planning their own funerals. Each nun is given a packet that includes forms for them to fill out with information on how they'd like their last days and hours to be, whether they'd like to be surrounded by people, to have music playing, or to be in a quiet room. They're asked to decide who should participate in the funeral, detailing the individuals they'd like involved in various roles, what hymns or verses they'd like included, and even what art they'd like on the cover of their funeral program. The process of filling out these forms requires that the nuns address their own mortality. I see this as a kenotic act in that it forces them accept the inevitability of death.

S. Rita described the process of planning her own funeral:

SR – Sister Rita

1 SR I think as you age you also change your view of death.  
2 I did it then [the first time] thinking that it was sort of ritual,  
3 this is what I would like,  
4 it was really personal,  
5 but then, one of the persons who I had to carry my cross died on me,  
6 so you know, **it's like people changed,**  
7 they're no longer part of your life in some way,  
8 so this time I did it about six months ago  
9 and **really took time to pray,**  
10 **to look at readings,**  
11 **to look at where I am,**  
12 what really appeals to me,

13       who I would like to have part of it.  
14       For me the funeral represents who I am when I was here  
15       and I'd like them to remember good things about me and some funny things  
16       and if there were some of my faults  
17       yes those too you know,  
18       I think that all that can be worked into a homily.

Here, S. Rita demonstrates acceptance of her own death, as well as the changes in the community around her as people died, and her social circle shifted. As she continued to describe the process of planning her own funeral, she also indicated her expectations for what death is and should be, and how people should approach their own and others' deaths. Here, she describes how I, the researcher, should respond to her death:

SR – Sister Rita

1 SR     I would like you to come  
2       and I don't want you sit around and mope and cry  
3       and if you cry tears fine  
4       but I don't think funerals have to be,  
5       there a celebration,  
6       because death is simply the step over the line,  
7       **its passing on....**  
8       That's what we do,  
9       **we pass on....**  
10       We begin dying at birth  
11       and the process is slowly takes,  
12       we go through the stages of life,  
13       and why not then be,  
14       we come to the threshold  
15       and the stepping over is what we have to do.  
16       Right now in my life **I feel comfortable** with that.  
17       And I **think maybe planning the funeral solidified** that for,  
18       that its, **it's made me less fearful**,  
19       I think for me to fear is in will there be pain in the dying  
20       and I think that's true for a lot of people.

As S. Rita planned her own funeral, she claims that she became less fearful of her own death and began to accept the inevitability of death.



The nuns' ready acceptance of the deterioration and inconvenience of old age is striking. As limbs fail, or as they develop chronic pain, or receive a diagnosis of terminal cancer, the majority of the nuns accept these changes with remarkable tranquility. It is not easy, yet it is a process they assume head on, with prayer and attention to peacefully accepting their new state.

Individuals like S. Marie, who embraced all of the freedoms of post-Vatican II convent life, display lower well-being than their peers who kept up the practices. It is impossible to study those who lived their whole lives under Vatican II. Narrative evidence from those who knew them, however, suggests that those who died before Vatican II did not necessarily enjoy greater well-being. S. Laura, for example, describes the end-of-life before Vatican II as very difficult:

SL – Sister Laura

1 SL People are very, very fearful about not doing the rule,  
2 not doing exactly what I have to do.  
3 Fortunately since I'm home in these fourteen years,  
4 sisters who've felt that way have now died.  
5 I think that was part of the old structure of religious life.  
6 Where we were so structured and so conformed and fearful  
7 because we were afraid that if we didn't do this  
8 we would be sent home  
9 and I think in some ways that also came through with the Church.  
10 It's unfortunately that it's still part of the Church –  
11 that you know think we don't do good  
12 you're bound to hell.  
13 I can think of a couple of sisters who need to be comforted  
14 and they need to be reassured.  
15 Not just, not by me, but by a priest....  
16 The fear of the Lord  
17 even though it's in the Bible  
18 isn't the kind of fear that's going to put you into hell.  
19 It's a fear of history,  
20 and the parts of God we don't know.

This picture of fear at the end of life lies in contrast to the end-of-life trajectories I saw prevailing in the convent. In the six years that I have been working with the Franciscan Sisters of the Heart,

I have met many nuns like Sister Carline, who continued many of the kenotic practices in which they had engaged before Vatican II. They collected few personal items, continued to share space and chores with others in communal convent housing, and accepted the limitations of their bodies with relative grace as they retired from work and entered the assisted living or infirmary wings of the convent.

I also encountered a number of nuns like Sister Marie, who enjoyed the freedoms associated with Vatican II, accruing many material things, living independently, and becoming attached to the people and places where they worked. Like Sister Marie, many of these nuns struggled with depression and inner anguish as they mourned loss of independence as their bodies failed and they had to move to the convent infirmary.

The peace and acceptance that the nuns like S. Carline demonstrate seems to be most robust in nuns who were trained under Vatican II and who maintained the kenotic practices, even after the convent no longer enforced them. They also spent their lives devoted to “filling up” with the divine. The unique combination of pre-Vatican II institutionalized disengagement from material, social, and personal attachments through institutional and personal practice, along with the post-Vatican II personalized relationship with God can be a powerful aid to those at the end of life.

I would like to suggest that kenotic practices be seen as a skill that can be honed over a lifetime. As with any skill, there is variation in how easily it is picked up, practiced, maintained, and mastered. For those who practice it, it may be a key factor in contributing to the nuns’ psychological and spiritual well-being at the end of life.

Phenomenologists and anthropologists (Csordas 1993; Duranti 2009; Husserl 1971, Merleau-Ponty 1970; Schutz 1967; Throop 2003b, 2010) and neuroscientists (c.f. Brefczynski-

Lewis et al. 2007; Lutz and Davidson 2007) have shown that our patterns of attention shape our experience in and of the world. For decades, the nuns have engaged in practicing letting go. When they were young, they were required to let go of feelings of attachment to loved ones and friends, and to concentrate their feelings of love and attachment on the divine. When they were asked to give up work they loved, or possessions they enjoyed, they practiced attending to this “poverty” as an extension of their love of the divine and their compassion for humankind.

Now, when the nuns are required to give up mobility or comfort as their bodies give out in old age, they engage in the same pattern, redirecting their attention from the thing they are giving up, to focus on God’s love, and the Heavenly reunion with him they anticipate at the end of life.

## **CHAPTER FIVE:**

### **Lord, Hear Our Prayer**

At least two to three times each day, the nuns at the Franciscan Sisters of the Heart Convent stop what they were doing and gather to pray. During each prayer gathering, the nuns solicit the divine to assist them in everyday affairs – to help them endure illness, to comfort them at the end of life, and to watch over those who are in need. The nuns believe that the divine listens to these prayers and answers them, providing comfort for the ill, guidance for those who are lost, and relief for those who are suffering.

