Chapter IX

An Angel in My Pocket: Touch, Sacred Objects, and Spiritual Coping

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Touch in Hospital Chaplaincy

There are few places where a person is so entirely at the mercy of others as a health care setting. Patients are not allowed to wear their own clothing. Meal times, bedtimes, medication, treatment, tests: everything is organized for the convenience of the system. Hospital patients do not even have control over their own bodies. They may have the legal right to refuse medical procedures, but a desire to be healthy essentially nullifies that choice. A patient once told me that a diagnosis of cancer was like getting on the wrong train in a foreign country where she did not know the language. Although it is not logical, in these moments it is easy for us to believe that no one has ever experienced such a frustrating lack of control over his or her own life. Loss of control often engenders feelings of anger, fear, and helplessness, and is a key factor contributing to the experience of stress (Hood, Spilka, Hunsberger and Gorsuch, 1996; Pargament, Koenig and Perez, 2000).

In addition, serious illness is an isolating experience. It physically separates us from our normal circles of support, because we are bed-bound or in hospital. It psychologically and emotionally isolates us because, as sympathetic as friends and family may be, they are not walking in our shoes (Janet Hatanaka, personal conversation about her PhD in nursing research findings, February 7, 2006).
Touch offers a physical connection with another human being, a very basic, solid confirmation that we are not alone in our suffering. A positive moment of heartfelt physical connection in a time of distress can have a profound and long-lasting beneficial effect. It is a physical connection with something solid. It can be a point of grounding, not just because of the physical connection with another person, although that is significant; but touch may also serve as the modality for connection with a greater reality. The right touch in a crucial moment of spiritual darkness can reconnect us to humanity or help us feel linked to a universal source of love. It can even be perceived as a manifestation of God’s loving presence.

Touch works as a therapeutic intervention for the spiritual care provider because touch works as a spiritual coping strategy for the client. As is the case with all therapeutic interventions, touch should not be used without a spiritual assessment to determine if it will be helpful and appropriate (Hodge, 2003). This is vitally important because touch, even something as simple as a hand on a shoulder, may destroy the therapeutic relationship or even cause harm to the client if, for example, it is unwanted and/or stirs up memories of injury or abuse.

This chapter stems from my research on the use and touching of sacred objects within spiritual care practice (Miller, 2008). The insights from literature and my research are combined to review the impact of touch and touching sacred objects within spiritual care (Miller, 2008: Miller, Gall, and Corbeil, 2011) and ways that spiritual care practitioners and chaplains might understand touch in their helping relationship.

**Spiritual Coping**

There are many reasons people engage in spiritual practices. They differ depending on the situation, context, need, and time of life. Specifically, stress, suffering, worry, and fear tend to open the door to spiritual coping strategies. Kenneth Pargament (1997) has identified two common and significant reasons people turn to spiritual coping, particularly in times of stress.

- **Relatively Available.** When religion and/or spirituality are a way of life, rather than a part of life, they hold a central place, influencing many aspects of living. In times of stress the very religious or spiritual would easily turn to pre-existing theological beliefs and spiritual practices to cope (Samson and Zerter, 2004). For others, religion and
spirituality are compartmentalized. They play a small part or no part at all in global meaning, so they would play an equally small part in coping.

Relatively Compelling. Serious situations which push an individual to the limits of her/his resources and abilities bring human limitations to the forefront. In such situations coping methods which access a greater reality are more compelling than secular strategies (Pargament, 1997).

In the end, the choice to use a religious or spiritual coping strategy is made on a cognitive as well as an emotional level. It is a compelling choice when, because of the individual’s preexisting spiritual framework, it makes sense, and because of dire circumstances, it feels right.

