
Cancer patients and spiritual experiences: Redefining the self through initiatory ordeals

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ABSTRACT

Objectives: When one explores the paths that sick people follow in search of meaning and a cure, one is quite likely to encounter religious knowledge and practices. Examining this facet and the spiritual experiences that arise therein leads us to the subject of identity, which systematically comes up as soon as we consider the impact of serious illness on people's lives. We need to follow the identity-building process that occurs in the disease, ruptures, and redefinitions if we are to understand how religious practices and knowledge contribute to the process.

Methods: This article discusses these elements using data collected in a qualitative research study of 10 cancer patients, carried out in Québec. Drawing on the sociology of religions, particularly the contemporary transformation of the religious and the spiritual, we attempted to understand the patients' spiritual experiences by focusing on the self-discovery that occurred through the initiatory ordeal of their illness.

Results: We observe that these resources are particularly helpful when the patients use them to turn inwards, to pay attention to themselves, to unite the mind and body, to connect with something greater than themselves, and to transform their values so as to develop a new psychosocial version of themselves.

Significance of results: Our analysis shows that there is a complementary relationship between religion and illness at the crossroad of the identity-building process. This relevance demands to be attentive to the initiatory process that leads to the self-discovery and a renewal of the relationship with the self.

KEYWORDS: Cancer, Oncology, Spiritual experience, Identity, Self-discovery, Initiatory ordeal

INTRODUCTION

In an extensive literature review on health and religion connection, Levin (2001) noted that an interest in the religious began to develop in the health field in the 1980s. This was also observed by Weaver (2006), who analyzed papers published between 1965 and 2000 in the health field. According to Weaver, this enthusiasm for the religious is based on the operationalization of the concept of spirituality as

distinguished from that of religion. Indeed, even though these concepts are in reality closely associated to each other (Hill & Pargament, 2003), several authors have pointed out that religion involves an organized institution with collectively shared practices and beliefs that set down a way of being, acting, and thinking for its members, whereas spirituality refers to an individual, subjective experience that is not necessarily linked to a religion (see for example, Dyson, Cobb & Forman 1997; Emblen, 1992).

The relevance of examining the ties between religion and spirituality on the one hand and health on the other lies above all in the fact that religious practices and knowledge are encountered in the

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itineraries of the ill. It is, for example, common to meet sick people in pilgrimage sites who have come to ask for help in ridding themselves of an illness. Sick people frequently go to churches in search of comfort, a support network, and an atmosphere favorable to divine favors. Pentecostal Protestant churches, for example, are well-known for their healing practices and priorities in matters of health (Lanterani, 1996; Laplantine, 1999; Vonarx, 2007). Other Churches, such as Christian Science (Bégot, 2002), the Church of Scientology (Chagnon, 1987), and New Age movements (Ferreux, 2001; Rocchi 2003) are ever more present in the medical-religious landscape and are sometimes found on sick people's paths.

Because the religious takes institutional forms and displays supernatural content, its presence is more obvious. Nonetheless, we must not forget that it also appears in certain very popular alternative medicines and therapies. The religious — in the form of beliefs about and representations of persons, the world, and of the cause of the disease — can particularly be seen in therapies based on a relationship with immaterial entities or in those based on a mind-body connection. In the same way, popular African, Afro-Caribbean, Native American, and Oriental (e.g., Indian, Chinese, and Tibetan) medicines that have now taken root in the West are accompanied by philosophies and religions which give meaning to the nature of the world and ways of being in it.

Religious phenomena are thus not found solely in the official, dominant religions. As the sociologists Maître (1987) and Champion (1993; 2004) have noted, they can be found in a heterogeneous grouping of practices and knowledge that are increasingly present in the health fields. They are in alternative medicine systems, divination, psycho-corporal practices, esoteric, occult, and magical practices, yoga, and new psycho-religious syncretism such as “transpersonal psychology.” Furthermore, the religious is increasingly seen in inner experiences that involve self-accomplishment and a personal quest for truth (Lee, 2008). It is at this point that we begin to speak of spirituality.

RESEARCH INTO THE PLACE OF THE RELIGIOUS IN CANCER EPISODES

It is the quest for a cure and well-being that underlies sick people's use of religious practices and knowledge, just as it is the suffering wrought by the disease that motivates them to do so. As Foessel (2000) has proposed, the religious arises out of questions of impermanence, unsatisfied desires, deceptions, difficulties, hopes, and a quest for meaning. It is a resource

that emerges when a problem must be solved and a biographical rupture must be overcome in a life trajectory (Tschannen, 2008). It is consequently not rare to observe religious content employed by many seriously ill people who are suffering, facing death, and dealing with major existential changes and concerns.

We observed this in qualitative research that we conducted in the Province of Québec with 10 cancer patients. This research focused on the diversity of the religious practices and knowledge that patients turned to, whether they came from religious or esoteric traditions, an established church or new religious movement, or alternative, popular, or traditional medicines where medicine, religion, and spirituality mix. Our goal was above all to better understand the place and role of these practices and knowledge in cancer experience, as well as to understand the spiritual dimension of experience they engendered during the illness.

To do so, we recruited three men and seven women from 55 to 74 years old by way of community organizations who provided help to people afflicted by cancer. All the respondents were living at home (see Table 1). Five had received their cancer diagnosis in the 6 years preceding the recruitment and four were still undergoing active treatment. Five of the women had had breast cancer. Another woman had had uterine cancer, and the seventh, skin cancer. Two men had had prostate cancer, and a third, lymphoma. We carried out a two-hour, semi-structured interview with each person, asking them to discuss their religious and spiritual life before their cancer diagnosis, then to tell us about their encounter with cancer and to talk about the religious and spiritual content brought to bear during their illness.

