

THE RITUAL OF PRAYER: A SPIRITUAL OCCUPATION

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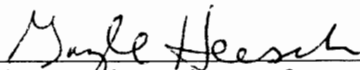
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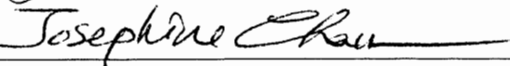
I am submitting herewith a dissertation written by Mohammad S. Nazzal, entitled "The ritual of prayer: A spiritual occupation." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Occupational Therapy.

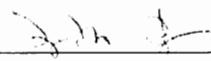


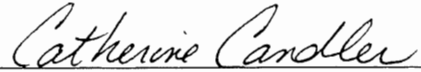
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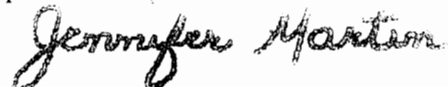






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ABSTRACT

MOHAMMAD S. NAZZAL

THE RITUAL OF PRAYER: A SPIRITUAL OCCUPATION

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Occupation is everything people do to occupy themselves, including self-care activities, work, leisure and play. This line of research explored the ritual of prayer as a meaningful spiritual occupation. The overall purpose of this dissertation was to explore the occupation of daily prayer, and to bring to the attention of occupational therapists the importance of spiritual occupations in the lives of their clients.

This dissertation includes six chapters. Chapter One introduces the problem, aims, and significance of this line of research. Chapter Two is a literature review of the occupation of prayer and spirituality, associated issues and effects on health and well-being of the individual. Chapter Three explores the meaning, value, and occupational performance of prayer to ordinary individuals who regularly perform this occupation. Chapter Four investigates the meaning, value, and occupational performance of prayer from the perspective of individuals with physical disabilities. Also, it examines the adaptation process that they experienced in their attempt to perform the occupation of prayer. Chapter Five pilots the utility of a newly created prayer assessment tool to examine physical, cognitive, and affective skills and level of community participation.

Chapter Six summarizes the findings of this line of research, limitations, and implications for occupational therapy.

The significant finding of this line of research was that it illustrated the significant meaning and value of the occupation of prayer to participants with and without physical disabilities. The studies revealed the occupational performance skills, contexts, and patterns inherent to optimal engagement in the occupation of prayer. In addition, it illustrated the adaptation process that individuals with physical disabilities experience in their attempt to perform the occupation of prayer. Such a process could be therapeutically utilized by occupational therapy practitioners to maximize the participation in prayer rituals and other spiritual occupations among individuals who identify themselves with previous religious roles. The Occupational Measure of Prayer (OMP), although a promising new tool, is still in the first stages of tool development and needs further refinement with the establishment of appropriate psychometric properties.

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CHAPTER I

INTRODUCTION

Most individuals, no matter what their cultural or geographical background, tend to relate to a higher form of existence (DiJoseph, & Cavendish, 2005; Maier-Lorentz, 2004). This relationship with a higher form of existence may be displayed in the form of a spiritual connection, often called prayer. Abramowitz (1993) refers to prayer as the ladder which connects the individual with the higher power. Prayer takes many forms. These include, but are not limited to: supplication; meditation and rehearsing verses of holy books such as the Bible, Torah or the Quran; using rosary beads; making the sign of the cross; and attending houses of worship.

Prayer is a universal spiritual activity and its meaning is relative to each individual (DiJoseph & Cavendish, 2005; Lenshyn, 2005; Taylor & Outlaw, 2002). Culture and prayer have a strong link. The form, meaning, and significance of prayer will vary according to the cultural and social make up of the individual (Maier-Lorentz, 2004).

Problem Statement

Occupation is considered the medium and the outcome which occupational therapists utilize to maximize their client's performance potential. This philosophical principle is based on the inherent assumption that participation in occupations is essential to one's health and wellbeing (Meyer, 1922; Reilly, 1962; Wood, 1995). Johnson (1973)

defined occupation as “any goal-directed activity meaningful to the individual and providing feedback to him about his worth and value as an individual and about his interrelatedness to others” (p. 3).

One of the occupations that many individuals enjoy performing is prayer. Prayer is one occupation among many within the spiritual realm but has rarely been addressed in occupational therapy literature. Even though the spiritual context in which the occupation of prayer occurs could be closely connected to the occupational performance of an individual, this connection has not been acknowledged by most occupational therapists. The Occupational Therapy Practice Framework: Domain & Process [OTPF] (AOTA, 2002) considers spirituality as part of the environmental context in which occupation may occur (AOTA, 2002). Spirituality is defined as “the fundamental orientation of a person’s life that which inspires and motivates that individual” (AOTA, 2002, p. 623). The OTPF identifies the spiritual context of occupational performance, yet does not mention prayer as an activity of daily living (ADL). As an area of occupational performance, prayer has many performance skills that could be used in therapy. For example, rituals and routines, social communication and community participation could all be addressed by occupational therapy through prayer.

Different forms of prayer from different cultural and religious backgrounds often encompass most, if not all, of these skill areas. However, individuals with physical or psychological conditions may not be able to optimally participate in the meaningful occupation of prayer. The occupational therapy profession has a responsibility to meet the needs of clients and the society we serve (AOTA, 2006). Consequently, occupational

therapists should explore all areas of occupation that are of interest to our clients and utilize these occupations to maximize their adaptive repertoire and functional capacities. Prayer is one example of an occupation that can be used to facilitate adaptation and functional performance.

Purpose Statement

The overall purpose of this dissertation was to explore the meaning, value and the different performance aspects of prayer as a meaningful occupation for individuals from different faiths and cultural backgrounds. Occupation requires active participation and engagement of the individual (AOTA, 1979; Fidler & Fidler, 1978). This basic assumption of occupational therapy is applicable to those forms of prayer that are ritualistic and require some kind of physical and cognitive engagement. For the purpose of this dissertation, the researcher defined prayer as: the religious act or event in which individuals seek connection with a higher form of existence through physical, mental and ritualistic engagement of worship as defined within cultural and religious norms either individually or collectively. As such, this dissertation did not address meditation and intercessory (distant) forms of prayer (Byrd, 1997). Research articles on the effect of these other forms of prayer on health have raised strong but reasonable debate and doubt of its validity from the scientific community (Flannelly, Ellison & Strock, 2004).

Also, it should be noted, that the aim of this line of research was not to propose that individuals should pray to increase their health and wellness, nor to impose the researcher's views and biases regarding this topic. The main goal of this dissertation was to explore the meaning of spiritual activity; the occupational spiritual behavior rather than

the belief itself was considered (Maier-Lorentz, 2004). Keeping that in mind, this line of research attempted to shed light on prayer performed within the Catholic, Jewish and Muslim faiths.

Specific Aims

There were three specific aims of this dissertation. Each one was individually investigated and each study was submitted to relevant peer-reviewed journals. The first study, entitled “Prayer- the forgotten occupation: Occupational meaning, value and performance”, explored the meaning and value of prayer to ordinary individuals who regularly perform this occupation. This study attempted to answer the following questions:

1. What is the meaning and value of prayer?
2. What performance skills are required to optimally participate and perform the prayer as an activity?
3. What contextual factors are inherent to the participation in prayer, i.e. physical, personal, cultural, temporal and social?
4. What performance patterns are related to the performance and engagement in prayer, i.e. rituals?

The second study was entitled “Participation in prayer: Perspectives of individuals with physical disabilities”. It explored not only the meaning and value of prayer as an occupation, but also examined the adaptation process that individuals with physical disabilities experience in their attempt to perform the occupation of prayer. This study aimed to answer the following questions:

1. What is the meaning of prayer from the perspective of individuals with physical disabilities?
2. What obstacles do individuals with physical disabilities encounter when engaged in the performance of prayer?
3. What adaptive repertoires do individuals with physical disabilities utilize to optimally participate in prayer?
4. What strategies and implications can occupational therapy offer that will maximize the client's participation in prayer?

The third study, entitled “The Occupational Measure of Prayer (OMP): A pilot exploration”, investigated the utility of a prayer assessment tool to examine physical skills, level of community participation and cognitive/affective skills. This study was based upon the application of activity analysis concepts to assess the fit between the client's performance skills with activity demands of the prayer activity (Hersch, Lamport & Coffey, 2005; Watson & Wilson, 2003). The aim of this study, then, was to provide occupational therapists with a tool that can be used with clients who identify themselves with previous religious roles and are interested in resuming such roles as part of their intervention goals. Such a tool seems warranted as it would provide the therapist with necessary information to achieve meaningful treatment goals and priorities. The study attempted to answer the following research questions:

1. What is the usability of an occupational measure of prayer in capturing the physical, cognitive, and affective performance and level of community participation of prayer?

2. What are the psychometric properties of the proposed tool?

Significance of Line of Research

Although spiritual and religious activities may be very important from a client perspective, these occupations unfortunately are often overlooked by health care workers (Ellis & Campbell, 2004). King and Bushwick (1994) asked their research participants whether they wanted their doctors to discuss religious beliefs and practices with them. The results showed that 77% of 203 inpatient clients said physicians should consider their patients' spiritual needs in their treatment plans. Because prayer and spiritual needs can influence clients from a general health perspective, these needs should take greater prominence in occupational therapy intervention. Since we consider our profession to be client-centered and supportive of spiritual practice, we should not only ask clients if they would like to speak to a chaplain (DiJoseph & Cavendish, 2005) but also we should pursue more broadly the client's spiritual needs.

Though many researchers have attempted to explore the meaning of spirituality in occupational therapy practice, none have attempted to look into the meaning of prayer as a meaningful and purposeful occupation. The intent of this dissertation was to bring attention to occupational therapists, reluctant to address spiritual occupations in their practice, of the importance of prayer in the lives of their clients (Collins, Paul & West-Frasier, 2001; Farrar, 2001; Johnston & Mayers, 2005; Taylor, Mitchell, Kenan & Tacker, 2000; Rose, 1999; Udell & Chandler, 2000). Overlooking prayer as an occupation diminishes a significant contextual domain of the individual, which is the spiritual domain. Thus, client-centered practice can not be claimed as fully achieved.

DiJoseph and Cavendish (2005) criticized health care workers who consider addressing the spiritual domain as optional. If professionals claim that they are practicing holistic care, it becomes their responsibility to consider the spiritual domain.

CHAPTER II

LITERATURE REVIEW

The link between spirituality and health has been of interest to most health disciplines, including nursing, medicine, psychology as well as the social sciences and humanities, theology, and gerontology. However, many of these disciplines, including occupational therapy, have failed to completely understand spirituality, how it affects the individuals they serve, and how they can use spirituality to influence client outcomes. The continuous debate about spirituality and its position in the care of clients seems to arise from the ambiguity of the definition of the concept of spirituality.

According to nursing literature, spirituality refers to the quest for meaning through beliefs and rituals (Bonura, Fender, Roesler & Pacquiao, 2001). Many equate spirituality with religion. Although spirituality and religion are more likely to be used interchangeably, they do not mean the same thing (Bonura et al., 2001). Religion can be best described as “organizational, ritual, and ideological” sets of beliefs (Walker, Gorsuch & Tan, 2004, p. 70) and can distinguish cultural and ethnic entities from each other (Bonura et al., 2001), whereas the concept of spirituality expands beyond religion to encompass everything that generates meaning and transcendence to an individual. For many individuals, the quest for the meaning in life can be expressed through their relationship with God or a higher power. Others, on the other hand, may find meaning through nature or through their relationships with other people. This broader

understanding of spirituality reflects the expected responsibility of health professions to be more diverse and inclusive of all individuals who vary in their expression of spirituality. The following review of the literature discusses spirituality and spiritual occupations from both an occupational therapy perspective and from disciplines outside of occupational therapy.

