

WHEN YOU PRAY...

Prayer in Sickness

ST MATTHEW records, in chapter six of his gospel, our Lord's instruction to the multitude on the question of lengthy prayers: 'And when you are praying, speak not much as the heathens. For they think in their much speaking they may be heard. Be not you therefore like to them, for your Father knoweth what is needful for you, before you ask him'. If there is any one group more than another to whom this injunction applies, surely it is the sick. Distracted by pain, fatigue, anxiety and loneliness, they find it impossible to keep their attention focused on any subject for an extended period. It is a consolation, then, above all for the sick, to remember that the Lord wants, not long prayers, but, rather, short, sincere prayers from the heart. When one examines the many occasions recorded in the gospel on which the Lord responded to an appeal for help from the sick, one is struck by the brevity and simplicity of the request and the readiness of the compassionate response: 'And behold a leper came and adored him saying: Lord, if thou wilt, thou canst make me clean. And Jesus stretching forth his hand, touched him, saying; I will, be thou made clean. And forthwith his leprosy was cleansed' (Mt 8, 2-3; Mk 1, 40; Lk 5, 12). Again, in the various episodes involving the blind asking to be cured, one observes the same directness: 'And behold two blind men sitting by the wayside heard that Jesus passed by and they cried out, saying: O Lord, thou son of David, have mercy on us . . . And Jesus stood and called them and said: What will you that I do to you? They say to him: Lord, that our eyes be opened. And Jesus, having compassion on them, touched their eyes. And immediately they saw and followed him' (Mt 20, 30-34). 'And they came to Bethsaida, and they brought to him a blind man, and they besought him that he would touch him. And taking the blind man by the hand, he led him out of the town; and spitting upon his eyes, laying his hands on him, he asked him if he saw anything' (Mk 8, 22-23).

It is the same all through the gospels; the people lay their sick in the streets and beseech the Lord to permit them to touch the hem of his garments, and as many as touch are cured (Mt 14, 35-36; Mk 6, 56). Jairus beseeches him to come and lay his hand on his daughter, who is at the point of death. And he goes with him and restores the little girl to life (Mk 5, 22-42). A request simply stated, and a response compassionate and immediate.

The one quality in the petitioner that the Lord asked for was faith. He commended the centurion who asked for the cure of his servant for his faith: 'Amen I say to you, I have not found so great faith in Israel' (Mt 8, 5-10). When the blind men called upon him for mercy, he asked them, 'Do you believe that I can do this unto you?', and when they answered, Yea, Lord, he

touched their eyes saying, according to your faith, be it done unto you' (Mt 9, 27-29; Mk 10, 46-52). To the woman who sought but to touch his garment, believing that she would be healed, he said, 'Be of good heart, daughter, thy faith hath made thee whole' (Mt 9, 20-22); to the leper who returned to thank him for being made clean, 'Go thy way, for thy faith hath made thee whole' (Lk 17, 12-24); to the man of weak faith who brought his son possessed by a dumb spirit, asking the Lord to help them if he could do anything, our Lord replied, 'If thou canst believe, all things are possible to him that believeth'; and when the father of the boy cried out in his memorable act of faith, 'I do believe, Lord, help my unbelief', the Lord cured the boy (Mk 9, 16-28); to the man sick of the palsy, lowered through the roof, when Jesus had seen their faith, he said, 'Son, thy sins are forgiven thee. . . Arise, take up thy bed and go into thy house' (Mk 2, 3-11). St Mark tells us that Jesus could not do many miracles at Nazareth, and follows the statement immediately with the comment, 'and he wondered because of their unbelief' (Mk 6, 5-6).