The collected narratives have been analyzed with the Nvivo8 software. Our analysis first consisted in identifying themes related to the lived experience of cancer further to what we focused on recurring themes related to the place and the use of religious and spiritual content as they appear in this lived experience. Our analysis led us to see their spiritual experience as a voluntary, beneficial transformation of the relationship with the self and the world that can sometimes lead to a feeling of metamorphosis and rebirth.

In short, the early cancer period resulted in numerous losses and upheavals that were different for each person. These effects have been frequently discussed in the literature on cancer experiences and other serious, chronic diseases (see Ahlström, 2007; Aujoulat, 2007; Bury, 1982; Charmaz, 1983; Frank, 1993; Mathieson & Stam, 1995; Moore Schaefer, 1995; Tap, Tarquinio & Sordes-Ader, 2002). These authors evoke

Table 1. *Religious and spiritual practices and knowledge used after the diagnosis of cancer*

Participants Sex, age and site of cancer	Religious and spiritual practices and knowledge
P.1 Woman 55 yrs Breast	<p>At the time of diagnosis, the participant first questions her relationship with God. Prays to God. Practices techniques of visualization (intensely and regularly). Uses an energy technique (ECHO) that favours meditation, relaxation and visualization in order to develop a propitious mindset and attitude for self-healing to occur (search for inner harmony; develop self-awareness; stop focusing on disease).</p>
P.2 Woman 63 yrs Breast	<p>Revives her faith and Christian practices. Participates in mass in a different manner (sits in the front row). Meets with priests. Prays to God regularly and establishes a contract with God (participation in church activities and donations in return for healing). Calls upon Catholic saints. Discards strictly materialist values. Adopts the idea that spiritual growth is necessary for a successful life. Connects with nature. Reads books on the subject of spirituality. Practices visualization. Observes Lent.</p>
P.3 Woman 59 yrs Uterus	<p>Uses part of her esoteric, medico-spiritual and occult teachings, and particularly: Practices Reiki Uses total biology Uses biological decoding Connects with nature and its forces in a shamanic way Calls upon angels, archangels and nonhuman beings Meditates and practices visualization.</p>
P.4 Man 59 yrs Lymph node	<p>Asks God to guide surgeons hands Revives Christian traditions: Reads the Bible Converts to a fundamentalist church Gets baptized and testifies to his/her faith. Reads the Book of Psalms. Prays to God and Jesus regularly. Connects with God through the Bible. Creates a space for meditation and prayers. Covers his room with psalms. Practices visualization.</p>
P.5 Woman 55 yrs Breast	<p>Always calls upon and communicates with angels by using cards. Calls upon his/her guardian angel. Practices Tai Chi. Meditates.</p>
P.6 Man 64 yrs Prostate	<p>Asks God to guide surgeons hands Practices meditation to have a transcendental experience. Practices visualization. Meditates and exercises to regulate intra- and extracorporeal energies. Relies on Buddhist and Hindu beliefs. Undergoes a Buddhist inspired psycho-spiritual therapy which liberates the ego and helps to fully embrace his desires and emotions.</p>
P.7 Woman 67 yrs Melanoma	<p>Continues to engage in Christian religious practices: Visits a place of pilgrimage Prays to the Virgin Mary, the Holy Ghost and the saints Asks others to do long-distance healing prayers for her Goes to mass Relies on collective prayers and laying on of hands.</p>
P.8 Woman 68 yrs Breast	<p>Continues to go to church regularly every Sunday and to call upon the spirits of deceased family members and friends (parents, grandparents and friends). Solicits help from nuns and several religious communities and asks them to pray for her. Goes once per year to a church where people annually invoke Saint Peregrine - Patron Saint of those suffering from cancer - for healing and disease prevention.</p>

Continued

Table 1. *Continued*

Participants Sex, age and site of cancer	Religious and spiritual practices and knowledge
P.9 Woman 74 yrs Breast	Prays to the Virgin Mary for healing and asks her to guide the doctors involved in his/her treatment. Practices visualization (especially at the time of treatment). Takes yoga and Qigong courses; both practices are considered by the participant as techniques of relaxation. Goes to Reiki sessions. Reads several books on spirituality and healing, and by Lance Armstrong who recovered from cancer).
P.10 Man 57 yrs Prostate	Prays to God for healing. Asks nuns to pray for her. Solicits help from members of deceased family. Becomes initiated in the Hindu tradition (Swami) as a spiritual master. Continues to practice yoga.

identity and self-losses along with depersonalization. Among other things, the effects also concerned: (1) a relationship with the body that was experienced through flaws, dissatisfaction, vulnerability, considerable and even too much attention, injuries, pain, and an alteration of one's self-image that sometimes extended to depersonalization; (2) a relationship with others that was expressed through detachment, relational selection, rejection, social stigmatization, and the loss of social roles; (3) a relationship with time that involved an acceleration or deceleration of the pace of life, a shortening of the temporal horizon, great difficulty in seeing oneself in the future, a lack of projects, and an intolerable present.