This chapter examines a corpus of 144 petitions or intercessory prayers collected in the convent to examine the spiritual, communicative, and social function of these prayers. I argue that petitions display layered functionality, in which the primary communicative act, a request for intercession from the divine, is embedded within a complex meta-communicative framework. In addition to their primary spiritual and communicative function as requests to the divine, the petitions: 1) index the presence of the divine, an act that contributes to spiritual support in the community; 2) communicate a desire for sociability (see Urban 1988), specifically conveying social needs, social support, and desires to co-present human interlocutors, an act that contributes to social support in the community; and, 3) promote peer socialization, conveying how to be a good individual and community member. I suggest that these multiple functions of prayer may contribute to the nuns' psychological and physiological well-being at the end of life by providing opportunities for the nuns to solicit and contribute social support to their peers.

In his work on ritual wailing in Amerindian Brazil, Urban (1988) argues that lament or ritual wailing functions on two planes. Ritual wailing functions primarily as an “overt expression of emotion, in this case sadness at separation or death” (Ibid 1988:385). Employing a

semiotic model, the wailer's affect, i.e. the expression of sadness or grief, is the wailing's primary sign. Ritual wailing functions secondarily as a "covert expression for the desire for sociability" (Urban 1988:385). This second function is a meta-sign, or meta-affect in that it communicates a desire for sociability, social acceptance, and conveys that the individual is an appropriate social actor in that context. This chapter builds on Urban's approach to ritual communication through an examination of the layered functionality of intercessory prayer, understood here as public ritual communication with the divine.

### **Prayer as a Form of Spiritual Support**

Despite the importance of religion throughout the history of anthropology, and the ubiquity of prayer across religious practices, there has been little analytical attention to prayer in anthropology and in the social sciences (Baquedano-Lopez 2001a:198; but see Samarin 1972 and Kilson 1978). Mauss' incomplete manuscript on prayer (first published, but largely unknown in 1909, translated into English in 2003) was the first anthropological inquiry into prayer. Mauss anticipated a pragmatic approach to language by at least half a century. He argued that prayer, even personal, silent prayer, are religious rites and must therefore be social acts (2003:54). He understood prayer as embedded in the environment in which it is performed, inseparable from social context. Linguistic and socio-cultural anthropologists in the last few decades have furthered Mauss' study of prayer, recognizing it as a form of religious language embedded in a socio-historical context often involving institutional and colonial encounters (Besnier 1995, Hanks 2010; Keane 2007; Robbins 2001, Schieffelin 1981). In addition, prayer has been examined as a speech genre with particular constraints in form, content, and modes of delivery (e.g., Bauman 1983; Borker 1986; Bruder 1998; Capps and Ochs 2002; Kroskrity 1998; Ochs and Capps 2001; Shoaps 2002, 2009). Recently, Duranti and Black (2011) have shown that

prayer is realized in different ways across cultural contexts, ranging from an activity marked by strict conformity to tradition (Kroskrity 1993, 2009; Moore 2006) to a genre embracing of individual creativity (Capps and Ochs 2002; Duranti and Black 2011, see also Luhrmann 2012).

Almost all religions incorporate prayer in some form (Baquedano-Lopez 2001a), and petitions to the divine to intercede in worldly affairs are ubiquitous across cultural contexts, although they may vary in subject and form. Even within Christianity, there is significant variation. For example, among Pentecostals, petitions for material things such as cars or money are not uncommon (see for example Coleman 2000 and Comaroff and Comaroff 2003) while they are extremely rare in most Catholic contexts. Among the Catholic nuns examined in this article, petitions focus most commonly on prayers to alleviate suffering in the world. Prayers for those enduring suffering, including illness, and for the deceased and those mourning them, made up over 46% of the prayer corpus (66/144). The remainder of the prayers focused on the community (both within the convent and in the greater rural area), guidance for Church and world leaders, the safety and protection of individuals, especially children and travelers, and the cultivation of subjective states, such as peace, acceptance, humility and faithfulness<sup>18</sup>.

Petitions are a community activity in which people come together to ask the divine to intercede in worldly affairs. In this way, petitions publicly perform the divine's enduring presence, a process I will expand on later in the article Maton (1989) found that spiritual support, defined as the experience of a divine presence that is available and loving, correlates with increased well-being. Individuals who report high spiritual engagement also report experiencing less depression, anxiety, and hopelessness than their peers (McClain 2003). An increasing number of studies suggest that religious practices, including prayer, meditation, and participation

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<sup>18</sup> Significantly, none of the prayers in my corpus focus on intervention in the material world with one exception, a single prayer requesting shelter for the homeless.

in religious services, aid the mental and physical health of the practitioner, promoting physical well-being, meaning in life, and protecting against depression (Koenig 2003, Maton 1989, Meraviglia 1999, Newberg 2006, Strawbridge et al. 1997). Prayer, in particular, has been associated with physical and psychological well-being (Koenig 2003, Poloma and Pendelton 1991). For example, in a study of religious service participation across a number of religious groups, Lim and Putnam found that "For life satisfaction, praying together seems to be better than either bowling together or praying alone" (2010:927). This chapter explores how petitions as a religious practice and a form of prayer may constitute a form of social support, therefore contributing to well-being.

The corpus includes a collection of 144 individual petitions that this chapter examines in detail.

### **Background on Petitions**

Throughout the day, the nuns engage in both private and group prayer. Each morning and evening they gather in small groups in the chapel or in small sitting rooms throughout the convent to pray the Divine Office<sup>19</sup> using a Franciscan Breviary (The Franciscan Federation 2009). The Breviary includes prayers and readings for each day. The text echoes the themes of the Catholic calendar, for example employing readings on suffering and redemption during Lent and Easter. Each morning the nuns also attend mass, gathering in the ornate marble and wood-pillared convent chapel, where they participate in group prayer including the Eucharist<sup>20</sup>, considered the most holy of Catholic prayer activities. Mass is led by a priest assigned to the community. The priest is the only man with whom many of the nuns have regular contact. The

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<sup>19</sup> Also called the Liturgy of the Hours

<sup>20</sup> The Eucharistic prayer, performed by a priest, involves the transubstantiation of bread into the body of Christ. This ritual is performed at each mass, and is followed by an embodied prayer activity in which participants take the host, seen as the body of Christ, in their mouths as an embodied prayer joining them with the body of Christ.

gendered hierarchy of the Church, which bans the ordination of women, has been a subject of considerable controversy among American nuns, who in turn have been investigated by the Church (see Hunt 2012, Goodstein 2013). Some of the nuns in the convent embraced the hierarchy, while many expressed a desire for the Church to create room for gender equity. Likewise, some of the nuns reported praying to a non-gendered or feminine God (see Chapter Three), while many of the nuns were comfortable with the traditionally male God of the Catholic Church.