How, then, are the sick to pray? With belief that God will heal them if they ask? Rather with belief in his power to heal them and with confidence in his compassion and love to hear them and to do what is best for them. And so they should pray as he prayed in the garden, 'Father, if it be possible, let this chalice pass from me, but not my will but thine be done', believing that God cares for them, and that he will answer their prayer, perhaps by restoring their health, perhaps by giving them the strength to bear and accept their illness. And with what prayers will they pray? With prayers from their hearts, expressing their own deepest hopes and desires, in their own simple, sincere words that go straight to the heart of God; short, familiar prayers repeated slowly – the Our Father, the Hail Mary; ejaculations of trust and love; their own favourite prayers. Any of these fulfil their need of God's help and enlist his compassion without placing a burden of concentration on them of which they are incapable. Experience with the sick teaches us that they cannot pray for long periods at a time, and Christ himself teaches us that this is not what he desires.

Caryll Houselander, in one of her letters, writes that she recommends ejaculations in all kinds of fear and anxiety: just to say over and over, 'Sacred Heart of Jesus, I place *all* my trust in you', and *mean* it. Our Lord likes to be told that you trust him, she continues, and will not fail you. She adds that another thing that is 'very healing and lovely in practice is to say the name of Jesus, or God, inwardly with each breath you draw in'.¹ Simple, indeed, and childlike and trusting: but quite within the power of the sick, and very dear to the heart of God.

Many sick people find comfort in hearing or repeating slowly their favourite prayers. Lady Lovat tells us how Maurice Baring, dying after many

¹ Ward, Maisie: *Caryll Houselander* (London, 1962), pp 259-60.

years of courageously-borne suffering, asked her to read to him his favourite prayers from his prayer book.²

William Gargan, american actor, was fifty-four and performing the role of the ex-President in Gore Vidal's political comedy, *The Best Man*, when he discovered that he had cancer of the larynx. For a man whose career depended on his voice, the decision that the removal of his larynx was his only hope for life was a crushing blow. In his autobiography, which he calls *Why Me?*, he tells of the darkness, the loneliness of the night before his operation, and of his turning to a favourite prayer for comfort and strength, a prayer that he had said each morning of his life:

I got out of bed, and on my knees, I murmured: 'Look down upon me, good and gentle Jesus, whilst before Thy face I humbly kneel, and with burning soul, pray and beseech Thee to fix deep in my heart, live sentiments of faith, hope and charity'. . . just before I fell off (to sleep), I hastily threw another prayer on God's lap: 'Don't let that guy be a butterfingers'.³

As the first year after the operation went on, and he struggled with the problem of learning to speak again, the question, 'Why Me, God?' continued to trouble him. 'Only God knew', he writes, 'and at that time he wasn't confiding in me. I was sure he would in time, but meanwhile life was pretty rugged while I waited for an answer'.⁴ Finally, when through courageous efforts on his part and equally courageous persistence on his wife's part, he learned to speak again, he discovered what he believed to be God's answer to his question, 'Why me? Why me? Why *not* me?' Because he had been able to conquer his disability, he believed that God had selected him to go out and help other cancer patients who had had an operation similar to his to learn to speak again. And indeed, he has dedicated his life to this work of healing.⁵

Many sick people find the rosary their greatest comfort. It is not uncommon to see a rosary on a bed-side table in the hospital in an easily-accessible spot. Some are too ill to recite a whole rosary, and they find strength in the simple act of holding it in their hands. This fact is recognized by non-catholic nurses as well as by catholic nurses. One very ill patient in a non-catholic hospital, after an operation on her back which left her immobilized and in great pain, lost her rosary, probably in the linen change. Her non-catholic nurse observed that the rosary was missing, and, without being asked by the patient, made an effort to recover it or to have it replaced, because she recognized the strength her patient derived from it. Caryll Houselander writes in one of her letters: 'Do you find help from the rosary? I find just holding on to it, even, helps'.⁶ Rose Fitzgerald Kennedy expresses a similar confidence in the power of the rosary to calm and comfort:

² *Maurice Baring, a Postscript* (London, 1948), p 32.

³ (New York, 1969), pp 29-30.

⁵ *Ibid.*, p 271.

⁴ *Ibid.*, p 259.

⁶ *Caryll Houselander*, p 263.