Spirituality and Occupational Therapy

A great deal of occupational therapy literature has investigated the link between spirituality and occupational therapy. Overall, the literature emphasizes that spirituality gives meaning to life through occupations (Christensen, 1997; Collins, 1998; Egan & Delaat, 1997; Hammel, 2001; Hasselkus, 2002; Peloquin, 1997; Urbanowski & Vargo, 1994). The following literature review sheds light on spirituality, its definition, boundaries to its provision, and its link to meaning.

Definition of Spirituality

The *Occupational Therapy Practice Framework* (AOTA, 2002) highlights the significance of spirituality by considering the spiritual context of the environment in which the occupation occurs. The OTPF defines spirituality as “the fundamental orientation of a person’s life that which inspires and motivates that individual” (p. 623). Similarly, the Canadian Model of Occupational Performance (CMOP) defines spirituality as “a pervasive life force, manifestation of a higher self, source of will and self-determination, and a sense of meaning, purpose and connectedness that people experience in the context of their environment” (CAOT, 2002, p.182). The CMOP places spirituality at the center of activity and identity. Both the AOTA and the Canadian

Association of Occupational Therapy (CAOT) definitions reflect the sacredness of spirituality.

Unruh, Versnel and Kerr (2002) offered an excellent analysis of many definitions of spirituality from the perspectives of several disciplines like nursing, occupational therapy, theology and psychology. Unruh and her colleagues (2002) studied and analyzed these definitions of spirituality and then thematically categorized them into 7 major themes. These themes are: “1) relationship to God, a spiritual being, a higher power, or a reality greater than the self; 2) not of the self; 3) transcendence or connectedness unrelated to a belief in a higher being; 4) existential, not of the material world; 5) meaning and purpose in life; 6) life force of the person; integrating aspect of the person; and 7) summative” (p. 8). These different but related themes confirm that spirituality is indeed a fuzzy concept (Hume, 1999).

Other occupational therapy scholars have attempted to define spirituality and debated its link to the profession (Unruh, Versnel & Kerr, 2002). The different ideas presented in this continuous debate confirm that spirituality is indeed a subjective, personal and psychological concept (Beagan & Kumas-Tan, 2005; Hume, 1999). Nevertheless, the definition of spirituality by Johnston and Mayers (2005), that was first presented at the British College of Occupational Therapists’ annual conference in 2004, was an attempt to reduce such confusion of the term and to give spirituality a working definition. They defined spirituality as “the search for meaning and purpose in life, which may or may not be related to a belief in God or some form of higher power” (p.386). This definition also asserts that “Spirituality is experienced through connectedness to either

God / a higher being and/or by one's relationship with self, others or nature" (Johnston & Mayers, 2005, p. 386). This definition covers both views of spirituality: the majority's perspective (sacred and religious perspective) and the minority's perspective (personal and naturalistic view of spirituality.) Therefore, the current understanding of spirituality and its link to occupational therapy is that it represents the individual's quest for meaning and purpose whether it is related to belief in God (sacred religious perspective) or to connectedness to self, others or nature (personal and naturalistic perspective) (Johnston & Mayers, 2005). Whether sacred or secular, the concept of spirituality remains an integral part of human daily life.

Spirituality As a Worthy Concept in Occupational Therapy

A focus on optimal participation and engagement in meaningful occupations has been the cornerstone of occupational therapy since its inception (Meyer, 1922). Also, the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) supports the active engagement and participation of individuals in their valued and chosen occupations (WHO, 2002). As occupational therapists, we are concerned about helping clients reach their maximum potential. If occupational therapists do not address spirituality, an important part of many people's lives would be neglected, and their maximum potential would not be achieved (Hoyland & Mayers, 2005). As one of the occupational therapists expressed it, "a person is more than the sum of a few things" (Beagan & Kumaz-Tan, 2005, p. 19).

In the Canadian Model of Occupational Performance (CMOP), spirituality is placed at the center of the occupational therapy process and is an interwoven concept

with all other concepts of the *person*, the *occupation*, and the *environment* (CAOT, 2002). Collins (1998), however, suggested that “spirituality should not be considered as a fixed frame of reference but, rather, that greater emphasis should be placed on the development of a process-orientated approach that focuses on the broader experiential context of clients’ lives” (p.283). He continued to say that when occupational therapists enable the quality of experience in any occupation to emerge or evolve, such enablement can be one of the pivotal elements that influence the emergence of spiritual wellbeing (p.283). Egan and Dalaat (1994) echoed this notion by stating: “the spirit is not merely viewed as a component of the individual. Rather, the spirit is seen as the essence of the person. In this way the spirit cannot be made more healthy. It can only be allowed more freedom through a strengthening or adjustment to the tools which it uses to express itself” (p. 101).

Research has explored occupational therapy’s understanding of the importance of the provision of spirituality in the practice arena. These studies revealed parallel themes of both holistic care and client-centered care. One of the themes was the ‘Respect for the person’s unique self’ in which occupational therapists considered their clients as ‘worthy of honor’ (Beagan & Kumaz-Tan, 2005). Another theme was the importance of having deep respect for the individual’s unique values, wishes, desires, goals, needs and stories (Beagan & Kumaz-Tan, 2005).

If spirituality represents the essence of a person, it would be neglectful to exclude the spiritual and religious dimension from practice. Wilkinson (2001) describes the case of a Pakistani Muslim woman who complained of urinary incompetence. Due to her

disease, it was impossible for her to stay clean the way she should be prior to performing her prayers five times a day. A therapist who might treat this woman could miss much valuable information if they excluded the importance of spiritual and religious practices, not to mention the requirements of these practices on the client's occupational role and behavior.

Since spirituality is a major life domain of the individual, Mayers (2004) emphasized that there should be an opportunity to discuss spirituality with our clients. She encouraged occupational therapists to employ spirituality as a venue to discover the meaning and the "spiritual links" to other occupations or occupations that really matter to clients. In turn, holistic care would automatically include spiritual care (Hoyland, & Mayers, 2005). Considering spirituality is part of being an authentic occupational therapist as Yerxa (1967) highlighted as well as having faith in our client's potential (White, 1971). Interestingly, the provision of spirituality in occupational therapy is not only considered client-centered practice, but also client-centered practice can be looked upon as spiritual (Beagan & Kumaz-Tan, 2005; McColl, 2000).

Boundaries of Provision in Occupational Therapy

No doubt spirituality is an important domain in our clients' lives. Of the 838 medical patients older than 60 years of age surveyed by Koenig, George and Titus (2004), 88% identified themselves as both religious and spiritual, 7% as spiritual but not religious, 3% as only religious, and 3% as neither religious nor spiritual. In another study, Fitchett, Burton and Sivan (1997) surveyed 101 psychiatric and medical surgical in-patients. The researchers reported that 88% of the psychiatric patients and 76% of the

medical surgical patients reported at least 3 or more religious or spiritual needs they would like to be addressed during their hospitalization. However, there is an apparent division between the perceptions of healthcare professionals and patients about spirituality and its position in patient care. Silvestri, Knittig, Zoller and Nietert (2003) surveyed 100 patients with lung cancer and 257 oncologists and asked them to rank the importance of seven factors that influenced their care. While patients ranked 'faith in God' second to 'recommendation of the oncologist', oncologists ranked 'faith in God' the least.

In the occupational therapy literature, the majority of research articles address the attitudes of occupational therapists regarding the spiritual needs of their clients. These studies suggest that many boundaries and limitations prohibit the provision of spirituality in the client's care in practice (Belcham, 2004; Engquist, Short-Degraff, Gliner, & Oltjenbruns, 1997; Hoyland, & Mayers, 2005; Johnston & Mayers, 2005). For example, although 91% of the randomly selected US occupational therapist participants in 1997 agreed that spirituality might have a tremendous positive impact on rehabilitation potential, only 36.6% (n=98) thought addressing the spiritual needs of the clients was appropriate for occupational therapy (Engquist et al., 1997; Hoyland & Mayers, 2005). Another study conducted by Rose (1999) in Britain, stated that although 89% of the occupational therapists (total n=44) believed that spirituality is an important component for both health and therapy, only 18% stated that they consistently addressed spirituality in their assessment and intervention (Rose, 1999). Despite the development of guidelines such as those developed by the Canadian Association of Occupational Therapists that

explicitly address spirituality (CAOT, 1997), no significant difference was found between the Canadian therapists who have such guidelines and Americans who have not (Farrar, 2001).

In addition, research studies on attitudes of occupational therapists' attitudes about spirituality revealed many obstacles to the provision of spirituality in occupational therapy practice. Some of these obstacles were: role ambiguity of occupational therapists in addressing spirituality, time constraints, and feeling uncomfortable with spirituality (Belcham, 2004; Farrar, 2001; Hoyland & Mayers, 2005; Mayers, 2004). Others talked about lack of knowledge and lack of training (Farrar, 2001; Hoyland & Mayers, 2005) and that spirituality was not relevant to their settings (Farrar, 2001). Others pointed out the lack of occupational therapy models and assessment tools that provide guidelines about how to address the spiritual needs of clients and the provision of such needs and services (Belcham, 2004).

Belcham (2004) also noted that the more spiritual a therapist was, the more willingly would that therapist address spirituality in practice. Even for those occupational therapists who feel comfortable and confident about explicitly addressing spiritual concerns, such confidence tends to be situation-based (Collins, Paul & West-Frasier, 2001). For example, confidence was limited by such factors as the strength of client-therapist relationship, therapist's awareness of the spiritual issues, the explicit expression of spiritual needs by the client and the appropriateness to the setting (Collins et al, 2001; Johnston & Mayers, 2005).

Generally, occupational therapists are concerned with spirituality and religious needs only if they have a direct impact on the client's functional abilities. Thus, the occupational therapy role seems limited to only addressing the function and occupation of the individual (Belcham, 2004; Udell and Chandler, 2000). Others found that occupational therapists are less likely to address existential questions like: why we are here? what is the purpose of life? and other such questions (Beagan & Kumaz-Tan, 2005).

Other boundaries mentioned were patient related (Peloquin, 2008), ethics related, and institution related (Koenig, 2007). It was no surprise that some patients preferred not to address their spiritual needs in treatment planning. The issue of respecting the patient's beliefs is crucial and is linked to the ethical and moral conduct of the therapist. It is very important for the therapist not to engage in any harm to the patient or to infringe upon his or her free will and rights (Koenig, 2007). Koenig also reported that some institutions' policies do not support any inclusion of spirituality and would ban their employees from engaging in such acts. These attitudes can only be changed with research and evidence that religion and spirituality are important to the patient's health, well-being and survival (Koenig, 2007).

Modes of Expression of Spirituality

Dr. Mary McColl in her 2000 Muriel Driver Memorial Lecture suggested that certain 'activities' can invoke the spirituality of an individual, and in turn, would eventually evoke a transcending experience. These activities can be either "existential, meditative or creative" (McColl, 2000, p. 225). Existential spiritual experience is best

exemplified when the individual experiences a life threatening illness or disability.

