

# A Higher Selfhood

An Investigation of Christian Science Thoughts and Practices about Healing

Prayer Use

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## Abstract

It is the purpose of this thesis to further knowledge and understanding of why, when, and how people pray for their health. Many Christian Scientists believe in the effectiveness of prayer as a tool for maintaining and obtaining health. The question of how prayer operates in Christian Science, and what role it plays in the lives of its adherents, is the focus of this thesis.

The research is performed as a case study, looking at the role of prayer in Christian Science as described through in-depth interviews with four young Christian Scientists who hold varying degrees of attachment to the faith. The following research questions formed the groundwork for analysis of the research participants' responses:

- 1. How do young adult Christian Scientists reflect upon and use healing prayer?*
- 2. How are the concepts of religious coping and attachment behaviours relevant to understanding how young adult Christian Scientists use and reflect on healing prayer?*

The findings suggest that positive constructions and perceptions of the divine, coupled with a belief in the efficacy of prayer as a treatment method, lend themselves to the positive effect of prayer on health. The findings also identified that discouragement and fear may also accompany the use of prayer, which suggests the universal nature of spiritual struggle across different faiths.

## Abbreviations

CS            Christian Science. CS is also the professional credential used by Christian Science practitioners.

CSB           This is used as a designation for Christian Science Teachers, who have taken Normal Class (the next step beyond Primary Class Instruction) to become a Christian Science teacher. “CSB” stands for “Christian Science Bachelor of.”

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# 1 Introduction

Why study the uses of healing prayer, and what practical relevance does such a study have? Healing prayer use is a phenomenon not limited to any one religion, but it is a primary practice within the Pentecostal and Christian Science faiths. In this thesis I examine how a small group of young adult Christian Scientists reflect on the Christian Science teachings regarding healing prayer use and have made it their own, including the challenges they have faced in putting these teachings into practice. In so doing, this thesis will provide new and useful knowledge for other scholars researching the ways healing prayer use varies both among religious traditions and across age groups.

What initially comes to mind when we think of the phrase “healing prayer”? Because healing prayer is so commonly used by both the religious and non-religious alike (Levin, 2016; Pargament, 1997), this would appear to connote a perception of healing prayer’s normalcy. Yet images of people laying hands on the sick, and news articles about deaths that occurred from using healing prayer instead of conventional Western medicine, have arguably served to create a sense that healing prayer is strange or at odds with the modern world.

In practical terms, I conducted a small-scale case study on the ways young adult Christian Scientists think about and utilize healing prayer, and then analysed the data that resulted from these interviews. The data yielded three key findings (briefly summarized below) that collectively illuminate how and why they view healing prayer as a normal and legitimate activity, and consequently apply it in times of distress. This is interesting and relevant because spirituality among young adults as a whole is an ongoing topic of research among scholars; including their level of spiritual and/or religious attachment.

This introductory section will provide an overview of the research topic explored and its academic and social relevance. I will also give a brief description of the methods employed, the theories used, and the primary findings obtained.

## **1.1 Focus Areas and Research Objectives**

In this thesis I seek to further knowledge and understanding of the ways and reasons people may choose to employ healing prayer. Many Christian Scientists believe that prayer may play a constructive role in the search for health. With that as a starting point, I will try to establish building blocks for future analysis by closely examining the following research questions:

- 1. How do young adult Christian Scientists reflect upon and use healing prayer?*
- 2. How are the concepts of religious coping and attachment behaviours relevant to understanding how young adult Christian Scientists use and reflect on healing prayer?*

As briefly mentioned above, the relationship between prayer and health is a source of ongoing fascination for scholars, yet perceptions of Christian Science prayer among the faith's adherents is largely ignored by the current literature. Hence, I will consider these research questions by utilizing existing theories on prayer, health, and coping. I will also briefly present the key findings of my analysis.

### **1.1.1 Existing theories on prayer, health, and coping**

Attachment theory was used in analysing the data for this thesis because it describes the ways individuals develop and maintain a relationship with their primary caregiver. Attachment theory can provide a useful tool for examining how people cultivate a relationship with the perceived divine and, through that created relationship, believe that they are maintaining or obtaining better health.

Religious coping theory was used in analysing the data for this thesis because religious coping theory suggests religion may be one of the ways people add significance to their lives, including to difficult moments, and that this added significance makes it easier for people to deal with challenging circumstances (Pargament, 1997).

Using attachment theory, I examined the findings looking for ways that the research participants characterized their relationship with a perceived divine caregiver and the ways they attach themselves to this figure. Using religious coping theory, I assessed how the participants use

religion, specifically Christian Science prayer, to find comfort and refuge in the face of life's challenges – in other words, to cope. These led to interesting findings that will be briefly summarized in the next section.

## *1.2 Background*

With this thesis, I sought to explore how young adult Christian Scientists pray and what benefit they perceive this has for their health. Although I grew up in Christian Science, I undertook this research project from a transparent standpoint. I was motivated by genuine curiosity, not a desire to proselytize.

While the relationship between prayer and wellbeing continues to interest scholars, Christian Science has yet to form the centrepiece of any large-scale study on the subject; it is typically given only a cursory mention, if it is brought up at all. I propose that an academic study of Christian Science makes a small but valuable contribution to the literature because of what the faith espouses. Christian Science proposes that prayer is a viable solution when seeking healing of any issue, and many of its adherents rely exclusively on prayer because they believe it is an effective treatment method for all kinds of problems.

In addition, the chosen research topic is socially relevant as the public debate on the role of prayer in health continues. The findings obtained here on the use of healing prayer, as well as the associated challenges of attempting to put that into practice for health benefits, suggests that, while prayer may – for some people – play a constructive role in the search for better health, prayer may require a stronger degree of faith in its efficacy when compared with traditional healing methods. This is because prayer is arguably an abstract treatment: it is an action, occasionally ritualistic in nature, that is performed mentally or verbally to provide comfort and relief. Treatments like surgery, on the other hand, can be physically felt.

### ***1.3 Brief Summary of Key Findings Obtained***

The following are the three key findings obtained from the analysis and a brief summary of each:

- 1. "Prayer" and "Christian Science" were terms the research participants used interchangeably*

The research participants used "prayer" and "Christian Science" interchangeably when describing the actions they perform to feel closer to God.

- 2. Each of the research subjects struggled with feeling fear/discouragement when seeking a healing*

All the participants described feeling some level of fear or discouragement as they prayed for healing. This was a key finding in the study because it suggests that, while prayer may be a preferred treatment or coping method for some people, there are still challenges in putting that into practice and reconciling a physical or emotional challenge with the imagined divine and the spiritual universe that they have been taught to believe in.

- 3. Christian Science may be viewed by its adherents as a tool for imagining God*

As I have described, the research participants frequently used prayer and Christian Science as interchangeable terms. Developing this, I also would argue that Christian Science itself may be viewed by its adherents as a way of imagining God. Not only is it an attachment behaviour; it also appears to be a tool for forming a mental image or concept of who and what God is – both when the research participants were applying the teachings of Christian Science to a problem, and when they were attempting to understand what they have been taught about God.

### ***1.4 Overview of Methodology***

The research was conducted using qualitative analysis. Unfortunately, the size and scope of a master's thesis, combined with the difficulty of obtaining interviews, did not allow for a larger study with more research participants. For this reason, the research conducted can strictly be considered a case study.

In the fall of 2018, between September and October, I conducted qualitative semi-structured interviews via email with four Christian Scientists between the ages of 20 and 24. The gender balance of the participants was equally split between men and women. These interviews served as the primary source of data for the case study on Christian Scientists, their values, and the ways they employ prayer when faced with challenges.

A detailed discussion of the methods employed, and the benefits and drawbacks of each, is provided in the methods chapter of this thesis.

### *1.5 Outline of Thesis*

The thesis is divided into seven chapters, including this introductory chapter. Chapter two provides a background explaining the teachings and practices of Christian Science in order to establish a baseline understanding for the reader regarding the key terms and concepts found in the faith. Chapter three follows up with a literature review of existing studies that are relevant to the questions this thesis aims to answer. Chapter four explains the methods employed, the ethical considerations undertaken, and a justification for the validity of the research. Chapter five establishes the theoretical framework that is employed in the analysis and discussion chapter. Chapter six presents an analysis of the data and the key findings obtained. The thesis ends with a conclusion chapter reiterating the relationship between the work done in this study and the academic studies discussed in the literature review chapter. The conclusion chapter sums up the findings related to the two research questions that frame my analysis and the main proposition of this thesis and provides suggestions for what further research on Christian Science and healing prayer could explore.

## 2 Background Chapter

This chapter will provide a brief overview of the theology and religious practices of Christian Science. This chapter is included on the educated assumption that the readers of the text will likely not be familiar with Christian Science and would appreciate having a basic introduction to the faith. A minimum amount of knowledge about Christian Science is also necessary for understanding the findings and analysis that follows.

Before I begin this chapter, I need to clarify a common misperception. Christian Scientists often encounter people who confuse CS with Scientology. There is no connection or affiliation between these two very different religious communities. Christian Scientists see their Church as deeply Christian, and one that follows a tradition of ministry and care that is centered on Jesus and the teachings of the Prophets. The Bible is foundational to Christian Science practice (“The Bible - Christian Science,” n.d.). Christian Science teachings emphasize that Christ Jesus’ ministry was for the spiritual growth of mankind; and they believe that, by following his demonstration, they can heal the same way he did.

### 2.1 *History of the Christian Science Movement*

Mary Baker Eddy is referred to in Christian Science as its Discoverer and Founder. She authored the religion’s primary textbook, *Science and Health with Key to the Scriptures*, after experiencing a life-threatening injury that prompted her to search the Bible for healing. When she was healed from those injuries, she sought to understand how the healing happened. In *Science and Health*, she describes what she believed to be a spiritual impulse that led her to discover Christian Science (Eddy, 1875, p. 107):

In the year 1866, I discovered the Christ Science or divine laws of Life, Truth, and Love, and named my discovery Christian Science. God had been graciously preparing me during many years for the reception of this final revelation of the absolute divine Principle of scientific mental healing.

Mrs. Eddy spent many years editing and revising *Science and Health* before it was first published in 1875. She lectured and taught extensively about God and His relationship to man before, during, and after its publication. The Christian Science church was officially founded in 1879 and the First Church of Christ, Scientist, was built in Boston, Massachusetts, in 1894.

There are Christian Science branch churches and societies (groups that are smaller than a church) all over the world. Church services are held twice a week, on Wednesdays and Sundays. There is also a Thanksgiving service each year in countries that celebrate Thanksgiving. In addition, The Christian Science Publishing Society publishes several periodicals: *The Christian Science Sentinel*, *The Christian Science Journal*, and *The Christian Science Herald*. The Church is also well-known for publishing the Pulitzer Prize-winning newspaper, *The Christian Science Monitor*.

## **2.2 What Do Christian Scientist Believe?**

This and the following sections will cover several of the principle points in Christian Science that may be unfamiliar to an outsider. Insider and outsider knowledge can be an issue with any religious faith: to its adherents, a word or concept may be as natural as breathing; to outsiders, it may be unfamiliar and even strange.

The difference between insider and outsider knowledge is an issue I will be returning to throughout this thesis. As a Christian Scientist, I acknowledge my own position as an insider within the faith, yet I also recognize that my responsibility as an academic scholar is to make a trustworthy and informed analysis.

Here, I will explain some of the vocabulary and teachings of Christian Science in a transparent and informed way.

### **2.2.1 Central Tenets**

Christian Science does not have a set of creeds or doctrines. Instead, it has a set of six tenets that outline the important beliefs of Christian Science. Mrs. Eddy wrote these down in a chapter of *Science and Health* entitled Recapitulation (Eddy, 1875, Chapter 14). The six tenets emphasize that Christian Scientists are to take the “inspired Word,” or spiritual sense, of the Bible, as “our sufficient guide to eternal Life” (Eddy, 1875, p. 497). Christian Scientists hold that Jesus “served to uplift faith to understand eternal Life” through his healing ministry, death, and resurrection (Eddy, 1875, p. 497). Christian Science is grounded in the Bible, and Christian Scientists emphasise a deep love for Christ Jesus’ teachings.

### 2.2.2 How do Christian Scientists Define God?

*Science and Health* defines God this way: “The great I AM; the all-knowing, all-seeing, all-acting, all-wise, all-loving, and eternal...” (Eddy, 1875, p. 587). God is further defined through a series of seven synonyms, all of which are capitalized: “Principle; Mind; Soul; Spirit; Life; Truth; Love” (Eddy, 1875, p. 587).

### 2.2.3 How do Christian Scientists Define Christ Jesus?

Christ Jesus is held as very sacred and foundational to Christian Science. In Article 8, Section 3 of the *Church Manual*, Christian Scientists are prohibited against making “[c]areless comparison or irreverent reference” to the words or works of Jesus in their own conversations (Eddy, 1895, pt. 41). In the Glossary chapter of *Science and Health*, Jesus is defined as follows (Eddy, 1875, p. 589):

**JESUS.** The highest human corporeal concept of the divine idea, rebuking and destroying error and bringing to light man’s immortality.

However, Mrs. Eddy distinguishes Jesus the *man* from the *idea* of the Christ. The Christ is understood in Christian Science as the activity of God on and through man. In Christian Science, is believed it was this power that enabled Jesus to perform healings. The Christ is defined separately as follows (Eddy, 1875, p. 583):

**CHRIST.** The divine manifestation of God, which comes to the flesh to destroy incarnate error.

According to Mrs. Eddy, the Christ was Jesus’ divine title, which was and is an expression of God’s spiritual nature (Eddy, 1875, p. 333). Because Jesus demonstrated this spiritual nature, Mrs. Eddy writes, this enabled him to heal sickness and sin and overcome death (Eddy, 1875, p. 316). The Christ, this spiritual idea, was also apparent to the early prophets of the Old Testament (Eddy, 1875, p. 333).

Christian Scientists also believe in Jesus’ virgin birth. Mrs. Eddy writes in *Science and Health* that Mary conceived Jesus spiritually (Eddy, 1875, p. 332).

#### **2.2.4 How do Christian Scientists Define the Trinity?**

In Christian Science, the Trinity is not defined as three individuals – Father, Son, and Holy Ghost – in one body. Mrs. Eddy writes in *Science and Health* that such a belief “suggests polytheism” (Eddy, 1875, p. 256).

The Trinity is instead defined as “Life, Truth, and Love,” which “constitute the triune Person called God, - that is, the triply divine Principle, Love” (Eddy, 1875, p. 331). God is believed to contain the Christ; divine Science; and the Father-Mother qualities of God (Eddy, 1875, p. 331).

#### **2.2.5 How do Christian Scientists View Christ Jesus’ Resurrection?**

Christian Science teaches a belief in Jesus’ resurrection and view it as a holy event. Mrs. Eddy describes the crucifixion as a teaching moment: it proved God’s reality and death’s powerlessness (Eddy, 1875, pp. 24–25). As mentioned in section 2.2.1, Christian Science has six central tenets. The crucifixion is addressed in tenet 5. In Christian Science, Jesus demonstrated spiritual power through his crucifixion and resurrection, proving “the allness of Soul, Spirit, and the nothingness of matter” (Eddy, 1875, p. 497).

#### **2.2.6 Reality versus Unreality as Defined in Christian Science**

The concept of what is real and unreal are foundational principles in Christian Science theology and practice. This springs from a spiritual interpretation of the Bible. In Christian Science, spiritual man, as created and governed by God, is the pure reality; material existence, including the material body, has no reality or power (Eddy, 1875). The spiritual reality is beyond the material senses and cannot be grasped by them, but it can be understood through prayer that is Biblically based and yearns for God (Eddy, 1875, p. 24).

Spirituality has a deep, significant, and concrete meaning in Christian Science practice. Christian Scientists see it as a conscious awareness that God is present here and now, and that this awareness can heal the sick (Eddy, 1875, p. 95).

#### **2.2.7 How do Christian Scientists Pray?**

Many religions include or endorse some type of prayer behaviour, although they may each define it differently (Brown, 1994, p. 26). Common definitions of prayer include uniting or conversing with the divine, even if it is not always believed that the prayer will be answered.

L.B. Brown, in *The Human Side of Prayer*, asserts that prayer is an appeal to the divine nature that is separate and above the human (Brown, 1994, p. 37).

One of the central concepts within Christian Science is the relationship between prayer and physical and emotional well-being – namely, the idea that, when we turn to God in prayer, He meets our needs, and this results in healing (Eddy, 1875, Chapter 1). It is for this reason that a study about perceptions of Christian Science teachings can provide a meaningful contribution to the ongoing debate about whether a belief in God plays a role in or makes an impact on our health.

Article 8, Section 9 of the *Church Manual* expressly forbids Christian Science practitioners, and Christian Scientists in general, from using formulas when they pray (Eddy, 1895, p. 43). Prayer, for Christian Scientists, is not a procedure; it is a heart-to-heart communion with God that is grounded in the Bible.

Mrs. Eddy did, however, provide Christian Scientists with a prayer that they are required to pray daily. The Daily Prayer, in Article 8, Section 4 of the *Church Manual*, is as follows (Eddy, 1895, p. 41):

“Thy Kingdom come;” let the reign of divine Truth, Life, and Love be established in me, and rule out of me all sin; and may Thy Word enrich the affections of all mankind, and govern them!