The rosary may be a silly symbol for some people, but for me if I cannot sleep, if I am worried on a plane, if I am pacing the floor overwrought in thinking of my husband's illness and I hold the rosary in my hand, it gives me comfort, trust, serenity, a sense of understanding by the blessed Mother because I have talked and prayed to her all my life in happy successful times, I know now she will understand and comfort me and bring me solace in my anxious troubled moments.⁷

Gladys Baker, american journalist and convert to catholicism, tells in her autobiography, *I Had to Know*, how, the night before she was to be received into the Church, ill though she was (four years before she had been afflicted by a crippling disease, hypoproteinemia, and had spent the intervening time at a hotel in New York from which she could conveniently shuttle back and forth to a New York hospital for treatment), blind panic seized her and she determined to take a midnight flight back to her home in Vermont. She writes:

As I tossed the case onto the bed a small object tumbled out at my feet . . . It was the cheap rosary I had bought in St Peter's Square just prior to my interview with Pope Pius XI which the Holy Father had blessed for me . . . Before I knew what I was doing, I was on my knees. The beads slipped silently through my fingers . . . I got only so far and stopped. I knew then that Mary was not only the Mother of God, as the rosary proclaimed her to be, but the Mother of all men . . . And I knew that never again should I feel lost or lonely. I had only to reach out to be gathered with unspeakable tenderness under her mantle. And I knew that it was she who would lead me into our Father's House.⁸

A small crucifix held in the hand or placed within the sick person's range of vision provides support for others. A non-catholic patient, suffering from brain cancer, told of the strength she derived from contemplating the crucifix on the wall of her room in the catholic hospital, and asked where she might procure a crucifix for her home.

The gravely ill sometimes find, when any effort at formulating words is a burden, that a trusting act of surrendering themselves to the presence of God reassures, comforts, brings profound peace into their souls. Dr Tom Dooley describes such a surrender of himself to the Lord on the morning of his cancer operation:

The priest came early to bring me Holy Communion. I wondered then, as I so often do, how do people live without their faith? In whose hands can they put their troubled selves and the infinity of questions that come to a man at a time like this? After Holy Com-

⁷ *Times to Remember* (New York, 1974), p 482.

⁸ (New York, 1951), pp 299-300.

munion I had a few moments of thanksgiving and felt serener, safer, stronger. I was in his hands now, wholly and in resignation. Peace of soul and body flooded over me, a deep, warm, quiet peace. I was ready.⁹

Murray Ballantyne, a native of Montreal, a convert and one-time director of the Montreal english catholic newspaper, describes a somewhat similar experience as he lay sleepless, anxious, considering the implications of a doctor's report:

As I lay and watched the sun lighting the distant mountain peaks, as I contemplated the probability of personal difficulty, distress, and perhaps even danger, my soul was flooded with the certain knowledge that I loved God and that nothing else mattered . . . One thing only was important – to know, to love, and to serve God. I might be seriously ill, many troubles might await me, but all things were in his hands. So long as I was not separated from him, no harm could come to me . . . So I knew peace despite my doubt and anxiety.¹⁰

Caryll Houselander, when ill with pneumonia in 1950, wrote a joyous note to a friend:

This solitude is lovely. All I really want is the Mass. But I have the Oratory in sight from my window, hear the Angelus and the Sanctus bell, and somehow seem to be surrounded by the Real Presence all the time.¹¹

It is as Father Lefebvre says in his little book, *Lord Stay With Us*: 'Simple silence becomes an attitude of faith and humility. We look simply towards him from whom we await everything . . . We belong to God, we are in his hands . . . Let us simply keep close to him who is our only hope. We need nothing but his presence'.¹²

Archbishop Bloom, in his book *Courage to Pray*, tells of a young woman with an incurable disease, who wrote to him: 'I have become so weak that I no longer have the strength to throw myself on God. All I can do is keep silent, surrender myself, hoping that God will come to me'.¹³

For some, especially for those whose minds are clear although their bodies are broken, scripture provides a source of communion with God, especially the psalms and the New Testament. In some catholic hospitals there is a bible at every bedside. A patient in one such hospital, a young jewish girl, crippled with multiple sclerosis, told how she had become a christian through reading the bible at her bedside while she was in the hospital.