Locus of Control

Locus of control refers to the individual’s perception of whether events in her life are due primarily to chance, fate or God, versus being the result of her own choices and actions. Locus of control has been identified as a significant factor in spiritual coping. However, research in this area reveals that it is a surprisingly complex factor (Levin, 2001). Jackson and Coursey (1988) found that both perceived high God control and high personal control are related to various dimensions of positive coping. They present the argument that through prayer an individual may feel that she influences God to intervene on her behalf and in this way gains a sense of control over events which are otherwise beyond her influence. This contradicts the previously long-held belief that spiritual coping techniques are antithetical to personal efficacy because they place control externally with God. The concept that spirituality is more than a passive or defensive coping strategy has been supported elsewhere (Pargament and Park, 1995). Ellison and Taylor (1996) hypothesized that people often turn to spiritual practices specifically to gain control over the negative emotions, which arise in reaction to events that lie outside the realm of personal problem solving capabilities, such as serious illness, disabilities, chronic pain or bereavement. While Ellison and Taylor recognized that people were trying to gain control over negative emotions, they didn’t explore the effectiveness of spiritual coping. Others found that spiritual coping has shown itself to be a complex construct that “adds a unique component to the prediction of adjustment to stressful life events that cannot be accounted for by other established predictors” (Tix and Frazier,
Pargament and his colleagues posit that this unique component is the sacred (Pargament, Magyar-Russell and Murray-Swank, 2005).

The Spiritual Dimension of Touch

The spiritual dimension of touch receives its authority from a transcendent reality which is perceived and experienced by the client. Theologians have long agreed that transcendent reality is wholly outside the mundane world, yet underlies all life experience (Dupré, 2000). According to Dupré, believers consider the transcendent to be an absolute eternal reality, while the physical world is transient and mutable. Psychologist Kenneth Pargament (2007) agrees, arguing that concepts of transcendence (e.g., Heaven, love, Creator, spirits of deceased loved ones) reside at the core of sacredness. Pargament goes on to explain that any object, person, place, time, space, attribute, or activity can be sacralized through its association with this sacred core. These things become invested with divine character or qualities (as opposed to being perceived as actual manifestations of the Divine) because of their close association with the transcendent. This is a process known as non-theistic sanctification (Pargament and Mahoney, 2002, 2005). Accordingly, a chaplain patting someone on the shoulder or holding a client’s hand has the potential to invoke sacredness because the chaplain, the action, or the content of the conversation may be associated with the transcendent, as understood by the client. Thus, touch itself can become sacralized. Herein lies the benefit of touch as a spiritual coping strategy.

Objects of Spiritual Significance

With this understanding, it becomes clear that the sacred is not limited to human-to-human contact. Through sacralization of the mundane, the scope of the sacred may be expanded to include all aspects of life, including small personal objects (Lamothe, 1998; Pargament and Mahoney, 2002). Whether grand or simple, sacred objects serve as uniting elements between limited, profane existence and the infinite reality of the Transcendent (Lane, 1981). In his book, Symbols of the Sacred (2000), Louis Dupré argues that limitations of human intellect require the use of symbols because what is wholly abstract is beyond the grasp of most people. Symbols provide a way of knowing,
understanding and interacting with the abstract. They are physical forms signifying an inexpressible vastness. When we are travelling through that dark night of the soul we often need that which is sturdy and solid to hold. Sacralized objects serve that purpose. They are literally something to touch and hold during our difficult hours. They are the mediator between the human being and that inexpressible vastness that some of us call God. Dupré further posits that sacred objects exist in such an intimate relationship with the things that they signify that they are paid the respect and consideration due to the signified.

Once again, psychologists Pargament and Mahoney (2002) would agree. They found that extraordinary respect and love are shown to the sacralized. Time and energy are invested in maintaining regular, ongoing contact with these objects when they are used as a coping strategy during times of stress (Miller, 2008). I offer the following case vignette from a patient with whom I worked.

Mattie was an 87-year-old widow with no children. She described herself as a “Cradle Catholic.” Regardless of how her faith had ebbed and flowed over her lifetime, Mattie had always participated in the standard practices of Catholic tradition. In middle age she began praying with her rosary beads to lull herself to sleep each night. When her husband died, Mattie found herself overwhelmed with grief to the point where she couldn’t concentrate enough to complete all the prayers of the rosary. Yet, she carried her beads with her everywhere. When tears of grief welled up, she would reach into her pocket to touch her rosary. The familiar feel of working the beads between her fingers would calm and comfort her. I met Mattie when she was admitted to hospital to undergo medical investigations for possible cancer. It was then that I heard the story of her rosary. Once again, Mattie found herself so worried that she was unable to pray, despite wanting and needing to do just that. Once again, merely touching her rosary beads brought her comfort.