### **First Function: Petitions to the Divine**

The first and most basic function of petitions is a request to the divine. This primary sign needs little explanation. The following example, taken from a mass in July 2008 is a request to the divine on behalf of farmers.

On this humid day the nuns were gathered for mid-morning mass. The chapel was a cool respite from the muggy weather. Following the homily, Sister Irene, dressed in a long skirt and comfortable black shoes, moved slowly, slightly bent over with age as she climbed to a plain wooden podium at the altar. The large silver cross that signifies her membership as a nun was pinned to a light blue blouse. She read this petition from a list she had hand written the week before.

#### **Example 1: Petition for Good Weather**

SI: Sister Irene

ALL: Congregants in chapel during mass.

- 1 AC For go:od weather and good crops this season.
- 2 (0.3)
- 3 We pray.
- 4 (0.2)
- 5 ALL Lord hear our prayer.



In this petition, the prayer topic is followed by the performative phrase “we pray.” This performative aspect of this phrase renders the topic a request to the divine asking that he provide good weather and good crops for the summer season. In these two words (“we pray”), S. Irene also implies that a collective subject, all of the congregation, not just herself as an individual is engaged in the act of prayer. In so doing S. Irene invokes the deontic rights (Heritage 2013; Stevanovic and Peräkylä 2012) of the congregation, obligating the community to respond or confirm her assertion that the group is collectively engaged in prayer. The phrase “we pray” cues the choral coproduction of the refrain “Lord hear our prayer” (line 5) and invites collective action as the community joins in prayer.

Within the cultural framework of the convent, a context in which participants believe the divine hears and answers their requests, this primary function contributes to the nuns’ sense of spiritual support. The nuns report that they feel heard when they pray; they feel that their needs are addressed by a loving God who can intercede in the world on their behalf.

Petitions performed in prayer groups are often more structurally complex, and, because of their structural complexity, may appear at first to be merely conversational. However, they invariably contain a request to the divine. In the following example of an evening prayer gathering, the speaker provides a far more detailed topic introduction, followed by the request to the divine. Seven nuns gathered for a regular evening prayer meeting in a small room off a dorm-like wing of the convent populated mostly with personal rooms with shared bathrooms, showers, and a communal kitchen. The prayer room was decorated with a cross, a painting of St. Francis, a record player in the corner for playing hymns, and a rug on the floor. The late summer evening sun streamed into the room as the nuns, ranging from their fifties (some of the youngest in the convent) and into their seventies and early eighties sat on easy chairs and two couches. .

## Example 2: Petition for S. Laura Mantle

SM: Sister Marie

ALL: Group of seven nuns and the author

1 SM And (then prayer uh) special for Sister Laura Mantle  
2 who's back up in the 3<sup>rd</sup> floor a' Saint Anthony Ha:ll  
3 (.)  
4 um, her blood pressure spiked right after lunch an'  
5 (1.5)  
6 They wouldn't even tell 'er what it wa:s  
7 (1.0)  
8 u:m  
9 (2.0)  
10 Thank God,  
11 (.)  
12 God who would give her um (1.0) grace,  
13 (2.0)  
14 And she asks- asked for the grace to accept what  
15 (3.0)  
16 she i:s dealing with.  
17 For Sister Laura we pray=  
18 ALL: =Lord hear our prayer

In this example, which will be covered in more detail later in the article, the speaker, Sister Marie, requests that God give S. Laura Mantle, who is ill, “grace” (line 12), and then, more specifically, “the grace to accept what she is dealing with” (lines 14-16). Here, the topic of the prayer (grace for S. Laura) appears more than halfway through the petition. In these examples, the request is made through a performative utterance (“we pray”). In addition, a relative clause depicts God as one who “would give her um (1.0) grace.” Grace becomes within the realm of possible acts of which God is capable. In this formulation, the modal verb “would give” (line 12) indirectly conveys the illocutionary force of a request. S. Marie’s final utterance “For Sister Laura we pray” (line 17) is both a metapragmatic cue signaling the end of the prayer and an invitation for the group to collaborate with her by praying on S. Laura’s behalf.

The primary function of all of the petitions is a request to the divine to intercede in the world. However, as quickly becomes clear from the structurally complex petitions like Example 2, many of the petitions contain more than simple requests of the divine. These more complex petitions are examined in further detail below.

This chapter analyzes the two types of petitions represented here, those performed in chapel at mass and those performed in smaller group prayer settings. The structure of these petitions varies in two ways: First, the petitions performed during mass are authored and performed by one pre-determined speaker<sup>21</sup>. Second, this speaker has had the opportunity before mass to commit them to writing. Because of the temporal distance between the authorship and performance of the prayers, and because they are performed in a formal ritual setting with a large audience, the petitions performed at mass are often more formal and structurally constrained than the petitions performed in small group settings. In contrast each petition performed in small group settings, also called “prayer meetings,” or “prayer groups,” is performed by a self-selected speaker usually with each participant in the group contributing one or two petitions at each prayer meeting. These petitions are spontaneous, not textualized, and are often less formally structured.

The selections below exemplify the variation in formality. Example 3 was performed at mass; Example 4 in a small prayer group. Both prayers focus on the alleviation of suffering in the world.

### **Examples 3: Petitions for Those Suffering**

SB: Sister Bernette

ALL: Congregants in chapel during mass.

- 1 SB For people in all parts of the world who are  
2 (.)

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<sup>21</sup> On occasion, the priest will contribute a spontaneous petition following the closing of these petitions.

3 suffering as a result of natural? Disasters  
4 (.) and (.)  
5 acts of violence.  
6 We pray to the Lord.  
7 ALL Lord hear our prayer.

#### **Example 4: Petition for Those Suffering in Prayer Group**

SL: Sister Laurina

ALL: Five nuns and author.

1 SL For all? The trouble spots. in the world  
2 they're struggling for  
3 (1.4)  
4 just to have some  
5 (0.8)  
6 peace of mind,  
7 we pray.  
8 ALL Lord hear our prayer.

Example 4, from the group prayer setting, is less smoothly delivered, as evidenced by the long pauses (1.4 and 0.8 seconds), in contrast to the micro-pauses taken by Sister Bernette in the Example 3. In addition, Example 4 is less formally rendered, using the less formal “we pray” in place of the more formal “we pray to the Lord” used in mass. The informality is reflected in the setting. Here, the five sisters and myself sat in a small room with prayer books spread across our laps. Some of the sisters sat upright, with the prayer books balanced on their knees, other sat back, holding the text in their hands. In the beginning of the prayer meeting, one of the sisters stood up to move a curtain, so that the sun did not stream so directly onto another nun’s face. The petitions performed at mass are marked as more formal through increased structuring, predictability, and reduced spontaneity (Irvine 1979). In the more formal context of mass, the audience sat more uniformly, filling the wooden pews, sitting up if they were able, and fixing their attention to Sister Bernette as she spoke from the altar.