⁹ *The Night They Burned the Mountain* in *Dr Tom Dooley's Three Great Books* (New York, 1960), p 372.

¹⁰ *All or Nothing* (New York, 1956), pp 201-2.

¹¹ *Caryll Houselander*, p 284.

¹² Included in Metropolitan Anthony, *Courage to Pray* (London, 1973), pp 85-122.

¹³ *Ibid.*, pp 24-25.

The manner in which the sick person chooses to pray is not the important thing. What is important is that he reach out to God with trust in whatever way brings him closest to God and brings peace into his soul. What God wants is not elaborate, formal prayers, but simple prayers from the heart, a peaceful abiding in his loving care.

And how are we, the well, the hospital personnel, chaplains, family and friends to help the sick to pray? What are we to say to the young girl of eighteen who is facing a life of crippling paralysis from multiple sclerosis, to the young man of nineteen who is doomed to an early death by the dread leukemia, to the young mother who is dying of cancer and leaving little children who depend on her, to the one of any age who is in agonizing pain, to the one who wants to live and is afraid to die? How can we help them along the difficult path of acceptance of their illness and pain, and even death in union with Christ's suffering and death; how can we help them to come to a state of mind in which they can recognize that their suffering is something valuable for the Church and the world, that through their anguish they share in the redemptive role of Christ? Murray Ballantyne writes of a young friend of his, dying of tuberculosis, who had arrived at this positive attitude towards her disease and the pain entailed:

To her, every moment was precious even if it brought pain, and existence was significant and meaningful even if she was confined to bed. To her, sufferings were but a means of joining Christ in the redemption of mankind. She lived in love, she reflected love, and she died in love. From her misery she forged triumph. For her indeed to live was Christ and to die was to go to the eternal Lover whose presence she had come to know in her sufferings. The story of her sufferings is beautiful. By accepting her calvary she bought peace for herself and for others.¹⁴

Those with long experience in visiting and helping the sick seem to agree that *presence* and *listening* are of the utmost importance as a first step in establishing the kind of relationship of trust that is necessary before the sick person is receptive of the help that can suggest such a disposition towards their sickness as that just described. Presence means willingness to give our time and ourselves, to be available when needed, to be concerned, to care; listening means patience, understanding, compassion. Dr Elisabeth Kübler-Ross, who has done extensive work with terminally ill patients, points out that 'we have to learn to listen to our patients and at times even to accept some irrational anger, knowing that the relief will help them towards a better acceptance of the final hours'.¹⁵ Heije Faber, in *Pastoral Care in the Modern Hospital*, writes:

In the ministry, he (the minister) will only fulfil his task of pointing

¹⁴ *All or Nothing*, p 136.

¹⁵ *On Death and Dying* (New York, 1969), p 48.

men to the gospel when he has carefully *listened* and given the other to know that he genuinely seeks to be *with him* in solidarity. We can only help the sick when we are ready to accept them in the reality of their situation, without any attempt, conscious or unconscious, to force or reproach them.¹⁶

And Henri J. M. Nouwen in *The Wounded Healer* stresses the principle that 'no one can help anyone without becoming involved, without entering with his whole person into the painful situation'.¹⁷ Nouwen believes that the great weakness of the christian ministry is that the ministers do not want to become involved, and, therefore, that 'many who are in great need, many who seek an attentive ear, or even a stuttering confession of an inability to do more' are disappointed in their needs.¹⁸ Dietrich Bonhoeffer, imprisoned by the Nazis and hanged from prison in 1944, had written some time before his imprisonment: 'The christian needs another christian who speaks God's word to him. He needs him again and again when he becomes uncertain and discouraged, for by himself he cannot help himself without belying the truth'.¹⁹