Mrs. Eddy also provided a spiritual interpretation of the Lord’s Prayer for Christian Scientists to study (Eddy, 1875, pp. 16–17). The Lord’s Prayer and its spiritual interpretation is read in The Mother Church and all branch churches every Sunday, after a moment of silent prayer. Mrs. Eddy wrote in Article 8, Section 5 of the *Church Manual* that prayers “shall be offered for the congregations collectively and exclusively” (Eddy, 1895, p. 42).

### **2.2.8 How is Christian Science Taught?**

Mrs. Eddy established that Christian Science churches should have a Sunday School, where young people would be taught through the age of twenty, when they graduate (Eddy, 1895, p. 62). Christian Science churches still follow this mandate today. Once Christian Scientists have

graduated from Sunday School, they have the option to continue their education by taking Primary Class Instruction from an authorized Teacher of Christian Science. Primary Class Instruction is a consecutive series of twelve lessons held over a two-week period (“Primary class instruction,” n.d.). It is based around the chapter “Recapitulation” in *Science and Health*.

Teachers are not allowed to solicit students; rather, prospective students are expected find teachers through their own prayerful study and research (Eddy, 1895, p. 87). After students have taken Primary Class Instruction, they are able to become listed in *The Christian Science Journal* as Christian Science practitioners. Those who wish to be listed in the *Journal* are required to submit an application form that includes the names of three references who can confirm a complete healing through the individual's Christian Science treatment. Once they have entered the public practice, they may use the initials “C.S.” after their name (Eddy, 1895, p. 46).

### **2.2.9 What Happens at a Christian Science Church Service?**

Christian Science services all over the world follow the same format established by Mrs. Eddy when she founded the church. There are no pastors. Instead, there is a First Reader and a Second Reader. Readers are elected once every three years, and Mrs. Eddy stipulated in the *Church Manual* that the readers at the First Church of Christ, Scientist in Boston, Massachusetts must be a man and a woman (Eddy, 1895, pp. 26; 29). Branch churches also follow these same rules for Reader election.

The Christian Science Bible Lesson is read each Sunday in Christian Science services. There are 26 Bible Lesson subjects, each of which appear twice a year. Christian Scientists study the Lesson during the week and come to the Sunday service to hear it read aloud. Mrs. Eddy wrote in Article 3, Section 1 of the *Church Manual* that “the prosperity of Christian Science” depends largely on the study of the Lesson (Eddy, 1895, p. 31). The Lesson is comprised of citations from the Holy Bible and *Science and Health*. The First Reader reads the passages from *Science and Health*; the Second Reader reads the passages from the Holy Bible. The Readers and the congregation sing hymns and a soloist sings a song. Article 9, Section 1 of the *Church Manual* instructs that music played in services “shall not be operatic, but of an appropriate religious character...it shall be played in a dignified and suitable manner” (Eddy, 1895, p. 61).

Wednesday services are testimony meetings. There is an opening hymn and then the First Reader reads selections from the Holy Bible and *Science and Health*. The First Reader typically spends a significant amount of time praying about how to put together the citations. The readings usually cover a topic in current events or address a current need in the congregation or local community.

After the readings, the First Reader and the congregation then engage in a moment of silent prayer, followed by the repetition of the Lord's Prayer. The spiritual interpretation of the Lord's Prayer is not read at Wednesday services. There is another hymn, and then there is roughly half an hour for people to stand up and give remarks on Christian Science and share their testimonies of healing. Then there is a final hymn and the service ends.

There is a Bible Lesson for Thanksgiving services with passages from the Holy Bible and *Science and Health* all focused around gratitude. The citations vary every year. This is read during the Thanksgiving Day service. The Presidential Thanksgiving Proclamation is also read. There is also an opportunity for people to share their own gratitude for how they feel God has provided for them during the year.

#### **2.2.10 What is a Christian Science Treatment?**

A Christian Science treatment occurs when a person contacts a Christian Science practitioner for prayerful assistance with a challenge they are facing. They do not have to be a Christian Scientist to talk to a practitioner. All communication between Christian Science practitioners and their patients is required by Article 8, Section 22 of the *Church Manual* to be kept confidential (Eddy, 1895, p. 46).

Christian Science treatment is provided with an expectancy of healing. It is based on the premise that God alone, not the practitioner, is performing the healing. The practitioner and patient work together and aim to recognize God's allness and the unreality of the disease or other challenge that the patient is struggling with ("Christian Science practitioners," n.d.). The practitioner may provide passages from the Holy Bible, *Science and Health*, and Mrs. Eddy's other writings that address the patient's situation. Christian Science treatment follows the precedent that Christ

Jesus established in his ministry: a belief that, by bearing witness to God and His love for us, we can expect transformative results in our lives.

A patient may also work with a Christian Science nurse if they need additional physical care while they are working with a Christian Science practitioner. A Christian Science nurse tends to physical needs like modifying foods, providing mobility aid, dressing wounds, and other basic necessities while continually holding to a belief in the omnipresence of God and the identity of the patient as His reflection. (“Christian Science Nursing,” n.d.). Christian Science nurses do not make medical diagnoses; make healthcare decisions for the patient; or administer medication or drugs (“Christian Science Nursing,” n.d.).

Christian Scientists often share their healings at Wednesday testimony meetings or in the Christian Science periodicals. Mrs. Eddy wrote in Article 8, Section 24 of the *Church Manual* that sharing testimonies is “highly important” and “scales the pinnacle of praise and illustrates the demonstration of Christ...” (Eddy, 1895, p. 47). Published healings are verified before they are published by contacting three people who know the testifier and have either witnessed the healing or can vouch for the integrity of the testifier (“Testimony Guidelines / JSH-Online,” n.d.).

### **2.3 Conclusion**

Because this dissertation deals chiefly with evaluating Christian Science practices, I have presented a basic overview of the faith’s beliefs and teachings in this chapter to familiarize the reader with the faith. In the following chapter, I will discuss relevant recent literature on the relationship between prayer and health and the applicability of these literatures to this thesis.

### 3 Literature Review: Introduction

The goal of this thesis is to analyse perceptions of Christian Science prayer in health outcomes among four young adults who identify as Christian Scientists. This chapter will provide a survey of the scholarly articles and academic texts that are relevant to this thesis project. Previous studies have contributed to the academic discussion of the sociology and psychology of religion: how people form faith communities and conceptualize their own faith. These studies have also covered the role of the church, religious coping mechanisms, and prayer itself in mental and physical well-being.

I will begin by presenting my research questions. Next, I will survey the three main categories of research in this field: the role of church; the role of religious coping mechanisms; and, finally, the role of prayer itself in maintaining or improving health. I will conclude by offering a final analysis and summary of the literature.

#### 3.1 Research Questions

My thesis seeks to answer the following research questions:

1. *How do young adult Christian Scientists reflect upon and use healing prayer?*
2. *How are the concepts of religious coping and attachment behaviours relevant to understanding how young adult Christian Scientists use and reflect on healing prayer?*

These research questions explore the role of Christian Science and spirituality in the lives of young adults. Previous literature on the role of prayer in the coping process, healing prayer use, and the relationship that individuals cultivate between themselves, church, and God provides the scholarly background for this study. Below, I will review the literature in terms of how they shed light on the key findings of this dissertation. These studies can be divided into three broad categories: studies on the role of church (as an institution) in well-being; studies on the use of religious coping mechanisms to address health problems; and studies specifically on the role and usage of prayer in well-being.

### **3.1.1 Studies on the Role of the Church in Well-being**

Religious organizations are part of the fabric of social capital. They can be an active link connecting individuals and communities with spiritual resources. Because social capital has to do with the network of ties in a community, social capital can play a positive – or negative – role in health outcomes for individual members of a community.

A study by Yeary et al. (Yeary et al., 2012) examined the social role of religion in health. While religion is often looked at for its influence on positive health behaviours, the authors of this study suggest that the social dimension of religion is often ignored when attempting to explain whether or not religion is beneficial for health. Consequently, they explored the social capital link in the religion and health connection. Yeary et al. note that religious institutions may be naturally conducive to facilitating positive social relationships because of the values promoted by houses of worship. As a result, the authors of the study argue that greater religiosity, in the form of regular worship attendance and active participation in a faith community, is related to better health (2012, p. 335). Their findings from a review of the 2006 Social Capital Community Benchmark Survey confirmed the hypothesis that social capital is a critical link in the religion-health connection (2012, pp. 343–344).

However, not all interactions in church are positive ones, and these, too, can have an impact on the health of congregation members. Christopher G. Ellison, a noted scholar on the relationship between religion and physical and mental health, has written several articles on the subject. I will focus on two of them here and the third in section 3.2.2.

The first study questions whether negative interactions in a church setting increase psychological distress in members of the congregation (Ellison, Zhang, Krause, & Marcum, 2009). Ellison et al. utilized findings from the 1997-1999 Presbyterian Panel Survey to draw their conclusions. The Presbyterian Panel is a sample of members and teaching elders in the Presbyterian Church (USA) who respond to annual questionnaires.

Negative interactions within any setting can lower self-esteem, impact self-worth, and take a toll on individual health (Ellison, Zhang, et al., 2009, pp. 411–412). However, they can potentially be even more detrimental in a spiritual setting because worshippers typically come to a service expecting warmth and to be spiritually uplifted both by the service and the faith community of which they are a part.

Negative interactions at church can take the form of gossip, criticism, and judgmental feedback. But churches also make demands on their members for time and money. Because many churches hold spiritual and emotional significance for their members, it can be hard for congregants to say no to these demands (Ellison, Zhang, et al., 2009, pp. 413–414). Congregants can then begin to associate their church with feeling burdened and overextended, resulting in an increase in overall stress levels.

While negative interactions in general can impact our self-image, Ellison et al. suggest that negative interactions in a church setting can impact how we feel about God because church is associative to the sacred (Ellison, Zhang, et al., 2009, pp. 413–414). Their findings from the Presbyterian Panel survey indicate that excessive church demands on time, money, and resources of congregants causes more distress than negative feedback from fellow church members (2009, p. 423). The experience of distress – which can be physical or emotional, but also spiritual, especially in cases where church becomes a source of tension or strain – can lead individuals to rely on or modify their coping mechanisms. Some of these mechanisms may be religious in nature, and distress may cause a shift in how, why, and when people choose to use religious coping mechanisms. Previous research on religious coping mechanisms has contributed to my own analysis of how the young adults in my study perceive Christian Science prayer as a coping mechanism. I will review the three studies on religious coping mechanisms that are of relevance to my project in section 3.1.2.

I will now turn to the second Ellison study (Ellison, Krause, Shepherd, & Chaves, 2009). This research makes an additional contribution to the literature on the social dimensions of church. It examines the ways that the size of and social interactions available in congregations can impact the anticipated amount of emotional and tangible support individual congregants expect to receive (Ellison, Krause, et al., 2009). Both small and large-size congregations have their

advantages and disadvantages. Larger congregations may offer more in terms of service variety and programming, yet congregants may feel a lack of familiarity with their fellow church-goers due to the larger size and impersonal nature of services at these churches. Smaller congregations may encourage more warmth and familiarity among their attendants because church members are potentially able to get to know each other more easily in a smaller church (2009, p. 3). Yet this same closeness may also pose a disadvantage: there is a reduced sense of privacy if congregants know (almost) everything there is to know about each other.

Ellison et al. examined the different levels of support congregants expect to feel in both small and large churches using individual records from the 1998 NORC General Social Survey and the National Congregations Study. The National Congregations Study is an ongoing research project that looks at the shape, nature, and social qualities in American congregations, across religious backgrounds (“National Congregations Study,” n.d.). Ellison et al. looked at three specific aspects: congregational size; opportunities for social interaction; and congregational (organizational) conflict. Congregational (organizational) conflict may disrupt the normal activities of the church, erode trust, and increase negative interactions (2009, p. 5). Their review of the National Congregations Study and the 1998 NORC General Social Survey and the National Congregations Study found that, as they expected, members of very large churches reported lower levels of anticipated support when compared with members of smaller congregations (2009, p. 11).

These studies are relevant for my research because they investigate how the social ties that are associated with religious worship may inform positive health outcomes. Two of my interview questions asked the participants to identify the role they feel Christian Science plays in their lives and whether they feel Christian Science has made a difference in their overall health and wellbeing. As with all the interview questions, these were open-ended, inviting the participants to reflect on any aspect of the faith that they feel has made a difference for them – whether that is church attendance or something else. None of the participants directly mentioned church attendance but described that individual prayer and study have made the biggest difference in their lives. Two of the participants also wrote about how growing up in a Christian Science household seemed to provide a positive, healthy environment because of the values that their parents promoted; one of the participants described this as an atmosphere of “uplifted thought.”

These answers contributed to one of the key findings in this dissertation: that “prayer” and “Christian Science” were used interchangeably. The research participants wrote alternately about relying on individual prayer or the teachings of Christian Science to find health.

### **3.1.2 Studies on the Use of Religious Coping Mechanisms**

People commonly employ a variety of coping mechanisms when faced with stress, physical health challenges, and the pressures of everyday life. These mechanisms can be inner or outer resources. Studies indicate that religious involvement may be a common coping mechanism. Broadly, this may include seeking comfort from a divine source through the use of religious beliefs and prayer (Eliassen, 2013, p. 413). Specific religious coping mechanisms may include regular church attendance, prayer, or spiritual reflection. Religious coping can also be understood as a framework that encompasses a variety of spiritual coping skills (2013, p. 415). The literature suggests that the type of religious coping mechanisms one uses, and how frequently they are engaged, depends on variables such as race, class, and gender (Bradshaw, Ellison, & Flannelly, 2008; Eliassen, 2013; Son & Wilson, 2011).

In this section, I will discuss the third Ellison study (Bradshaw et al., 2008) first. The authors looked at the relationship between how people imagine God (God imagery) and how their conceptions of God consequently impact the relationship they have with the perceived divine. God imagery encompasses the imagined personality and activity of God: both God *as* a being and the actions *of* that being (Bradshaw et al., 2008, p. 647).

The authors found that people were more likely to pray – and pray more frequently – when they encountered stressors. They also found that people had fewer symptoms of psychopathology, or mental health symptoms, when they imagined God as loving (2008, p. 654). While other prior studies have looked at the possible effectiveness of different modes of prayer, the Bradshaw study is unique in that it looks specifically at how people view their object of prayer – how they conceptualize God itself. However, the study is limited in that the overwhelming majority of respondents were older, white Protestants (2008, p. 648).

A. Henry Eliassen looked at the relationship between “[t]he coping aspects of religious involvement” – the use of beliefs and prayer to find solace and comfort – and stress levels among a population of young adults in Florida (Eliassen, 2013, p. 413). Eliassen’s work builds upon previous research in this field, which has found that there is a relationship between the social environment encountered in childhood and mental and physical health in later life (2013, pp. 413–414). Some prior studies found that the religious norms involved in one’s upbringing – how much of a value one’s parents or caregivers placed on religion – has an influence on the “cognitive and emotional processes” that individuals rely on later in life. Whether or not someone *chooses* to use a religious coping tool or general coping tool (such as deep breathing), and then *activate* those resources, can depend both on the individual’s religious and social background as well as the nature of the stressor itself (2013, p. 415). Previous studies have indicated both that women experience higher levels of stress and depression than men and that they are more likely than men to employ coping mechanisms to deal with the stress and pressures of everyday life (2013, p. 418). Eliassen hypothesized that the more people attended a religious service in their teenage years, the more likely they would be to employ religious coping mechanisms as young adults (2013, p. 419). The results of his findings indicated that, as he anticipated, this was especially true for young women (2013, pp. 429–431).

Son and Wilson (Son & Wilson, 2011) assert that the documented positive association between religion and physical health requires explanatory links – such as the supportive resources a religious community might provide (drug counselling or exercise groups); or the social element of attending a religious service and meeting with fellow congregants before and after the service (2011, p. 589). Son and Wilson argue specifically that “the effect of religion on physical health can be partly explained by psychological resources” (2011, p. 590). The authors utilized the mediation model, with psychological resources being the mediating variable between religion and physical health.

To test their hypothesis, they used the three scales of well-being included in the National Survey of Midlife in the United States (MIDUS). These three scales are: hedonic well-being, or well-being in pleasure and happiness; eudemonic well-being, or a sense of purpose in life; and, finally, a scale of social well-being. They also looked at measurements of functional physical limitations on regular daily physical activity; and physical symptomology including minor

physical discomforts and long-standing chronic illnesses (2011, pp. 591–592). Their results indicate that early religiosity (growing up in a home where religion and attending religious services was prioritized) does have some impact on health and well-being in later life, but that this link is not always clearly defined (2011, pp. 595–599).

Finally, one of the most important texts for the portion of my analysis on Christian Science prayer and religious coping was *The Psychology of Religion and Coping: Theory, Research, Practice* by Kenneth I. Pargament. This work provides an in-depth examination of what may cause people to utilize, or turn away from, religion in a crisis. Pargament was a primary reference throughout my analysis chapter. In *The Psychology of Religion and Coping*, Pargament describes the flow of coping: how people choose to cope and what outcomes they expect to receive from their chosen (religious or non-religious) coping method. *The Psychology of Religion and Coping* was also useful because this work included a brief mention of Christian Science and religious coping.

An analysis of religious coping mechanisms ended up forming the bulk of my research for this thesis. It became evident through my research that the research participants rely on healing prayer use in a variety of circumstances and as a coping mechanism, and that there may be two different effects from it: a short-term sense of relief and a longer, more reflective experience of change. For a deeper discussion of why this appears to be the case, please refer to the analysis chapter, particularly section 6.2.2: Religious Coping Mechanisms.