These changes directly affected the feeling of permanence and continuity (Little et al., 2002) that nourishes self-awareness and that sustains a person's feeling of oneness and coherence (Marc, 2005). They thus put a person's identity to the test and thereby provoked suffering. In the worst cases, the self-became a disappointing "Other" who was different from the self that had been built up, respected, loved, sustained, and presented to others. On this disturbed, psychosocial, relational, corporal, and intimate ground in need of renewal, sick people accepted certain changes, restored certain parts of their lives that they held dear, and created new ones to renew themselves. According to the narratives discourses, religious content contributed to this personal transformation, this new relationship with the self that allowed people to live better. Religious practices and knowledge became "tools" used by sick people to work on the damage caused by their cancer.

The next sections describe the usefulness of the religious content employed in this identity work, a process during which a new face had to be devel-

oped for the self. These sections show that there were four operations that led to a new relationship with the self, namely: (1) a movement toward the self that involved paying more attention to the self; (2) the unification of the physical body and the mind; (3) a connection with something greater than the self, be it nature, the universe, or the invisible world; and (4) the reform of values that support people's being in the world. By voluntarily provoking these changes, these people turned their cancer into an initiatory ordeal that led to a self-discovery.

RESULTS

Turn Inwards and Pay Attention to Oneself

It becomes impossible to ignore ourselves when we feel lost and completely drained, when we are in danger, when we are flooded with emotions after a cancer diagnosis or treatments, when our life is put on hold. All our attention is directed toward our private, inner life, toward what life and the disease make of us. Our conscience focuses on what we were, on what we are, and on what we cannot be in the future. This inward movement engendered by a serious illness is an invitation to make contact with our self and to pay attention to it.

The religious content shown in Table 1 provided some very useful tools for this inward movement. More precisely:

- **Making a multi-day retreat in nature or holy sites** managed by religious orders allowed people to cut themselves off from the world, to be alone with themselves, to find solitude and

sometimes silence, to gather their thoughts. As some respondents indicated:

I started going on retreats. Twice a year, I'd go to St. Anne de Beaupré and to lake B. I'd also go to church. Every two years, the church organizes a retreat. I fast once every year. I've realized that it makes me feel better. Not just physically, but spiritually as well ... I've also realized that my work didn't used to leave me with enough time to reflect ... Since then, I've taken a liking to reflection and I've made it a habit to put time aside for that same purpose (Woman, 63 years, breast cancer, post treatment).

... after the baptism, I thought that it would be a really good idea if at some point I would spend some time reflecting ... Then, I realized I wanted to have a week-long prayer session. So, I made up my mind and rearranged my schedule ... You really get to be by yourself on this retreat. (Man 59 years, lymphoma, post treatment).

- **Meditating using the Bible or medical-spiritual techniques such as yoga, tai chi, and qigong** helped people to develop self-awareness. Following a **psycho-spiritual therapy** helped sick people attain the same result, namely being conscious of what they were and what they felt.

Personally, I perform my tai chi routine every day. It does wonders for my body. It really works the kinks out of your system ... At the very least, you inherently know that, at that point in time of your day, you're doing exactly what you're supposed to be doing. I had already been practicing tai chi for over a year before I received my diagnostic. ... when I'm meditating ... it's my me-time to focus on myself (Woman 2, 55 years, breast cancer, treatment).

There's another morning ritual I keep to every day. It's what people think of as calling upon His holy light. I find it's demanding concentration exercise ... I've learned this holy light invocation exercise from an Indian yogi master. Also, every night, before falling asleep, I would put some time aside for prayer and meditative purposes (Woman 53 years, uterus cancer, treatment).

- **Practicing visualization using images of the destruction of cancer cells or the proper functioning of organs, and adopting the ECHO method** led people to plunge

deep within themselves. The first gave the illusion of seeing and going below the surface of the body into an anatomico-physiological microcosm. The second brought sick people into contact with an inner reality where one can find a potential energy.

... simply drift into a deeply relaxed state of mind and I would turn to myself. Eyes closed, I would look deep within myself and witness my cells as millions of tiny beings, just like humans. I would speak to them and say ... On the days I wouldn't feel well, I would speak to my cells ... In those cases, what I would do is reach deep within myself and cradle the really ill cells in my arms, rocking them back and forth, in an effort to sooth them ... I felt really in tuned with my bod. ... I can feel it within myself that even though my weight might not have change, everything else inside of me has. I feel much more aware of my body since my hysterectomy (Woman 53 years, uterus cancer, treatment).

I was very demanding with my body. ... I would forcefully push myself beyond the limits of my body ... I knew that my body was beyond exhausted, but I kept pushing myself and I ended up asking too much from it ... My body was trying to tell me to be careful and take care of myself ... I have no choice in this matter. It was as if it was telling me, "take care of me, take care of me, ..." ... I remember having felt that kind of plea from my body ... when I was living with cancer, it was all about focusing on the inner aspects of myself. I also went back to therapy. My therapist had me experiment with the ECHO method ... This method includes making use of visualization techniques ... We used this method for ten sessions and it was very, very enlightening ... What made this method so interesting was that it helped you be in tuned into your body's needs at all times (Woman1, 55 years, Breast cancer, post treatment).

- **Practicing yoga, tai chi, and qigong** helped people to concentrate on their bodies using gestures and postures that sent back a vital energy or strength that is accessible within the self.