If our approach to the sick is not one of tact and delicacy, we may well destroy rather than heal, bring deep resentment rather than peace. We must take him where he is, mentally and spiritually, accepting, understanding, waiting. It may take some time to establish confidence, to convince the sick person that to us he is not just 'the patient in room 206', but someone in whom we are sincerely interested, some one we care enough about to try to enter into his anguish and understand it. If the sick person is crying out in revolt against pain, against the seeming unfairness of being stricken ill, if he is asking 'Why me?', it is no help to him for us who are in good health to censure him or reproach him or show shock at his attitude, no point in preaching to him or telling him, 'This is God's will and you must accept it', or urging him to 'offer up' his pain. Far better, in most cases, to let him pour out his anguish, his fear, his rejection of pain, to let him understand that we do understand his feelings, to let him see that we care. Often this can be done by simply listening sympathetically, by an acknowledgment on our part of his pain, by an admission that we do not understand fully the mystery of pain, by a kind gesture, a touch of the hand, by a reassurance that he has not lost our loving concern, by a promise of another visit. Very often the expression of turbulent emotions provides the sick person with a release and a relief when received calmly and sympathetically. On a later visit, the patient may be more receptive of positive attitudes towards his illness. But we must await his readiness, we must never force him.

The nurse in the hospital has many opportunities to assist the sick to pray

¹⁶ (London, 1971), p 33.

¹⁷ (New York, 1972), p 72.

¹⁸ *Ibid.*, p 72.

¹⁹ *Life Together* (New York, 1954), p 23.

when she is ministering to them. Often the patient will express the difficulty he finds in praying, in accepting his sickness, and will ask for help to pray. Then the nurse can repeat slowly with the patient the words of the Our Father, a prayer that most men know, or she can quietly remind him that God wants him to speak to him simply and directly, telling him his needs, his hopes, his fears, trusting in him to hear him, to strengthen him to bear his illness, to bring him peace. There may be times when the nurse senses that the patient wishes to pray but is too reserved to ask for help. She may receive a rebuff if she offers to pray with him, which she must not allow to impair her relations with him, but more likely she will receive a grateful consent. Especially is this true when the patient is facing serious surgery. Then he is usually glad to have someone express with him his desire that God will go with him and be with him during his critical moments. It is not only in words that the nurse can help the patient to accept his sickness and put him in a disposition in which prayer is possible. Her very actions express her concern, reveal her faith. Her kindness in responding to the patient's often unreasonable demands and in anticipating his needs, her gentleness in handling him, conscious of his hurting body, her readiness to listen to his concerns, his interests, her willingness to inconvenience herself to serve him, her thoughtfulness in providing the little extra service, as simple a thing as cleaning his glasses or putting a glass of water within reach: all these marks of concern say to the patient, you are important to me, I care about you. And these small gestures of concern and kindness bring quietness to the restless, calmness to the disturbed, hope to the lonely and the discouraged. It is not only the nurse, but all the members of the hospital team share in the kind of healing that kindness and thoughtfulness bring about. Elizabeth Laura Adams, an American playwright, records in her autobiography what a hospital team did for her when she was very ill during the depression years and had very little to live for:

Doctors, nurses and attendants provided thoughtful kindnesses that I never dreamed they would find time to administer, a cheerful talk from one, a magazine, a smile, a friendly greeting. I shall always think of the hospital as heaven-on-earth, as it was there that my tired body found rest, and mortal angels-of-mercy surrounded me.²⁰

In the same passage she tells how the prayers of two priests – a hospital chaplain and another priest whom the chaplain brought in with him – gave her new hope. One of these priests, she tells us, was so Christlike in spirit that he seemed to radiate divine healing.

Dr Elisabeth Kübler-Ross, in her book *On Death and the Dying*, reports the answer given by a patient who was asked what kind of people in the hospital helped her most with her daily problems. The patient replied: 'It's a big help when you run across a nurse who expresses faith'.²¹ Faith is important

²⁰ *Dark Symphony* (London, 1944), pp 186-7.