These studies on the use of religious coping mechanisms enabled me to find a definition of religious coping mechanisms and research more closely why many people might find this an attractive choice when confronted with difficult circumstances. It also enabled me to clearly argue for why Christian Science prayer may be considered a religious coping mechanism according to how it appears to function in the lives of young adult Christian Scientists.

### 3.1.3 Studies on the Role and Usage of Prayer in Well-being

Of all the religious coping mechanisms available, prayer is one of the most cited and utilized (Levin, 2016, p. 1136). It is used in response to individual suffering or called upon on behalf of another who may be in distress. Research in this area played a significant formative role in my own research on how perceptions of healing prayer in Christian Science may impact health outcomes.

Although prayer is one of the most cited and utilized coping mechanisms available to the religious (and nonreligious), there is a distinct lack of consensus on what exactly prayer is. For example, in *The Human Side of Prayer*, L.B. Brown suggests that there is a difference between rote prayers like reciting the rosary and goal-oriented prayers; Brown suggests that reciting the rosary is more of a devotional rather than petitionary statement (1994, p. 178). Yet Brown also recognizes that even a rote prayer like the rosary is not entirely mindless: it may be “part of a self-mastering process” (1994, p. 178). *The Human Side of Prayer* provides a useful overview of the scholarship regarding prayer and prayer rituals in religion, psychology, sociology, and anthropology.

The researcher Jeff Levin (Levin, 2016) used data from the 2010 Baylor Religion Survey to examine prayer that has been specifically utilized for the belief in its healing efficacy. Just as religious coping covers many different types of religious and prayerful resources, healing prayer covers several different types of prayerful methods. Healing prayer use may include laying on hands and participating in prayer groups (2016, p. 1136). As Levin notes, “gender, race, and physical and mental health” were the most significant factors influencing whether or not someone was likely to use prayer in dealing with a mental or physical challenge – which is consistent with findings from other studies on this same topic (2016, p. 1138). Levin’s research suggests that healing prayer is used as “a function of religiousness,” rather than something people simply turn to when they are at a crisis point: it is something embedded in their religious lives (2016, p. 1153).

The final study I will make note of in this literature review is the work done by researchers Mary K. Bade and Stephen W. Cook (Bade & Cook, 2008). They examined “the multiple functions that prayer serves in the coping process for members of Christian groups” (2008, p.

123). Because the study was only exploratory, they do not offer any specific hypotheses about these functions of prayer (2008, p. 124). Instead, they merely looked at different types of prayers (asking for guidance; asking for solace; asking for calm; asking for focus; and others) and in what situations the participants might use them. The study was based around participants from Christian churches and university groups in a city located in the south-central United States, where Christianity is the majority religion (2008, p. 124). They asked participants to describe the ways they use prayer in their everyday lives. This was an open-ended question very similar to one of the interview questions I ask my own study participants: “How do you pray on a daily basis? For yourself and for the world?”

The responses Bade and Cook received were varied, indicating that, as is to be expected, prayer holds different meanings for, and is used in different ways by, different people (2008, p. 125). With that being said, some commonalities did emerge: many of the respondents reported using prayer to seek answers, direction, or understanding from God (2008, p. 125). The respondents reported that they felt that these types of prayers were the most effective, while using prayer as a ritual, to meditate, or to find quick fixes were reported as the least effective types of prayers (2008, pp. 127–128). The research done by Bade and Cook is also connected to religious coping theory because of its study of different prayer functions and their effectiveness.

I used these described studies on the role and usage of prayer in wellbeing as part of my analysis. The relationship between the official teachings of Christian Science and personally held interpretations may not be one-to-one. In addition to examining how Christian Science prayer may function as a religious coping mechanism, I also looked specifically at how its adherents employ prayer to seek better health or maintain a healthy lifestyle. I found that the participants’ healing prayer use appeared to follow a pattern: affirmation of God’s reality and power; denial of what Christian Science terms “error” or “material beliefs”; and, finally, an additional affirmation of God’s existence and the relationship that, according to Christian Science teachings, man has with this divine figure. This led to the second key finding that the research subjects faced discouragement in putting these teachings into practice. The participants all mentioned praying to seek healing and even continuing to pray when the physical or emotional condition worsened. It appeared to be challenging for the participants to continue to pray when

this happened, both because of the rising difficulty of the condition and because of outside comments or circumstances that would draw attention to the issue they were praying about.

My analysis also led to the third and final key finding from the data: Christian Science may be used by its adherents as a tool for imagining God. While official Christian Science teachings warn adherents not to personify the divine, the data showed clearly the participants describing God in some humanlike terms – attributing some human qualities, such as creativity, power, and strength, to God. I argue that this is a process of individuals creating an image of God in human terms in order to make a large, abstract concept like the divine easy to understand. In addition, this also appears to make the imagined divine accessible for use in healing prayer. Since the participants’ healing prayer usage includes declaring God’s existence, it appears that God imagery enables them to form a focus for this object-directed prayer. Pargament refers to the divine as one of several possible “objects of significance” that individuals may turn to within the flow of coping (1997, pp. 92–93).

#### **3.1.4 Conclusions**

In this thesis I used religious coping theory and attachment theory to analyse the data. Briefly, religious coping theory is the concept that religion may be one of the many tools individuals use to cope with their problems (Bade & Cook, 2008, p. 130). This includes both problem solving styles *and* coping activities, as has been described in section 3.1.2. Religious coping theory is applicable to this thesis project because I examine how Christian Science prayer may be a form of religious coping. The functions Christian Scientists perceive prayer has may share similarities with other functions of prayer that are used in the coping process: the use of prayer to seek God’s help in handling difficulties, or the use of prayer that asks God to change the situation on the petitioner’s behalf (see Bade & Cook, 2008, p. 126). Christian Science teaches that prayer is beneficial, regardless of its form or what it asks for. As Mrs. Eddy writes in *Science and Health*, “the desire which goes forth hungering after righteousness is blessed of our Father, and it does not return unto us void” (Eddy, 1875, p. 2).

According to Christian Science teachings, prayer is a direct appeal to God. Many Christian Scientists pray with the expectation that their prayers will be answered. Christian Scientists believe that when people appeal to God, He answers these prayers, which can then result in physical or emotional transformations. This type of prayer is one that follows the teachings of Mrs. Eddy. It denies the reality of the material condition, embraces the allness of God, and maintains that man is God's image and likeness, which has all of God's pure and spiritual qualities. For most of the Christian Scientists I spoke with, prayer was their first response to any difficulty they face.

I also utilized attachment theory as defined in the literature. I state that "as defined in the literature" because acceptance theory has its historical roots in sociology and has only been applied to religion more recently (Kirkpatrick & Rowatt, 2002, p. 638). Acceptance theory is commonly used to analyse the relationships between parents and children. It was first conceptualized as an evolutionary biological response that encourages infants to stay close to their parents (2016, p. 316).

However, God has also been described as a parental figure, and may even be considered the ideal attachment figure, always trustworthy, always available for His or Her children, and always merciful (2016, p. 318). It is therefore arguably understandable why individuals would want to remain attached to such a figure.

This desire to remain attached to God neatly dovetails with the research on religious coping. Individuals seeking relief in times of stress – looking for a way to cope – often naturally turn to a support network, and perhaps a trusted relative or friend. The image of God as a strong, reliable attachment figure may be a comforting relief: it may be a definition both of what God is and what God can do – God *as* a reliable attachment figure who *can* intervene on our behalf.

While God could be thought of as the ideal attachment figure, people's perceptions of that figure differ from faith to faith and individual to individual, in the same way that each child has a different relationship with his or her parents. People's beliefs of whether or not God is a close or distant authority figure may impact how often they pray and which functions of prayer they turn to (Bradshaw et al., 2008).

In Christian Science, God is taught as always loving and caring, qualities that could be associated with an “ideal” attachment figure. The idea that since God is always loving, and that we should naturally turn to him as a result, may be why many Christian Scientists turn to prayer first to address their problems.

My master's thesis fits within the overall literature on these theories and offers a small, but real, new contribution. For example, Bade and Cook suggest that further research on the functions of prayer should include an examination of “how a person’s relationship with God or concept of God may be associated with various prayer functions” (Bade & Cook, 2008, p. 131). Christian Science prayer itself stems from the official Christian Science teaching that there is a spiritual relationship between humans and God. Christian Scientists believe that God is our Father-Mother, and that we are His beloved children. In Christian Science practice, God’s relationship with mankind is not an abstract relationship; it is something deep and tangible that can be understood and expressed by everyone. My research examines Christian Science prayer as a cultural and social phenomenon within the larger common use of healing prayer. It examines the relationship between how God is conceived in Christian Science and how it is associated with Christian Scientists’ use of prayer.

The following chapter discusses the research design and strategy for the thesis; and the benefits and drawbacks of the methods I chose in order to obtain the data.

## 4 Methods Chapter: Introduction

This chapter will present the research design and methods I utilized to address the research questions I raised in this thesis. I will explain the methods I used and provide a justification for why I used them.

I performed an analysis of how Christian Scientists perceive the role their religion plays in their overall health and wellbeing. In this thesis, I investigate how individual Christian Scientists experience and reflect on the religious perspective of Christian Science, which operates on the standpoint that God is all and that man is His or Her reflection. My research topic is also academically relevant because it contributes to the existing body of literature on the sociology and psychology of religious faith.

The methodologically agnostic position of this thesis does not assume either the existence or non-existence of God. Consequently, I neither affirm nor deny that the healings the participants described have actually taken place.

### 4.1 Research Design and Strategy

As stated in the introductory chapter, the purpose of this thesis is to examine what effect, if any, that prayer has on wellbeing. Furthermore, it analyses how a group of young Christian Scientists perform their faith, and the results they perceive they have gotten from this practice. These explorations were performed by using the following research questions as a framework:

1. *How do young adult Christian Scientists reflect upon and use healing prayer?*
2. *How are the concepts of religious coping and attachment behaviours relevant to understanding how young adult Christian Scientists use and reflect on healing prayer?*

The research conducted as part of this thesis is qualitative in nature. It emphasizes individual experiences and perceptions in religious behaviour rather than making the statistical generalizations or quantification of variations that may be found in a quantitative thesis (Bryman, 2012). This thesis explores the phenomenon of praying for better health within the

context of its use in Christian Science. In section 4.9, I will discuss the validity of my research and why this study may be considered a case study.

## *4.2 Research Focus Sample*

I performed purposive sampling in collecting my informants. The sample was based on predefined criteria. I chose to reach out to these individuals based on their personal profile: I wanted to talk to young Christian Scientists in my age range. This is because many individuals at this age are beginning to develop their own relationship to God, apart from one that might have been established or encouraged by their parents, as noted by Eliassen.

There is also a key difference between the official statements the Christian Science Church puts out through the Committee Office, and its public channels, regarding what Christian Science is and does; and the lived experiences of its members, some of whom may be struggling with illnesses that are not yielding to the use of prayer as a means of healing. The statements the research participants made were not connected to these official channels. They were obtained individually and not vetted by the Church. I believe that this contributes to the transparency and authenticity of my project. I will provide further reasoning for the validity of my research in section 4.9.

My research sample consisted of four people between the ages of 20 and 24 who are active Christian Scientists. Based on their responses, the research sample as a whole can be characterized as moderately to highly committed to their religious beliefs and frequently involved in religious behaviours such as church attendance.

Two of the respondents are current students at a school for Christian Scientists in the midwestern United States that is not affiliated with The Mother Church, and two are recent graduates of that institution. The research sample was evenly split between men and women. All participants were white, which limits the breadth of my research; a further study examining the experiences of young black or Latinx Christian Scientists would be a valuable contribution to the literature on prayer and wellbeing because these demographic groups are largely underrepresented in the American Christian Science community. I did not make my selection

to deliberately exclude black or Latinx Christian Scientists. I made my selection out of a limited number of people who I was able to contact and who responded to my interview requests.

All informants were anonymized. In this paper, I refer to them as Participants A, B, C, and D. When pronouns are necessary, I refer to the participants using the singular they, as I believe identifying the participants by gender is irrelevant for the purposes of the analysis.

I did not provide monetary compensation to the participants. Participation was voluntary. Participant A said that they were excited to be contributing to a project that, in their view, advances the mission of Christian Science (personal communication, September 2018). It should be expressly noted that that is not the aim of this thesis. The aim of this thesis project is to provide a straightforward analysis of Christian Science and contribute to the academic literature on the relationship between religion and health.

I utilized email to conduct semi-structured interviews. With the exception of Participant A, who was first contacted via social media, all participants were contacted via email. I sent them an initial email asking each participant if they would be interested in being interviewed and, when they agreed, I sent them the list of interview questions. I will further discuss the strengths and weaknesses of this email-based approach in sections 4.7 and 4.9.

### ***4.3 Informed Consent***

I provided the research participants with information about their rights through a consent form, which is required by the Norwegian Centre for Research Data. When Norway updated its privacy laws, I provided the participants with a revised consent form. The core content of the two consent forms is the same. I have attached a copy of the revised consent form to this thesis as an appendix.

### ***4.4 Snowball Sampling***

Snowball sampling is a research method where the researcher identifies an initial sample element and then uses that sample to make contact with other relevant sample individuals or groups (Bryman, 2012, p. 202). I utilized this method when I contacted Participant A because I knew that this individual be able to connect me with other individuals at Principia College

who are equally committed to Christian Science and could speak articulately about their personal beliefs. Participant A was able to provide contact information for one other person, Participant D. I contacted Participants B and C directly via email.

#### *4.5 Gatekeepers*

In research, a gatekeeper, or gatekeepers, “open the gates” for the researcher to access other people or documents that will be useful in the project (Bryman, 2012, p. 435). I had two gatekeepers in this project: The Committee Office and Office of the General Counsel at The Mother Church.

The Committee Office is the primary office responsible for interacting with academics, students, journalists, and members of the public interested in writing or learning more about Christian Science (“Committee on Publication,” n.d.). The Committee Office also works to correct what they believe to be misconceptions in the public understanding of Christian Science. My goal with this dissertation is to be factual, accurate, and to not misrepresent Mary Baker Eddy (the Discoverer and Founder of Christian Science) or the Christian Science faith in any way. However, it is important to address my own position as an objective scholar and as an individual with a personal connection to Christian Science. I was motivated to pursue this research topic – the relationship between Christian Science prayer and wellbeing – not out of a desire to proselytise, but to impartially examine what might motivate people to choose Christian Science prayer and the impact this has on their health and overall wellbeing. I will further address the issues of objectivity and personal bias in section 4.9.

I contacted the Committee Office in September 2018 to alert them about my research because I believed it was my responsibility as a scholar to notify them about an academic project that concerns Christian Science. I also believed that they could possibly be useful in providing me with additional materials or people to contact for the project.

I spoke with the Committee Office via video conference call on September 12<sup>th</sup>, 2018. I informed them about the background chapter I would be writing on Christian Science. They provided some suggestions on how I could write about Christian Science in a way that does not perpetuate misconceptions about the faith, while at the same time maintaining factual accuracy

and transparency about the use of prayer for healing that distinguishes Christian Science from other faiths. In addition, they provided me with a list of books that could help me give additional context to my interviews, especially in the analysis of the findings. I will address the role of the Committee Office in more detail below in section 4.8.

I submitted a Permissions request to the Office of the General Counsel to be able to quote Mrs. Eddy's writings in the dissertation. The Office of the General Counsel informed me it was not necessary to obtain a formal permission since I will only be quoting from Mrs. Eddy's writings and not from any of her letters or from reminiscences found in the Mary Baker Eddy Library. They only told me to make sure I cite her writings carefully.

#### ***4.6 Research Timeline***

Participants were contacted over a three-month period, from August to October 2018. Participant A was my first contact. I reached out to this individual first on LinkedIn, and then followed up via text. When they agreed to be interviewed, I emailed them the consent form and my questions. The other participants were initially contacted exclusively by email.

#### ***4.7 Interview Process***

All interviews conducted involved sending a set of seven questions to each participant. The questions did not vary in any way for each participant but were designed to be open-ended in order to obtain the broadest possible variety of responses.

I asked participants to describe recent healings they have had; how they pray daily for themselves and for the world; and the role they feel Christian Science plays in their lives. The list of questions I asked is included as an attachment in the appendix section of this thesis in addition to the consent form(s) I provided the participants.

While email has been established as a viable alternative to face-to-face or phone interviews (Hawkins, 2018), there are benefits and drawbacks to this method of interviewing, as there are with any other. I will address those concerns in this section.

Since I was living in Norway during the data collection period, scheduling phone interviews was challenging. The times that some of the interview subjects were free to speak with me were not convenient because of the six-hour time difference. Email ended up being the most viable alternative, since the interview subjects could respond at their convenience within a two-week deadline that I established. This generous amount of time allowed their responses to be much more structured and articulate than they might have otherwise been in a face-to-face or phone interview conducted over the course of a few hours or a single day. While I provided a set of interview questions, these became a loose structure around which their open-ended responses were based. Participant B, for example, offered answers that were almost confessional in nature. Common issues in interviewing, such as difficulty maintaining focus in asking questions or the intrusion of the researcher's own biases and expectations, were largely eliminated by using email as a research method. In a phone or face-to-face interview, interview subjects may feel that they are "on display" and need to perform or respond in a certain way in order to provide the response they believe the interviewer is looking for (Bryman, 2012, p. 475). Email interviews are performed at a distance and allow the interview subject more control over the authorship of their responses, and these answers may arguably draw out a greater sense of authenticity and vulnerability because the research subjects do not feel they are being observed. And, in eliminating scheduling barriers, email interviews give research subjects the opportunity to reflect and revise because they are not confined to a few hours or days of in-person or phone-based interviewing (Hawkins, 2018).