## Petition Sequence

Petitions are embedded in a particular ritual sequence. Below is a synopsis of the petition sequence observed in the convent:

### Petition Sequence

#### *1. Opening*

The petitions are cued either by either the text, as in prayer groups, or by the priest in mass. In prayer groups, the cue comprises a series of scripted petitions in the Breviary read aloud by the group. This series of scripted petitions marks the opening sequence of spoken petitions.

Although there is no overt cue in the text, individuals participating in the prayer group begin their own petitions after reading the Breviary petitions. At mass the priest cues the petition sequence by introducing the sister who will perform them. After the introduction, the nun rises to the podium to address the community.

#### *2. Petition*

In prayer groups, the first petition is performed by a self-selected speaker. The petition is usually preceded by a pause from two to five seconds in length in which speaker selection is negotiated. During mass the speaker has been pre-selected and begins after the opening with little delay.

#### *3. Closure of intercessory prayer*

Each speaker closes each petition with the metapragmatic statement “we pray” or “for this we pray.”

#### *4. Scripted communal response (“Lord hear our prayer”)*

Each petition is followed by the choral co-production of “Lord, hear our prayer.” As Lerner (2002) notes, in order for coproduction of speech to occur, participants must be able to predict the future speech with some accuracy. Here the structured closure of the intercessory prayer

cues the choral co-production of the words “Lord, hear our prayer.” The ritual repetition of this structure allows choral co-production of this line with a relatively high level degree of accuracy. On occasion, speakers at mass will introduce a different communal response. On these rare occasions, the speaker of the petition explicitly introduces the new response before the petitions begin, for example saying “the response will be: ...”.

#### *5. Repetition of parts 2-4*

As each new petition is performed, the participants follow the sequence outlined in parts 2-4.

#### *6. Petition for specific persons*

The final petition at mass is for those to whom the mass has been dedicated. In prayer groups, the final petition is for members of the community who will be celebrating a birthday or feast day the following day. It is almost always launched after an extended silence, usually 5.0 – 10.0 seconds long, during which no one else in the prayer group has volunteered a petition. Both of these final petitions are guided by a list and read by a pre-designated person.

#### *7. Closing*

During mass the petition sequence is closed as the priest takes up the role of designated speaker. His contribution at this stage varies. On occasion he contributes a few spontaneous petitions, or leads the group in a blessing or prayer. In prayer groups, the closing consists of a choral co-production of the Catholic Lord’s Prayer. In each case, the petition for specific persons cues the closing.

#### *8. Return to the prayer book text or mass.*

Although most of the petitions followed a similar linguistic structure, an utterance was treated as a petition when it was produced at the specified placement in this ritual sequence.

Petition Structure: Politeness in Prayer

As requests to the divine integrated into ritual performances of prayer and worship, petitions contain politeness and structural constraints beyond those enacted in everyday conversation. This section outlines the distinctive structuring of the ritual petitions, including performative force.

Petitions, like conversational requests, are made up of [1] address terms; [2] a head act, that is, the body of the request, and [3] adjuncts to the head act (Blum-Kulka and Olshtain 1984). All of the petitions in the corpus contained a head act, but not all contained address terms or adjuncts to the head act. Petitions also contained two features not included in conversational requests:

[a] the deontic assertion: a variation of “we pray” or “for this we pray” which projects the congregations’ collective involvement in the prayer;

[b] the communal response: “Lord hear our prayer.”

The first person plural form (“we pray”) implicates the audience in the act of prayer even before they participate through the choral response. By uttering the words “we pray” the speaker asserts deontic authority to determine the future course of action, implicating the group’s future involvement in a collective prayer (see Heritage 2013 and Stevanovic and Peräkylä 2012 on deontic rights). The utterance serves both as a cue to begin the communal response and as a directive to those who are co-present in the room to perform in the prayer. In this way, the utterance “we pray” is an assertion that both indicates to the group to perform the prayer and requests the divine to apprehend the content of the prayer.

As face-threatening acts (Brown and Levinson 1987; Blum-Kulka and Olshtain 1984), petitions impose upon an interlocutor, who is cast as holding a position of power. Catholic prayer petitions displayed a range of face-enhancing politeness strategies, including. use of honorifics

and syntactic strategies. Degree of indirection and speaker status lowering to index respect and deference varied widely.

The range displayed in the convent petitions are represented in the table below:

TYPE	Off-Record Petition	Indirect Petition	Modal Verb Petition	Let's Imperative Petition	Imperative Petition
Least Direct ←————→ Most Direct					
STRUCTURE	Declarative Sentence	For x (that y)	May x	Let's Imperative to Congregants	Imperative to the divine
EXAMPLE	<i>Today S. Alice celebrates her birthday.</i>	<i>For those who are unemployed, (that they may find work)</i>	<i>May all political leaders exercise their authority with integrity.</i>	<i>Let us ask for forgiveness.</i>	<i>Lighten the burdens of all who are suffering.</i>  <i>Lead us...</i>  <i>Guide us...</i>

Figure 5.1: Directness of Petitions

The most indirect petitions in the convent corpus are off-record (Brown and Levinson 1987). These include declarative sentences such as “Today Sister Alice celebrates her birthday.” The primary implicature that the utterance is a request for divine intervention lies in the context, the positioning of the utterance in the prayer sequence. It is also the kind of conventional announcement that triggers a petition.

Indirect petitions to the divine using a for-prefaced noun phrase (“*For those who are unemployed*”) are the most common form of petition in the convent. These for-prefaced speech acts are slightly more direct than the off-record requests, in that they refer to an intended recipient and are often followed by details of what the recipient might need. Yet, in these petitions, action from the divine is implied, not directly requested.



Petitions using modal verbs convey deference to the divine as the modal verbs encode permission or epistemic possibility (Quirk 2010). By forming the petition with the modal auxiliary verb “may,” the nuns imply that they are asking permission for the petition to be answered.. This format softens the petition and allows the power to grant the request in the hands of the divine.

The most direct petitions in the convent corpus are we- or you- imperatives or directives to the divine, asking him directly to intercede in worldly affairs. Deference displayed in the nuns’ petitions is integral to their relationship with the divine. The nuns treat the divine as omniscient, all-powerful, and infinitely loving. The indirectness of the petitions performed in this convent enacted the power differential between themselves and the divine.

In other societies, direct petitions may be more common. For example, in Yoruban prayer, petitions are often framed as commands to the divine (Harrison 2008, Olájubú 2001). Further examination of cross-cultural variation on this topic will be necessary to understand the relation between religious ideologies and prayer.