²¹ *Op. cit.*, p 197.

in all who hope to help the sick: faith in God, in the value of life and of suffering, in an eternal life after this life. If this faith is deeply rooted in the one ministering to the sick, especially in one who is not afraid to sacrifice himself, to become involved, it conveys itself to the patient. The patient is ready then to listen to more positive attitudes about his illness. Father Damien is a startling example of what a truly dedicated, involved person can do for the suffering, both physically and spiritually. Because he served the lepers physically through faith and without self-interest, they were ready to accept what he had to teach them about God's love for them, about the value of their sufferings. Murray Ballantyne, in his book *All or Nothing*, pays a wonderful tribute to the positive values that Father Damien was able to impart to the lepers:

He could tell them that every moment of existence was significant and precious for the bedridden. He could tell them that they could work for others, that they could be valuable, even if their work was but to accept their sufferings in union with the sufferings of Christ. He could tell them that this life was but a brief testing time before an everlasting life of infinite bliss. All these things he could tell them because he believed in God.²²

Jean Vanier and Mother Teresa are examples in our own day of truly dedicated persons who, by their faith and their unselfish service, bring dignity and hope and meaning into the lives and deaths of the afflicted and dying. If the doctor, nurse, visitor or clergyman brings his own strong faith with him, not necessarily verbalized, but lived, if he listens patiently, understandingly, without reproaching, through initial reactions of anger or bewilderment, he will find in time that the suffering person is more ready to accept his sickness and more eager to know how he can make his suffering fruitful. It is then that the one ministering to the sick person can talk to him about the value of suffering in union with Christ's sufferings, about his share in the redemptive work of Christ. At the end of Vatican Council II, Pope Paul addressed the sick and suffering people of the world in these terms:

We offer you the truth that alone responds to the mystery of suffering and affords . . . a solace that is without illusion. That truth demands faith in our identity with the Man of Sorrows . . . crucified for our sins and our salvation . . . You are the aristocracy of the kingdom of God . . . And if you but choose to do so, you work out with him the world's salvation. This is the christian understanding of suffering; it is the only one that puts your heart at rest.²³

The authors of *Counselling the Dying* tell of a simple, uneducated Negro, dying of cancer, who had the faith to see his sufferings in this light:

²² *Op. cit.*, pp 135-6.

²³ Quoted in Hugh Calkins, *Living with Illness* (Chicago, 1973), p 16.

To come upon him unawares and to participate in his prayer for the people around his bed was a deep and unforgettable experience. In dying in faith he brought new faith to all who knew him.²⁴

Dr Tom Dooley in *The Edge of Tomorrow* tells a very beautiful story about a woman dying from bone cancer who saw her suffering as a means of helping others. In a letter to Dr Dooley, she wrote that the excruciating pain in her arms and legs was a great cross for her, but that she was glad she had pain because she could offer it to God for people like Dr Tom Dooley. For Dr Dooley, 'it was the power of her prayers that gave us sufficient talent, time and medicines to effect a cure for a little lad with shattered bones'.²⁵

As death approaches, it becomes increasingly important that we support the dying person. Probably presence is the greatest gift we can give at that time – just being there – so that the dying person knows he is not abandoned by the living. Sometimes the dying person wants to talk about death and we should not shrink from such a conversation; rather our faith should be a source of strength and peace to the one facing death. Peace comes with the acceptance of death, and most dying persons, even those who have loved life and hated death, come to the end peacefully. Our role is to keep that peace undisturbed; at most we can whisper ejaculations for them to hear, or simply pray silently by their side.

The words of a courageous woman on her way to death in the gas chambers at Auschwitz carry the message all of us must learn. Edith Stein, a German Jew, an intellectual, a convert to Catholicism, a Carmelite, was put to death on August 9, 1942. Her final message to her Prioress was:

I am quite content now. One can only learn the *Scientia Crucis* if one truly suffers under the weight of the Cross. I was entirely convinced of this from the very first and I have said with all my heart: *Ave Crux, Spes Unica*.²⁶

Mary Arthur Knowlton C.S.J.

²⁴ Margaretta K. Bowers, Edgar N. Jackson, James A. Knight, Lawrence Le Shan (New York, 1964), p 156.

²⁵ Dr Tom Dooley's *Three Great Books*, p 200.

²⁶ Jean de Fabregues: *Edith Stein* (New York, 1965), p 131.