Despite these advantages, there are also downsides to using email as an interview method (Hawkins, 2018, pp. 495–496). Firstly, the sense of distance between interview subject and researcher created by using technology to facilitate the interview, which could promote greater authenticity, can make it difficult to obtain answers that are personal and human. There is also a risk of the email exchanges being opened or viewed by individuals who are not the intended recipients. In addition, the research subjects might not fully understand the interview instructions when they are written down as opposed to when they are conveyed with the pauses and inflections present when speaking over the phone or in person.

I experienced some of these challenges while conducting my research. I needed to be clear in my initial email about what the project would entail and how their responses would be used. I explained this further in the informed consent document that I provided each of the participants. I did this to make sure that the research subjects would clearly understand the instructions and to avoid any confusion. In addition, while email can remove some of the scheduling conflicts associated with planning and executing an interview, the research participants were occasionally difficult to get hold of; I had to send follow-up emails inquiring about the status of their interview responses and when I could expect to receive them.

While I was clear in my initial email about my standpoint as a researcher and the purpose of the interviews for the thesis, I had to consider whether the participants were writing their responses to me as a fellow Christian Scientist or to me as a researcher. In section 4.8, below, I will further reflect on the benefits and drawbacks of approaching individuals that I have a loose socioreligious connection with to be research subjects.

Once all the interview responses were collected, I sent a follow-up email thanking the participants for their time and answers and reminding them that all their responses will be used anonymously. I did this as an acknowledgement that their participation was completely voluntary, and I appreciated their time.

#### ***4.8 Ethical Concerns***

In this section I will address some of the ethical concerns associated with this thesis project. Asking people about their personal religious or philosophical beliefs is a task that must be engaged with the utmost sensitivity. I acknowledged that this would play a role in the project while framing and executing my research goals.

People may feel uncomfortable or even vulnerable when bringing up how they choose to prayerfully address their emotional and physical health. As a researcher, it was my obligation to be aware of these issues both when arranging the interviews and conducting them. It was my duty to frame questions about God and faith in a way that was non-judgmental yet still professional. The researcher is not a peer; they are expected to maintain an academic distance from the subject matter being discussed.

Except for Participant D, who I had never met before, all participants knew me as a fellow Christian Scientist from various church activities, including Sunday School. This kind of familiarity can foster a sense of trust. Individuals may feel more comfortable with those that they assume have shared interests and beliefs, without having to think about “translating” insider knowledge for an outsider during the interview. In this way the researcher becomes a kind of gatekeeper, balancing their own insider knowledge with the role of social science researcher.

A second ethical issue was how to navigate working with The Committee Office. I mentioned to The Committee Office that a key part of my thesis would be a background chapter explaining Christian Science in a way that would be accessible to people who are not familiar with Christian Science.

The Committee Office expressed an interest in reading my background chapter on Christian Science and providing other assistance if necessary. I ultimately decided not to share the background chapter, or the rest of this thesis, with them. It was, and is, paramount for me to keep my research free of outside involvement. As mentioned earlier in this section, there is a difference between official language provided by the church and the language used by its members. Official language from any church body may be overly promotional about the Christian Science faith and its benefits, which makes sense, since it is their job to publicize Christian Science, present the faith in a positive light, and correct what they see as misconceptions about this religion. For example, when I spoke with The Committee Office via video chat, they advised me to emphasize the centrality of the Bible in Christian Science and to convey the understanding, in Christian Science, of what prayer is and does.

This is not a promotional thesis. As I described in the consent form that I provided for the research participants, this thesis is not commissioned by or undertaken with any outside organizations, including the Christian Science church itself.

## *4.9 Research Validity*

Research validity is of paramount concern to any researcher. Without it, the project will not hold up to close academic scrutiny (Bryman, 2012). In this section I will provide justifications for why I believe this study and its findings are valid.

As has been noted previously in this chapter, the research project required me to balance my role as an objective researcher and my identity as someone with ties to the Christian Science community. I frequently found myself wearing both hats while sourcing and interviewing the research participants. The informants were not approached as “fellow Christian Scientists” in a peer-to-peer sense. They were selected based on the criteria described in section 4.2. However, because all the participants (except for participant D) knew me as a fellow Christian Scientist, there was a preexisting level of familiarity that was unavoidable.

Navigating the dual roles of being a researcher and a person with ties to Christian Science was also especially true in my communications with The Committee Office. In their conversations with me, it was assumed that I know and understand the basic teachings of Christian Science. It was also assumed that I possess some level of faith and belief in the existence of God and would be conveying this in the thesis by representing Christian Science in a positive light. They believed this representation would accordingly include the following talking points: keeping the focus on Jesus, rather than on Mary Baker Eddy, the Church’s founder; emphasizing the centrality of prayer in Christian Science; and, as a final point, that Christian Science is grounded in the Bible and is not a New Age faith.

This thesis operates within an academic standpoint that does not aim to prove or disprove the existence of God, and consequently analyses human experience from this methodologically agnostic perspective. I had to convey the teachings of Christian Science in a way that outsiders would understand without promoting Christian Science as authoritative or assuming the reality of God. This work of translation also applied to the answers the research subjects provided. I did not find this task challenging. I arrived at the research project at a time in my life where Christian Science felt foreign to me even though I had grown up in the faith. It was not hard to separate my own views from the research process since the faith itself was distant to me.

In this thesis, I explored how a practice of Christian Science, based on the teachings of the faith, is experienced by young adult Christian Scientists. The research questions that established my line of inquiry contributed to the interview questions I asked the participants. The data itself then emerged from the participants' answers to these interview questions. As Furseth and Everett state, "Validity has to do with the logic of the argument, or if the various pieces fit together" (Furseth & Everett, 2013, p. 81). Taken together, the research steps I took contributed to the internal consistency of the project and consequently the validity of the findings.

The findings gathered from the research subjects can be validated because they were not obtained in a pressured environment. Using email as a research method enabled me to obtain responses that were natural, open, and honest. While I presented a list of several established questions, it was up to the participants to decide how long their answers would be and how much they wished to disclose about their beliefs and experiences. Their comments were uninfluenced by the prospect of financial gain. I also believe that, while the number of research subjects was small, the variety and depth of their answers complement each other and thereby offer a fuller perspective on how adherents of a little-examined faith put its teachings into practice and make it their own. The data holds up to academic scrutiny because it serves to both critique and develop existing theories on prayer and wellbeing, specifically coping theory and attachment theory. Comparing the findings with these theories may serve to strengthen the validity of the research.

An additional aspect of testing for research validity is to ask whether the sample is truly representative of the population being studied. Due to the small size of the sample population, the results of this research cannot be extrapolated to the general population of religious and nonreligious adults who choose to use prayer as a means of healing, or the larger population of Christian Scientists. However, this thesis, as stated, seeks to at least explore what can be learned from how people who pray find meaning in prayer and apply it to their health. The answers collected from the interviews conducted with individual Christian Scientists offer examples of this. In the following chapter I will present the theories that have formed the framework for my analysis, as well as a justification for why they were used.

## 5 Theory Chapter: Introduction

This chapter will discuss the major theoretical concepts I used in my analytical framework. As mentioned in my literature review, I used religious coping theory and attachment theory to analyse my findings. This chapter will go into a deeper discussion of these theories and provide an argument for why I chose to use them. It will address both the potential and limitations of these theories for the purposes of this dissertation.

### *5.1 Religious Coping Theory*

Religious coping theory holds that, when faced with stressful life circumstances such as illness, death of a loved one, or a difficult financial situation, many people find religious practice to be an effective coping mechanism, especially for individuals who grew up in a home environment where religion was emphasized (Eliassen, 2013; Levin, 2016). There are several reasons for this. It may be a form of ritual; a way to focus on something outside the problem; it may be a familiar practice left over from one's religious upbringing; or, finally, it may be an attempt to find a spiritual resolution to the issue (Bade & Cook, 2008). In some cases, and for some individuals, it may be a combination of all of these.

I propose that my study of the perceptions of Christian Science prayer addresses a gap in the literature about religious coping in that it may offer more specificity regarding the role prayer plays in the coping process. My study further addresses a gap in the literature by examining a specific type of prayer – Christian Science prayer – and its relationship to health. McCullough and Larson have suggested that examining specific types of prayer and how they relate to health is important (McCullough & Larson, 1999). I believe that my study accomplishes this. Christian Scientists view prayer not only as a humble petition to the divine will but something that can also be utilized with the expectation that healing will occur as a result of this prayer, regardless of the problem the praying individual is facing.

The Christian Scientists that I interviewed think and talk about prayer as having a function beyond being a mere placebo or religious coping mechanism. For these individuals, prayer is a direct and transformative way of addressing physical, mental, and emotional concerns.

Previous studies (Eliassen, 2013) have suggested that religious coping tools may provide indirect mental health benefits when activated in response to life stressors. I contend there may be a point where any individual, regardless of how strong their personal attachment to God is, reaches a capacity where they are unable to engage with these stabilizing behaviours because the situation is beyond what they can handle humanly. At this level, even if the individual believes in God, it may be hard for them to contemplate some of God's perceived qualities, even on an intellectual level. One of my research subjects described how difficult it has been for them to feel God's presence or even believe that they have a relationship to a God, which suggests that the struggle to know and understand God is universal among faith traditions, even within one that takes the believed relationship between man and God as one of its baseline doctrines.

As mentioned in the literature review, *The Psychology of Religion and Coping: Theory, Research, Practice* by Kenneth I. Pargament has played an instrumental role in my analysis. Pargament outlines several key theories about religious coping. Due to the constraints of this thesis, I will elaborate on the following two: the place of religion in one's inner orientation system, and its consequent role as a coping mechanism; and the quest for significance that may define religion, coping, and religious coping mechanisms. Below, I will provide a brief explanation of these two key theories and why I have utilized them in my analysis.

### **5.1.1 Religious Coping and the Inner Orientation System**

Pargament theorizes that the degree to which religion is accessed as a coping tool depends in large part on how much it already is part of the inner orientation system (1997). This orientation system, Pargament writes, is the way people look at the world, informed by social, cultural, historical, and personal events and beliefs – including prior religious affiliations. Coping itself is a multidimensional, multilayered contextual phenomenon both shaped by and in response to the present situation.

This theory regarding religious coping and the inner orientation system was helpful in analyzing the level of affiliation each individual participant claimed to Christian Science. Some participants wrote that they pray every day; others said that they only pray occasionally or when they feel like God is close to them. These patterns did not have a direct correlation to the role each participant said they believe Christian Science has played in their lives. Some participants,

who said they recalled growing up in a Christian Science household where prayer was the main form of treatment, did not mention a specific prayer «schedule» or other similar types of prayer behaviours. I used Pargament's theory about religious coping and the inner orientation system to investigate the ways the participants use Christian Science to navigate the stresses and challenges of everyday life. Although Christian Science appeared to form part of their «inner orientation system,» there were still moments when the participants struggled. This theory, applied to the data in combination with Pargament's theory regarding religious coping and the quest for significance (see section 5.1.2 below), contributed to the second key finding of this dissertation, that each of the research participants were challenged with fear and discouragement when they worked to apply Christian Science teachings in the search for healing.

### **5.1.2 Religious Coping and the Search for Significance**

Pargament also theorizes that religious coping mechanisms may be a step in the search for significance which characterizes the overall flow of coping (1997, Chapter 5).

Pargament argues that, regardless of what form it takes, coping is a process (1997, p. 89). It is a way of making meaning in the face of exceptional challenges and/or emotional stressors – perhaps to identify why the issue occurred, but also to navigate through it. Religious coping may be a tool utilized in the search for significance because of the way many religious faiths argue for a power and meaning higher than oneself; that there is a spiritual reason for why certain events may have occurred. It is one of many ways people may choose to relate to the world. Religion offers different «destinations» of significance. In Christian Science, such a destination is not necessarily the archetypical «heaven» or «hell» of most mainstream Christian faiths. Instead, it is characterized as arriving at a larger understanding of the perceived relationship between man and the divine (Eddy, 1875, 1896).

I used Pargament's theory about religious coping and the search for significance throughout my analysis. It was relevant for analysing the role the participants feel Christian Science has played in their lives; my analysis yielded the key finding that «prayer» and «Christian Science» were, to the participants, nearly interchangeable terms. I also used this theory for my analysis of the ways the research participants specifically prayed to find healing or relief from a variety of physical and emotional challenges. I looked at how they attempted to make meaning out of

these circumstances – the ways they applied Christian Science teachings in their own lives, and personalized them.

This theory, applied to the data alongside Pargament's theory regarding religious coping and the inner orientation system, led to the second key finding that a struggle with fear and discouragement was common across all the research participants. On that path of seeking significance in challenging circumstances, through applying Christian Science teachings, the participants as a whole found it challenging to reconcile their present circumstances with the teaching that a spiritual world exists and is the only reality. Rather than attempting to discover why an injury, infection, or emotional issue may have occurred, the participants instead struggled to affirm what they believed to be a dynamic relationship between man and God.

## 5.2 Attachment theory

Attachment theory was initially used by psychoanalysts to describe the attachment between a child and its primary caregiver (often, but not always, a mother) (Kirkpatrick & Shaver, 2016). According to this theory, a child will actively employ a series of attachment behaviours like crying or clinging when the child feels distressed. When the child is relaxed, they feel comfortable exploring their social environment without the close physical or emotional presence of their caregiver.

Attachment theory has religious implications for obvious reasons. Throughout the world's religious traditions, God is typified as a secure attachment figure, someone people can turn to in times of trouble for defence and comfort and, with this secure basis to turn to, find the confidence to comfortably engage with one's surroundings. Religious coping mechanisms are arguably a form of attachment behaviour, an attempt to bring oneself closer to the divine. In this way religious coping can be operationalized within the attachment theory of religion and also as its own stand-alone theory. Some scholars hold that people's conception of God may consider the divine to be an *ideal* attachment figure – a protective parent that provides security and constancy where human attachment figures may fail (Kirkpatrick & Shaver, 2016, emphasis in original).

Some scholars also consider religion as a compensatory tool, with God, an idealized attachment figure, at its center. In this framework, religion becomes a compensation for past or present negative experiences by promising future rewards, such as a secure place in heaven (Stark & Bainbridge, 2015).

I propose that my study of perceptions of Christian Science prayer makes a small but valuable contribution to the literature about attachment theory in religion by conceptualizing how Christian Scientists experience and understand the spiritual nature of attachment as it is alluded to by other scholars. Christian Science and Christian Science prayer is overlooked in the literature about prayer and wellbeing. It is not mentioned at all in the literature about attachment theory. My research on perceptions of Christian Science teachings suggests that Christian Science may have something unique to say about how individuals form an attachment to a God figure they believe is real. Christian Science argues that attachment to God rests on a spiritual basis alone. Christian Scientists believe that it is through a spiritual communion, as performed through prayer, that we can know and trust God. My research participants generally described this spiritual communion as a conscious awareness of their spiritual identity and an unbroken link to a divine figure who expresses both paternal and maternal qualities. This is an illustration of how Christian Science teachings may become personalized in individual journeys of faith. My research subjects used different phrases to describe how they interpret a relationship with God. They articulated it variously as being «ideas of God [that exist] in harmony»; in attributing God to be a source of blessing; in a belief of God as a caring figure; and seeking God as a source of direction for career and relationship choices.

In Christian Science, God is clearly described as an ideal attachment figure in spiritual terms. As previously referred to in the background chapter of this thesis, God is interpreted as both Father and Mother; this figure, which fills both a paternal and maternal role, is further defined in a series of seven synonyms: Principle, Mind, Life, Truth, Love, Soul, and Spirit (Eddy, 1875). In the Glossary chapter of *Science and Health*, the words Father and Mother are given a spiritual interpretation (Eddy, 1875, pp. 586; 592):

**FATHER.** Eternal Life; the one Mind; the divine Principle, commonly called God.

**MOTHER.** God; divine and eternal Principle; Life, Truth, and Love.

The implication in these definitions is that God exists and is our true, spiritual parent, with specific caregiving qualities, who provides for us both when we directly appeal to this figure and when we are just going about our daily lives.

While attachment theory has many logical conclusions, this theory also has its limits. One of these is that not every religious individual may choose to define God as a loving or close attachment figure, despite what the theological underpinnings of their religion may articulate. While prayer may be an attachment behaviour, it is also deeply personal to each individual. The concept of God imagery steps into this fray (Bradshaw et al., 2008). How people conceptualize God impacts the way they interact with the divine, if indeed they choose to engage with God at all. Some individuals may define God as a distant, patriarchal figure with little investment in our everyday lives. A previous study by Bradshaw et. al. found a positive correlation between the frequency of prayer and perceptions of God as either remote or unloving – that is, people tend to pray more when they believe that God is a distant figure (Bradshaw et al., 2008). The study also found a positive correlation between psychopathology (collective aspects of mental health) and prayer. This indicates both that people tend to pray more when they are anxious, and that a belief in a remote God may, in fact, increase some symptoms of stress (Bradshaw et al., 2008).

My study contributes to the literature on attachment theory by analysing how individuals affiliated with the Christian Science faith may express attachment to God. Christian Science prayer shares some commonalities with the use of prayer in other faiths to activate or restore one's proximity to a God figure that is acknowledged as real, valuable, and applicable. Christian Science also establishes, as other faiths do, that God is an ideal attachment figure. Where Christian Science differs is its view of religion as a compensatory tool for inadequate or absent human attachment figures. In Christian Science, religion is more than just compensation; Christian Scientists are taught to believe that true rewards, such as the restoration of physical health, are activated when healing prayer is employed. My study opens up opportunities for further research on Christian Science and the attachment theory of religion.