Meditative activities, such as prayer, meditation and any kind of worship, have a direct impact on spirituality. Creative activities include: narratives, rituals, appreciation of nature, creativity and work (McColl, 2000). Rosenfeld (2000) suggested that spiritual activities could include “charitable projects, seeking and offering forgiveness, celebrating holidays, preparing traditional foods, singing hymns, practicing meditation, Tai Chi or Yoga, writing or reciting poetry, studying sacred or philosophical texts and prayer” (p. 18). In fact, Rosenfeld (2000) proposed ‘prayer-crafting’ as a ‘spiritual agent modality’ that occupational therapists can use and foster in their clients. Farah and McColl (2008) also used the term prayer as a spiritual agent modality.

Spirituality Link to Meaning

The concept of spirituality is a worthy concept to occupational therapists because the literature on spirituality mainly centers on meaning. Spirituality enables individuals to ascribe meaning to their engagement in occupations; occupational therapists can utilize that meaning in a therapeutic way (Belcham, 2004; Collins, 1998). Finding meaning from engagement in an occupation may be a turning point in therapy (Beagan & Kumaz-Tan, 2005). The selection of a therapeutic spiritual activity in occupational therapy depends upon sources of meaning for the individual (Rosenfeld, 2000, 2001). Moreover, the way to address spirituality in occupational therapy should be different from that of any other discipline. Participation in performance, meaning and motivation should be the emphasis for occupational therapists rather than a singular focus on an end product as done in pastoral clergy (Rosenfeld, 2000).

Collins (1998) explored the integration of spirituality into occupational therapy practice without specific reference to any religious connotations of spirituality. Drawing from Csikiszentmihalyi's concept of 'flow' (1990), when the experience of performing an activity is perceived as timeless and absorbing, Collins (1998) explored the quality of the 'flow experience' as a foundation for studying how individuals draw meaning to their daily activities. Individuals vary in their perceptions of spirituality in their lives, and these perceptions can be manifested in many different ways (Collins, 1998). Collins (1998), however, warned occupational therapists not to consider spirituality as a fixed frame of reference. Rather, they should reconsider a holistic perspective when they examine the client's context. He continued to say that when occupational therapists enable the quality of experience in any occupation to emerge or evolve, such enablement can be one of the pivotal elements that influence the emergence of spiritual wellbeing (p.283).

Since spirituality is a major functional domain of the individual, Mayers (2004) emphasized that there should be an opportunity to discuss spirituality with our clients. She encouraged occupational therapists to employ spirituality as a venue to discover the meaning and the 'spiritual links' to other occupations that really matter to our clients.

Therapeutics of Spirituality

An abundance of articles, mainly from outside the field of occupational therapy, has explored the effect of spiritual activities, mainly religious such as prayer, on the health and well-being of the individual (Koenig, McCullough & Larson, 2001; Koenig, 2004). The effect of spirituality and performance of prayer on health can be illustrated

and described from many different perspectives as a tool for: hope and coping, physical and cognitive exercise, and social connection. All of these tools are interwoven and influence each other in various ways.

A Tool for Hope and Coping

Several studies state that prayer and spiritual activities have an immediate positive impact on the psychosocial well-being of the individual (Lenshyn, 2005; Maier-Lorentz, 2004; Olive, 2004; Weaver & Flannelly, 2004). These articles describe prayer as reassuring, emotional, a tool of hope and a tool for inner peace and relaxation. Aldridge (2001) considered prayer as an active coping mechanism in response to the stressful medical environment. Koenig (1998) reported in a study that greater than 90% of medical patients believe their religious beliefs and practices are among the major contributors to their ability to cope and make sense of their illness. He also reported that 40% of those medical patients indicated religion as the most important factor that keeps them going.

In a nursing study by Dunn & Horgas (2000), prayer among older adults and its effect on coping was studied. The sample consisted of 50 community-dwelling elders with a mean age of 74 years. Findings indicated that 96% of the participants reported use of prayer as their coping strategy with stress as measured by the Jaloweic Coping Scale. Findings also indicated that the use of prayer for coping was significantly higher among females and African Americans than whites and male individuals (Dunn & Hogras, 2000). Similarly, Zinnbauer and Camerota (2004) conducted a spirituality group and concluded that participants who participated in the group came to peace and coping with

their stressors and reconciled their anger. The above studies conclude that religious activities, mainly prayer, can be used to boost hope and coping in face of adversity.

Disability studies on the effect of spirituality show that both disability and spirituality have a strong relationship (Boswell, Knight, Hamer & McChesney, 2001). Illness, injury, disability or death can cause spiritual crises in meaning for the individual and their families (Hume, 1999; Rosenfeld, 2000). Illness can cause disruption in the daily occupational patterns that leads to crisis of identity, meaning and hope (Rosenfeld, 2000). Thus, spirituality can boost the functional performance of the individual with a disability by impacting the internal processes that motivate the action and promote hope for the future (Spencer, Davidson and White, 1997).

Koenig stated that patients use many spiritual and religious modalities to cope and regulate their emotions when they feel that issues of illness are way out of their control. Koenig (2007) coined the term 'religious coping' as:

The use of religious beliefs or practices to reduce the emotional distress caused by loss or change. Patients may turn over their problems to God, trusting God to handle them so they don't have to ruminate or worry about them. They may believe that God has a purpose in allowing them to experience pain or suffering, which gives suffering meaning and makes it more bearable. A host of religious cognitions like these are mobilized to reduce anxiety, increase hope, or convey a sense of control. (p. 19)

Disability is similar to aging in which both bring proximity to death (McColl, 2000). The occurrence of disability can raise questions regarding the equality in this life,

forcing the individual with disability to seek answers to existential questions. Thus, “disability and its implications are so pervasive and overwhelming that they impel individuals to seek meaning in spiritual terms” (McColl, 2000, p. 221). In turn, spirituality allows making sense of illness and mortality. It provides hope and coping in face of suffering and inevitable pain (Faull et al., 2004).

Schulz (2005) compared perceptions of individuals with childhood onset disabilities to those with adult onset ones. Findings showed that both groups had different views and perceptions of spirituality. Those individuals with childhood onset viewed disability as a way to discover God’s purpose and a vehicle to relate to self and others around them. On the other hand, individuals with adult onset disability viewed disability as a ‘catalyst’ for their spiritual rediscovery, awakening and development (Schulz, 2005). Spirituality helped individuals with childhood onset disabilities to seek answers for existential questions of meaning and purpose all the while connecting to the world. On the other hand, spirituality helped individuals with adult onset disability to reflect on their feelings and come to better understanding of self and the experience itself, all the while connecting to the outer world (Schulz, 2005).

Therapists who treat individuals with physical disabilities should realize that restoring health and well-being does not necessarily mean the restoration of physical, cognitive and social capacities. Rather, treatment should be combined with the inclusion of the spiritual domain to develop the relation with self, others, nature and the ‘higher source’ (Faull et al., 2004). Faull and colleagues stated that building a ‘resilient self’ is hinged upon the development and growth in the individual’s spiritual domain. Faull et al.

(2004) argue that spirituality can transform the fear of losing self, when the individual encounters illness or disability, to a state of hope once the individual realizes that the essence of who is he or she can not be lost with disability. Faull et al. go on to say that “the essence of self, a resilient identity consequent upon a spiritual worldview, appears to be an essential factor affecting health” (p. 143). In fact, spirituality is believed to be the last functional domain that would be still active in the later years and till the end of life (Rosenfeld, 2000).

A Tool for Physical Exercise

Some forms of prayer have a pure physical component that accompanies the spiritual component as in the Muslim prayer. Reza, Urakami and Mano (2002) studied the effect of Muslim prayer on the physical rehabilitation outcomes of geriatric clients and clients with disabilities. By measuring the various postures during the prayer, researchers found that most of the muscles and joints in the human body were engaged in physical activity with little effort. They concluded that prayer in such a form may have a positive effect on blood flow to muscles and joints and increase overall musculoskeletal fitness (Reza et al., 2002). Likewise, Syed (2003) described the Muslim prayer as a meditation of the mind along with an exercise of the whole body. Although the holy text exempts Muslims who are older or with physical disabilities from performing the prayer as it is fully prescribed, these individuals still strive to perform the prayer to its fullest (Margolis et al., 2003). This is mainly due to the fact that Muslims think of prayer as part of their role as practicing Muslims (Syed, 2003).

Catholic and Jewish prayers also have a physical component that is considered an integral part of their rituals. Shkolnik, Weiner, Malik & Festinger (2001) investigated the effect of attending religious activities on life satisfaction, functions and activity levels of Israeli older men. Their findings suggested that the greater levels of religious activities observance, the better quality of life and life satisfaction for the men. All these studies concluded that prayer and religious activities had a positive influence on an individual's physical functioning. In fact, literature shows that religious involvement can predict slower decline in physical functioning. Haley, Koenig and Bruchett (2001) investigated the relationship between physical functioning and the use of private religious activities among older adults. They explored the correlation between the use of prayer to the number of impairments in activities of daily living (ADLs). For the 3,851 participants of age 65 and older, individuals who used prayer, meditation or Bible reading had significantly lower scores of impairments.

Similarly, Park, Klemmack, Roff, Parker, Koenig, Sawyer, et al. (2008) examined the impact of religious service attendance on the difficulties with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) in 784 community-dwelling older adults between 1999 and 2004. Frequent religious service attendance predicted slower decline in ADLs difficulties for frequent churchgoers and faster decline in IADL difficulties for less frequent churchgoers.

In a similar research study, Benjamins (2004) examined 4071 individuals with a mean age of 78 years who participated in the Assets and Health Dynamics among the Oldest Old Survey. Religious activities were examined in 1995 and correlated with

changes in physical functioning between 1995 and 2000. This research reported that frequent religious attendance and religious participation predicted fewer functional limitations over time. In contrast, people who have physical limitations are less likely to attend services (Roff et al., 2006). In turn, the Hispanic Established Population for the Epidemiological Study of the Elderly (EPESE), indicated that religious attendance predicted less fear of falls among 1341 non-institutionalized Mexican Americans aged 72 years and over who participated over a two-year period (Reyes-Ortiz et al., 2006).

Also, prayer and its relation with pain has been documented in the literature. Syed (2003), for example, stated that prayer, specifically the Muslim prayer, has a psychological benefit where it “diverts the mind from the pain and reduces its feeling” (p. 49). Harrison et al. (2005) correlated church attendance, prayer/bible study and intrinsic religiosity with levels of pain among 50 African-Americans with Sickle Cell Disease. Levels of religious participation and church attendance were associated with significantly lower levels of pain whereas other sedentary-type activities were not correlated with pain levels. On the same note, Low (1997) concluded in her study that religious orientation and activities have a tremendous effect on reducing pain. Furthermore, the inspiration that comes from spiritual activities leads the client to “perform activities with increased energy and endurance” (Rosenfeld, 2001).

A Tool for Cognitive Exercise

Prayers may require the individual to recite certain verses or ‘holy phrases’ embedded in the religion and faith, as well as defined by the culture of that individual. Vance (2004) explored the role that prayer as a religious activity can play with

individuals suffering from Alzheimer's disease (AD). He suggested that health care workers working with individuals with AD should incorporate religious activities that only require short-term and procedural memory skills, allowing for successful engagement and participation of these clients (Vance, 2004). Similarly, many lessons were learned from the Nun Study which is a longitudinal study exploring the relationship between aging and AD (Snowdon, 1997). The Nun Study illustrates how productive engagement in daily life activities, especially religious and spiritual ones, can predict reduced risk of mortality and high levels of cognitive functioning. This was not true for their counterparts who did not participate in these spiritual and religious activities.