Unite the Mind and Body

Any inward movement brings the mind and body closer to each other. A mind-body connection thus begins with this first operation. This is even truer when certain techniques that attempt to unite the mind and body are used. The hoped-for union of

these two essential and major components of a person consists in making the self a complete entity which must be considered as such. Thinking the self and living as a whole being provides people with the opportunity to provoke beneficial effects through thoughts concentrated on the physical body. This quest for unity and connection occurred when sick people:

- **Practiced visualization**, because this technique generally consists in creating images and scenarios at the mental level that provoke or support somatic changes;

I would create a visual representation of my prostate cancer in my mind. It's a technique from the Simonton method ... You need to really focus on visualizing and identifying the locations of the cancerous cells. Then, you needed to picture them getting destroyed, or at least getting changed into normal cells, until no cancerous cell would remain ... I would strike at them with rays of light. White light ... I'd do this about 2 to 3 times per week (Man, 64 years, prostate cancer, post treatment).

There were all kinds of workshops; visualization workshops, group support meetings ... And then, I subscribed to everything I thought would help ... For example, in one workshop, you'd close your eyes and see wonderful things, beautiful sceneries. You were instructed to project yourself into the future, and then, to picture yourself fully healed, doing something you love. They would also tell us that it was very important to visualize our sick cells and throw them away ... I used these techniques a lot ... Even more so, when I was undergoing my rounds of chemotherapy. When we'd be about to receive these treatments, they would tell us to visualize the cancerous cells being killed off (Woman 1, 55 years, breast cancer, post treatment).

- **Employed techniques** where the body and mind appeared necessarily tied together, as is the case in **yoga, qigong, tai chi, meditation, and the ECHO method**. In these situations, the one does not take the stage without the other. Movement, breathing, and physical posture accompanied concentration and conscious work.

In other words, each of your movements should be meditative. That was a perspective that had a great influence on me ... You make it so that if you walk, you walk with complete awareness. I would do this very frequently throughout my

days ... It takes a lot of work to develop this kind of awareness and to maintain it. It's a state of complete body awareness throughout your body's movements (Woman 1, 55 years, breast cancer, post treatment).

Personally, when I practice my tai chi, it's always with my spirit-body harmony in mind. That harmony is absolutely necessary for me. I also always synchronize my thoughts with my healing abilities. However, when I practice my tai chi, I turn off my mind. I need to do this in order to feel well, at peace and physically relaxed. .. That's what goes through my mind at that point in time (Woman 2, 55 years, breast cancer, treatment).

Connect with Something Greater than Oneself

A new relationship with the self likewise developed in a movement that goes beyond the physical, material body. This movement gives birth to a self that is open and turned outward toward other greater, more powerful forms of existence in which a sacred, divine aspect can sometimes be perceived. In a holistic vision of human beings and the world, the self is connected to the whole and can be merged with other elements that comprise the whole.

This enlarged representation of the self takes place in a new anatomy and physiology of the body which incorporates the notion of energy. **Tai chi, qigong, and reiki** speak of a universal energy, a portion of which pulsates in each person. As one of the respondents stated about reiki:

Let's assume that somewhere there exists a reservoir of cosmic energy ... I ask that some of that energy flow into me so that I may receive the light energy that I need, at the right time and in the right dosage ... When I'd undergone my operation, I would lay my hands on my wound to help it healing. These days, I place my hands over my adrenal glands a lot to channel my strength and vitality to that area of my body. For example, when I wouldn't be feeling well or when I would feel discouraged, I would first cleanse and empty my solar plexus ... I will give myself the strength to pull through it (Woman, 53 years, uterus cancer, post treatment).

This supposed universal energy implies that we are of the same nature as the others elements in the universe. The self therefore belongs to an infinite

environment. It is connected to this whole. The body-universe connection depends on the circulation of this energy, which can help in life and in healing. Benefiting from this energy through its proper circulation, acquisition, and usage necessarily implies a new representation of the self in so much as sick people must see himself in this link with the universe.

In these stories of illness, this relationship likewise took on concrete form in close proximity with nature. Certain religious content helped people to feel as if they were in synchronization with the surrounding nature. The self thus would belong to the natural order of things. **Shamanic practices or simple baths repeated in nature (during retreats at religious sites out of the city or during meditation)** enabled this communion and return to a state that had almost been forgotten due to an overly urban and modern life. The sick person had to try to become impregnated with the atmosphere of the natural setting and to take advantage of the energies they found circulating there to improve their well-being. Once again, these results depended on opening up to something bigger than oneself and to a lack of separation between the outside world, the self, and one's physical body. As respondents stated:

I will take refuge in nature and head for the woods, all alone, to reflect about the fact that the trees by my side, the grass beneath my feet, the ant crawling at my feet that I take care in not splashing, therein sparing it's life, were in no way, created by me ... And there in the woods, I am truly alone ... I have ventured deep into the woods and far into fields ... I've gone on fishing trips to the middle of lakes alone ... I'd rarely done this before. I've gotten to experience happiness through reflection ... It was essential to my journey. I like being alone. However, I had been surrounded by people all my life. Up until now I had always been a city person surrounded by concrete and not the woods (Woman, 63 years, breast cancer, post treatment).

You tell yourself ... don't speak and think about every step you take. You can truly breathe. You feel your footsteps as you walk. You can hear the birds, the wind; it's an extraordinary experience ... I now appreciate these moments in life a great deal more. I willfully take the time to appreciate these moments. I believe that's the main difference. I'm more aware of the benefits of nature (Woman 1, 55 years, breast cancer, post treatment).

Gardening is a form of meditation for me. ... Walking through the forest is a kind of meditation. To meditate for me ... It's to be open, to be conscious,

and it's to live in the present ... I'm a part of nature. My body is a part of nature ... It's to completely live for the present. It's to invite nature in ... It's to be one with nature (Woman 2, 55 years, breast cancer, treatment).