### *5.3 Conclusions*

In this chapter, I have provided the theoretical underpinnings that provide the foundation for my thesis. Religious coping theory and attachment theory both have direct, specific applications for my research. I have also suggested that there may be places where my study fills a gap in these theories and can be an opportunity for even further research.

In the following chapter I will present an analysis of the data and the key findings obtained.

## 6 Analysis Chapter: Introduction

In this chapter I will explore the ways the research participants have adopted and personalized Christian Science teachings to their own experience. Religious practice is arguably never completely linear. Even though prayer is one of the most common religious activities, it is engaged for different reasons, in different ways, and at different times (Brown, 1994). Humans use prayer to petition the divine, to call for aid, and, as will be discussed in this chapter, as a coping mechanism and tool for healing. Most Christian Scientists think that prayer is a way of affirming a believed relationship with the divine and the concept that man (including men and women) have a spiritual, rather than material or physical, identity. All participants offered definitive statements that Christian Science has positively impacted their health and overall wellbeing, with some acknowledgement of the challenges involved in applying the teachings of Christian Science to their day-to-day experiences.

This thesis takes a methodologically agnostic position and does not assume either the existence or non-existence of God. As a result, I neither affirm nor deny that the healings described by the participants have actually occurred.

This chapter is structurally organized around the three key findings obtained and in dialogue with the attachment and religious coping theories that I initially presented in the theory chapter. For ease of reference, I clearly cite the relevant interview question(s) that yielded the finding. The findings are also grouped around the following themes: attachment behaviours; religious coping mechanisms; healing prayer use; and God imagery. These themes emerged from the respondents' answers when layered with the theories used to analyse them.

It is worth noting that all of the interviews were done by email. This may have had an influence on how the final data was shaped. It may have allowed the research subjects to be more reflective and polish their answers more fully than they may have in another interview setting, such as by phone or in person. A broader discussion of the benefits and drawbacks of this chosen research strategy is stated in the Methods Chapter of this dissertation.

## **6.1 Key Finding #1: “Prayer” and “Christian Science” were terms the research participants used interchangeably**

The first of the three key findings was that the research participants frequently used the words «prayer» and «Christian Science» interchangeably. This suggests that they view Christian Science *itself* as a way of becoming or staying attached to the perceived divine, and that prayer is one of the methods *within* that framework to declare or manifest one’s believed relationship to God. Below, I will explore how the participants’ personal motivations for using healing prayer, combined with a generally positive view of Christian Science, may make it a meaningful treatment method for adherents to the faith.

### **6.1.1 Personal Motivation in Using Prayer**

The research participants were motivated to use prayer for the following various reasons: to find physical harmony; to become calmer; to uplift thought; and to find guidance for how to think, act, and live correctly. Better *physical* health was often, but not always, the motivator.

### **6.1.2 Role of Christian Science**

The interview question, «What role do you feel Christian Science plays in your life?» asked the participants to generally describe how Christian Science impacts their lives without specifically inquiring about health or wellbeing. Overall, the participants credited Christian Science as one of, if not *the*, most important factors in their lives; a kind of base from which they feel they can engage with the world in a positive way. For them, Christian Science is not only a means for seeking better health, but as a way of connecting with the divine figure that they believe is their source of good health. As Participant A described in their answer to this question:

Christian Science is the single most important factor in my life, it is the thing that brings about harmony in all aspects of everything that I do. It is the foundation from which I am able to express good, ever-unfolding from a boundless basis.<sup>1</sup> Everything that I have been blessed with in the course of my life is all a result of God... (Participant A, September 2018)

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<sup>1</sup> This is a reference to *Science and Health* p. 258:13-15: "God expresses in man the infinite idea forever developing itself...rising higher and higher from a boundless basis."

In this example, we can see two elements at play: for this individual, not only is Christian Science a vital element of their experience, but that they believe that it is the means for achieving good in their lives. Participant A went on to write:

I rely on God from everything [for] peace and [a] sense of calm to health and well-being issues to the resolving of issues in relationships. I look to God through my understanding of Divine Science for answers and guidance on every aspect of my life...

I suggest that this is a clear supporting statement for my finding that prayer and Christian Science are used as interchangeable terms. Participant A writes that they «look to God» through their «understanding of Divine Science» when seeking guidance in life. This could be another way of describing prayer, which is, as previous studies have indicated, a way of cultivating a feeling that there is a relationship with God and that this is figure is worth trusting (Bradshaw et al., 2008).

Participants C and D also wrote that Christian Science plays a primary role in their lives. In their answer to this question, Participant C mentioned specifically that they believe Christian Science has provided them with the tools they need in order to act in a morally upright way:

Christian Science is a part of my everyday life. Its principles act as a guide for how I act, think, and live my life. The healing power of Christian Science has helped me on many occasions when I was facing both physical or other challenges... (Participant C, September 2018)

Participant C's response illustrates that healing prayer is employed within the framework of Christian Science for a variety of reasons, but that better physical health is one of the chief perceived benefits. Participant D also wrote that Christian Science plays a critical role in their life:

Christian Science plays a role in every part of my life. I have used it to direct my life in almost every way. When decisions are to be made, I rely on prayer to find answers that help me find peace with a solution... (Participant D, October 2018).

Participant B was the only one among the four participants who did not state overtly that Christian Science is the framework through which they engage with God and feel fulfilled. This participant grants that Christian Science grounds them but stated that so-called «traditional» ways of viewing and relating to God in Christian Science have not helped them when they have been faced with various struggles:

[W]here I am right now in my understanding of Christian Science is that it's something to ground me. I have a hard time referring to God as God. I was born and raised in Christian Science, but the way God was used as I grew up was not very helpful to me. When I would talk to a practitioner for help or talk to my Mom about something often times their CS advice felt empty to me... (Participant B, September 2018)

This suggests that, while Christian Science and prayer may be interchangeable terms, the way prayer is commonly used within Christian Science may not always be beneficial for its adherents. Participant B writes that «the way God was used» during their childhood was not helpful. This could mean the way God was imagined or the way prayer was applied when difficulties arose during their growing-up years. It could be that prayer was outlined as a reliable attachment behaviour, but Participant B did not feel that this yielded any positive results. Later in their answer to this question, Participant B wrote that they were on a continual search for something of substance. Pargament suggests that this kind of search for significance is a dimension both of religion and coping itself (1997, pp. 29, 91). Participant B went on to state that they have since found Christian Science to be a helpful tool for feeling grounded and supported, but only after they began to define God in a way that felt personally relevant.

In the following section I will analyse how the participants perceive Christian Science has specifically benefitted their overall health. Their responses share a common thread: growing up in a household that practiced Christian Science appears to have set the stage for trusting and relying on Christian Science in young adulthood.

### 6.1.3 Impact of Christian Science on Health and Well-being

The interview question, «Do you feel Christian Science has made a difference in your overall health and well-being? In what ways?» invited the research participants to reflect on the specific ways they feel Christian Science has benefitted their health and well-being. While their answers varied, a commonality was that they felt the early emphasis their parents had placed on the benefits of healing prayer in Christian Science has provided lasting advantages, such as protection from disease and swift healing when physical, mental, or emotional challenges arise. Even Participant B, who (as noted in section 6.1.2) has not always felt that Christian Science is beneficial, wrote that Christian Science has made a difference in their overall health and wellbeing because of the mental atmosphere in which they were raised:

I was raised in a household that believed in uplifted thought. And that uplifted thought helped a lot with feelings of sickness or lack of health. I witnessed healings from my siblings and parents. No one in my family really believed in germs or that things could be contagious... [M]y family held to the thought that we were whole and complete ideas that didn't need to be afraid of sickness, or that we were lacking in something... (Participant B, September 2018)

Participant C described a similar childhood experience:

Growing up I would hear stories from my non-Christian Scientist friends about how often they dealt with disease, broken bones, mental health issues, [and] have had to change their lives and habits based on allergies or other physical restrictions and challenges. I attribute my freedom from these material claims to my practice of Christian Science and that of my parents. In the instances where I or my family has turned to prayer the outcome was always swift and complete...I also know that the protection I have experienced from disease or other physical challenges has also come from a dedicated practice of Christian Science. (Participant C, September 2018).

While Participants A and D did not explicitly mention the mental atmosphere or religious experiences they had in childhood, they echoed sentiments similar to Participant B and C: they believe that Christian Science has positively impacted their health by providing a form of treatment that, according to their statements, is quick, effective, and has no side effects. As Participant A wrote:

...Christian Science is my main form of treatment when presented with erroneous suggestions (material injuries, illness, etc.). I have been to the hospital twice in my lifetime for some form of treatment/service, once to be born and second when state law mandated that I go to the hospital per guidelines of an institution I was attending. All other instances besides dental procedures have been handled in Christian Science...[Christian Science has] proven thus far [its] efficacy in resolving sin and sickness. (Participant A, September 2018).

Participant D made a similar comment about relying nearly exclusively on Christian Science for treatment:

Christian Science has made the single largest difference in my life [more than] any other influence...Christian Science is also the only permanent method of healing that I have found. I have chosen to rely on medical help for things in the past including reconstructive surgery, but nothing that has come from that reliance has had lasting effects. Every time I rely on Christian Science for spiritual healing, the healings that come have permanence and a sense of peace and satisfaction unlike anything I have experienced from medical reliance... (Participant D, October 2018).

What is interesting to note about both of these remarks from Participant A and Participant D is that they admit to having used traditional medical treatments in the past for various issues yet maintain that Christian Science is more useful and provides deeper and more meaningful benefits than medical treatments. This is clearly indicated by Participant D's remark that the spiritual healings they have experienced have been accompanied by a feeling of peace which they have not found when relying on medical means. This is also clearly indicated by Participant A's comment that they feel Christian Science has proved to be reliable for nearly all circumstances.

The following section examines how each of the participants describe their regular prayerful habits beyond those instances where they have employed healing prayer to address a specific issue.

#### 6.1.4 Daily Prayer Activities

I included the interview question, «How do you pray on a daily basis? For yourself and for the world?» to get a picture of how the interview participants use prayer beyond cases where they would utilize it for physical or emotional relief. I also chose to ask this interview question in light of research on religious attachment behaviours. This question was intended to understand the range of religious attachment behaviours present within Christian Science, with an emphasis on prayer as an attachment behaviour that generates a feeling of closeness to God as well as an added layer of significance, or spiritual power, to the ordinary elements of our lives.

Responses varied among the participants. Some make prayer a regular habit; others pray without any real aim, instead just declaring that God exists, that man is His image and likeness, and that good is the only reality. While each answer was different, an underlying theme of most responses was using prayer to «mentally address» challenges. For some participants, prayer is a regular habit. Participant A wrote the following:

I pray for myself by sitting down every morning and deeply studying the Christian Science Bible Lesson [to] gain the understanding of the ideas in that resource<sup>2</sup> as well as studying the books<sup>3</sup> in Christian Science. I then mentally address some of the ideas presented or anything I am working on metaphysically as well as bigger issues. I have a notebook where I jot down ideas and quotes as well as Christian Science treatments for myself, for the world, and for my community. (Participant A, September 2018).

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<sup>2</sup> A study tool offered by the Christian Science Church containing passages from the Bible and *Science and Health*.

<sup>3</sup> The Bible and *Science and Health*.

Participant D also wrote that they include prayer in their regular schedule:

I usually pray specifically about 4 days out of the week for myself and the world. When I don't specifically set aside time, I make a point to give myself or the world a treatment as I go about my day. By doing this, I feel as though I am making a difference in my life, but hopefully in the lives of others. My specific study time is dedicated to studying the Bible and the Science and Health so that I can have greater understanding about my relationship to God and try to realize my spiritual identity as God created me... (Participant D, October 2018).

Participants B and C did not mention scheduling prayer in as explicit terms as either Participants A or D. Participant B wrote that they are «still trying to understand what prayer is» and that they have not yet begun practicing a type of prayer that they feel comfortable with:

I'm still working on this. I'm still trying to understand what prayer is. That's another word that has felt somewhat empty to me. I would listen to testimonies<sup>4</sup> from people about how they were struggling with something and they prayed and everything got better. I didn't really experience for myself how prayer did anything. It just seemed like this magical force that solved things, but that didn't work for me. I'm learning now as I have matured and as I am being open to more good in my life that prayer is not one size fits all, just like CS<sup>5</sup> is not one size fits all... (Participant B, September 2018).

Participant C expressed firmer trust in the efficacy of healing prayer than Participant B, but did not state a clear «prayer schedule» in the same way Participants A and D did:

My daily prayers usually focus on denying and countering evil or error when I see or experience it in my daily life. Whether that's a challenge I am facing or something I read or see in the news[,] I do my best to address the issue in my thought and recognize God's all-power in every situation, no matter where it is in the world. (Participant C, September 2018).

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<sup>4</sup> Testimonies of healings experienced in Christian Science, typically shared at Christian Science services on Wednesdays.

<sup>5</sup> Christian Science.

These responses, from those of Participants A, C, and D to the objective take from Participant B, each present that underlying theme of mentally addressing challenges through Christian Science prayer. The language used by the participants to describe this practice suggest that it is an act of stating that God's creation is the only reality, thereby affirming God as a secure and reliable attachment figure. In the following section I will go into more detail about why Christian Science prayer, especially this kind of treatment-oriented prayer, can be considered an attachment behaviour.

### **6.1.5 Attachment Behaviours**

The attachment theory in religion asserts that individuals practice or manifest certain attachment behaviours in order to maintain spiritual and emotional closeness to the divine (Kirkpatrick & Shaver, 2016). Such religious attachment behaviours include the following: prayer, either alone or in a group; attendance at religious services or events; and volunteering at a house of worship. It can also be argued that, on a very basic level, maintaining a belief in God is in itself an attachment behaviour because it is faith in a figure imagined to be worthy of attachment and praise.

The research subjects generally reported perceiving or relating to God in ways that could arguably be in line with the secure attachment behaviours utilized by Kirkpatrick and Shaver to describe religiosity in adults (Kirkpatrick & Shaver, 2016). Secure attachment is characterized by a perception that the object of attachment is trustworthy, reliable, and a secure base to turn to whenever there is a need: that one can move towards this attachment figure in times of distress and feel confident moving away from them when the level of felt security is higher. Previous studies have indicated that prayer may cultivate a feeling that there is a relationship with God, which may in turn boost positive perceptions of the divine as this sense of closeness increases (Bradshaw et al., 2008).

On the whole, the research subjects described the divine positively: as a loving parental figure; as always good and omnipresent; and as a protector, a shield or tower. This concept of God imagery will be described in more detail in sections 6.3.1-6.3.4 below. Some of the research participants described developing faith in the efficacy of Christian Science prayer in their early years. This may be partially why they feel secure attachment to a God figure as young adults:

once the bond between individual and caregiver (in this case, the perceived divine) has been established, it functions<sup>6</sup> as a reliable base to turn to (Kirkpatrick & Shaver, 2016).

Although there are many religious attachment behaviours, scholars state that the most common one is prayer (Levin, 2016). It is a manifestation or declaration of the imagined connection with God. The research subjects for this thesis project referred to prayer in multiple ways throughout their answers to all of the interview questions. They described it as: work; metaphysical study; metaphysical work; uplifted thought; a spiritual journey; declaring spiritual truths; spiritual understanding; mentally addressing an issue in thought; and as a tool for changing their perception of an issue. I argue that this underlying concept of mentally addressing an issue qualifies Christian Science prayer as an attachment behaviour. Furthermore, it also qualifies Christian Science prayer as a religious coping mechanism, as will be seen in section 6.2.2. These findings illustrate that Christian Science prayer may set itself apart from general psychological coping mechanisms by serving as both an attachment behaviour and a religious coping mechanism in different capacities.

In the following section I will present the second main research finding, which is also one of the most central to this project. I set out to determine how young adult Christian Scientists reflect upon and use healing prayer. The research participants in this study each wrote that they grappled with fear or discouragement when seeking healing. For some, this was an internal struggle; for others, it was both an internal struggle and a challenge to mentally rise above comments or suggestions from strangers about their health. This suggests that the positive benefits from using Christian Science prayer that the participants speak of have clear parallels with the kind of benefits that research would expect in attachment behaviours and coping mechanisms. The healings described by the research participants, including a physical injury and depression, may have had further layers of benefit beyond the concrete conviction of healing. They may also be meaningful in terms of providing attachment security and meeting coping needs.

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<sup>6</sup>When I use the word «function,» I do not intend this to mean a functional theoretical outlook. I intend the word to cover the scope of intended and unintended consequences of religion and prayer.

## ***6.2 Key Finding #2: Each of the research subjects struggled with feeling fear and/or discouragement when seeking a healing***

There is no uniform way of applying healing prayer. Each of the participants in this research study offered examples of how they are making the attempt to connect their own experiences and thoughts to the Christian Science teachings that prayer heals. I argue that this is a common thread among many religious faiths: an attempt to reconcile what humans believe and experience in this realm with what they are told is true on a spiritual level. The teachings of Christian Science argue firstly for the existence of a spiritual plane and secondly that this spiritual plane is the only reality.

The research subjects all mentioned grappling with discouragement or fear on some level when seeking healing. Even those participants who wrote that Christian Science is one of, if not the, most important things in their lives struggled with applying it, especially when confronted with a physical issue. Participant A wrote that, while they believe prayer can bring people into harmony with God, they still have had to pray about frustration with a healing. When asked to clarify, Participant A replied:

A lot of time we, specifically me, expect healing to come quickly without requisite work and understanding. Many times I will pray and study to understand that healing I long for is already established in divine Mind therefore nothing can prohibit me from realizing that healing. (Participant A, November 2018).