In a another longitudinal study named the Hispanic EPESE study of elderly Mexican American health, the researchers correlated religious attendance with cognitive functioning over 6 years in a large sample (n=3050) using the MMSE. They found that the more religious attendance participants had, the slower the decline in cognitive functioning (Hill, Burdette, Angel & Angel, 2006). This finding was confirmed in another study by Van Ness and Kasl (2003). Koenig, George and Titus (2004) studied the effect of spirituality on physical health, psychological functioning and social support. The researchers used multiple measures to assess patients' religiousness and spirituality. The researchers found that higher levels of spirituality can predict greater social support, less depression scores, higher cognitive functioning and better compliance with medical care regimens ($p < 0.01$ to 0.0001).

A Tool for Social Connection

Prayer and religious practice seem to offer opportunities for enhancing social interaction and providing access to social networks (Weaver & Flannelly, 2004). The social connection seems pervasive and encompasses connection with the self, God and others. Melia's research results (2001) echoed this notion when she attempted to study solitude and the effect of prayer among elderly Catholic women. The sample consisted of 39 sisters from 3 religious orders with a mean age of 80 years. Participants were asked to complete in-depth life-review interviews. Although their lives demonstrated withdrawal from social roles, prayer served as a quiet activity that connected them with their past as well as strengthened their spiritual connection with God, self, community and even the broader world.

Prayers can be performed individually 'personal', or in congregations 'communal' (Maier-Lorentz, 2004). Conducting prayers in congregational masses seems to foster communication and social skills between the individual and the group. Not only does communal prayer provide a sense of unity due to the sameness of beliefs and values among the group, but it also provides abundant social opportunities for social interactions. Scheidlinger (1997) studied communal prayer and found that it has both preventative and restorative effects on the psychosocial values of participants. Griffith, English and Mayfield (1980) described the social atmosphere in an independent black church during a Wednesday night-prayer meeting. They described that attendants used the service as "vehicle for mutual aid" (p. 120). The prayer meeting for those attendants helped them to adapt to daily life stressors and served as a "coping device" (p. 120).

From an Islamic perspective, congregational prayer reflects higher degrees of social connections to family, friends and the whole community. Therefore, it is the most preferred form of prayer for Muslims (Syed, 2003). In the same sense, Powell, Shahabi and Thoresen (2003) concluded that spirituality and religion are major factors that can reduce stress and enhance coping with stressors. They found a strong correlation between level of church/ service attendance and decreased risk of mortality.

Spirituality can also be described as 'relational' where spirituality is experienced as connectedness to God, self and others and the rest of the community (Beagan & Kumas-Tan, 2005; Egan & Dalaat, 1994; Urbanowski & Vargo, 1994; Collins, et al 2001; Farrar, 2001). Duquin, McCrea, Fetterman and Nash (2004) investigated faith-based health and wellness programs that incorporate exercises and religious activities such as prayers and other forms of worship. They found that participants of the prayer group were more aware of resources available. They also experienced feelings of connectedness to others in the program and were appreciative of the social support that the program provided to them (Duquin et al., 2004).

Hamell (2004) suggested that when analyzing spirituality and its therapeutic benefits in occupational therapy, occupation can be looked at from the perspective of meaning dimensions: doing, being, belonging and becoming (Rebeiro, Day, Semeniuk, O'Brien & Wilson, 2001; Rowles, 1991; Wilcock, 1998) rather than a solid distinction of activities of self-care, productivity and leisure. By applying these meaning dimensions of occupation to prayer as a spiritual occupation, then "belonging, within a network of

social support can underpin both the ability to do and contribute to the pleasure and meaningfulness of doing” (Hammell, 2004, p. 302).

Faith communities provide congregational systems and resources for the individuals from the same religion or faith to participate in communal prayers.

Occupational therapists can use such resources to meet the needs of their clients. Hoyland and Mayers (2005) noted that the functional aspects of spiritual care can be met by addressing the religious needs of their clients, mainly by enabling their clients to attend their houses of worship. They illustrated an excellent example of a client who “came on in leaps and bounds” once a therapy program was implemented to achieve the client’s need to attend his church (p. 179). These articles reveal the positive effect of prayer and religious activities on an individual’s social functioning and behavior.

Relevance to Habits, Routines, and Rituals

McColl (2000) defined ritual as an activity with a special meaning. Similarly, DoRozario (1994) stated that rituals help provide the individual a sense of value and life meaning. For example, work is a ritual where doing is not just equated with ‘doing for doing’, but ‘doing for being’ (Do Rozario, 1994). Correspondingly, rituals transform the activity from an ordinary to a sacred one (Kielhofner, 2002). Prayer is a habit that is composed of a set of ritualistic steps. One example, Muslim prayer is a set of ritualistic movements that Muslims practice 5 times a day everyday (Margolis et al., 2003).

Habits and routines can also link the past with the present and the future. Hence, they give the individual a sense of stability and security from the unknown. Nygard and Ohman (2002) studied the experiences of individuals with AD trying to manage changes

in their everyday activities. They concluded that making use of old habits and rituals that individuals with AD used to do in their early lives makes them feel ‘capable’ (p. 76).

While disability generally distorts the sense of able self, spiritual growth that is related to preserving habits of the past can restore a sense of liberation and freedom in one’s life and provide a sense of being ‘able’ (Brockelman, 2002). Garrison (2002) echoed this notion by describing habits as “artistic modes of self expression” (p. 115). For those clients with physical disabilities whose loss of functioning means a tremendous loss of identity, Garrison, (2002) urged occupational therapists to work on restoring old habits and building new ones. By so doing, clients can better express themselves, link their past with the present and the future and ”integrate their thoughts, feelings and actions” towards better understanding and acceptance of their disabilities (Garrison, 2002, p. 115).

Habits are automatic and unconsciously undertaken. Habits help to give life a sense of familiarity (Nygard & Ohman, 2002) and a “relatively effortless character” (Kielhofner, 2002, p. 65). Kielhofner also asserts that habits allow the individual to perform two or more behaviors simultaneously. Habits and rituals offer a sense of familiarity that can “decrease the effort required for occupational performance, not only by reducing the amount of conscious attention required, but also freeing up persons for other simultaneous activity” (p. 65). This is very similar to the concept of energy in the model of occupational adaptation, and very well illustrated in the preacher’s case study (Schkade & McClung, 2001). Therefore, when someone engages in a meaningful habit like prayer, the individual automatically shifts his sensorimotor and cognitive processes

to a lesser amount of conscious attention (secondary energy) all the while shifting the primary attention to the act of prayer.

In addition, the temporal patterns of rituals, like prayers, offer a stable structure to unfold routines (Kielhofner, 2002). Rituals can dictate how time is being used and balanced. Thus, they serve as a tool for temporal organization and adaptation (Kielhofner, 1977).

Link to Culture

Do Rozario (1994) described rituals as being ‘symbolic’ and ‘mythological’ (p. 48). Culture and religion have a significant influence on the way rituals of prayer are contextually defined. For example, Frank et al (1997) studied Jewish rituals and their relationship to day to day occupations. Kelly and McFarlane (1991a, 1991b) explored Eastern religious philosophies and their relation to everyday occupations. In addition, Luboshitzky and Gaber (2001) explored the occupational significance of celebrating the religious holidays for a particular cultural and ethnic group. Because prayers are mostly performed in a repetitive form, scheduled routines can establish habitual patterns which can foster and support the valued individual’s roles within that specific cultural context. Prayer, from an Islamic perspective, is a “divinely commanded form of worship” (Syed, 2003, p. 49). Thus, performing the prescribed prayers for a Muslim is a role that is dictated by the religion and culture.

Do Rozario (1994) suggested that rituals can provide a sense of communion, identity and unity among members of a given cultural group. For example, Friedman et al. (2005) conducted a phenomenological study on a sample of 10 Jewish participants

investigating their experiences of being Jewish. Common themes from their data revealed that religious observance, mostly through prayer and other religious observance practices, reflected their cultural identity. Do Rozario (1994) illustrated in her article of how the loss of such cultural rituals can be overwhelming. She described how the Australian Aborigines who became well acculturated and assimilated into the “white man’s land” were “stripped of pride” (p. 48), value and meaningful life.

Habits have a social relevance by which “humans become carriers or messengers of the customs that make up the way of life of a particular group” (Kielhofner, 2002, p. 66). Friedman, Friedlander and Blustein’s (2005) conducted a phenomenological study on a sample of 10 Jewish participants investigating their experiences of being Jewish. Common themes from their data revealed that religious observance, mostly through prayer and other religious observance practices, reflects their cultural identity and having a common cause with a group. One of their participants stated: “we would like to join a synagogue... I would like to meet more people who are Jewish, who I could become friendly with and help me feel more a part of the community” (p. 79).

Gallimore and Lopez (2002) asserted that the ecological and cultural environment can also shape our habitual daily routines. Occupational therapists should examine their clients’ habits, their cultural ecological precursors and the accommodations that these clients are already making to meet the adaptive challenges in their attempt to carry out these habits and routines (Gallimore & Lopez, 2002). Based on this understanding, therapists can then design their interventions to be congruent with the beliefs, values, culture and adaptive capacities of their clients. Interestingly, in a social group, one group

member's habits are necessary to the preservation of another member's habits because these habits are considered part of the contextual environment of that whole group. In another words, "habits can guide us to take advantage of, and be in harmony with others' behaviors" (Cardwell, 1971, cited in Kielhofner, 2002, p. 66).

Conclusion

An apparent debate of the value of spirituality as context in occupational therapy practice continues. However, the occupational therapy literature reveals many concepts that are congruent with the researcher's understanding of the activity of prayer in which it is a ritualistic spiritual activity that conveys a purpose and meaning. On the other hand, the literature outside of occupational therapy recognizes the importance of prayer and its link to health and well-being. The previously discussed literature of spiritual and religious activities can inform the occupational therapy literature and practice of the importance of religious activities, specifically the activity of prayer to the health of an individual. The main themes from this literature review revealed that spiritual activities, in particular prayer, have the potential to exert a positive effect on an individual's physical, cognitive, and social occupational performance. As such, it seems incumbent of occupational therapists to incorporate spiritual activities in their repertoire of assessment and intervention strategies.

CHAPTER III

THE PRAYER RITUAL: VALUE, MEANING, AND OCCUPATIONAL PERFORMANCE

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Introduction

Most individuals, no matter what their cultural or geographical background, tend to relate to a higher form of existence (DiJoseph, & Cavendish, 2005; Maier-Lorentz, 2004). This relationship may be displayed in a form of a spiritual connection, often called prayer. Abramowitz (1993) refers to prayer as the ladder which connects the individual with the higher power. Prayer takes many forms. These include, but are not limited to: supplication; meditation and reciting verses of holy books such as the Bible, Torah, or the Quran as well as using rosary beads; and making the sign of the cross and attending houses of worship. Prayer is a universal spiritual activity and its meaning is relative to each individual (DiJoseph & Cavendish, 2005; Lenshyn, 2005; Taylor & Outlaw, 2002). Culture and prayer have a strong link. Because of this link, the form, meaning, and significance of prayer will vary according to the cultural and social make up of the individual (Maier-Lorentz, 2004).