I grew up in the Catholic Church, so this was not the first time I had witnessed someone being deeply comforted by the touch of a rosary. In fact, this childhood experience is what prompted my interest in this line of research. However, after a few years of working in a large, inner-city hospital, I have come to realize that many objects may take on spiritual significance and are then used as a spiritual coping strategy. In fact, I have worked with patients who are deeply comforted by touching a wide variety of personally sacralized objects. Bonnie, the mother of a patient, is a case in point.
Matthew had come to the hospital for an elective surgical procedure and never regained consciousness. He wasn't expected to live. His mother, Bonnie, and his wife, Jean, took turns sitting at his bedside so that he would not be alone when he died. Bonnie, an active member of the Pentecostal Church, was in the habit of carrying a small stone with her wherever she went. The stone was smooth and shiny, with a deep mossy-green color. It had a lightning bolt of maroon across the front. Bonnie called this a “bloodstone.” She would rub the stone against the back of Matthew’s hand and across his forearm hour after hour as she sat at his bedside. Bonnie explained to me that doing this was a way of blessing Matthew. “It really works,” she said, “I'll show you.” She took my hand and rubbed the warm smooth stone across my skin, and I understood what she meant. Bonnie associated her bloodstone with the blood of Christ and in this way sacralized it. She was so comforted by the touch of this stone that she carried it with her at all times. The comfort of its touch was so strong to her that she could not imagine others did not feel it as well.

Touching any object may potentially provide a powerful sense of comfort to those who experience these objects as sacred. Some of these items of comfort are embedded in the narrative of a religious tradition. Others, like Bonnie's bloodstone, have been given a unique meaning by the individual. The overarching feature is that the objects have come to signify a transcendent reality, as perceived by the individual. One of my original research participants stated it simply, “It's not the thing that is sacred so much as what is attributed to it that is sacred” (Miller, 2008, p. 53). In fact, touching a sacralized object during a time of stress and spiritual suffering has been shown to be an effective spiritual coping strategy (Miller, 2008; Miller, Gall, and Corbeil, 2011).

The Function of the Sacralized Object

What function do these objects serve in spiritual coping? Do these objects serve the same purpose with each person? Although there is variation, my colleagues and I found significant commonalities in the experience of holding, touching and/or praying with a sacralized object (Miller, 2008; Miller, Gall and Corbeil, 2011).
Focuses the Mind

One hundred percent of research participants (Miller, 2008) reported that the sacralized objects helped them to concentrate, which was difficult to do in the midst of crisis. It was a little bit easier to block out the worries and concerns that people were struggling with during crisis when they held, touched, and looked at the object. Each of the participants, in their own words, described this. “It centered me and helped me focus on what I wanted and what I hoped for” (Miller, 2008, p. 54).

Tool of Connection

None of the participants perceived the object as a manifestation of a transcendent reality. The objects were not worshipped. Instead, they served as a channel to a transcendent reality. The object was a connecting line to a sacred core. “It helped me to have some kind of connection, especially when I was ticked off beyond belief with this God.” Another said, “You feel like you have a line connected to Him – yeah. That’s the way it feels. That’s my line” (Miller, 2008, p. 57). Whether it’s called a “channel,” “aid” or “line,” all participants used the object in an attempt to communicate and commune with the transcendent reality, as they perceive it. Eighty percent described this as the object’s main purpose.

Source of Emotional Support

All participants described reaching for the sacralized object when they needed emotional support. People came to view these objects as a point through which they received an unlimited source of emotional support. This support could be divided into three categories: comfort, strength, and guidance (Miller, 2008).

Comfort. All participants talked about yearning for calm, peace, or comfort when they reached for their object. They described their need to retreat and replenish the spirit through contact with the object: “I don’t need Him to do anything practically for me. I’m not starving. I’ve got a shelter. I’m not lying here bleeding to death. I just need him to calm my fear or calm my sadness” (Miller, 2008, p. 59).