### **Second Function: Divine Presence**

When speaking to the divine, speakers are engaged with an invisible interlocutor. The primary recipient, the divine, is not present in an embodied capacity and does not engage in the standard patterns of uptake (for example embodied communication through eye gaze or nods, or spoken discourse markers such as “oh” or “mmm”). While many nuns reported that they believe or even sense that the divine is present in the room, there are nonetheless no publicly evident signs of a divine interlocutor’s presence. As Luhrmann notes “God gives none of the ordinary signs of existence” (2012:xi).

Luhrmann (2004:141) describes a learning process among evangelical Christians through which they cultivate the experience of dialogic interactions with a divine interlocutor, sitting down with God for tea, and leaning to “attend to the stream of their own consciousness like eager fishermen” for evidence of divine communication. This dialogic interaction relies on an individual speaker and her subjective experience of the divine (see also Csordas 1994).

When nuns pray together, the participant arrangement expands to include not only the interaction between the speaker and the divine interlocutor, but also the co-present over-hearers and participants (Goffman 1979; Ochs and Capps 2001: 230). As Ochs and Capps (2001) argued, when communication with the divine occurs in the presence of others, it is a multi-party interaction; even silent over-hearers must be included in the participant structure as relevant interlocutors (See Chapter Two).

As over-hearers, they are audience to a performative act in which the speaker presupposes the existence of her interlocutor. The presence of the divine interlocutor is indexed by the speaker’s embodied petition. Prayers include frequent reference to the divine through address terms.. In the corpus, 65% of the petitions address the divine by name (using “Lord”, “God”, or “Christ”). The address term functions to call on the divine and to publicly present the divine recipient to an overhearing audience, as if reminding everyone that the divine is present as an interlocutor.

In group prayer the frequent assertion of deontic authority (“we pray”), which predicts and asserts community action, employs all those who are co-present in the act of engaging the divine through prayer. The affirmation of the action (through the response “for this we pray”) confirms the collective will, collective desire to engage in the prayer.

Petitions involve two acts, the petition to the divine, and the response from co-present interlocutors. Both of these performative acts imply the existence of the divine. First, the speaker performs the petition, addressing the Lord as the recipient. During this act the other interlocutors are an audience for a speech act establishing the existence of a divine interlocutor. In the second act the co-present interlocutors, the audience to the petition, become speakers, participating through a choral response with the words “Lord hear our prayer.” The repetitive use of the plural (*we* pray, hear *our* prayer), ubiquitous in the petitions, reinforces the audience’s involvement in the speech act both as listeners and as speakers of the choral response.

In these ways petitions are performative acts that engage both the speaker and audience in an evocations of the divine’s presence. The nuns believe that the divine is present to them at all times. The public petitions reinforce this belief in their everyday lives.

### **Third Function: Social Support**

Many of the petitions were introduced with supplementary information and some contained detailed narratives about the petitioned request. This supplementary speech was not extraneous; rather it revealed a secondary function of the petitions, moving them beyond simple requests to the divine.

To illustrate, let us return to Example 3. In this prayer, S. Marie’s petition to the divine occurs after she provides a narrative about the person for whom the prayer is designed. This narrative contains a tremendous amount of information – the who, what, when, where, and why – all of which is provided as background information for why sister Laura needs to be granted the grace to accept her current condition.

The nuns, as Catholics, believe that the divine is omniscient. The divine already know what has happened concerning the health condition of Sr. Laura Mantle, including her needs, and

especially, her current location on the third floor of St. Anthony Hall. Sr. Rita, a nun in her eighties who has lived in the convent for sixty years confirmed this understanding of the divine. When I asked if the nuns believe that the divine knows worldly details such as what room a person is in, Sr. Rita laughed, responding, “If He doesn’t, we’re in a bad way.”

Grice’s (1989: 26) conversational maxim of quantity states that interlocutors are expected to “make [their] contribution as informative as is required (for the current purposes of the exchange).” And second “not make [their] contribution more informative than is required.” If the nuns’ petitions were directed solely to the divine, they would be violating Grice’s maxim of quantity, providing more information than was required. In other words, petitions like S. Marie’s would be redundant, as the divine is presumed to already have the knowledge of S. Laura’s health status and location.

There are two ways to interpret the abundance of detailed petitions: either the nuns are consistently flouting Grice’s maxim of quantity or the petitions are also directed to recipients other than the divine. I argue for this second interpretation. Not only is it rare for individuals to consistently flout maxims, risking impoliteness, but there are relevant motivations for the nuns to design the petitions in this way. While the petition portion of the prayers may be directed to the divine, much of the speech is directed to co-present interlocutors, in this case, the other nuns in the room, made explicit in “let’s imperative” forms such as “Let us pray” or “We pray.”

Returning to S. Marie’s petition in Example 3, if we interpret the petition as designed for the co-present interlocutors, the narrative becomes relevant news to the present group. The group of nuns lives at the convent, but in a separate building from the infirmary. The majority of them probably had not yet heard that their community member, S. Laura, had had a health problem that day. In addition, the information detailing where in the infirmary she is located (the

third floor of St. Anthony Hall, a three-floor infirmary in the main building) will enable them to visit S. Laura, and provide comfort and tangible assistance for her.

My conversation with S. Rita confirmed this theory. As she and I discussed the variation in petitions, and the detail included in some of the petitions, S. Rita said “[the petitions] might be a new way of getting your needs known.” She continued to say, “I think also ... we’re trying to alert others to conditions that exist and need to be prayed for and often don’t get prayed for.”

The petitions appear designed for multiple recipients. The primary recipient is the divine, to whom the request is directed. Yet, the petitions are also oriented towards co-present interlocutors who can also act in the world to respond to the prayer requests. Analysis of the petitions indicates that they fulfill a number of social functions including requests for social support, offers of social support, and socialization direction for others.

### **Requests for Social Support**

Requests for social support are usually similar to Example 3, above, in that the speaker is requesting support for a third party who is in need. These petitions usually draw attention to an individual in the community who has recently fallen ill or become injured, and they most often include detailed information about what happened and where the individual is currently located (e.g. which to which hospital they have been admitted, or where in the convent infirmary they have been placed). Prayers for individuals who are ill make up nearly 10% of the overall petitions (14/144).

In addition to requests for social support for others, speakers occasionally request social support for themselves. These requests are usually indirect and are often positioned following a number of other petitions for others. Below is an example in which S. Peter, a novice, who has just returned “home” to the motherhouse after a year of instruction at a separate convent, prays

for her fellow novices, including herself, and the transition all of them are going through. The petition for herself follows a petition for others in transition.