Purpose Statement

The purpose of this study was to bring to the attention of occupational therapists the importance of prayer rituals in the lives of their clients. Because prayer, regardless

of its form, is central in the lives of practicing individuals regardless of their faith (DiJoseph & Cavendish, 2005), this study explored the meaning of occupational spiritual activity to the individual. A clear understanding of the meaning of the occupational spiritual activity of prayer as one example of many religious activities people perform seems warranted for both discipline of occupational science and profession of occupational therapy.

Specific Aims

There were three specific aims of this study that explored the meaning and value of prayer to ordinary individuals who regularly perform this occupation. This study attempted to answer the following questions:

1. What is the meaning and value of prayer?
2. What performance skills are required to optimally participate and perform individual prayer as an activity?
3. What contextual factors are inherent to the participation in prayer, i.e. physical, personal, cultural, temporal and social?
4. What performance patterns, such as habits, routines, and roles, are related to the performance of and engagement in prayer?

Literature Review

Occupation consists of everything people do to occupy themselves, including self-care activities, work, leisure and play. The focus on optimal participation and engagement in meaningful occupations has been the cornerstone of occupational therapy since its inception (Meyer, 1922). According to the Occupational Therapy Practice

Framework (OTPF) (American Occupational Therapy Association [AOTA], 2002), occupational therapists are concerned with helping clients reach their maximum potential by supporting “engagement in occupations to support participation in context” (AOTA, 2002, p. 611). Similarly, the World Health Organization’s (WHO) International Classification of Functioning, Disability and Health (ICF) supports the active engagement and participation of individuals in their valued and chosen occupations (WHO, 2002). Spirituality and spiritual occupations are an important part of many people’s lives, yet these occupations are often neglected or overlooked in occupational therapy practice. Hoyland and Mayers (2005) warned practitioners to not neglect the power of these occupations lest the individual’s full potential might not be achieved.

Farah and McColl (2008) explored prayer activity as a ‘spiritual agent modality.’ Driven by a strong belief that prayer has a healing power and provides motivation, they proposed a four -point guide to assist occupational therapists to incorporate prayers in occupational therapy interventions in an unobtrusive manner. However, what Farah and McColl meant by prayer was a petitionary and sedentary type of prayer during which occupational therapists were encouraged to pray with their clients in a manner that supported their spiritual beliefs. In contrast with Farah and McColl’s study, this study examined the meaning and value of the occupation of prayer and focused on its relevance to occupational therapy. As Collins (1998) suggested in his discussion of future research need, this study of prayer focused on the experiential life context using a process-oriented approach rather than on the context of spirituality as a fixed frame of reference. For the purpose of this study, the researcher defines prayer as the religious act or event in which

individuals seek connection with a higher form of existence through physical, mental and ritualistic engagement of worship as defined within their cultural and religious norms, either performed individually or collectively? In order to study the activity of prayer, this study utilized a qualitative ethnographical approach with interviews and participant observation in a natural environment. Furthermore, this study explored the many aspects of performance that make prayer a meaningful occupation to the individual, mainly its performance patterns and skills.

In this study, *The Occupational Therapy Practice Framework: Process and Domain* (OTPF) (AOTA, 2002) served as a working template for analyzing prayer as an occupation. The OTPF suggests several constructs such as areas of occupation that aim to facilitate occupational therapists' understanding of the occupational therapy domain and process. In this study, the analysis explored the individual's performance of prayer as an area of occupation. According to the OTPF (AOTA, 2002), the performance that is carried out when individuals engage in an occupation can be observed and described by performance skills and performance patterns. The performance skills are "what one does" to perform the task and not "what one has" (Fisher and Kielhofner, 1995, cited in AOTA, 2002, p. 621). The performance skills are categorized into motor, process, and communication/ interaction skills. Performance patterns refer to "habits, routines, and roles that are adopted by an individual as he or she carries out occupations or daily life activities" (AOTA, 2002, p. 612). An OTPF emphasis is that "engagement in occupations to support participation in context" must be the overarching focus for occupational therapy (AOTA, 2002, p. 611). The context refers to "a variety of

interrelated conditions within and surrounding the client that influence performance” (AOTA, 2002, p. 613).

Many researchers have attempted to explore the meaning of spirituality in occupational therapy practice, but none have attempted to look into the meaning of prayer as a meaningful and purposeful occupation. The intent of this study was to bring to the attention of occupational therapists, reluctant to address spiritual occupations in their practice, the importance of prayerful occupation in the lives of their clients (Collins, Paul & West-Frasier, 2001; Farrar, 2001; Johnston & Mayers, 2005; Taylor, Mitchell, Kenan & Tacker, 2000; Rose, 1999; Udell & Chandler, 2000). By overlooking prayer as an occupation, practitioners are not fully achieving client-centered practice and are instead dismissing a significant contextual domain of the individual, the spiritual domain. DiJoseph and Cavendish (2005) criticized health care workers who consider addressing the spiritual domain as optional. If professionals claim that they are practicing holistic care, it becomes their responsibility to consider the spiritual domain.

Methodology

Design

Because study of the occupation of prayer requires intensive exploration of the activity itself, the researcher employed an ethnographic qualitative methodology to explore the performance of prayer and its context. The researcher utilized a semi-structured interview guide to explore the meaning and value of prayer to participants (see Appendix B). The interviews were augmented with participant-observation at the designated houses of worship where congregational prayer was performed (see Appendix

C). Participant-observations enabled the researcher to gain a detailed picture related to the contextual factors inherent with the performance of prayer as well as its inherent performance skills and patterns.

Participants

The researcher recruited three able-bodied adult participants representing each of three faiths: Catholic, Jewish and Muslim, for a total of 9 participants (see Table 1 for demographic information of participants). Participants were recruited from these 3 religious groups using a convenient sampling method. The researcher identified a gatekeeper from within these religious settings to allow for access to participants. Participants were included if they were: (a) eighteen years and older and had the ability to understand and speak English; (b) affiliated with a house of worship representing one of three faiths- Catholic, Jewish or Muslim; (c) actively involved in congregational prayer and able to attend the congregational religious service at the house of worship; and (d) known by the gatekeeper for not having any physical disability (an able-bodied participant). A physical disability was described to the gatekeeper as the inability to perform basic daily life activities such as: dressing, bathing, grooming and eating without the help of others, or the use of a mobility aid such as a wheelchair. It is noteworthy to mention the difficulties incurred during the recruitment process. First, obtaining approval from these houses of worship to recruit participants was difficult, and secondly, securing the participants within the houses of worship that finally agreed to participate in the study was a challenge. Several houses of worship refused to participate and viewed prayer as an extremely personal private activity of the individual. One example of a recruitment

hurdle was obtaining approval from a Jewish house of worship; only after several failed attempts to recruit an Orthodox or Conservative synagogues did a Reform temple agree to engage in the study.

Ethical Considerations

The researcher acquired Institutional Review Board (IRB) approval from Texas Woman's University (TWU), Institute of Health Sciences in Houston. Also, the researcher obtained letters of permission to conduct interviews and participant observations from all involved houses of worship.

Data Collection Procedures

The researcher used a semi-structured interview guide with participants who agreed to take part in the study and signed a letter of informed consent for participation (see Appendix H). Interviews lasted for an average of an hour each and were audio-taped. Interviews were followed by a participant observation of each of the participants during their participation in a congregational prayer at one of the three designated houses of worship. A participant-observation guide focused on the performance skills and patterns as well as the context in which the prayer rituals were performed. Field notes were also recorded for each observation and interview. Because individuals pray many different times during the day or the week, the researcher also employed time sampling in which different participants from each participating congregation were observed at different times (Krefting, 1991).

Data Analysis Procedures

Interviews were audio-taped and then transcribed verbatim. Transcribed interviews were returned to the participants and discussed with them to secure member checks (Krefting, 1991). Transcribed interviews and data derived from participant-observation were then coded line by line into relevant categories. These categories were then aggregated into major themes. The researcher then consulted a group consisting of 1 occupational therapy professor and 2 doctoral students to examine the data and to separately code the transcribed interviews in order to reach agreement regarding the coded themes. This process, known as peer debriefing and examination was applied as a method of increasing the credibility and dependability of the study.

Rigor

This study adopted different strategies for establishing rigor and triangulation (Patton, 2002; Krefting, 1991). First, multiple methods of data collection were utilized in this study. These included, in-depth interviews, field notes and participant observations. Second, the researcher acknowledged the fact of being a Muslim which might reflect bias if only Muslim participants were selected. Therefore, the researcher expanded selection of participants to include different faiths to represent a wider variety of spiritual beliefs. Third, an open and clear self-reflection or reflexivity was used in this study to enhance the credibility of the results (Krefting, 1991). During the participant observation, the researcher kept an account of self-reflection that creates an open narrative of what was observed and that recorded the perceptions of the researcher (Creswell, 2003; Silverman, 2000).

Results

This study explored the meaning, value, and performance skills and patterns of the occupation of prayer for participants of the Catholic, Jewish, and Muslim faiths. As interviews of participants were separately coded and analyzed, the analysis culminated in commonalities of prayer performance among participating faiths. The following discussion highlights these common themes. See Table 2 for themes and sub-themes.

Meaning of Prayer

The meaning of prayer, according to participants' interviews, was categorized into the following themes: Worship and Group Ritual.

Worship

Prayer was viewed by some participants as a purely mandatory form of worship. Prayer from their perspective is an obligatory function required by their religion. Phillip stated, "The most powerful way to pray is participating in the Mass and receiving the Eucharist and this is my way of coming to the Lord and worshipping Him and participating... as we Catholics believe." As participants talked about what practicing their prayer rituals meant to them, they expressed the meaning of worship differently through the following sub-themes: Remembrance and recognition of one's place before God, giving thanks to God, connection with God, and other forms of worship as part of prayer.

Remembrance and recognition of one's place before God. Performing prayer prompts the individual to remember God. The concept of God was contemplated as that supernatural power that is able to do anything, mainly reward or punish. Paul stated, "I

come to both petition and to worship and recognize that he is God and I am man.” Also, Abdullah stated, “(prayer) makes me feel comfortable... Because, I know I am not a perfect person and I may have committed some error, and I do want Allah to forgive me and help me do better.” One participant stated that performing prayer makes him remember God in all his daily life and his relationship with others. In other words, he was attempting to live his life by placing God at the forefront of all his actions. Omar stated, “(Prayer) is more of an exercise in spiritual growth and a way of reminding myself of my place and posture before God and my relationship with the world.”

Giving thanks to God. Prayer was viewed by most participants as a way of thanking God. Aaron stated that prayer is a way of “giving thanks to God for the blessings he has bestowed upon me.” Interestingly, despite any perceived hardship, prayer was still viewed as a way to give thanks to God. Mary stated, “We owe God so many thanks for so many things even if you had a tough life... it is wonderful to thank Him and be able to tell Him how happy you are about that and I offer myself everyday... and I tell Him.. Here I am, be it done to me according to your words.”

Connection with God. Prayer was viewed mainly as a way to communicate and connect with God. Aaron stated that prayer is “a way for me to communicate with God and to feel closer with God.” Mary emphasized prayer as a form of communication and stated, “I communicate with Him all day long.” Fatima viewed prayer as a “direct connection” between her and God. When asked what she feels is missing if she does not pray, Fatima mentioned that she cannot even sleep well if she does not pray. Fatima

portrayed her relationship with God metaphorically and explained why she does not sleep well if she does not pray. She said:

I know that it is like there is a date between me and God, there is an appointment, and I know that He is waiting for me and He is watching me trying to fall asleep without attending that meeting. I imagine that He is waiting... for me just to come and talk to Him and meet with Him and I am not doing that. So, I feel so ungrateful and I know that He is so mighty; if He wants to punish me, He can punish me, but He does not punish me, I have a very good life. So, the least I can do is just go and attend even if I am tired... but I at least I show up.