Strength. When faced with challenges, people will sometimes turn to sacralized objects, specifically seeking strength, grounding, or courage so that they can move forward in the face of their stressful
life event. They are not asking that the difficulty be lifted from them, or that they be shielded from it. They are asking that their hearts be divinely fortified to ready them for the challenges ahead. Holding the sacralized object before or even during a stressful encounter, combined with prayerful positive self-talk, provided the needed courage. One of the participants in my initial research project described contact with her object as follows: “And it kept me in place, ‘You’ve just got to do this,’ so that I didn’t get totally freaked out.” Another reported: “I feel less powerless. Not that it gives you power, but it certainly gives me strength.” A third said: “I think I received strength enough to deal with things and to be—not off in the corner crying all the time” (Miller, 2008, p. 60).

Guidance. People also describe taking hold of the object at a time when they feel overwhelmed by what is happening, keenly aware of their own limitations in that situation and unsure of what to do. A feeling of helplessness may often be part of the journey through illness. A woman who had sacralized a small prayer book given to her by her grandmother said: “Well, usually when I’d turn to that book it was an emotional time in my life where I’m looking for guidance or looking for answers. I’m looking for directions” (Miller, 2008, p. 60).

In summary, sacralized objects serve many functions. They can be an aid in concentration, a tool of connection to a greater reality, as well as an access point to emotional and spiritual support, specifically comfort, strength, or guidance.

A Beneficial but High-Maintenance Coping Strategy

For all the research participants in my first study, the ultimate goal was to access the transcendent for support through physical contact with the sacralized object. That is the coping strategy in a nutshell. The sacralized objects were the mediating pathway between a person and the divine other (Miller, 2008). Since that first study, I have seen hospital patients sacralize many objects by perceiving them to be connected to a wide range of concepts of the transcendent: family, friends, cosmic-universal love. Neither object nor transcendental concept need to be embedded in a religious tradition for the sacralized objects to function as tool for spiritual coping.

When people take hold of these objects it is usually because they are filled with negative emotion and seeking emotional support (Miller, 2008). Research participants, as well as patients I have
worked with, have reported that they feel encouraged and their mood is uplifted when they touch these objects. Interestingly, few people have said that touching their object reduces their levels of fear or anxiety. More often, this activity seems to introduce positive emotions alongside the negative ones, thus temporarily shifting the balance. For a short while, people feel a sense of comfort, peace, and safety (Miller, 2008). However, this feeling of emotional uplift is short-lived. It comes in small increments. People’s narratives indicate that they need to work hard to recapture or maintain this level of comfort. It is a high-maintenance coping strategy. Yet it is so beneficial that people are willing, some even feel compelled, to return to these objects frequently. They keep them close at hand. This is illustrated by the story of Michelle, a research participant (Miller) who struggled with infertility for years before eventually having two successful pregnancies. The following are excerpts from the interview transcript:

[W]e went in for our appointment. All our tests had come back. Her news for us was that I couldn’t get pregnant and he was hopeless too. It was the only thing in my entire life that I didn’t have control over. It was just something that – it didn’t make sense to me. I was even prepared for her to say, “Well, you know the drugs you’re on right now aren’t working, but this is what we’re going to do next.” But, she basically said there was nothing. I just kept staring at this lady and I was baffled that she had no other options for me. I confided in one of the girls at work and she bought this little medallion with a little angel on it that said HOPE. So, I carried that around in my pocket every single day, I never let it out of my pocket. And, anytime I got really, really sad or really stressed, or started to cry, I’d pull out the little angel. It went from the pocket in my shirt to the pocket in my pants, but it never left my body. . . . It’s a nice feel to hold on to something. It was nice to have a little piece of comfort. (Interview transcript, Miller, 2008)

Although at one point earlier in the interview Michelle said, “That was me trying to talk with God,” communication with God was not the main purpose of her object. It was primarily a source of comfort because it was associated with the love and support she received from her friend. For Michelle, this object signified communion with an empathetic friend. Looking back on that dark time of wanting to have
children but being unable to get pregnant, Michelle reflected on the role played by her angel medallion:

It’s something that, when I see them [angel medallions] in stores I think immediately of my children. And I think immediately that something was special about that. I think probably it had a lot to do with the love of the person who gave it to you. Almost like a power that was put into it and passed on. . . . So, I just kind of keep thinking it has a lot to do with—something like that really connects people. But, it’s still something tangible. That’s all it was. If anything, it’s something to hold on to. Because it’s easier to say you can hope, but if you actually have something to hold sometimes it makes it a bit easier. (Interview transcript, Miller, 2008)

Michelle needed to touch the angel medallion frequently in order to maintain the level of comfort she needed moment to moment, to make it through each day. She did this by carrying the medallion with her all the time. By her own words, it was always in her pocket. This is a common behaviour with sacralized objects, especially during times of stress (Miller, 2008; Miller, Gall and Grant, 2001).

In summary, contact with sacralized objects provides brief moments of emotional uplift. If the individual is able to string enough of these moments together, the long-term benefits may be significantly propitious. In 1997, Park and Folkman published an investigation of how people cope with severe chronic stress. Although their study didn’t investigate the use of sacralized objects in particular as a coping strategy, they reported a similar finding. They monitored the caregiving partners of men with AIDS over a two-year period and found that caregivers who were able to experience frequent, although small, moments of happiness coped better with chronic stress. Park and Folkman theorized that a series of incremental moments of positive psychological states, all strung together, were enough to sustain people through long periods of severe stress. Sacralized objects support these brief moments of positive psychological states.

**Evolution of the Sacred Object**

The confluence of events that lead to the sacralization of objects is unique for each individual. Family of origin, psychological formation, faith tradition, life experience, and cultural ambiance converge
to give significant personal meaning to an object during a period of
deep distress and searching (Miller, 2008; Miller, Gall, and Corbeil,
2011). In other words, the objects are usually embedded in the life
narrative of the individual and introduced to the individual in child-
hood by a maternal-like family member, not necessarily the primary
caregiver. For one participant, John, a personal relationship devel-
oped between John and the object over the years that followed. This
relationship ebbed and flowed and matured as the person’s faith did.
The object eventually came to symbolize the sacred core of transcen-
dent reality, as understood by John. Seventy percent of the partici-
pants in my research project reported that the objects were an integral
part of their spiritual lives before the stressful event occurred. As chil-
dren, they may have seen objects in the hands of family members,
around the house, in church, and so on, but they did not personally
sacralize the object until they experienced a moment of great distress,
combined with a yearning for a spiritual connection to the transcen-
dent (Pargament’s “relatively available” and “relatively compelling”
circumstances). This can be seen in the story of Mattie and her rosary
presented earlier.

The narrative of Francine, another patient for whom I provided
spiritual care, illustrates a rare exception to this finding. She did not
have a long history with the object. It was a gift from me, someone she
only knew for two weeks.

Francine was a patient who was going to be transferred to a
geriatric rehabilitation centre in a day or two. She was waking up
in the night so filled with fear that she had trouble falling back to
sleep. Despite being absolutely sure that she had a guardian angel
with her throughout the night, she was scared to be alone in the dark.
After hearing this story, I brought Francine a small angel carved out
of rose quartz. I thought she might want to hold onto it whenever she
woke up. Maybe it would make it easier for her to feel the presence of
her own guardian angel. Two days later I found Francine very upset
because her quartz angel was missing. She suspected that it had got-
ten tangled in the bed sheets and sent out with the laundry. Francine
had even asked her nurse to search around the floor, under the bed,
and in her bathroom to try to find it—with no luck. I assured Francine
I could get her another one. “Oh no, it’s too late.” she replied. “I’m
being transferred to the other hospital any minute.” “Not to worry. I
have one in my office. I won’t be long.” I quickly rushed to fetch the
replacement. Five minutes later I returned to find Francine strapped
into a transport gurney, tearfully explaining to two ambulance personnel that they could not take her from the hospital yet because she was waiting for her angel!

Even after studying the phenomenon of patient experiences with sacralized objects and having a clear sense of how significant these objects can be, I was taken by surprise by how quickly this process had taken place with Francine and her angel. In just 24 hours she had come to depend on this small statue as a way of connecting to her own guardian angel, and she was comforted by it.