### **Example 5: Petition for Those in Transition**

SP: Sister Peter

AUDIENCE: Five nuns and author

1 SP (We) pray for people in transition  
2 So many (um) high school students and college students who are (.) in this month  
3 finishing a part of their life  
4 an' (.) may be in a great deal of consternation 'bout what comes next  
5 We pray that you would give the:m (.) peace?  
6 (.)  
7 that you would surround them with wise people  
8 who would (.) help them  
9 as they (.) walk forward in their journey  
10 (.)  
11 And pray also fo:r my fellow novices  
12 who are in a (.) period of transition back in their home communiti:es  
13 and trying to adjust to a new living situations an' new novice directors  
14 (1.0)  
15 Just pray that you would give them the grace each day to walk-  
16 walk out their journey

This contribution contains several sequential petitions. First, S. Peter prays for “people in transition” (line 1) and then, more specifically, for high school and college students (lines 2-9). In line 5, she prays that the divine grant the students peace and guidance from wise people. In line 11, she launches a third prayer, for her class of novices. She closes the prayer in line 16 with a summary of the petitions. The portion of the prayer, near its conclusion, in which S. Peter prays for herself, is an example of indirect request. She mentions only her “fellow novices,” but as a novice she could be understood to be included in this group. The structure of this prayer, which only indirectly includes S. Peter herself, exemplifies the community ethos of humility which involves avoidance of self-praise as well as self-prayer.

When examining the prayer in the context of subsequent conversation, we see that S. Peter's indirect prayer for herself has the capacity to function as an effective request for social support. At the conclusion of the prayer meeting, the five participants filed into the hall. One of the sisters turned to S. Peter, and asked "who's transitioning to a new leadership director?" A leadership director guides the "formation" of new novices as they enter the community. S. Peter responded "Well, I am." She clarified that while she was away, she was under the guidance of a different director, and now, in the convent, she has a new leadership director, a member of the convent community. The conversation continued, as the two sisters discussed the transition and S. Peter's experience.

This uptake, after the close of the prayer group, shows that S. Peter's petition functioned as a mode of sharing information that she had not previously conveyed to the members of the group. It functioned as a successful mode of eliciting social support during S. Peter's time of transition.

### **Offers of Social Support**

In addition to encoding requests for social support, petitions often contain offers of social support to others in the community. Sometimes, these are for individuals, and sometimes for groups of people (Sometimes for types e.g. for those who are ill and sometimes tokens of these types e.g. S. Laura who is ill). Petitions for people in the community made up almost 16% of the petitions (23/144). Half of these were for individuals and half were for the community at large. If petitions for the deceased and mourners of the deceased are included with the petitions for other community members, the total rises to almost 33% (47/144) of the petitions.

The following example is a petition for me, the researcher. At the time of this prayer meeting, I was six months pregnant with my second child, a girl. My son was one and a half.

### **Example 6: Petition for the Researcher**

SI: Sister Irma

ALL: Four nuns and researcher

- 1 SI For little baby girl, cradled in her mother's womb,
- 2 that she can come to be healthy and happy as, as one of us.
- 3 For her mommy and her dad and her little brother,
- 4 her big brother.
- 5 ALL For this we pray

In this example, S. Irma prays for the health and happiness of my unborn child. This prayer functions both as a direct request to the divine, and as a mode of communicating to me that S. Irma and the community are thinking about the health of my unborn baby and the health and happiness of my entire family, each of whom is named in the prayer. This communicates care and consideration for me and my family on behalf of S. Irma and on behalf of the whole group as they repeat the prayer with the words "Lord hear our prayer." As I was a participant in the room, S. Irma was able to communicate to me directly both that she is thinking of me and wishing me well, and that she was acting on my behalf to solicit health and happiness from God for my child and family.

The following petition offers support by way of thanksgiving and appreciation to a portion of the community. It was delivered in a mass in honor of the convent *jubilarians*, the sisters who were celebrating the anniversary of the day they made their vow and joined the convent. The jubilarians celebrated included those who had been in the convent for fifteen, twenty-five, fifty, sixty, seventy, and eighty years respectively.

### **Example 7: Petition for Jubilarians**

SJ: Sister Josephine

ALL: Congregants in chapel during mass

- 1 SJ We rejoice and give thanks for our jubilarians



- 2           for their faithful commitment in service within the Catholic  
3           community and beyond.  
4 ALL   For this we pray

This petition, spoken in front of a chapel filled with of the jubilarians, their families, and the other nuns, is a prayer to the divine on the jubilarians’ behalf. It is also a public recognition of the work the celebrants have engaged in all of their adult lives, and a communication of appreciation and gratitude to the sisters. In this way, the petition functions simultaneously as a request to the divine, and as a public form of thanksgiving and support directed to the celebrating jubilarians. These offers of social support may positively impact the nuns’ documented well-being throughout the life-course, as will be explored below.

### **Socialization**

In his work *Ordinary Ethics*, Lambek (2010:1) writes “ethics is intrinsic to speech and action.” He argues that everyday language must be seen as action and that this action is embedded in an ordinary ethics. Petitions, like all language, must be seen as embedded in an ethical framework. The performance of each petition encodes information on what is appropriate material to prayer for as well as morally valenced guidance on how to act, feel, or be as a “good” person in the convent. Over 12% percent of the petitions in my corpus encode direction, in various forms, and with differing levels of force, on how to behave in the world. By publicly performing direction on how to be in the world, these petitions are a form of on-going peer socialization for the nuns.

Even subtle socialization at the end of life has been shown to impact how individuals age and die. For example, Prigerson (1992) found that if a patient’s caregiver was unaccepting of death, the patient was unlikely to come to terms with her own death. The petitions rarely involve explicit forms of socialization such as bald directives or assessments, however, by providing

models for how to be in the world, embedded in the institutionally authenticating ritual space of mass or group prayer meetings, the petitions make up a key form of peer socialization in the convent. As over half of the sisters are approaching the end-of-life, much of the socialization in the convent involves illness, death and dying. The petitions offer models for approaching aging and death with acceptance, peace, and optimism, aiming to assuage fear or anxiety about the end-of-life.

The following petition, for healing and acceptance for those who are ill contains both the requisite request to the divine and gentle guidance on how to deal with being ill:

### **Example 8: Petition for Healing and Acceptance**

SB: Sister Bernadette

ALL: Congregants in chapel during mass

- 1 SB For healing and acceptance for our sisters
- 2 in Saint Anthony hall
- 3 (1.3)
- 4 we pray.
- 5 ALL For this we pray

This petition has three functions. First, it is a request to the divine for intervention in the lives of the sisters in the convent infirmary suffering from illness. Second, it is a form of social support; the petition communicates to the ill sisters (all of whom can hear the mass on the closed-circuit TV, installed in each room) that they are being thought of and prayed for by the entire congregation. Finally, the petition is a mode of socialization for these sisters and for anyone who might become ill. The prayer is not exclusively for healing. The prayer is also for a state of “acceptance” to be assumed by these the sisters in Saint Anthony hall. This message echoes that in the prayer illustrated in Example 3 for S. Laura Mantle, which asked for “grace to accept what she is dealing with.”