Similarly, Mary described her relationship with God as like that between parents and children. Mary stated, "It is like having a mother or father, and you want to be with them. The day that you do not visit them, you feel like you would have liked to be there, and you keep thinking... that you could not go and tell them you love them again".

Other forms of worship as part of prayer. Participants mentioned other forms of worship as equal to or as part of the prayer activity itself. Examples of these forms of worship included petitioning for self and others, reading Holy Scriptures, performing the rosary, and volunteering.

A Group Ritual

The second pervasive subtheme with all participants theme was the meaning of prayer as a group ritual: Prayer is a way of connecting with others and the whole community of the house of worship. Mary stated, "(prayer) means a great deal because I have been coming here for many years... it is a group... if anything happens to anybody,

everybody tries to help, which I think is a wonderful feeling.” Judith stated, “I find comfort in the ritual and in the singing and in the community. I find a lot of people at the service I participate and they feel the same way.” Ephraim emphasized that the group ritual is the highlight of the prayer activity, and that worship comes second. He stated:

It is really more about the community... you join together to make a Minyan (prayer group) and you sometimes go and maybe don’t feel like going, but you go and you become a part of the community and you go through prayers, and you connect with not only the people that you are there with, but you connect with hopefully whatever your idea is of God or higher power.

Aaron occasionally volunteers as a substitute Rabbi. His worship service mainly enables family members of deceased loved ones to acknowledge and celebrate their lives through a memorial service. He viewed his leadership of the prayer service as an opportunity to bring the community together and to connect with them. He stated that prayer is an opportunity that makes him “think about others who are in greater need and to help me be more of a giving person.”

Meaning of Spirituality

Participants had a wide range of understanding of the term *spirituality*. At first, a majority of the participants experienced difficulty in defining spirituality from their own perspective. Paul stated that “(spirituality) is something I probably have to think about for a while.” Phillip echoed Paul by stating: “Spirituality is not a term that I use frequently. It is really not part of my vocabulary... I am not sure what people mean by spirituality.” Fatima was not able to define spirituality, though gave an interesting metaphor: “You

have a diamond which is rough... If you polish it, it will be that shiny object that everybody is seeking. I think spirituality polishes the human being. It makes him well-defined.”

Participants’ definitions of spirituality were categorized into the following themes: connection to self, connection to God or a higher being, connection to others, and achieving a broader sense of meaning and purpose.

Connection to God or a Higher Being

There was a consensus among all participants that spirituality is an individual’s connection with God. Phillip stated, “Spirituality is your connection with God and how you participate in church, and what you believe about God.” Fatima elaborated upon the term, stating that spirituality is not just the connection but the continuous attempt to maintain this connection throughout all actions. Fatima said, “I try to find my God in every minute in my day.”

Connection to Inner Self

Some participants viewed spirituality, in part, as the process of connecting to one’s inner self. Omar stated:

Spirituality is that tendency in all humans to want to be in touch with a hidden but deep part of one’s being, which is the soul. The experience of getting in touch with the soul (qalb in Arabic) is the opposite of trying to get in touch with the self (nafs in Arabic). The nafs has a self-centered tendency while the qalb is a God-focused movement and entity.

Ephraim provided an example of how he connects to his inner self. He stated, “I feel it more when it’s just Shabbat dinner or something with my kids, and they are excited about it. You kind of shut off everything else and feel a little bit of connection to you.”

Connection to Others

The sense of connection to others was a major part of spirituality to some participants. Judith stated that spirituality is to “be aware of that as much as possible during the day I can be more thankful and more giving to others and not be so self absorbed and selfish.” In fact, Aaron equated not being nice with other people as ‘not spiritual.’

A Broader Sense of Meaning and Purpose

Some participants viewed spirituality as a quest for meaning and purpose in their lives. They seemed to be indicating that when one comes to an understanding of that meaning and purpose, one feels that ‘spiritual moment’ which is relative to each individual. Ephraim stated, “Sometime it happens... You are sitting at work and you kind of have a moment where you feel like understand your purpose and you know things kind of make a little more sense.” Paul clarified that becoming older magnifies this need for meaning and purpose. He stated: “As you get older you begin to realize that there is a lot more to life than just things. There is a lot more than cars and houses and golfing.”

Value of Prayer

The participants mentioned a wide range of benefits that they experience when they practice prayer or when they have these moments of spiritual feelings. Themes

relative to the value of prayer included: (a) fulfillment of a religious obligation; (b) a sense of union, community, and continuity; and (c) a no worry zone.

Fulfillment of a Religious Obligation

Prayer was viewed as a mandatory religious obligation. The completion of the task by itself was comforting to all participants. Paul confirmed this fulfilling aspect of an obligatory activity. He said, "I get this satisfaction that I am praying as I should to be to the God that made me and retained me. It is sort of like, you have done something that you are supposed to do and your parents say: You did well." For some participants, inability to fulfill such obligation is a loss and brings feelings of guilt. For example, Mary stated, "Receiving the 'Eucharist' for me is an unbelievable gift. So, when I do not have that, I keep thinking about it all day long and asking Him to spiritually come to me."

A Sense of Union, Community and Continuity

Prayer offered a time for the family, friends and the community to come together in unity for one purpose, to participate in the same activity. Ephraim stated that prayer offers him "a greater sense of connection to community and people that have you know gone before you know." Fatima echoed the same value of the prayer and stated, "All the Muslims pray together shoulder to shoulder; they pray as one unit, and also I get to see my friends there."

Not only did prayer provide connections with the community for these participants, but it also helped them connect with past as well as future generations. For example, Judith noted how prayer helps her connect with past generations. She stated, "In a strange way, it offers me a connection, because I know that so many people have done

it; my family, my parents, my grandparents.” In contrast, Ephraim described the value of prayer as a way of connecting with future generations and explained how he wanted his children to be exposed to prayer.

A ‘No Worry’ Zone

All participants overwhelmingly expressed the joy and comfort they experienced when performing their prayer rituals. For these participants, prayer created a worry-free zone that attenuated all the worries and the stressors of daily life. Fatima stated, “I feel at peace and at ease, I know that I hand over all my problems to the one that can solve them.” Given that Fatima is a mother of two young children, she stated, “It will provide me with 5-10 minutes peace of mind just to be with myself.” Similarly, Judith stated, “It is a quiet time for me where I am not thinking about what I need to be doing, or, you know, what needs to happen... I just feel a certain serenity.” For Abdullah, prayer provides hope and reassurance. Abdullah stated, “‘Salaat’ (prayer) gives me the feeling that the things are going to be okay. There is a solution and a resolution the Lord is going to provide.” This ‘no worry’ zone that was experienced as a result of performing the prayer was an outcome of many functions of prayer that were sub-themes identified by these participants. These sub-themes were: comfort, peace, and serenity; strength; concentration and mental and emotional stability.

Comfort, peace and serenity. Participants commonly sensed peace and comfort through their participation in prayer. Paul said, “I have found that the closer I get to God, the more peace I have and the happier I am.” He added that performing prayer provides

“inner peace that I get to live each day, not being anxious, not being afraid, not being concerned about things”.

Strength. The deeper meaning of prayer seemed to provide strength to the individual practicing prayer. Mary stated that she receives “A great comfort to have this union with somebody that is completely omnipotent and all knowing and all loving, so to me it is extremely important and it makes me feel comforted.”

Concentration, mental and emotional stability. Participants stated that performing the prayer provided them with clarity of mind and stability of emotions. Mary stated that “peace is what I most treasure in this world because if I have peace of mind, I can look at a problem. I can focus and I can turn it around”. Another participant, Fatima, echoed Mary and said, “Usually I think my mind is in turmoil. I like to make it slow down, focus on one thing, that piece of rug in front of my eyes, and I just concentrate there... just try to get that connection with God”.

Occupational Performance

Occupational Performance Skills

Performance of prayer rituals within the three faiths required a blend of performance skills needed for their execution. The occupational performance skills can be classified into three distinct skills: motor, process and communication/interaction (AOTA, 2002). All of these skills were commonly observed by the actual performance of the participants from the three different faiths. The researcher did not necessarily follow the specific classification and terminology used in the OTPF.

Motor skills. The Catholic and Jewish prayers required participants' ability to walk, sit on a chair, stand from sitting, and tolerate standing. Also, prayers within both these faiths required the ability to hold a prayer book and maneuver the pages with the hands. Catholic participants needed the ability to walk to the altar and receive the Communion. Also, Catholic participants required the ability to half-kneel or genuflect on the knee of one lower extremity once participants entered the house of worship, the ability to kneel on the kneeler step during the service, and finally the ability to rise from the kneeling or seated position. Muslim participants required the ability to walk, stand, bend or bow at the waist, prostrate themselves on the floor, sit on the floor, and rise from sitting on the floor. Muslim participants required the ability to put both hands over each other on their lower chest while they were standing and the ability to turn their head and neck to the left and right side.

Process skills. Many cognitive skills were observed in the prayers of participants from the three different faiths. All participants were required to follow the leader of the prayer in each step of the prayer, follow the sequence of the prayer, recite Holy Scriptures and recite petitionary prayers. While Catholic and Jewish participants were required to read from a prayer book, Muslim participants do not use a prayer book and were required to recite their prayers by memory.

Communication/interaction skills. Explicit and implicit social requirements were noted from each of the different groups of prayers. Explicitly, participants shook hands with others and exchanged salutations of peace as part of the prayer service. Implicitly, congregational prayer served as a group function. Performing prayer and attending the

house of worship became an opportunity for participants to talk with others before and after the service.

Performance Patterns

Data derived from interviews and participant-observations revealed characteristics of the activity of prayer that are related to habits, routines, and roles.

Prayer as a habit. Since one meaning of the term *habit* refers to automatic subconscious behavior, some participants refuted the idea of prayer as a habit even though Catholic and Jewish participants prayed at least once daily, and Muslim participants prayed 5 times daily. Some participants even described themselves of being “lost” or “out of sync” if they do not perform their prayers.

Prayer as a routine. The prayers of the participants from the three faiths were characterized by timing, sequence, structure, and repetition. Each prayer from the three different faiths had a set of steps. Each had a distinct structure and sequence, such as reading Holy Scriptures, petitioning, standing, sitting whether on benches or chairs for Catholics and Jewish or on the floor for Muslims, kneeling (for Muslims and Catholics), prostration (for Muslims) and singing (for Catholics and Jewish). The timing of the prayer performance was also noted. Prayers of participants are often conducted at specific times, depending on the day of the week. Catholic participants attended either an early morning mass or a noon mass. Jewish participants performed an evening service. Probably the most frequent prayer schedule was the Muslim one. Muslim participants often performed their activity of prayer 5 times a day. Fatima stated, “(Prayer) partitions my day to five portions and thus, I feel it is more organized”. The structure of the Muslim

prayer can be divided into sections or cycles. Each cycle has the same sequence of steps. One of the Muslim participants was late in attending the prayer from the beginning, because he needed to perform yet another set of washing, ritual ablution. Yet, this participant followed the three cycles of the prayer with the leader and continued another cycle by himself before concluding his prayer.