**Sacralized Objects in Meaning-Making**

There are also long-term benefits which tend to be unexpected by those who use sacralized objects as a coping method during immediate times of distress. These long-term benefits are related to issues of life meaning, purpose, and a new sense of self, which develop after years of reflection on particular stressful events.

Meaning-making is an emotion-focused coping activity in which incongruence between a specific situation and deeply held beliefs (global meaning) is eliminated, either by changing the perceived situational meaning or modifying global meaning (Park and Folkman, 1997). When bad things happen, people are more likely to reappraise the situation to fit their system of beliefs than they are to change or abandon their global meaning (Pargament, 1997). But this process of meaning-making and reappraisal takes time and reflection.

My first study (2008) found that individuals who are in the habit of carrying their objects with them, touching them, and praying with them continue to turn to them for comfort, strength, and guidance even after the stressful event is over. For months and years afterwards people reflect, pray, and ruminate on what happened, all while holding the very object that serves as a connection to transcendent reality. The object encourages a spiritual mind-space within which the meaning-making process takes place. As such, the sacralized object supports a healthy psycho-spiritual framework.

Some of the participants in my research seemed surprised to find that far down the road they were doing better than they expected, and that doing better included a broader aspect of life than that originally impacted by the stressful event. One gentleman referred to this as the “spill-over benefits” of regular prayer with his object (interview transcript, Miller, 2008).
People may not intentionally seek long-term benefits, but they are the blossoms that grow from the coping activities in which people engage in the short term. Effective spiritual coping methods, along with a healthy meaning-making process, may move people toward healing and wholeness. Michelle, the research participant who had trouble getting pregnant, described the final phase of her own journey through the meaning-making process like this:

I always kind of view this as a life lesson I needed to learn because my life had been too simple up until that point, and I needed to understand that there are some obstacles out there. That obstacle wasn’t a real obstacle because it was solved and everything came full circle and was perfectly fine. And other people go through misery, and I just had a tiny little bump in the road, but for me it was a tragedy. It’s all in your perspective. I don’t know if it changed my relationship with God. I think it made me more mature and appreciate life more. It made me join reality. (Interview transcript, Miller, 2008)

By her own account Michelle was not a religious person. She didn’t see her situation as part of a divine plan. The meaning-making process led her to view what happened as an opportunity to join reality. She can now express gratitude for having had that opportunity.

**Challenges with the Research**

All the participants in the phenomenological investigation of this particular spiritual coping method were Catholic, although their objects were not all embedded in the Catholic tradition. Once I started working in the hospital I encountered people from a wide range of spiritual and religious perspectives who sacralized a wide variety of objects and engaged with them for hoping and coping. However, a controlled study of this wider circle of sacralized objects used by non-Catholics is yet to be done.

**Conclusion**

Existential questions often arise in times of duress. Beliefs about control, the benevolence and justness of the world, or the existence of a loving God may be thrown into doubt (Gall and Grant, 2005). Whether
or not there is a belief in a higher power, and regardless of religious affiliation, when people are troubled by such concerns they yearn for guidance and comfort. They struggle to find meaning in what is happening (Emmons, 1999). Spirituality is one arena within which such quests may take place (Gall and Grant, 2005).

Once a person has entered the spiritual dimension of suffering and reflection, spiritual coping becomes a compelling strategy. An understanding of how touch, whether human-to-human or holding an object, can be sacralized provides the spiritual care provider with a beneficial, therapeutic, spiritual intervention. As with all interventions, a thorough assessment must be done first.

Additionally, sacralized objects can meet a broad set of needs. Once they become established as a component of a person’s spiritual practice, sacralized objects prove to be a vital aspect of coping and meaning-making. Although my study found that the benefits of holding and touching a sacralized object parallels those of other spiritual coping methods, this particular strategy does much more than any other single method. Through ongoing contact with a sacralized object, the groundwork is laid for continuous reflection and meaning-making that may lead to positive reappraisal of the event and eventual spiritual growth.

References