Acceptance is a strong theme in Catholic spirituality, and in the convent specifically. Rebecca Norris, a theologian, writes that in the Catholic Church, suffering is understood to be redemptive. Acceptance of suffering can help a person become “one with Christ” and can act to “save the world” (Norris 2009:30). For Catholics, illness and suffering can offer a path towards spiritual unity with the divine and be “offered up” to the divine to help others. The nuns believe that suffering is an unavoidable part of life that must be endured, ideally with the acceptance and serenity with which Jesus endured his suffering on the cross. Thus, instead of focusing on acts of physical healing, prayers for the ill usually include prayers for acceptance, grace, and serenity in the face of illness and suffering (see Chapter 2).

Since the community as a whole is aging, with an average of five to ten persons dying each year, and only one new novice entering every two years, the topic of death and dying is often included in prayers. Not surprisingly, petitions contain comforting and positive messages that promote acceptance of death. For example:

### **Example 9: Petition for The Dying**

SC: Sister Christine

ALL: Congregants in chapel during mass

- 1 SC For those near death
- 2 that the promise and hope of eternal life may bring them
- 3 comfort and consolation
- 4 We pray to the Lord
- 5 ALL For this we pray

Here the petition provides social support by offering consolation for those who are dying, and in so doing reinforces a particular approach to death and dying. The dying are reminded that the community is supporting them. They are also instructed that death offers eternal life and comfort in heaven.

Socialization can transpire through modeling “right” behavior, states, or practices (see Duranti et. al. 2011; Capps and Ochs 2001). The abundance of prayers for the ill, those who are suffering, and the deceased and their mourners model that concern for these persons is expected of “good subjects” through on-the-ground acts or appeals to divine intervention. In addition, the relentlessly outward-pointing character of the prayers carries demonstrates the community ethos of humility and concern for others.

### **Conclusion**

The multiple functions of religious petitions performed by Catholic nuns contribute to their sense of spiritual and social support, and, ultimately, to the nuns’ well-being at the end of life. . This chapter has shown how the practice of group prayer can impact the nuns’ psychological and physiological well-being. At their most basic level, petitions are a way to seek help in matters that are beyond the power of the individual. By asking the divine, an entity the nuns believe is all-powerful and infinitely loving, to intercede in worldly affairs, the petitions can provide hope and reassurance in matters that might otherwise evoke a sense of helplessness. In addition, the fact that the petitions are a shared activity adds to the nuns’ sense of community and social support and can decrease the potential sense of loneliness in old age.

Beyond seeking help, the petitions invoke the very *presence* of the divine interlocutor. By directly indexing a participation framework including the divine, performance of the petitions conveys the sense that not only is the speaker not alone, the divine is among them. The public performance of the petitions confirms the nuns’ belief that the divine is an ever-present, ever-available interlocutor. Even the elderly and infirm nuns participate via closed-circuit TV broadcast in their rooms benefit from this aspect of the petitions They are among the nuns who

report that they feel that the divine is present and listening to their prayers. In this way, the petitions provide the experience of spiritual and social support from the divine.

Finally, the petitions function as requests for and offers of social support within the community and as a means of socialization. The petitions allow the nuns both to voice their needs and provide social support to others in their community. They are a vehicle for disseminating information about who is in need and how best to help them. As a means of socialization they inform what is expected of the community, especially when others are encountering difficult circumstances. Prayers allow aging nuns to know that they are not alone and provide guidance on how to endure illness and the approach of the end of life from those who have gone before them. The petitions include tangible advice on how to endure illness (aim for acceptance and endurance rather than physical healing); how to be a valuable member of the community (care for others, strive for humility, kindness, and generosity), and how to mourn those who have died (celebrate that the deceased is experiencing eternal life in heaven).

Petitions are a remarkable example of the power of language to impact individuals' experiences in the world. As a form of prayer, the petitions function on multiple levels to contribute to the nuns' sense that they are integrated into a supportive, loving community; that they have the tools to approach life's difficult moments with peace, equanimity, and acceptance; and that they have the power to contribute to the well-being of others in their community and in the world.

## CONCLUSION

In this dissertation, I set out to uncover how the social and linguistic practices in which one group of people engage might shape their embodied experiences of aging, illness, and the end of life. I have drawn on a number of analytical approaches with the understanding that care and experience are dynamic and multifaceted. I hope that the multiple approaches through which I explored the language, prayer, theological, ideological, and experiential domains of the nuns' everyday lives as they age have in some way illuminated the problem of aging and well-being in the convent. I hope to have demonstrated that the beliefs, practices, and engagements that allow the nuns to experience relatively high well-being at the end of life are at once social, ideological, cognitive, and linguistic. Experiencing oneself as aging well is a dynamic process that cuts across all aspects of life. It is impossible to take the factors contributing to well-being as isolated practices. I hope that this dissertation has shown that, for the nuns, the experience of well-being at the end of life involves spiritual, social, linguistic, and institutional practices, which are interconnected in the nuns' everyday interactions.

Each of the dissertation chapters aimed to provide a distinct perspective on the interactive process of experiencing well-being in old age: Chapter One provides ethnographic and historic background and introduces the quantitative measures of well-being in the convent. Chapter Two examined how the nuns drew on linguistic and embodied resources to integrate the divine into their everyday interactions. Chapter Three examined how prayer practices transformed following Vatican II, affording the nuns a sense of freedom and an increasingly personal, loving communion with the divine. This chapter argued that the nuns' embodied experiences of pain and illness were transformed as they began to see the divine as a loving presence they could experience within their own bodies. The fourth chapter, Emptying the Self, examined how the

everyday practice of *kenosis*, the theological practices of emptying oneself of attachments to the world and filling oneself with the divine, were taken up by the nuns. The nuns who lived before Vatican II had strictly regulated lives in which the institution enforced rigorous kenotic practices to promote emptying themselves of worldly attachments. This practice was ideological, as the nuns were asked to accept the spiritual doctrine and authority of the divine and the Church; it was physical, as the nuns were required to wear particular clothes and live in an institution that determined their physical movements in the world; and it was linguistic, as kenotic ideals determined the prayers and social interactions in which the nuns engaged; and it was cognitive as the nuns practiced shifting their attention away from worldly attachments and towards the divine.

Chapters Three and Four presented Vatican II as institutionally and personally transformative. Taken together, I hope to have conveyed the complicated relationship many of the nuns have with Vatican II. For those who lived through it, Vatican II introduced both a sense of freedom, love, closeness with God, but also (at least for some) a sense that critical theological and institutional values were being eroded.

Finally, Chapter Five drew on a pragmatics approach to analyze intercessory prayers to understand the multiple functions of prayer in the nuns' lives. Here, I argued that the prayers provided both spiritual and social support, the enactment of communality, and were a source of socialization into moral and ideological frameworks. The dissertation engaged theological, phenomenological, and linguistic analyses to provide a picture of the multiple contributing factors that come together to shape how the nuns experience and report the aging process.