This connection with something greater also occurred in relationships with the invisible, immaterial world and with those who inhabit it. Some sick people entered into this relationship through **prayers and requests directed at non-human entities** such as God, Jesus, the Virgin Mary, saints, angels, the deceased, and others. These relationships were also at the center of fortune-telling with cards, where people turned to angels who knew the mysteries of their lives and destinies. They were also found in the **reading of holy texts** (the Bible, Psalms) or in religious practices such as **baptism conversion**, and **Lent** that bore witness to and strengthened their faith in the entities present in the Christian religions. By entering into this type of relationship, sick people obviously assumed the existence of a world where there were invisible powers that could influence human's lives. They had certain expectations of these relationships that went so far as a divinely inspired cure. This connection with the invisible world resulted in a particular knowledge and understanding of the self as part of a cosmological order.

One of my friends is an oblate ... The following day [of the diagnosis], I made my way to the Cape's sanctuary... I went to see my friend and told him I'd been diagnosed with cancer. He then celebrated the mass in my honour. That day I went on a wonderful Christian pilgrimage ... My departure was rather peaceful, but I could feel the strength the prayers were giving me (Woman, 67 years, melanoma, treatment).

I don't keep any of my secrets from God ... It was clear as day to me. What I needed to ask of Him that is. I wanted to live. I still had reasons to be alive. My community still needed me. I had responsibilities. I still needed to finish raising my children. And so, I made a promise to Him that as long as he'd keep me alive, I'd make sure to take care of Him from then on (Woman, 63 years, breast cancer, post treatment).

Every morning, I greet the sun. It's a personal ritual ... it's a kind of prayer that I do to greet all the different populations of earth ... there are the inhabitants of the water, of the sky, of earth, of the visible and invisible populations ... the

population of fire, of the sun, of the animal kingdom, the birds, the minerals, the plants, the fish ... (Woman, 53 years, uterus cancer, treatment).

... they prayed for me. They prayed for me in the name of the Holy Spirit ... they laid their hands down on my shoulders and prayed for me. While was be seated, they prayed in the name of the Holy Spirit, God and the Virgin Mary (Woman, 67 years, melanoma, treatment).

Reform Values So As To Develop a New Psychosocial Version of Self

A large number of sick people transformed their psychosocial version of self by acting on the values underlying their attitudes, priorities, and ways of living. It bears repeating that some of these sick people considered that they were partially responsible for the appearance of their cancer. Moreover, they stated that the cancer shed light on an order of priorities and values, on a vision of the world, on a way of living and of being. For example, one person pointed out that her disease arose out of excess materialism, out of a desire to always perform and have more money. She had based her daily life on a detrimental logic of performance that she later realized was favorable to the appearance of the disease. A second person had also lived in production mode, saying that his vision of life was too oriented on the present moment. He had taken himself as the center of the world and, by denying God's existence, he had put himself in danger. Three other people discussed their dissatisfaction with their relationships, stating that it was their way of acting with others that had led them to cancer. All these people transformed the aspect of the self that was at issue in the appearance of the disease. For example, they stated:

[*My body*] works differently now. It doesn't need to be performance oriented anymore. It's now allowed to rest and be taken care of better. It gets to be protected from illness. My body can become my soul's shell. I have to keep my body healthy if I want my soul to desire it as its shell ... You must see to it that you eliminate the cancer, that you think about yourself, and that you get back in touch with your inner child. You need to learn how to play and have fun everyday like when you used to be a child ... I no longer has to be performance driven in anything that I do (Woman, 63 years, breast cancer, post treatment).

... Putting yourself first. That's something I still have to work at. I still need to make sure that I

make myself, my relationship with my husband, and my relationships with my family and children my top priorities. Because, for a long time now, it was the opposite. Sometimes, we would be enjoying diner as a family, when the telephone would ring and, back then, I would take the call and I would leave my family behind to finish diner without me. I hadn't set any boundaries for myself. That was not a helpful behavior (Man, 59 years, lymphoma, post treatment).

Other elements of their lives were voluntarily modified, even though these elements may have had nothing to do with the appearance of their cancer. All the participants changed certain life habits and priorities during their cancer period. It was as if this disease provided an opportunity to make changes, take care of themselves, put an emphasis on human relationships, reconsider what was essential, and appreciate their lives more. This is well illustrated by the following extracts:

It seems like there isn't a true sense of urgency anymore. It's been replaced by a kind of wisdom. I now live in the moment. I used to appreciate the present, but there was always a certain sense of anticipation of what was coming next (Man, 59 years, lymphoma, post treatment).

It definitely makes you more cautious. I'm more careful. That's for sure. There is a kind of alarm. I can feel it. It also gives me the desire to live with more intensity, and to appreciate myself for who I am in this moment (Man, 64 years, prostate cancer, treatment).

... concerning relationships, I've come to realize that I've changed how I deal with them. What I mean is that when I'm in a conflict with someone, and that I feel that I've done all that I could to mend the friendship and that person still won't change their negative behavior, I don't hesitate anymore in cutting all ties with that person (Woman 1, 55 years, breast cancer, post treatment).

Maintaining my health, allowing myself and enjoying the simple pleasures of life, and to live for what's good in life, those are the things that really matter ... Also, eliminating all the negative people from my life that don't wish for what's best for me (Woman 2, 55 years, breast cancer, treatment).