I argue that this is an example of where Christian Science thinking may be challenged: confronted with an aggressive physical condition that runs counter to the Christian Science teaching of God and His goodness being the only reality, individual Christian Scientists must grapple with how to translate an understanding of the spiritual into the human experience. This is a phenomenon that Pargament describes in *The Psychology of Religion and Coping* as a process of utilizing one's inner religious «orientation system» to respond to difficult circumstances (Pargament, 1997, p. 144). In this case, religion is not merely a reaction to stressful events; it is one of many navigational tools available to the individual when they face difficulties. The extent to which religion is part of an individual's orientation system varies from person to person. However, as Pargament writes, it is more likely to be applied to stressful circumstances when it is already a part of the individual's mental and emotional toolkit (1997,

p. 144). For the participants in this study, Christian Science was part of their range of coping strategies either as a result of childhood association with the faith (as indicated by the majority of responses to the third interview question regarding the difference Christian Science has made in their overall wellbeing), personal outlook, or both.

Despite these strong personal convictions regarding the efficacy of Christian Science prayer, the participants in this study sometimes found it hard to reconcile the teachings of Christian Science with their own experiences dealing with aggressive physical conditions. And, in the case of Participant B, it might seem as if Christian Science teachings might make a difficult situation harder rather than easier. As Participant B wrote in response to the question about recent healings:

I don't think I've had any significant healings in Christian Science...I feel like the two main feelings I've witnessed and experienced in my life were gradual healings. The issues didn't go away quickly. I struggled with a physical issue and with feelings of depression for several years. I don't know how much direct praying I did for myself. I had a hard time feeling like prayer worked or even understanding what prayer was... (Participant B, September 2018).

Taken together with their response to the question about the role of Christian Science in their lives (see section 6.1.2), Participant B appears to suggest that the teachings of Christian Science regarding God and man's spiritual identity<sup>7</sup> have not always offered a concrete sense of relief for their emotional struggles. A larger study of individuals who have felt this same sense of alienation, or who have left the Christian Science faith altogether, may provide a clearer sense of why this might be the case, and how they have either chosen to reconcile themselves to the teachings of Christian Science despite doubts or have simply chosen another path of thought.

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<sup>7</sup>As detailed in the Platform of Christian Science, *Science and Health* pp. 330-340.

### 6.2.1 Healing Prayer Outcomes

The interview question, «Describe for me a recent healing you've experienced. How did you pray about the issue, and what was the outcome?» provided one of the clearest opportunities for me as a researcher to understand the ways that Christian Scientists pray specifically to achieve a healing result: the type of prayerful methods they employ, the outcomes they expected from this healing prayer use, and the results they experienced after they prayed in this manner.

As mentioned in the Background Chapter, Christian Scientists are warned by the *Church Manual* to not use formulas when they pray. There are some passages in the Bible or *Science and Health* that many Christian Scientists will refer to because these are familiar<sup>8</sup>. Mrs. Eddy intended prayer in Christian Science to be “an absolute faith that all things are possible to God” (Eddy, 1875, p. 1) – regardless of how it is phrased in each instance where it is used. With that being said, it is worth noting that many of the ways the Christian Scientists I interviewed prayed in seeking healing appeared to follow the same pattern: affirming the existence of God and man’s relationship to this figure; denying the reality of the challenge (physical or emotional); and affirming once again the reality of God. This pattern actually appeared to invite the fear and discouragement mentioned above, because the struggle to continue denying the reality of the challenge frequently increased or grew harder as the problem persisted. Below, I provide clear examples of where this occurred.

Participant A wrote about a recent healing they had had of a knee injury. They started praying about the challenge by working to see themselves as God made them – an affirmation:

Initially I did my best to human will through [the pain] as sometime tend to happen [*sic*], but of course never works. So, I turned to a Christian Science practitioner<sup>9</sup> to help support me and began to do dilligent work to understand my true identity as maintained by divine Mind. (Participant A, September 2018).

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<sup>8</sup>One of the interview questions for this project asked the participants what, if any, were their favourite passages from the Bible and *Science and Health*.

<sup>9</sup>As mentioned in the Background Chapter, this is someone who is in the full-time «practice» of Christian Science healing. Because of the confidentiality of the practitioner-patient relationship, it is not uncommon to read that someone contacted a practitioner but does not provide the name of who they contacted.

Although they felt some relief from working with a practitioner, Participant A still felt some pain and difficulty walking because of the injury. The pattern of affirming the existence of God, and man's relationship to this figure, did not completely remove the physical challenge, and so Participant A kept praying:

After chatting with my [rugby] coach [a fellow Christian Scientist], he explained to me that difficulty in the knees tends to represent not struggling with the healing but pride and lack of humility. This is something that I would not have expected but realized that as new players were starting on the team, I felt some upset for some reason that freshman were better than me, even though I was fairly new to the team.

Participant A ultimately experienced a healing when they felt certainty about the reality of God and the spiritual relationship that people have to this divine figure:

[W]e are all children of God and therefore ideas of God, existing in harmony. God's ideas *cannot* collide with one another, therefore the erroneous suggestion that a collision collided was just that, erroneous, false.

After I made this connection and had this realization, I was out playing rugby, expressing God's blessing of dominion over earthly claims as given to man in Gen 1<sup>10</sup>, completely healed and free.

This experience described by Participant A both reiterates the finding that «Christian Science» and «prayer» may be interchangeable terms for Christian Science's adherents, and expands upon it with an insight into what occurs when they pray for healing. Participant A describes the prayer that they did to find healing relief from this injury as diligent work to reconize the «Science» of being, and provides a citation from *Science and Health* to support their argument:

Mrs. Eddy says, «Prayer cannot change the Science of being, but it tends to bring us into harmony with it.» (SH 2:15-16) and that is just what it does.

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<sup>10</sup>Gen 1:26 “And God said, Let us make man in our image, after our likeness: and let them have dominion over the fish of the sea, and over the fowl of the air, and over the cattle, and over all the earth, and over every creeping thing that creepeth upon the earth.”

Participant A does not explicitly use the word «prayer,» but terms such as «diligent work» and «metaphysical study» instead. This experience also expands upon that finding regarding the terms «prayer» and «Christian Science.» Participant A's answer includes a description of how this participant attempted to overcome fear and what they term an «erroneous suggestion» that a collision occurred and an injury resulted. The injury did not yield to their own prayer immediately, and so Participant A turned to a Christian Science practitioner to help them pray. Mrs. Eddy herself, the Discoverer and Founder of Christian Science, advises Christian Scientists to call on more experienced Christian Scientists if they do not immediately seek relief from their own prayers (Eddy, 1875, p. 420):

If students do not readily heal themselves, they should early call an experienced Christian Scientist to aid them. If they are unwilling to do this for themselves, they need only to know that error cannot produce this unnatural reluctance.

I argue that one of the reasons adherents find Christian Science useful and meaningful is because it activates and utilizes a belief in the power of God over what Christian Science suggests is the supposed reality of material conditions. This may provide a sense of relief in the face of scary or unsettling physical and emotional problems.

Participant B also struggled with feeling discouragement and fear when seeking healing – in their case, of depression and an unnamed physical issue – as mentioned briefly in the overview of this key finding (see section 6.2). This may have been exacerbated by the position of doubt Participant B already felt regarding whether or not Christian Science could be effective for them. Once again, Pargament's description of orientation systems is applicable here: because Participant B felt like they did not understand what prayer was and that Christian Science itself was alien, these may not have been immediately accessible to them in a difficult circumstance as part of a broader collection of the emotional or mental tools they are equipped with. As Pargament writes: «Generally, we cope with the tools that are most available to us...When religion becomes a part of that system, information relevant to the religious perspective is processed more efficiently» (Pargament, 1997, p. 145).

Participant B did not recall directly praying for themselves while seeking relief from these challenges. As a result, I argue that this does not directly follow the affirm/deny/affirm pattern seen in other participants' responses. Instead, they described a gradual process of listening to and understanding God:

...I think that as I continued to listen to goodness and the ideas of Love that were shared with me I began to understand who I was... (Participant B, September 2018).

This can be interpreted as having more of an affirmation pattern rather than also including a denial that the issue has any reality, as was evident in Participant A's interview response. Here, Participant B started in a position of doubting prayer's effectiveness and then gradually became more open to concepts that affirmed their sense of worth. Ultimately, as Participant B wrote, their healing of depression and fear took place when they gained a deeper understanding of their own worth in Christian Science – when they found an understanding of God that made sense to them. They spoke with professors at their college and Christian Science practitioners, which contributed to the healing:

On that journey of understanding myself, and understanding Love[,] the healing took place. I had many experiences at [my school] that helped with the healing. I spoke to my Christian Science theatre professors and to several practitioners throughout my time at [my school]. Many of these experiences were smaller healings that took place to gradually help the overall healing of depression and fear.

In this case, for Participant B, fear was not just an obstacle to healing; it was a specific problem that they addressed through prayer with the assistance of other Christian Scientists. Participant B closes by expressing gratitude for the healing:

I'm very grateful for all I learned at [my school], but I'm particularly grateful for the understanding I gained in Christian Science, in understanding that there is a higher power...

Participant C's response to the interview question provides an example of the challenges of praying for healing in the face of outside commentary about a condition. Participant C wrote about a healing of a cold. They initially found this difficult to pray about because of a comment that a drug store clerk had made about getting flu shots:

Several weeks ago I woke up one morning and found that I was experiencing the beginning symptoms of a cold. The day before I had been asked by a drug store clerk if I wanted to get a flu shot that day. I had told them no and briefly addressed the idea of contagion in my thought but had carried on with my day without putting much thought into it. (Participant C, September 2018).

Because Participant C preferred to use prayer as their first means of healthcare, they decided to pray more seriously about the problem:

I realized that I needed to address the idea of contagion much more seriously or I would have to go through the cold I was beginning to feel.

Participant C's phrasing of the issue here is an interesting one. Similarly to Participant A, they describe the problem as one that isn't real. Participant A called the problem of having collided with another rugby player an «erroneous suggestion.» Participant C refers to the cold they had as coming from «the idea of contagion.» This turn of phrase may be similar the language Mrs. Eddy herself uses throughout *Science and Health* and her other writings, which include terms such as «false belief,» «erroneous belief,» and «mortal belief» (Eddy, 1875). Participant C began to pray in the following manner:

I immediately began to work with the idea that God is the only cause and creator. I knew that if I recognized only God's power than there simply would be no room for this material 'power' to have a hold on me or my thought. I held to that thought each time I felt the symptoms of the cold trying to get stronger.

Finally, Participant C experienced healing in a similar way to how Participants A and B described what had occurred for them. Participant C made a connection between what the drug store clerk had said and the cold they were now feeling:

Finally, I realized how silly it would be for me to let a single comment from a stranger break my confidence in God's power and goodness. With this final

realization of the ridiculousness of contagion, I felt all symptoms of the cold disappear and I have experienced no other issues since.

I argue that Participant C's response follows the affirm/deny/affirm pattern described earlier in this section. They began praying by recognizing, or affirming, the reality of God (as they believe it to exist). Next, they denied the reality of the physical problem, and continued to deny it whenever they felt the cold symptoms getting stronger. Participant A did something similar with their knee injury: they felt a sense of relief when they prayed, even though they still felt some pain and difficulty walking. Finally, when Participant C affirmed that nothing could break their confidence in God, this led to the healing of the cold.

Before I turn to analysing the role of Christian Science prayer as a coping mechanism in the lives of its adherents, I will conclude this section by analysing Participant D's description of how they recently prayed for healing. The issue that they addressed through through the use of healing prayer was a persistent cough. They did not pray about the issue with the help of a practitioner, but chose to pray about it on their own. They began to pray earnestly when their coughing became disruptive for other people:

About two months ago, I found myself coughing quite a bit. It wasn't what you might consider as a normal cough because it happened much more sporadically and my throat didn't hurt. I found that because my throat didn't hurt and my general experience through life was still comfortable, I didn't do any prayerful work on the issue and let it persist. I would cough many more times in the day than was necessary and I found myself unable to control myself when the need arose in places like class, school meetings, and other venues where peace and quiet were valued. Now, seeing myself as a disruption, I realized I needed to pray about the issue and I got to work. (Participant D, October 2018).

Interestingly enough, Participant D noticed that when they prayed about the problem, the coughing would subside, but when they did not pray, they felt worse:

For a week when I was praying about my cough, I found the need to cough would subside, but there were points in my day where I would not be prayerfully supporting my health and the cough would come with tenacity.

Participant D wondered why they were still not healed even after having prayed about this issue for some time:

Discouraged that a week's worth of metaphysical work had not made a difference, [I] tried to understand what was still not connecting for me. I realized that I didn't believe that my prayer was effective when I wasn't directly praying about my situation, therefore I believed that if I wasn't praying, I was not able to be healed.

Participant D reported that the healing occurred when they continued to affirm God's presence and that God heals whether or not they are actively praying about a problem:

...When I realized that God is my shield, protecting me when I am consciously praying, and my tower, protecting me when I am not consciously aware of the battle taking place, I was able to find peace. I knew that I was being carefully guided and watched over by God and I knew that my prayers were effective during and after I had finished praying. Once I realized that my prayers had a lasting impact and were effective at all times, I had my healing. Immediately the coughing went away and I was able to rely on God's peace knowing that I am an effective healer.

This follows the affirm/deny/affirm pattern outlined above. Participant D began praying after they realized that they were a disruption to other people – affirming the perceived need to be close to a divine figure in the face of physical challenges. They also had to deny the «seeming reality» of the cough despite its apparent aggressive nature: Participant D was coughing constantly, even after they prayed about it several times. Ultimately, however, the healing occurred when Participant D had the apparent realization of God's continued presence and operation in their lives, a presence that they claim is always active whether or not people are conscious of it.

It is not clear what Participant D meant when they refer to being unaware of the battle that is taking place, in reference to the physical problem they were experiencing. Initially it seems that they actually were very aware of the problem; they describe the physical aspects of the issue, such as how often they were coughing and how their throat felt. They only began praying about their cough when they saw themselves as a disruption to others.

I will now shift from direct commentary on the data to a broader summary of the themes present within the participants' responses. This tension between the physical or emotional circumstances, and attempting to look beyond them to a spiritual dimension, permeates the research participants' answers. It appears that, through the use of healing prayer, they are attempting to completely deny that the physical or emotional experience has any reality whatsoever. It appears that they are doing this both through explicitly denying the reality of the situation and continuing to affirm God's reality, God's presence, and what they see as a spiritual relationship between God and individual human beings. This raises interesting implications for the academic discussion of the relationship between prayer and wellbeing. For instance, it offers a different definition of what «the body» means. What is the physical body if religious individuals are looking for something outside of it? In addition, and especially relevant for this paper, what is the body if Christian Scientists are almost completely ignoring the body or the suggestion that it has power and autonomy? It may be that Christian Science provides a different definition of body: a substance or self that lies is not in the physical, but in a mental concept of what being and identity are; a formulation on the spiritual plane. The methodologically agnostic stance of this thesis takes this definition of body as a data point. My research examines the implication of such a belief in answer to my second research question: *How are the concepts of religious coping and attachment behaviours relevant to understanding how young adult Christian Scientists use and reflect on healing prayer?*

Pargament establishes that religion may form one part of the process or search for significance that is a hallmark of coping. I suggest that this work of attempting to see only spiritual formulations of existence, as the participants describe, may be a quest for transcendence. Even concepts of personality and individuality appear to be different in Christian Science. The research participants described praying at various times to recognize themselves, and others, as «children of God» or «ideas of God,»<sup>11</sup> or praying to see their own «spiritual identity.»<sup>12</sup>

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<sup>11</sup>Participant A, September 2018.

<sup>12</sup>Participant D, October 2018.

Psychological research over the past three decades has slowly begun to lend credence to the idea that spiritual motivation can be a powerful tool in people's lives, regardless of pursuit (Pargament, 1997, p. 45). Christian Science appears to provide spiritual motivation for its adherents by suggesting that the human, physical self has no reality, and that a spiritual realm not only exists but is the only force. My thesis can contribute to the non-theological current academic debate by providing an analysis of the usefulness of the concepts «religious coping» and «religious attachment behaviours» for understanding Christian Science prayer. It can also provide an evaluation of what weaknesses, if any, these concepts have when applied to the data. It appears that Christian Science is useful and meaningful for its adherents because it offers a different definition of «body» and spiritual motivation for day-to-day life.

This section has explored specific instances when the research participants prayed about a challenge, how they prayed, and the results they experienced. The following section will examine the uses of Christian Science prayer as a religious coping mechanism, both when a challenge manifests itself and in the experiences of everyday life.

### **6.2.2 Religious Coping Mechanisms**

Many people, even those with an active religious life incorporating several different attachment behaviours, may at times find themselves in situations that are beyond the scope of what can be handled humanly, for example a chronic illness or divorce. In these circumstances, they may turn to religious coping mechanisms.

Coping mechanisms are behaviours or attitudes that enable an individual to respond to and deal with stressful experiences. While these can be secular in nature, many individuals choose to utilize spiritual means in order to address the challenges they face in their lives. Pargament affirms that stressful life events may lead individuals even deeper into their religious faith in the quest for relief from pain, anger, stress, or fear (1997). Pargament argues that coping mechanisms are the manifestation of an inner orientation system, or ways of viewing and interacting with the world (1997, pp. 99–100). This includes the ability to problem solve, monitor and manage stress levels, and restructure perceptions in order to see more than one side of an issue (1997, p. 106). These orientation systems can include a variety of resources, including religious ones. These religious resources may be cultivated through religious

experience or dedication to one's place of worship and facilitate a feeling of closeness to God (1997, p. 101).