As Snowden and his colleagues established, the nuns demonstrate remarkable physical, psychological and spiritual well-being at the end of life. They also age "with grace," demonstrating remarkable acceptance, serenity and joy at the end of life. For me, the greatest

pleasure in this research has been to discover that the nuns' well-being seemed to be derived and supported by a network of social, cultural, and linguistic practices that have the potential to be relevant to a number of institutional settings outside of Catholic contexts.

This dissertation has presented an ethnographic insight into the manifold dimensions of care as they emerged in the everyday lives of elderly nuns. Care in this dissertation has emerged as far more than a support interaction. Care, in the convent, emerges through the material, cultural, social, linguistics and experiential modes. Care in the convent was expressed and experienced through the built environment, linguistic practice, touch, the shaping of attention, the restructuring of will and self experience, the nuns' orientations to others, and as a form of co-presence -- both divine and human.

This dissertation presents the view that successful aging and well-being must be understood not as a set of extrinsically defined attributes, but as culturally and experientially influenced. I hope that this dissertation opens a number of conversations: on the meaning and experience of "successful aging" and well-being at the end of life; on the multiple and complex roles of prayer in the lives of practitioners; and on the combined role of institutional, linguistic, and religious practices in shaping individuals' experiences of themselves and others.



## APPENDIX

### Transcription Key

- ::: Colons indicate the elongation or stretching of the sound that immediately precedes them.
- , Comma indicates continuing intonation.
- . A period indicates falling intonation.
- = An equal sign indicates that there is no break or pause between words.
- A hyphen after a word or a part of a word indicates interrupted speech.
- (0.4) Numbers in parentheses indicates the length of a pause in tenths of a second.
- (.) A period within parentheses indicates a micro-pause, usually less than 0.2 seconds.
- ? A question mark indicates rising intonation.
- hh Indicates aspirations (as in laughter).
- word Underlining indicates emphatic speech.
- (word) Words in single parentheses in a transcript indicate that the utterance is not clearly audible and that this is the transcriber's best guess.
- ((word)) Words in double parenthesis indicate a gesture or embodied action.

Adapted from Jefferson (2004), and Sacks et al. (1974).

## McGILL QUALITY OF LIFE QUESTIONNAIRE

### Instructions

The questions in this questionnaire begin with a statement followed by two opposite answers. Numbers extend from one extreme answer to its opposite.

Please circle the number between 0 and 10 which is most true for you.

There are no right or wrong answers.

Completely honest answers will be most helpful.

### EXAMPLE:

I am hungry:

not at all   0   1   2   3   4   5   6   7   8   9   10   extremely

- If you are not even a little bit hungry, you would circle 0.
- If you are a little hungry (you just finished a meal but still have room for dessert), you might circle a 1, 2, or 3.
- If you are feeling moderately hungry (because mealtime is approaching), you might circle a 4, 5, or 6.
- If you are very hungry (because you haven't eaten all day), you might circle a 7, 8, or 9.
- If you are extremely hungry, you would circle 10.

---

BEGIN HERE:

IT IS VERY IMPORTANT THAT YOU ANSWER ALL QUESTIONS FOR HOW YOU HAVE BEEN FEELING JUST IN THE PAST TWO (2) DAYS.

### PART A

Considering all parts of my life - physical, emotional, social, spiritual, and financial - over the past two (2) days the quality of my life has been:

very bad   0   1   2   3   4   5   6   7   8   9   10   excellent

**PART B: Physical Symptoms or Physical Problems**

- (1) For the questions in Part "B", please list the PHYSICAL SYMPTOMS OR PROBLEMS which have been the biggest problem for you over the past two (2) days. (Some examples are: pain, tiredness, weakness, nausea, vomiting, constipation, diarrhea, trouble sleeping, shortness of breath, lack of appetite, sweating, immobility. Feel free to refer to others if necessary)
- (2) Circle the number which best shows how big a problem each one has been for you  
**OVER THE PAST TWO (2) DAYS.**
- (3) If, over the past two (2) days, you had NO physical symptoms or problems, or only one or two, answer for each of the ones you have had and write "none" for the extra questions in Part B, then continue with Part C.

1. Over the past two (2) days, one troublesome symptom has been: \_\_\_\_\_

(write symptom)  
no problem 0 1 2 3 4 5 6 7 8 9 10 tremendous  
problem

2. Over the past two (2) days, another troublesome symptom has been: \_\_\_\_\_

(write symptom)  
no problem 0 1 2 3 4 5 6 7 8 9 10 tremendous  
problem

3. Over the past two (2) days, a third troublesome symptom has been: \_\_\_\_\_

(write symptom)  
no problem 0 1 2 3 4 5 6 7 8 9 10 tremendous  
problem

4. Over the past two (2) days I have felt:

physically 0 1 2 3 4 5 6 7 8 9 10 physically  
terrible well

**PART C** Please choose the number which best describes your feelings and thoughts OVER THE PAST TWO (2) DAYS.

5. Over the past two (2) days, I have been depressed:  
not at all 0 1 2 3 4 5 6 7 8 9 10 extremely

6. Over the past two (2) days, I have been nervous or worried:  
not at all 0 1 2 3 4 5 6 7 8 9 10 extremely

7. Over the past two (2) days, how much of the time did you feel sad?  
never 0 1 2 3 4 5 6 7 8 9 10 always

8. Over the past two (2) days, when I thought of the future, I was:  
not afraid 0 1 2 3 4 5 6 7 8 9 10 terrified

9. Over the past two (2) days, my life has been:  
utterly meaningless and without purpose 0 1 2 3 4 5 6 7 8 9 10 very purposeful and meaningful

10. Over the past two (2) days, when I thought about my whole life, I felt that in achieving life goals I have:  
made no progress whatsoever 0 1 2 3 4 5 6 7 8 9 10 progressed to complete fulfillment

11. Over the past two (2) days, when I thought about my life, I felt that my life to this point has been:  
completely worthless 0 1 2 3 4 5 6 7 8 9 10 very worthwhile

<b>12. Over the past two (2) days, I have felt that I have:</b>												
no control over my life	0	1	2	3	4	5	6	7	8	9	10	complete control over my life
<b>13. Over the past two (2) days, I felt good about myself as a person.</b>												
completely disagree	0	1	2	3	4	5	6	7	8	9	10	completely agree
<b>14. To me, the past two (2) days were:</b>												
a burden	0	1	2	3	4	5	6	7	8	9	10	a gift
<b>15. Over the past two (2) days, the world has been:</b>												
an impersonal unfeeling place	0	1	2	3	4	5	6	7	8	9	10	caring and responsive to my needs
<b>16. Over the past two (2) days, I have felt supported:</b>												
not at all	0	1	2	3	4	5	6	7	8	9	10	completely

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