I told myself, «Everything happens for a reason»... I told myself that something was bound to happen. I mean you settle into your uneventful suburban lifestyle, something always happens ...

I think that maybe it allowed me to take a step back and question a lot of things in my life... Ever since 1998, [*The year of the diagnosis*], my spirituality developed a depth it had never had before. My cancer leads me to reevaluate my life. It made me realize that the value I had attributed to certain things had changed from their value from before my cancer (Woman, 63 years, breast cancer, post treatment).

I've changed. It's changed me... I've become a better person because I only concern myself with what is truly important, what life is really about. Yes, I have judged others, but that's in the past. I no longer feel the urge to do so. I don't want to and I just don't have the time. Time is too important. Time should be spent living life to its fullest. I don't have any more time to waste... my values have changed. People are what are important, more so than material things possessions... I like to experience people's inner beauty. I like to experience things alongside people. What happens to them and what they feel. I don't like the superficial things in life anymore... (Woman, 67 years, melanoma, treatment).

In addition to reconsidering these aspects, the participants developed a concern for others through their commitment to people with cancer. They not only rejected values of performance, production and financial return, they also rejected their egotism. A social, virtuous version of the self-came into being. Some of the participants became volunteers who worked with cancer patients. Others fulfilled themselves in spiritual accompaniment and in the providing of medical-spiritual practices. As five respondents said:

I'd read the book... "To each their own mission"... I started contacting groups that were cancer-related... I don't have any regrets and I've never been as happy... This amazes me... That's what makes me want to share what I've lived through and help others with their struggles. For those reasons, I want to help in the development of programs that will offer help to those in remission and, even better, those working towards cancer prevention. I want to help those people identify tools and strategies that can be used to feel more at ease within their own life (Woman 1, 55 years, breast cancer, post treatment).

I felt the need to help people because I felt blessed to be one of the lucky ones to be cured. Also, I knew first hand that there wasn't enough psychological

support resources available... Sometimes, I do believe that my cancer was a blessing in disguise (Man, 59 years, lymphoma, post treatment).

Later, I became involved with the "Relais pour la vie" event, organized by a cancer fighting organization... I was charged with seeking out 10 to 12 people that would work for me in raising money for event... Last year... I was able to raise six thousand dollars (Woman, 67 years, melanoma, treatment).

One day, I notice an ad in the community newsletter asking for volunteers that would take the time and listen to people... A few years earlier, if someone had told me that I would be volunteering my time for various organizations, I never, ever would have believed them... When I was the one with cancer, there were people there to hear me out and encourage me. Actually, some of the women I've helped have been so grateful that it felt as if I had just given them the moon on a silver platter (Woman, 63 years, breast cancer, post treatment).

... my yogi friends had offered to come and heal me. In traditional India there are swamis. These people are considered to be a kind of travelling priest... essentially, a swami is a spiritual master of sorts... and so, in 2005 [*one year after the diagnosis*], I accepted the offer. At that point, it was the obvious choice for me... I've always been one to open other people's mind to new things (Man, 57 years, prostate cancer, treatment).

Interpretation

Achieving Ontological Transformation through the Religious

The preceding results show that, in Québec as in some other Western societies, the development of a highly perfected and very efficient scientific health care, the decline of the great religions, and a tendency toward secularization have not kept seriously ill people from turning to diverse religious and spiritual content. This content has been used to foster changes in the relationship between the self and the world by helping to develop new representations and produce new meaning in specific experiences. The effect of the religious was thus situated at the ontological level of Being. It was a question of redefining the patients' place in the world and of regaining control of their lives through a new view of themselves and their bodies, of the environment, nature, and the cosmos, and of what makes up the world.

In this way, the cancer patients stepped outside of a meaning framework established and accepted in medical dogma that not only made no sense to them but that also restricted them. To borrow an analogy from the theatre world, we might say that these new representations resulted in changes in scenery, characters, and the scenario. The actor's identity changed, as did his costume and aptitudes. The actor has become his own stage director and has freed himself from a reality that produced suffering, despair, and powerlessness. It was now up to him to take advantage of these new representations, this new coherence, this "œuvre de la pensée" (thought creation) to play a new role. Once the character was healed and better, the play would no longer be a tragedy. This helps us to understand why spirituality and religion, at their core, ultimately lead to the meaning, control, and mastery of one's life.

These ontological transformations did not occur in a random manner and were not isolated from the larger social context. Transformation of the self was at the heart of this type of experience and cancer patient acted freely on a relationship with the self because they were disposed to do so in the contemporary world. Effectively, many people in our post-modern period focus on themselves in a search for self-fulfillment and self-actualization (Lipovetsky, 1983). Often presented as consumers and "bricoleurs" (handymen) of practices and beliefs, on a socio-religious marketplace with highly varied products and standards (Hervieu-Léger, 1999), they try to piece together a personal religion that will fill in the gap left by a loss of depth and moral bearings (Taylor, 2003). It bears repeating that, in this quest, the creation and knowledge of a unique self is at the heart of these concerns (Taylor, 2002). This is an era of plurality and plasticity, not that of a rigid, permanent self. Rather, it is a propitious time in Western history that allows people to reinvent themselves and take advantage of this opening up to use the self to grow and live better. And, for the cancer patients that we met, to search for a cure.