The role of performing prayer. The gatekeepers assisted the researcher to recruit information-rich participants who performed the prayer on a regular basis. Not only did these participants pray regularly, but they also volunteered to perform other functions in their houses of worship. In addition, the role of a worshipper was assumed by all participants in this study. Performing the prayer was supportive of such role. Paul, explained why he would not substitute his role of being a worshipper with anything else. He stated, “I have been offered a job... and I really liked it... but the worse thing about (the new job) is that it starts at 8 or 9 o’clock in the morning... Well, I think I am going to be almost lost because I am so used to (prayer). It is like the daily thing for me. It is almost like getting up and eating breakfast in the morning”.

Occupational Contexts

The occupational context of performing the ritual of prayer was explored. The most prominent occupational contexts of prayer were physical, spiritual, cultural, and social.

Physical context. The physical setting for each of the houses of worship and the physical requirements of the environment in which the prayer of each faith was performed varied according to the physical demands of the prayer ritual. For example,

both Catholic and Jewish houses of worship have chairs or benches for attendees to sit on, whereas the Muslim house of worship is simply a very spacious carpeted hall within which attendees are required to sit side to side on the carpeted floor. Chairs are present only for older attendees or attendees with any physical limitation. Men and women were separated into two different sections in the Muslim Mosque. Although a similar rule is applicable in Orthodox Judaism, the participating Reform Jewish house of worship is typically relaxed on this rule. The Catholic Church had an extension room that is called the 'cry room' to offer families with young children to participate in the services without any distractions to other attendees.

Spiritual context. A house of worship, as the name implies, is a place where prayer and worship occur. Once one enters any of these houses of worship, one senses a sacred feeling. Judith stated, "When I come to services and when I participate, I do feel a separation from the ordinary into some kind of a holy". Judith's statement was an example of a spiritual context that supported her performance. In contrast, two participants mentioned examples of when the spiritual context did not support their performance of prayer and motivated them to change houses of worship or to take a leap of faith and change to another denomination.

The three sites had many religious symbols relevant to each faith. The Catholic church included many statues of religious figures, candles, crucifixes and mosaic windows. The Jewish temple had the Ark and the Holy Scroll in the center of the hall stage while the Star of David dominated the ceiling and wall with decorated designs. The Muslim mosque consisted mainly of a huge hall that was spacious and calm. Copies of

the Muslim Holy Book were everywhere. When one entered the Muslim mosque, one smelled the scent of a special Islamic aroma that reminds one of being present in an Islamic house of worship.

Social context. The social context was evident throughout the performance of the prayer. Participants usually performed their rituals with family or friends at the house of worship. Often, socializing and extending themselves to others became a part of the participants' prayer ritual. For example, across all faiths, all participants shook hands with other attendees near them and exchanged salutations of peace. Socializing peaked in quantity and quality right before and after the service. Participants communicated with friends about topics of mutual interest. The house of worship seemed to be viewed by some participants as a forum for meeting people. For Jewish participants, prayer services were often followed by a blessing over the wine and bread, and all attendees gathered to sing and eat. Some prayer services were followed by a lunch, dinner, or just coffee and donuts to socialize with other attendees.

Cultural context. The performance of prayer for all three faiths occurred in a rich cultural atmosphere. Norms and values were associated with the performance of each prayer ritual. The rituals within each faith are learned and passed down from generation to generation. Each group had distinctive religious characteristics that united them. Examples of these distinctive characteristics were language, whether Arabic, English, or Hebrew and gender, specifically among Muslims. The content of prayers is rooted in the history of each faith. Also, certain routines are unique to each house of worship. For example, people who come late to the Catholic church stand while the priest is reading

the holy text, and remain standing until the priest completes that section and then they sit down. When people leave the Catholic Church, they immerse their fingers in a font or bowl of holy water and make the sign of the cross as they exit the church. Muslim participants remove their shoes as they enter the house of worship. They enter barefooted with their right foot first and exit with their left foot first. Jewish participants wear a skull cap or yarmulke and prayer shawl as they enter the temple.

Discussion

Christiansen (1994), in his article on the classification and study of occupation, posed three fundamental questions vital to understanding occupation. The first question was: Why do people engage in occupation? This question refers to occupational meaning, value and motivation. This question was discussed thoroughly in this study. The second and third questions were: what is the nature of this engagement and how does the occupational behavior occur? The last two questions refer to the performance elements of the occupation; how do people perform prayers?

This study posed similar question of how Catholic, Jewish, and Muslim participants perceive the meaning and value of their occupation of prayer. The study also asked how these participants perform the ritual. Simply put, the study question was why and how do people engage in the occupation of prayer? Through interviews and participant-observations, the participants revealed rich information and descriptions of the structure, performance, and dynamics of their prayer. Vital data included for example: how the prayers are performed, the activity demands of prayer, the performance patterns

inherent in of the activity of prayer, client factors and body functions involved, and, just as importantly, the occupational contexts that are conducive to successful performance.

Meaning of Prayer

Participants had different understandings of what prayer meant to them. Whether prayer was considered as individual worship or as group ritual, the activity of prayer was indeed meaningful and purposeful to these participants. The meaning of prayer was both concrete and symbolic. The concrete meaning of prayer derived from a sense of communication and connection that the individual experienced when performing prayer and such meaning was relative for each individual. The symbolic meaning was embedded in the participants' culture, religion, and the desire to be one with their group.

Meaning of Spirituality

It is well documented in the literature that the term *spirituality* is a vague concept to understand (Hume, 1999; Koenig, 2007). It was assumed that these participants would have a better understanding of spirituality because of being frequent attendees at their houses of worship. However, for the participants in this research study, defining spirituality was challenging too. Nonetheless, they were able to articulate some of their understanding of spirituality; their definitions were religious in nature. Although some of these definitions were considered as secular in the literature, all definitions of spirituality were articulated from a religious point of view in this study. In other words, for participants who viewed spirituality as the quest of meaning or as the connection with self and others, such connection and meaning were still expressed within the construct of religion, faith, and the belief of God. For these participants, God provided the ultimate

meaning and connection. Rassool (2002) once argued that people of faith do not believe in spirituality and that such a concept does not exist in their vocabulary. The results of this research suggested that spirituality is perceived by people of faith. The perception and meaning of spirituality intersects with their belief in God and falls within the boundaries of their faith.

Value of Prayer

Participants emphasized that the value of performing prayer goes beyond the benefit of one's self; benefits flow to both the individual and the group. Participants reiterated the belief that prayer is a mandated religious function which brings comfort, peace, and serenity. Prayer can be performed individually or congregationally and brings tremendous benefits to the individual, the group, and the larger community.

Performance of Prayer

Other than the value and meaning of prayer, this study attempted to answer the following questions:

1. What performance skills are required to optimally participate and perform individual prayer as an activity?
2. What contextual factors are inherent to the participation in prayer, i.e. physical, personal, cultural, temporal and social?
3. What performance patterns, such as habits, routines, and roles, are related to the performance of and engagement in prayer?

There are many elements to the performance of any occupation. These include the person who conducts the performance, the occupation itself, and the context in which the

performance occurs. Successful performance of an occupation hinges upon a harmony of these elements as they coalesce.

The OTPF begins with an introduction to the major philosophical assumption in occupational therapy: “engagement in occupation to support participation in context” (AOTA, 2002). If occupational therapists want to help individuals resume their previous religious roles and engage in the participation of the occupation of prayer, then a thorough knowledge of the performance elements and dynamics of prayer are warranted.

Limitations

This research study recruited participants from only three faiths: Catholic, Jewish, and Muslim. Although this research was not meant to be generalized to individuals from other faiths, the participating faiths in this study were selected to represent the three main world religions; Christianity, Judaism, and Islam. The reader is asked to extrapolate meaningful information that may be salient within other faiths. Future studies investigating other faiths and traditions are needed particularly studies investigating the occupational performance aspect of the activity and its link to health and well-being rather than the sole emphasis on the spiritual belief itself. Another limitation of this study is that participants recruited were mainly middle to high socioeconomic status, a factor which might have skewed the results. These participants had the financial means and flexible time to perform the prayer daily in their houses of worship; individuals from other socioeconomic groups might not?

Although the researcher implemented several measures to establish rigor and to avoid bias, the effect of the researcher’s own Muslim faith and perspective on the

interview process could not be completely eliminated. Participants of faiths different from those of the researcher might have overemphasized the meaning and value of the prayer to convey to the researcher how important it was to them. In contrast, interviews conducted by a Muslim researcher might have been more comfortable to Muslim participants, allowing them to elaborate on sensitive issues. Future research studies are encouraged to address these concerns.

Conclusion

This study examined participants' perceptions of the meaning and value of prayer. In addition, it shed light on the performance issues of engagement in prayer rituals such as performance skills, performance patterns, and the occupational contexts. Data derived from interviews and participant-observations of research participants from different faiths confirmed the centrality of prayer rituals in their daily lives. The prayer ritual is an important universal and culturally-relevant activity of daily living for a significant number of the population. It would be of a great value for occupational therapists to therapeutically use the prayer ritual in treatment planning when such an occupation is identified as a meaningful occupation or as an occupational role. Many meaningful aspects of interest to occupational therapy are embedded in the prayer ritual. These aspects include clients' motor skills, process skills, communication skills, and the temporal, spiritual, and social aspects of and community participation. Occupational therapists can use these aspects of prayer in a meaningful way towards relevant and effective rehabilitation outcomes.

Table 1

Demographic Information of Participants of Study One

Participant	Religion	Age	Gender	Education	Occupation
Paul	Catholic	76	Male	Bachelor's degree	Realtor
Mary	Catholic	74	Female	Bachelor's degree	Retired interior designer
Phillip	Catholic	70	Male	Bachelor's degree	Retired attorney
Aaron	Jewish	61	Male	Bachelor's degree	High school teacher's supervisor
Judith	Jewish	62	Female	Master's degree	Property manager
Ephraim	Jewish	38	Male	Bachelor's degree	IT technician
Abdullah	Muslim	53	Male	High school	Self-employed
Fatima	Muslim	34	Female	Master's degree	IT Engineer
Omar	Muslim	29	Male	Bachelor's degree	Registered Nurse

Note: All names are pseudonymous

Table 2

Occupation of Prayer: Themes and Sub-Themes of Study One

Meaning

Meaning of Prayer

Worship

Remembrance and recognition of one's place before God

Giving thanks to God

Connection with God

Other forms of worship as part of prayer

A group ritual

Meaning of Spirituality

Connection to God or a higher being

Connection to inner self

Connection to others

A broader sense of meaning and purpose

Value of Prayer

Fulfillment of a religious obligation

A sense of union, community and continuity

A 'no worry' zone

Comfort, peace and serenity

Strength

Concentration, mental and emotional stability

Occupational Performance

(Results of this section were selectively organized according to The OTPF (AOTA, 2002)).

CHAPTER IV
PARTICIPATION IN THE PRAYER RITUAL: PERSPECTIVES OF INDIVIDUALS
WITH PHYSICAL DISABILITIES

Submitted for publication to the *Occupational Therapy Journal of Research*

Introduction

Prayer ritual is an occupation that many individuals enjoy performing on a daily basis. Abramowitz (1993) refers to prayer as the ladder which connects the individual with the higher power. Maier-Lorentz (2004) defined prayer as an “intimate conversation with a higher being for the purpose of imploring or petitioning for something or someone” (p. 25).