As has been previously described, religion can function as a quest for significance for the faithful. This search for answers in difficult times, of seeking or creating meaning in the mundane, are also functions of religious coping. Religious coping has many different traits, because the hows, whens, and whys of using religious coping are as unique as the individuals engaging them. Because religious coping mechanisms are spiritual in nature, they provide the individual with a spiritual framework for addressing issues. The challenge may take on a deeper significance if it is viewed as a divine battle, God's will, or other similar terms. A disease, for example, may become an opportunity to engage with the divine and petition this figure for aid. It may be a time to wrestle with one's convictions and emerge with a stronger sense that God exists, or it may lead in a completely different direction, towards feelings of doubt and alienation. The research participants' responses to how they prayed for healing encompass the spectrum of these feelings. This section will analyse how Christian Science prayer is used by its adherents as a religious coping mechanism, which addresses my second research question.

Prayer can be considered a religious attachment behaviour, but there is arguably a difference between how prayer is *practiced*, as a behaviour, and how prayer may function for the individual, as a coping mechanism. The first can be interpreted as the way prayer is done or performed; the second is why it may be used in different circumstances. However, both rely on the individual's belief that the prayer will be effective in some way. This section will analyse the ways the research subjects use prayer as a coping mechanism.

As Bade and Cook note, research designed to elicit more specific responses regarding various prayer functions is a necessary contribution to the literature (Bade & Cook, 2008, p. 124). I suggest that my research contributes towards this. My research asked four participants specific questions regarding how, when, and why they pray using Christian Science. These questions invited them to reflect about how prayer functions in their lives and what results, if any, it has yielded for them.

Their responses indicate that prayer functions as something to comfort and advise them. The most important function of prayer in their lives, however, appears to be as a tool for feeling harmony, peace, and calm. I draw this conclusion based on how often this tool was mentioned throughout their answers. Prayer was not something that they turn to merely when they are looking for healing of an issue. The research participants indicate that prayer is something that they turn to on a daily, or almost daily, basis as a tool for directing their daily experience or reconciling themselves to whatever is happening around them. As Participant D wrote in response to the question about what role CS plays in their life:

...Whenever I see things in the world that I believe are impositions on good, I immediately choose to address them metaphysically so that my own thought is corrected about whatever the situation may be. (Participant D, October 2018).

I argue that the research participants' answers illustrate the dual nature of prayer as an attachment behaviour and as a coping mechanism, as mentioned earlier in this section: its practice (as an attachment behaviour for creating or maintaining closeness with the divine) and its functions (what effects, if any, are expected to be yielded). We can see that, for these individuals, prayer is something utilized frequently in order to yield a particular result. The participants describe using prayer to achieve effects like better health, but also more generally to create a sense of calm and peace when faced with the stresses of everyday life. It is possible that there may be two levels of effect from healing prayer: one that is consciously or immediately sought after, and another that is experienced over time. This may demand more reflection before it is fully grasped by the adherent themselves – if the effects are grasped at all. If these effects are grasped, they may only be seen by others, such as a researcher.

Studies have suggested that religious coping mechanisms offer a way to reconcile the human and material with the spiritual, and for this reason are compatible with other general psychological coping mechanisms (Pargament, 1997, p. 44). Many religious people argue for the sanctity of human experience alongside the transcendental and divine. Because of this tension between the human and the divine, healing prayer use in the Christian Science faith can be considered a religious coping mechanism. The following section will argue for why this may be the case and how this can further contribute to the academic debate on the relationship

between prayer and health, which is one of the research questions I set out to answer with this thesis.

### **6.2.3 Healing Prayer Use**

Healing prayer use among religious adults is frequently associated with a close relationship with God: a stronger faith may lead to a greater reliance on religious resources, including healing prayer, as an expression of that attachment (Levin, 2016, p. 1140). Healing prayer covers several different types of prayer behaviours, just as religious coping covers many types of religious and prayerful resources. This suite of healing prayer behaviours shares a common goal: focused prayer on challenges to health or wellbeing – like injuries or chronic illnesses – in order to find relief or even complete resolution of the issue. It is for this reason that healing prayer, including that practiced in Christian Science, can be considered a religious coping mechanism.

Healing prayer behaviours include the following: laying-on-of-hands; contacting spiritual healers (such as a Christian Science practitioner); praying for one’s own health or that of others; asking for prayer; and participating in a prayer group or prayer circle (Levin, 2016). The research participants all practiced a range of these healing prayer behaviours. They occasionally contacted Christian Science practitioners when they felt they needed additional support addressing an issue. They also prayed on their own.

Healing prayer use is one of the primary aspects of the Christian Science faith. The Christian Science Church’s website proclaims that:

The Bible gives us a standard of healing resting on timeless and universal spiritual laws. By understanding the complete goodness of God and our inseparability from that goodness, inspired men and women found answers to the wide spectrum of human needs as well as transformation of character and lives... Anyone can learn and apply these spiritually scientific ideas to the contemporary demands we face and find resolution that proves God’s goodness...Mary Baker Eddy’s work *Science and Health with Key to the Scriptures* shows how the healings in the Bible were accomplished, and how we can claim that same healing for ourselves, our families, and our world. (“How can I be healed?,” n.d.).

A study referenced in Pargament interviewed members of different faiths, including Christian Scientists, on how they cope (1997, p. 194). The Christian Scientists were found to engage in positive thinking in response to challenges. The data from my own research corroborates this finding; the participants spoke about finding a sense of peace, even a spiritual or divine sense of peace, as a result of prayer. Therefore, I argue that positive thinking may be an element of healing prayer use, and especially healing prayer use in Christian Science. There is a certain degree of optimism or prayerful expectation that the issue will be resolved using these means. It is expected that, as a result of healing prayer, one will be able to not just tolerate but ultimately overcome a stressor. Pargament suggests that spiritual rituals provide regeneration and renewal, and even the ability to reframe a problem in spiritual or divine terms. He argues that people may find dominion over and an ability to cope with their present circumstances through these religious behaviours, which evolve and grow with the individual (1997, p. 213).

The concepts that the participants turned to were different each time they utilized healing prayer; if they were praying about a specific physical or emotional problem, they would do individual work looking for fresh spiritual ideas that would bring relief and sometimes contact a practitioner to help them in this effort, all along the affirm/deny/affirm pattern that has been previously described in this chapter. If they were praying more generally, they would seek to affirm God's presence and recognize different qualities of God that would be applicable to their present situation. This will be explored more fully in sections 6.3.1-6.3.4 below regarding prayer, Christian Science, and God imagery.

Healing prayer use within Christian Science is within the realm of the quest for significance arguably apparent throughout all religious ritual, behaviours, and practice, and it is this quest for significance that may motivate even the nonreligious or less religious to pursue healing prayer. Participant B phrased this in a compelling way in response to the question about the role of Christian Science in their lives:

I was always searching for something tangible or rather something of substance. I desperately wanted to feel like something of substance and I didn't. (I think I'm realizing this for the first time as I write), but that's what it was. Since I felt this way when people would tell me, "You're a perfect child of God." Or "You're a perfect reflection of God". I didn't believe it...But recently I've been discovering that there

are seven synonyms for God and those I do believe in...So today CS<sup>13</sup> is something I like, that has grounded me, and something that I'm learning how to make it a practice for myself and NOT what is traditional. (Participant B, September 2018).

This process that Participant B went through, of seeking and ultimately finding spiritual resources that made sense to them, matches the activity that Pargament argues is an element of religious coping. Although religious practice develops and changes with the individual, it may also become a constant to turn to – a dynamic resource that provides peace (Pargament, 1997, p. 102). Yet stressful life events can also deplete our mental and emotional resources, placing a greater premium on the coping resources that remain. For this reason, denial is often an element of coping in the initial stages because it enables the individual to both conserve their inner resources and protect themselves (Pargament, 1997, p. 109). Even children practice this; they will often initially be reluctant to change their mental structures or impressions of the world, preferring to try and assimilate the environment to their own frameworks. Arguing from the standpoint of attachment theory and religion, the individual may be reluctant to change their impressions of the world, preferring to mould their outside environment to something they can understand through religion and spirituality: the *practice* of religious attachment behaviours to *function* in the coping process.

Participant B writes that they did not find comfort or relief from the religious coping arguments others around them made, although these were made from a Christian Science standpoint. Participant B sought concrete answers on their search for significance – their search for identity – but did not find it. The mental frameworks that other Christian Scientists, including practitioners and parental figures, used to view the world did not make sense for this individual. However, it appears that, over time, Participant B has begun to find their own way of using Christian Science prayer as a coping mechanism, not only when they sought healing from depression, but also on a day-to-day basis. Participant B began to view Christian Science as a viable coping option when they saw it as something that is open to multiple interpretations: a practice that changes depending on the person and the circumstances in which it is applied:

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<sup>13</sup>Christian Science.

[T]he main thing I like about CS is that it is a religion that can work for anyone in whatever way works for them. I realized recently there's no one size fits all and that Christian Science is a practice. (Participant B, September 2018).

Participant B's response suggests that Christian Science, as a religious framework, may be adapted to fit one's present experience. As Pargament writes, a stressful life experience may deplete an individual's mental and emotional resources, but also provide a learning opportunity for how to cope with adversity (Pargament, 1997, pp. 102–103). Participant B reported growth from these stressful experiences of questioning their own worth and identity, and they wrote that they discovered Christian Science could be something to ground them.

Religious coping mechanisms can understandably have their appeal. Dimensions of spirituality – reflection, transformation, and renewal among them – can take on different roles throughout the coping process as they are actively engaged. For example, reflection may be part of the early stages of religious coping as the individual mentally collects themselves and begins to address the problem using their inner orientation system. Transformation and renewal may enter in at the later stages, when the individual turns to their religious resources for active support. I argue that the spiritual refuge apparently promised by healing prayer in Christian Science – a promise that any circumstance, no matter how severe, can be healed – qualifies this healing prayer use as a coping mechanism. I suggest that it is evident from the participants' responses that these elements of spirituality that I have described – reflection, transformation, and renewal – all play different roles throughout their use of healing prayer. They would often begin by reflecting about their personal identities, which Christian Science explains as being spiritual in nature. They would then actively seek transformation and renewal by continuing to rely on these teachings and an attachment to the divine.

For example, Participant B wrote that they were grateful for a healing of depression, which occurred when they found a deeper understanding of God and a spiritual sense of self-worth. The responses given by all the participants corroborate findings in other studies that prayer is an outlet in moments of adversity (Bade & Cook, 2008; Eliassen, 2013).

The positive thinking traits of Christian Science prayer – an emphasis on God’s all-power and goodness – may make it a natural outlet for its adherents, and even for those members of the faith who do not readily turn to Christian Science in times of struggle, as indicated by the themes present in Participant B’s responses to all the interview questions. While the findings from the interview question on daily prayer have already been presented in section 6.1.4, it is worth returning to them here because of the additional insight they provide on how healing prayer use in Christian Science qualifies as a coping mechanism. The participants mentioned praying to become more aware of God’s goodness regarding issues in their own lives and around the world, and to specifically deny that evil has any power or reality. As Participant C wrote:

My daily prayers usually focus on denying and countering evil or error when I see or experience it in my daily life...I do my best to address the issue in my thought and recognize God’s all-power in every situation, no matter where it is in the world. (Participant C, September 2018).

Participant D wrote something similar:

When I pray for myself, I declare truths about myself as God’s child and try to realize my spiritual identity as God created me. When I do this, it is clear that my health and mental state reflect the divine and I have the ability to heal myself. When I pray for the world, I pray to see God’s man reflecting [H]is infinite love and spirit. Praying to see God’s man throughout the world, it makes it easy for me to see all men working together in harmony. I believe that by changing our perception of the world, we can change it to become better and more uplifted. (Participant D, October 2018).

These responses provide examples of the positive thinking element associated with healing prayer use in Christian Science. I argue that the participants clearly state that they are praying to bring thought in line with a religious framework when confronted with distressing images (such as those presented on the news) or painful, stressful physical and emotional conditions. A spiritual refuge may well become appealing in these circumstances. The Mother Church states explicitly that Christian Science healing is *not* positive thinking; however, it is evident that there are some traits in Christian Science prayer that appear to share commonalities with positive thinking: looking beyond the physical circumstances; focusing thought on building

harmony and peace; and a belief that this uplifted thought will supply better health and wellbeing.

The second research question that frames this thesis asks how the concepts of religious coping and attachment behaviours relevant to understanding how young adult Christian Scientists use and reflect on healing prayer. Although it is evident that Christian Science prayer does have some commonalities with other coping mechanisms, what appears to set it apart is this cultivation of a spiritual refuge. As Participant A wrote regarding what role they feel Christian Science plays in their lives:

...I look to God through my understanding of Divine Science for answers and for guidance on every aspect of my life... (Participant A, September 2018).

This is a clear illustration of the spiritual refuge Christian Science appears to provide for its adherents. I have already argued that this demonstrates secure attachment behaviours; Participant A appears to be using Christian Science to attach themselves to a divine figure (“I look to God through my understanding of Divine Science”). They are also looking to this figure for guidance in all kinds of situations. Earlier in their response to this question Participant A wrote:

Everything that I have been blessed with in the course of my life is all a result of God...I rely on God from everything from peace and sense of calm to health and well-being issues to the resolving of issues in relationships.

The Bade and Cook study (Bade & Cook, 2008) examined functions of prayer in the coping process; one of the most common ones was using prayer to seek God’s guidance (2008, p. 125). I suggest that Participant A’s response to this question further demonstrates how healing prayer use in the Christian Science faith can be considered a coping mechanism because it possesses the characteristics described by Pargament for religious coping mechanisms (1997, Chapters 7–9). The sacred and a search for significance are both hallmarks of religion; they are also elements of religious coping, when the individual uses their attachment with God (the sacred) in order to construct and respond to events that have significance and meaning (Pargament, 1997, p. 95). This reliance on God that Participant A describes may be considered an attachment behaviour. It may also be considered an aspect of this individual’s orientation system for

handling stressful situations in life. It also provides an object of significance – in this case, a divine figure – to focus on throughout the coping process. Participant A writes that they look to this figure for guidance on events that have personal significance for this individual, such as health and relationship issues. They believe that this process of turning to God provides them with a sense of calm.

The first research question that frames this thesis inquires how young adult Christian Scientists reflect on and use healing prayer. I offer that, because Christian Science healing prayer qualifies as a religious coping mechanism, it provides a meaningful contribution to scholarly research on religious attachment. The research participants describe praying both for better health and to seek a greater connection with the divine. The apparent spiritual refuge that the research participants cultivate for themselves appears to provide health benefits for them. This adds another dimension to the conversation about how, when, and why people use healing prayer. Because religion – Christian Science, in this case – was already part of the participants' «orientation system,» (the term Pargament uses for the mental and emotional frameworks people bring to the coping process), it was natural for them to utilize healing prayer as a coping mechanism.

I will close this chapter by presenting the final key finding from the data. A careful analysis of the research participants' answers yielded that prayer and Christian Science were terms used interchangeably; and that the struggle to overcome fear and discouragement was an element of the quest for healing, especially when an issue did not yield quickly to prayer. The analysis also yielded a third result: that Christian Science may be viewed by its adherents as a way of imagining God. This final section will provide the interview questions that yielded these findings and a clear interpretation of how the findings are related to the two main research questions that were established in the introductory chapter of this thesis.

### **6.3 Key Finding #3: Christian Science may be viewed by its adherents as a way of imagining God**

Arguably, in order for one to believe that there is a divine attachment figure worth being close to, it may be useful to have a clear mental or physical image of this figure. At its most basic level, God imagery includes perceptions of the divine, those physical or mental images of the object of prayer (Bradshaw et al., 2008). This section will examine how the research participants appear to imagine God as a divine object of significance; the interview questions that yielded this finding; and how the findings relate to and illuminate the two research questions that frame this thesis.

#### **6.3.1 God Imagery**

If prayer is the way individuals *engage* with a supernatural or so-called Divine Being, then God imagery is how they *imagine* or *describe* this individual. In many religious traditions, there is a divine figure at its center. This figure is conveyed through stories found in religious texts or those told at a service; through physical presentations such as icons and statues; and finally and perhaps most importantly of all, through one's own attitudes, beliefs, and experiences. This section will analyse how the research subjects describe their perceptions of God as the figure to whom they pray when seeking healing.

Previous studies have established that how people imagine God interacts the way they interact with this figure (Bradshaw et al., 2008). Christian Scientists are cautioned against personifying God. Mary Baker Eddy writes in *Science and Health with Key to the Scriptures*:

As the words *person* and *personal* are commonly and ignorantly employed, they often lead, when applied to Deity, to confused and erroneous conceptions of divinity and its distinction from humanity. (Eddy, 1875, p. 116).

However, the research subjects still tended to describe God in human terms and with some humanlike attributes (a personal God). I suggest that this brings an abstract concept like divinity into ways that they can understand and apply in their own lives. One of the ways they are doing this is by referring to God with different names. Participant B wrote:

Since the synonyms are different names for the higher power most Christian Scientists refer to as God, I thought, I can create my own name that makes sense to

me. So recently I've been saying Divine Inspiration and Divine Intuition. That's what has been making sense to me and I have experienced how that works. (Participant B, September 2018).