These sick people's spiritual experiences were not in contradiction with the social and psychological processes where self and identity markers are considered as objects that must be explored and employed. These experiences were nourished by a "cult of the self," a holistic vision of the world, and an attraction for the invisible, for the sacred, for energy (Wunenburger, 2006), all of which are circulating in our societies and which are particularly available for people in existential crises. These experiences express an opposition to modernity and, in particular, a refusal of the body-mind separation, of the anatomico-physiological reduction of the human body, of the limiting of the body to its material, visible space,

of the dissociation from nature, and of the usage and exploitation of the object-body according to a strictly economic end.

An Initiatory Ordeal and Revelations

When we consider the whole process that sick people went through, we see that their spiritual experience constituted a shift from a sick, disagreeable, vague self toward a self with a different composition. The outcome of this process was, moreover, marked by the realization of a major change that had occurred within the self. With regard to this fundamental change, four people who were interviewed for this study concluded:

As of right now, I still consider myself in the early beginnings of my post-cancer phase of life, since my operation still feels so recent. I see myself as going through a rebirthing process. And, I feel an amazing amount of strength coming from that. Strength like I've rarely ever felt before. I feel a lot of determination as well. I feel powerful in a good way. My own personal power (Man, 64 years, prostate cancer, treatment).

I hope no one will ever have to go through what I had to. I find it horrible, but I believe that what is truly important ... is to change what we can change in our lives. In order to be the most comfortable possible, with yourself as well as with others ... It's time to clear out all the unnecessary elements and ask yourself the real questions. Like, what does this cancer say about my life so far? What is this cancer telling me about myself? I was a conflicted person inside. I was going to have to work hard and pull myself together, in order for my inner suffering to go away ... I had to take recognize many of my personal conflicts and imperfections, in order to have a life I never knew I could have (Woman 1, 55 years, breast cancer, post treatment).

My illness is responsible for transforming my life. It made me realize the importance of developing more than the work aspect of my life. Cancer at 52 years old really opened my eyes ... (Woman, 63 years, breast cancer, post treatment).

In the end, it would be appropriate to say that it was a spiritual experience that changed my life so dramatically (Man, 59 years, lymphoma, post treatment).

The road that people take because of their cancer could sometimes correspond to an ordeal from which

they can draw lessons so as to recommit to life in a much better way. Spiritual experiences, when seen close up, resembled an initiatory experience, defined briefly as an “awareness of a progression . . . that leads to a personal or collective certainty of the irreversibility of a process, of a metamorphosis that has occurred within the self (Our translation)” (Decharneux & Nefontaine, 1999, p. 22). The main elements of initiations and initiation rites (as described by Goguel d’Allondans, 2002) were found in the life courses of some people met here. These elements included: (1) A cancer diagnosis and the effects of the illness that brought these people face-to-face with death, disease, and medicine. This was the moment of separation from the self and the world of the healthy. It was, in some ways, the “hour of their socio-symbolic death.” (2) The diverse rituals, religious practices, and medical-religious practices shown in Figure 1. These rituals allowed people to turn inward, pay attention to themselves, unite the mind and body, connect with something greater than themselves, and transform values so as to develop a new psychosocial version of themselves. (3) A return to the world of the living, with new feelings concerning the self, “clad” with a new self, rich in discoveries and revelations. (4) A whole that constituted a not so ordinary path where the death and renaissance of the self was lived out. (5) An ordeal that taught people about the self and life, about past mistakes and truths about the self and its place in the world, and that helped them to become aware of its unsuspected strengths and resources.

Finally, the religious ensured, on this initiatory path, the classic functions with which we are familiar. It spoke of transcendence, revelations, connections, a return to the self, the giving of meaning to existence and life. It helped the patients in their personal growth and development, indeed in becoming another person. It goes with the realistic post traumatic growth processes that frequently arise in cancer experiences and that refers to: “benefits associated with a change in life perspective, an improvement in interpersonal relationships and in self perceptions” (Sumalla, Ochoa & Blanco, 2009, p. 26).

CONCLUSION

Our research indicates that the theme of identity and the redefining of one’s relationship with the self must be placed at the heart of questions about the place of religion and spirituality in cases of serious illness such as cancer. Our findings are in keeping with work by Garrett (2001) who reported in her analysis of her own experience how reiki, yoga, and transcendental meditation could furnish liberating, salutary rituals capable of transforming reality and the re-

lationship with one’s body and producing a new commitment to life.

Our results are also inline with the conclusions of Do Rozario (1997) and Samson and Zerte (2003) who are among the few authors to link identity, spirituality, and coping in cancer events. The former reported the theme of growth and the redefining of self among sick people as a strategy that allowed them to overcome suffering and to progress along a road bordered on one side by a “resurrection” and on the other by a “fragmentation and disappearance.” Samson and Zerte — after having discussed the effects of cancer on the patients’ identity, self-esteem, and personal idea of the self — found that four of the cancer survivors underwent personal growth and transformation. According to the authors, their spirituality helped them to find the meaning of their life, taught them to know themselves better, to listen to and respect their bodies, to consider a world outside themselves.

Our description of the role of religious knowledge and practices in illness itineraries expands on the dimensions of spiritual experiences that are usually presented in the health field. It bears repeating that spiritual experiences are often defined as: (1) a process allowing people to find meaning and reasons for living at a time when their lives seem to be absurd and headed toward a dead-end; (2) a moment of transcendence characterized by a movement beyond the self and everyday life, and by greater sensitivity to uncommon realities and forms of existence (e.g., immaterial and divine); (3) ways of being in interpersonal relationships that allow people to live with a feeling of harmony, balance, peace, forgiveness, and love; (4) a redefinition of one’s priorities and values in life (see literature reviews by Chiu et al., 2004; Ross, 2006; Sinclair, Pereira & Raffin, 2006; Tanyi, 2002).

Our research results highlight these different dimensions. That being said, we noted that these dimensions often came together in the people’s itineraries and that they only reflected certain aspects of a larger, more complex experience involving discovery and renaissance of the self. This discovery and renaissance evidently offered new meaning and possibilities. They allowed the sick people to once again adopt a temporal perspective and gave them the opportunity to plan and build for tomorrow. The fruit of this discovery and renaissance was meaning and hope. As for the aspects of transcendence, connection, and relationships with others (humans and non-humans), they were found in the people’s relationships with the invisible world, nature, the universe, and in a critical examination of the lifestyle that they would have to adopt. In contrast to meaning and hope, these three aspects helped these people to bring about the discovery and renaissance of the self,

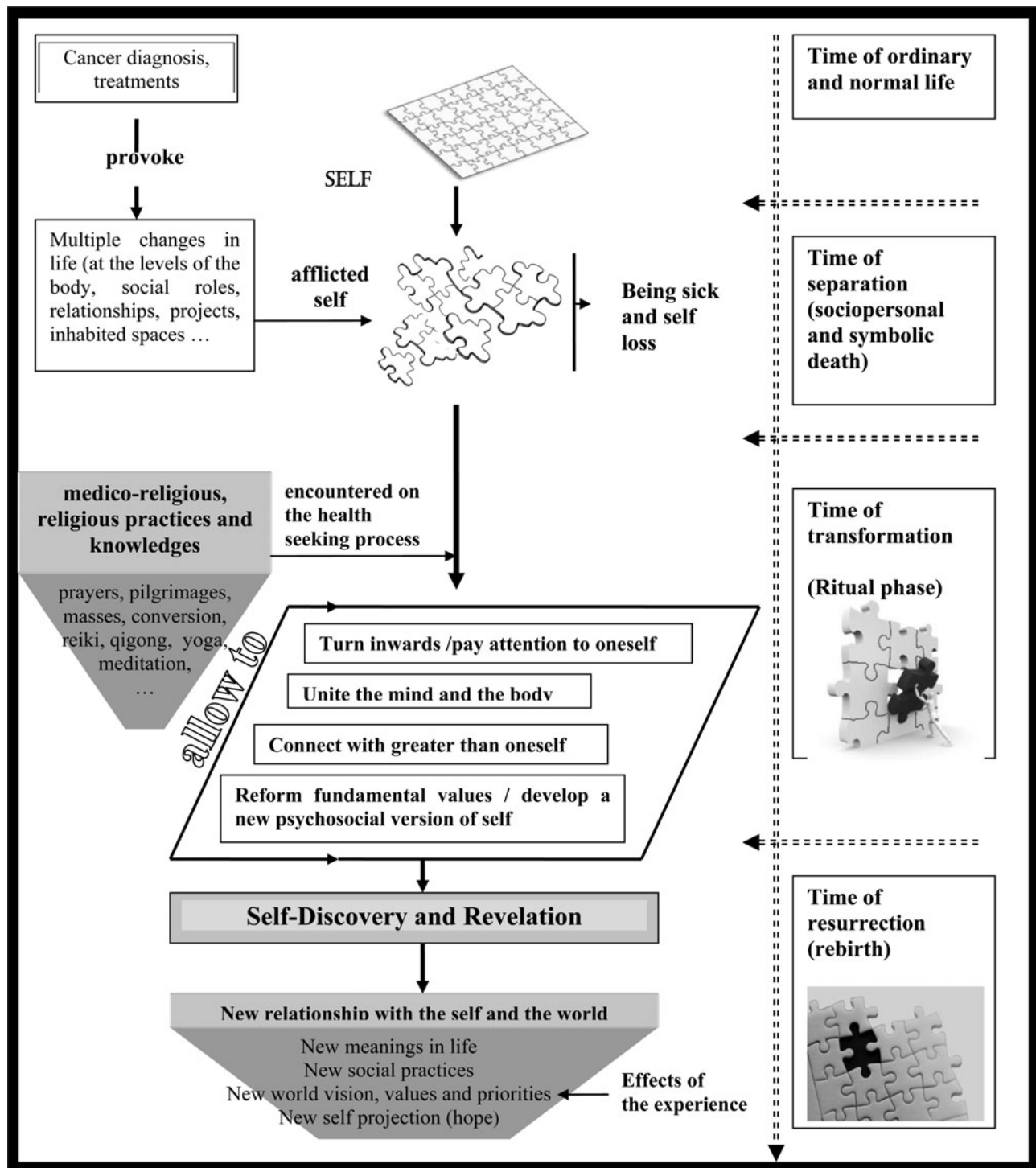


Fig. 1. The diverse rituals, religious practices, and medical-religious practices.

and indeed, were the preconditions for this achievement. They became part of these people's daily lives, part of this new self whose durability they guaranteed.

Finally, our analysis (outlined in Fig. 1) shed light on these people's spiritual experiences by taking into account both the effects of the illness on the people's

lives and the socio-religious context in which they occurred. Our analysis showed that there was a complementary relationship between religion and illness at the crossroad of the identity-building process. Discovering the relevance of the cancer patients' spirituality and religion demand that we be attentive to the initiatory process that lead to the discovery of

the self and a renewal of the relationship with the self.

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