Other participants referenced God in connection to this figure's perceived qualities: power, creativity, love, omnipresence, and goodness. These qualities were most frequently invoked in the responses to the question about a recent healing. In the data, such references appear to create an image of God that has significance for the individual believing in it, a figure that is worthy of attachment behaviours and a trusted confidant when using religious coping mechanisms.

Pargament argues that the struggle with «ultimate issues» – questions about life and death, identity, and existence – is a hallmark of religion (1997, pp. 26–29). In this case, God imagery may construct a God that is something, or someone, who exists in the spiritual world and is capable of intervening in times of crisis, when the individual is faced with these ultimate concerns. Another hallmark of religion is the quest for community and a sense of belonging. Cultivating a relationship with a perceived divine figure (creating an image of God) may contribute to this sense of belonging. Such a relationship may enable the religious to find a sense of trust and maintain a confident and structured outlook even in difficult times. The research participants' images of God appear to provide meaning and have a positive impact on their wellbeing as evidenced by the terms they use to describe God and in the context in which these terms are used.

### **6.3.2 Terms participants used to describe God**

The participants used various terms to refer to God. In addition to using the name «God,» they also described this figure using the seven synonyms that Mrs. Eddy also used to refer to God: Life, Truth, Love, Principle, Soul, Spirit, and Mind. In Christian Science, these words are always capitalized when used as a name for God. The most common synonym the participants used throughout their interview answers was Mind, followed by Love and Truth. Participant B was the only one who had come up with their own names for referring to God.

### 6.3.3 Using Passages from the Bible and *Science and Health* to Make Meaning

This question, «Do you have a favourite Bible passage or favourite passage from *Science and Health*?» invited the participants to reflect on what verses from the Bible or *Science and Health*, if any, are meaningful for them. Their answers contributed to the finding that Christian Science may be viewed by its adherents as a way of imagining God. I argue that having a favourite Bible passage or passage from *Science and Health* could be a way of conceptualizing God. A verse that holds value to the individual and presents a certain picture of God may be one way to map out pathways to significance that Pargament establishes are part of the flow of coping (1997, Chapter 5). An individual may believe that a certain verse paints a reassuring picture of God or appears to describe God in a way that is relevant and applicable to the current moment. Imbued with this personal meaning, these verses may then become part of their coping framework; something reassuring to turn to in times of distress.

None of the participants selected the same or similar verses. Participants A and B did not list any Bible verses. Participant B chose a verse from one of Mrs. Eddy's other writings, not *Science and Health*. Participant B was also the only one of the four participants who offered reasoning for why they chose the verse they did:

“Beloved children, the world has need of you, - and more as children than as men and women: it needs your innocence, unselfishness, faithful affection, uncontaminated lives.” Mis 110:4.<sup>14</sup> I like this passage because of the way it talks about how important our childlikeness is. Mrs. Eddy says we are needed more as children than as adults. Then she goes into why it is important to be childlike. I think it's a very practical but also spiritual way of looking at the world and who we are as spiritual beings. (Participant B, September 2018).

Although Participant C did not provide an explanation for why they chose the verses that they listed, the ones they chose may be connected to comments they made in their previous interview answers where they described listening for God's direction in career choices and praying to see only God's power in realizing a healing:

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<sup>14</sup>Eddy, M.B (1896). *Miscellaneous Writings (Authorized)*. Boston, MA: The Christian Science Board of Directors.

“For I know the thoughts that I think toward you, saith the Lord, thoughts of peace, and not of evil, to give you an expected end.” (Jer. 29:11)

“The God-principle is omnipresent and omnipotent. God is everywhere, and nothing apart from Him is present or has power.” (SH 473:7-10) [Participant C, September 2018].

#### **6.3.4 Significance of the Sixth Christian Science Tenet**

The research participants’ images of God appear to provide meaning and have a positive impact on their wellbeing as evidenced by the terms they use to describe God and in the context in which these terms are used.

One of the ways that the research subjects are also imagining the divine appears to be through a sense of obligation to a divine figure. This goes against the notion that attachment behaviours are only invoked in times of distress. Instead, it suggests that these behaviours may also be activated at other times out of a sense of childlike duty to the object of attachment. The concept of obligation was most clear in the research subjects’ responses to the question regarding what the sixth tenet means to them. As has been mentioned in the background chapter, there are six tenets in Christian Science that are meant to serve as a guide for its followers. In asking what the sixth tenet means to them, I sought to understand further how the research subjects feel that Christian Science impacts their lives. Participant A was the only one who did not answer the question because they did not respond to it, even after multiple requests for comment. Participants B, C, and D answered the question. Their responses can be divided in to two types: a literal interpretation and a broader interpretation. I establish that this variance in answers is an additional example of how individual Christian Scientists are making sense of their faith and utilizing it in their own lives. If the tenets were intended to serve as guidelines for Christian Scientists should think, act, and behave, then the variety of responses from the research participants appears to indicate a difference in how Christian Scientists believe the tenets should be applied. The sixth tenet is as follows:

6. And we solemnly promise to watch, and pray for that Mind to be in us which was also in Christ Jesus; to do unto others as we would have them do unto us; and to be merciful, just, and pure. (Eddy, 1875, p. 497).

Participant D's answer was the most literal interpretation of the three:

To me, the sixth tenet means that we promise to try and see our neighbor and the world the way Jesus did – perfect. It also means that we should follow the Golden Rule by being forgiving, just, and pure. (Participant D, October 2018).

Participant B also referred to the Golden Rule, but interpreted the tenet more broadly as something we should aspire to on a human level: that Jesus should be our model, but it may not be possible to reach his level of thinking and action in this lifetime:

To me, to put it simply, the sixth tenet means to live our highest sense of right...Even during times of struggle Jesus tried to live his highest sense of right. This tenet means that we should treat others the way we would like to be treated, the Golden Rule. This tenet means to me that we should be good, but not as borderline niceness or goodness, but goodness that is in line with living our highest sense of good. The goodness that Jesus expressed was a deep and spiritual goodness. We should strive for that, but maybe on a human level. I don't think we will be walking on water anytime soon, or healing people by touch alone. (Participant B, September 2018).

Participant C did not directly refer to the Golden Rule, but suggested that following the sixth tenet would enable Christian Scientists to live a model Christian life:

The sixth tenet to me is the root of Christian Science. If we follow each command in that tenet fully, as Mrs. Eddy intends that we do, we will be living our best lives as Christians and as healers. (Participant C, September 2018).

The data corroborates with the earlier finding that «prayer» and «Christian Science» were terms used interchangeably by the participants. The participants write that the sixth tenet may provide a guide for how to live prayerfully, and that, in living this way, they can be good Christians and good Christian Scientists.

The data also provides an insight into how Christian Science may be viewed by its adherents as a way of imagining God. They appear to view the sixth tenet as a guideline for how to live a just and moral life, one that is in line with what Jesus taught about God and the apparent

spiritual relationship that people have with this figure. It seems that they find Christian Science relevant and applicable to their lives even outside of a church setting or beyond religious rituals like the affirm/deny/affirm prayer pattern previously described. The healing prayer use in Christian Science that advocates for becoming aware of and maintaining sense of closeness with the divine in order to find healing seems to be part of their overall religious orientation, and it is this combination of views that appear to provide Christian Scientists with a sense of well-being.

I will now conclude this chapter by offering a summary of the results found thus far, and offer suggestions for further research on Christian Science, prayer, and wellbeing, especially in regards to minority demographics in Christian Science.

#### **6.4 Conclusion**

Pargament notes that «Any understanding of the human response to extraordinary moments remains incomplete without an appreciation of religion» (1997, p. 4). This analysis chapter explores how Christian Scientists cope with such extraordinary moments like illness and injury, a discussion that is absent even from other literature on healing prayer use. Christian Scientists use prayer to cope in many of the same ways that individuals from other faiths, and even non-religious people, do. Where Christian Scientists appear to differ is in their use of healing prayer. The research findings indicate that Christian Scientists perceive healing prayer as beyond being merely a tool that is relied upon in «extraordinary moments,» to use Pargament's phrase. Rather, it is something that its adherents appear to turn to and use in ordinary moments, too. This is part of what Pargament refers to as the quest for significance: the belief among the loyal faithful that religion unlocks some profound truths about the self, tied to a companion belief in a supernatural being that resides above the mortal plane.

This chapter presented three key findings from the data: firstly, that «prayer» and «Christian Science» were terms used interchangeably, indicating the intimate connection Christian Scientists appear to find between their faith and prayer itself; secondly, that all of the research subjects faced fear and discouragement in praying for healing; and, finally, that Christian Science may be viewed by its adherents as a way of imagining God, a process of developing a divine object of significance to turn to before, during, and after a need for coping.

Below, I offer a statement on groups that have been excluded from this study and invite further research to broaden our understanding of where Christian Science prayer may have a perceived impact on wellbeing for other demographic groups.

#### **6.4.1 Exclusions**

One element of analysis is to also note which group or groups have been excluded from the discussion. This is an invitation for future studies on the subject to investigate those experiences and see where they match or do not align with the findings of this dissertation.

None of the respondents were black, Latinx, or, to my knowledge, members of the LGBT community. Past studies on religious coping have reported that blacks, and especially black women, may be more likely than any other group to turn to prayer in times of significant distress (Bradshaw et al., 2008; Pargament, 1997, p. 146). A study examining how Christian Scientists from these minority groups use Christian Science prayer in the coping process, and what impact they believe this has on their wellbeing, would be a worthy addition to the academic canon on prayer and health.

## 7 Conclusion

The goal of this thesis has been to examine the cultural and social phenomenon of healing prayer use in Christian Science. This was done by analysing how a group of young Christian Scientists use prayer to seek and maintain better health. In the introduction, I proposed that many Christian Scientists believe prayer is a constructive method for obtaining and maintaining health. This thesis utilized data obtained from interviews with four young Christian Scientists to analyse perceptions of healing prayer use within the faith. This was done by seeking answers to the question of how prayer may function in health under existing theories regarding religious coping and attachment, and in the experiences described by the research participants, and then answering the following research questions:

1. *How do young adult Christian Scientists reflect upon and use healing prayer?*
2. *How are the concepts of religious coping and attachment behaviours relevant to understanding how young adult Christian Scientists use and reflect on healing prayer?*

In this section I will provide a summary of my findings related to these research questions and present my final conclusions as they relate to the initial proposition. Finally, based on what I have found in this thesis, I will provide a few recommendations on areas for further research.

### 7.1 Findings on First Research Question

The first research question asked about how young adult Christian Scientists reflect upon and use healing prayer. The research I conducted may contribute to the current academic debate on the impact of religion on health and wellbeing in that members of the Christian Science faith engage in healing prayer use as a regular practice. Prayer itself is a common application among religious (and even nonreligious) individuals, yet the specific engagement of prayer for healing effect is a characteristic commonly associated with Pentecostalism and Christian Science. This thesis closely analysed healing prayer use in Christian Science through the form of a case study. This makes a small but valid contribution to the literature by presenting a general overview of some of the ways Christian Scientists, specifically young adult adherents to the faith, apply healing prayer use to both common challenges and more serious issues like illness, injury, and depression.

One of the three key findings in this thesis was that the participants all struggled with praying. Sometimes the condition worsened before it improved; other times they doubted if prayer could really be effective. Healing prayer may be considered an expression of piety, a profession of one's commitment to God. The fact that the participants struggled to rely on healing prayer, even though it was their preferred treatment method, adds a dimension to the ongoing debate about the relationship between prayer and health. It suggests that, as with many chosen courses of treatment, those involved experience both hopes and fears. However, this research can neither confirm nor deny the convictions of those who believe that healing prayer works. My research is limited to analysing perceptions.

## ***7.2 Findings on Second Research Question***

The second research question asked how the concepts of religious coping and attachment behaviours can be relevant to understanding how young adult Christian Scientists use and reflect on healing prayer.

My analysis determined that Christian Science prayer may qualify as both an attachment behaviour and as a religious coping mechanism. Attachment behaviours are tools used to create and maintain a connection to an attachment figure, which may function either as a haven of safety or a secure base from which to explore the outside world (Kirkpatrick & Shaver, 2016, pp. 317–318). Christian Science prayer qualifies as an attachment behaviour because it is a tool by which Christian Scientists cultivate a perceived relationship with God, and through this find a secure base to turn to in times of distress. It also qualifies as a coping mechanism. I argue that this is evident from the instances the participants described where they prayed to find peace and healing.

One of the three key findings from this thesis was that Christian Science may be a tool used by its adherents for imagining God: it is the means by which they formulate ideas about God and then pray to this figure. According to official Christian Science teachings, there are seven synonyms for God, which are capitalized when used to name God. In addition to these names, the participants also mentioned other qualities that they associated with God but did not capitalize because they were used to describe, rather than name, the divine.

Having already identified an object of attachment by personifying God and bringing this figure into human terms, and convinced of the reality of this figure, the participants then relied on God to find the strength they needed to cope with the challenges of everyday life.

One of the three key findings of this thesis was that “prayer” and “Christian Science” were terms used interchangeably by the research participants. This provides an additional qualification for why Christian Science prayer may be considered a coping mechanism. Not only did the participants view God as a resource, they also viewed Christian Science itself as a coping resource. They felt that Christian Science has played an essential role in their lives and been a tool for gaining direction and control.

### *7.3 Summary and Final Conclusion*

Looking at my answers to the questions posed above, it can be argued that prayer, and Christian Science prayer specifically, may provide positive benefits for adherents to the faith. However, this potential is dependent on several factors, such as the individual’s personal level of religious commitment and the regularity with which these behaviours are employed. All the participants expressed some discouragement in putting healing prayer into practice, which suggests that, even among the faithful, there are challenges to the belief in prayer’s efficacy as a healing method.

In cases where individual religious commitment is already strong and healing prayer is regularly used – as was the case for most of the participants in this research – I would argue that healing prayer may provide an ideal tool for maintaining wellbeing.

## *7.4 Recommendations for Further Research*

Research often raises new questions from the answers found and presented. Based on the final conclusions I have provided for this study I believe that research should be done in two key areas:

I suggest that a larger study of Christian Scientists, with a more diverse population of respondents, would further add to the literature by providing an even clearer perspective on the habits, uses, and perspectives on healing prayer use among members of the faith. As has been referenced in the existing academic literature on prayer, “use of healing prayer is largely a function of religiousness” (Levin, 2016, Chapter 1153). Therefore, it would be beneficial to gain more evidence of the frequency of healing prayer use among a wider sample of Christian Scientists and compare their responses on how often or how deeply they rely on Christian Science prayer when compared with several variables, such as church attendance and amount of time spent volunteering at church. This could take the form of an additional case study or as a full-scale survey.

Secondly, we need to better understand the role of context in determining the efficacy of healing prayer. As indicated by the research participants, the expectation of a positive outcome is a contributing factor to producing the results sought in employing healing prayer: a positive shift in the existing physical or emotional state. I believe it would be valuable to look at this even more closely and consider cases where a positive outcome is not necessarily expected but healing prayer is still employed – an additional example of healing prayer utilized as a coping mechanism.

There is an enduring need, both among medical professionals and in society at large, for how different healthcare choices interact with one another, whether healing prayer is used in isolation or in coordination with conventional medicine. The potential future studies I have suggested can be undertaken with this in mind.

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## 10 Attachments

### 10.1 Interview Questions

#### **INTERVIEW SUBJECT QUESTIONS**

1. Describe for me a recent healing you've experienced. How did you pray about the issue, and what was the outcome?
2. What role do you feel Christian Science plays in your life?
3. Do you feel Christian Science has made a difference in your overall health and well-being? In what ways?
4. How do you pray on a daily basis? For yourself and for the world?
5. Do you have a favorite Bible passage or favorite passage from Science and Health?
6. What would you say the sixth tenet (S&H p. 497) means to you?
7. Do you have any other comments you'd like to share?

### 10.2 Consent Form

#### **REQUEST FOR PARTICIPATION IN RESEARCH PROJECT**

I will be performing an analysis of how Christian Scientists perceive the role their religion plays in their overall health and wellbeing.

The project is a master's thesis at MF Norwegian School of Theology, Religion, and Society. It is not implemented as commissioned research or in cooperation with other institutions.

### **What does participation in the project imply?**

I will be conducting data collection through interviews with individual Christian Scientists. These interviews may be conducted over email, via phone/Skype, or in person. My research questions are not intended to analyse or interpret your understanding of Christian Science. My thesis is primarily concerned with accurately depicting the faith and presenting a transparent investigation of how people apply the teachings of Mary Baker Eddy, the Discoverer and Founder of Christian Science, in their lives.

Data will be collected through notes and audio recordings for in-person and phone interviews. If we are unable to meet in person and must conduct our interviews via email, the data will be collected from those messages. I may ask follow-up questions to make sure I have understood you correctly and am representing you fairly. Your privacy is my chief concern. Your name will not be used in connection to any data you provide.

### **What will happen to the information about you?**

All personal data will be treated confidentially. The only people who will have access to the personal data will be me – the student conducting this master’s project – and my supervisor. Our contact information is provided below. Personal data will be stored to ensure confidentiality. A list of names will be stored separately from the other data.

The project is scheduled for completion by May 15th, 2019. After that point, personal data and any recordings will be deleted. Data will not be stored further.

### **Voluntary participation**

It is voluntary to participate in the project. You can at any time choose to withdraw your consent without stating any reason. If you decide to withdraw, all your personal data will be made completely anonymous and deleted.

If you would like to participate, or if you have any questions concerning the project, please contact *[Anonymized]*