Prayer can take many forms. These include, but are not limited to: supplication; meditation and reciting verses of holy books such as the Bible, Torah or the Quran as well as using rosary beads; and making the sign of the cross and attending houses of worship. As noted, prayers can be performed using words (verbal) or silent (wordless). Prayer may require physical demand or it may be sedentary (Maier-Lorentz, 2004). Prayers can be individually performed in private or collectively in congregations (DiJoseph & Cavendish, 2005). Prayer can be ‘petitionary,’ that is to perform the prayer for oneself, or it can be used to pray for someone else, which is called ‘intercessory or distant’ (Maier-Lorentz, 2004). Various forms of prayers from faiths across the world use different symbols such as candles, icons, the crucifix, music, and holy pictures.

They may also use rituals and liturgies such as dances or specific physical movements (DiJoseph & Cavendish, 2005).

Prayer is a spiritual occupation that has rarely been addressed in occupational therapy literature. Individuals with physical or psychological conditions may not be able to optimally participate in this meaningful occupation. The occupational therapy profession has a responsibility to meet the needs of clients and the society we serve (AOTA, 2006). Consequently, occupational therapists should explore all areas of occupation that are of interest to our clients and utilize these occupations to maximize their adaptive repertoire and functional performance. Prayer is one example of many spiritual occupations that are overlooked in our literature and practice.

Purpose Statement

The purpose of this study was to explore the meaning of a daily spiritual occupation, prayer, from the perspectives of individuals with physical disabilities. Because the literature shows that some occupational therapists are reluctant to address spiritual occupations in their practice, the intent of this phenomenological study was to bring to the attention of occupational therapists the importance of prayer in the lives of their clients (Taylor, Mitchell, Kenan & Tacker, 2000).

Phenomenological qualitative methodology gives voice to the participants (Corring, 2004; Rebeiro, 2004). In this present study, phenomenology gave voice to participants with physical disabilities who enjoy performing daily prayer. Ensuring the client's perspective in phenomenological research acknowledges that clients are the ones most knowledgeable of their own experience (Rebeiro, 2004). It also emphasizes the

importance of utilizing occupations that are meaningful to the patients from a client-centered practice perspective (Corring, 2004).

Occupation requires active participation and engagement of the individual (AOTA, 1979; Fidler & Fidler, 1978). This basic assumption of occupational therapy is applicable to those forms of prayer that are ritualistic and require some kind of physical, cognitive, and emotional engagement. For the purpose of this study, the researcher defined prayer as the religious act or event in which individuals seek connection with a higher form of existence through physical, mental and ritualistic engagement of worship as defined within cultural and religious norms and can be performed either individually or collectively. As such, this study did not address meditation and intercessory (distant) forms of prayer (Byrd, 1997). Research articles on the effect of these other forms of prayer on health have raised strong but reasonable debate and doubt regarding its validity from the scientific community (Flannelly, Ellison & Strock, 2004).

It should be noted, also, that the aim of this line of research is not to propose that individuals should pray to increase their health and wellness. People who pray usually pray out of religiosity rather than any health motives. Also, this study is not intended to impose the researcher's own views and beliefs of the topic. Keeping that in mind, this study attempted to shed light on prayer performed within the Catholic, Jewish and Muslim faiths by individuals with physical disabilities.

Specific Aims

This study explored not only the meaning and value of prayer as an occupation from the perspective of individuals with physical disabilities, but also examined the

adaptation process that they experience in their attempt to perform the occupation of prayer. This study aimed to answer the following questions:

1. What is the meaning of prayer from the perspective of individuals with physical disabilities?
2. What obstacles do individuals with physical disabilities encounter when engaged in the performance of prayer?
3. What adaptive repertoires do individuals with physical disabilities utilize to optimally participate in prayer?
4. What strategies and implications can occupational therapy offer that will maximize the client's participation in prayer?

Literature Review

Definition of Spirituality

One can not discuss prayer without a thorough discussion of spirituality. Spirituality is a wider concept than those of religion or prayer. The *Occupational Therapy Practice Framework* (OTPF) (AOTA, 2002) considers the spiritual context as part of the environmental context in which occupation may occur. The OTPF defines spirituality as “the fundamental orientation of a person’s life that which inspires and motivates that individual” (p. 623). Similarly, the Canadian Model of Occupational Performance (CMOP) defines spirituality as “a pervasive life force, manifestation of a higher self, source of will and self-determination, and a sense of meaning, purpose and connectedness that people experience in the context of their environment” (CAOT, 2002, p. 182). In the CMOP, spirituality is placed at the center of the occupational therapy process and is an

interwoven concept with all other concepts of the *person*, the *occupation*, and the *environment* (CAOT, 2002).

Spirituality and Disability

Disability and spirituality have a strong relationship (Boswell, Knight, Hamer & McChesney, 2001). Illness, injury, disability or death can cause spiritual crises in meaning for the individual and their families (Hume, 1999; Rosenfeld, 2000). Illness can cause disruption in the daily occupational patterns that leads to crisis of identity, meaning and hope (Rosenfeld, 2000). In turn, spirituality can boost the functional performance of the individual with disability by impacting the internal processes that motivate the action and promote hope for the future (Spencer, Davidson & White, 1997). Spirituality allows making sense of illness and mortality and provides hope and coping in face of suffering and inevitable pain. (Bonura, Fender, Roesler & Pcquiao, 2001).

Furthermore, disability is similar to aging in which both bring proximity to death (McColl, 2000). The occurrence of disability can raise questions regarding the equality in this life, forcing the individual with a disability to seek answers to existential questions. Thus, “disability and its implications are so pervasive and overwhelming that they impel individuals to seek meaning in spiritual terms” (McColl, 2000, p. 221).

Schulz (2005) compared perceptions of individuals with childhood onset disabilities to those with adult onset ones. Findings showed that even though both groups had different views and perceptions of spirituality, those with childhood onset viewed disability as a way to discover God’s purpose and a vehicle to relate to self and others around them. In contrast, individuals with adult onset disability viewed disability as a

‘catalyst’ for their spiritual rediscovery, awakening and development (Schulz, 2005). Spirituality helped individuals with childhood onset disabilities to seek answers for existential questions of meaning and purpose all the while connecting to the world. On the other hand, spirituality helped individuals with adult onset disability to reflect on their feelings and come to a better understanding of self and the experience itself, all the while connecting to the outer world (Schulz, 2005).

Spirituality and Occupational Therapy

Addressing spirituality in occupational therapy enables individuals to experience meaning, and occupational therapists can utilize that meaning in a therapeutic way (Belcham, 2004; Collins, 1998). Thus, finding meaning in an occupation may be a turning point in therapy (Beagan & Kumaz-Tan, 2005). The selection of a therapeutic spiritual activity in occupational therapy depends upon the sources of meaning for the individual (Rosenfeld, 2000, 2001). Furthermore, the way to address spirituality in occupational therapy should be different from other disciplines. Participation in performance, meaning and motivation should be the emphasis for occupational therapists rather than a singular focus on an end product which may be emphasized by pastoral clergy (Rosenfeld, 2000). To illustrate, occupational therapists should facilitate the client’s occupational performance of prayer rather than increase his or her convictions of God through prayer.

Since spirituality is a major functional domain of the individual, Mayers (2004) emphasized that there should be an opportunity to discuss spirituality with our clients. She encouraged occupational therapists to employ spirituality as a venue to discover the

meaning and the “spiritual links” to other occupations that really matter to our clients. Rosenfeld (2000) suggested that spiritual activities could include “charitable projects, seeking and offering forgiveness, celebrating holidays, preparing traditional foods, singing hymns, practicing meditation, Tai Chi or Yoga, writing or reciting poetry, studying sacred or philosophical texts and prayer” (p. 18). In fact, Rosenfeld (2000) proposed ‘prayer-crafting’ as a ‘spiritual agent modality’ that occupational therapists can use and foster in treatment sessions with their clients (p. 18).

In summary, many researchers have attempted to explore the meaning of spirituality in occupational therapy practice but rarely have attempted to look into the meaning of prayer as a meaningful and purposeful occupation (Farah & McColl, 2008; Rosenfeld, 2000). The intent of this study was to bring to the attention of occupational therapists, reluctant to address spiritual occupations in their practice, the importance of prayer in the lives of their clients (Collins, Paul & West-Frasier, 2001; Farrar, 2001; Johnston & Mayers, 2005; Taylor, Mitchell, Kenan & Tacker, 2000; Rose, 1999; Udell & Chandler, 2000). By overlooking prayer as an occupation, client-centered practice is not fully achieved. Also, it minimizes a significant contextual domain of the individual if indeed prayer was identified as a meaningful occupation and role. DiJoseph and Cavendish (2005) criticized health care workers who consider addressing the spiritual domain as optional. The intent of this study was to shed light on the significance of a spiritual occupation in the lives of individuals with physical disabilities.

Methodology

Design

This study utilized a qualitative phenomenological approach. Patton (2002) stated that phenomenology allows the researcher to inquire about the “meaning, structure, and the essence of the lived experience” of the phenomenon at hand (p. 132). This study explored the phenomena of performing the occupation of prayer among individuals with a physical disability. The researcher utilized a semi-structured interview guide to explore the meanings and value of prayer as well as the challenges encountered and adaptive repertoire that people, either older or physically disabled, have in order to perform their spiritual rituals and prayers (see Appendix D). The interviews were augmented with participant- observation of the participants at the designated houses of worship where congregational prayer for that particular participant was performed (see Appendix C). Participant-observation enabled the researcher to gain a detailed picture of the contextual factors inherent to the performance of prayer as well as its performance skills and patterns.

Participants

The researcher recruited 7 adult participants with a physical disability representing each of the three faiths: Catholic, Jewish and Muslim, with 2, 3 and 2 participants, respectively (see Table 3 for demographic information of participants). Participants were recruited from these three religious groups using a purposive sampling method. Purposive sampling allows the researcher to “choose a case because it illustrates some feature or process in which we are interested” (Silverman, 2000, p. 104). The

researcher identified a gatekeeper from each of these religious settings to allow for access to participants. A gatekeeper was a staff member from each participating house of worship who knew the members of the congregation and helped with identifying potential participants for recruitment based on the inclusion criteria for the study.

Participants were included if they were: (a) eighteen years and older and had the ability to understand and speak English; b) affiliated with a house of worship representing one of three faiths: Catholic, Jewish or Muslim; c) actively involved in congregational prayer and able to attend the congregational religious service at the house of worship; and d) known by the gatekeeper for having a physical disability. A physical disability was described to the gatekeeper as the inability to perform basic daily life activities such as: dressing, bathing, grooming and eating without the help of others, or the use of a mobility aid such as a wheelchair. The researcher did not impose any exclusion criteria as to the kind of physical disability they might have or the duration of such disability.

It is noteworthy to mention the difficulties incurred during the recruitment process. First, obtaining approval from these houses of worship to recruit participants was difficult, and secondly, securing the participants within the houses of worship that finally agreed to participate in the study was a challenge. Several houses of worship refused to participate and viewed prayer as an extremely private personal activity of the individual. One example of a recruitment hurdle was obtaining approval from a Jewish house of worship; only after several failed attempts to recruit an Orthodox or Conservative synagogue did a Reform temple agree to engage in the study.

Ethical Considerations

The researcher acquired Institutional Review Board (IRB) approval from Texas Woman's University (TWU), Institute of Health Sciences in Houston. Also, the researcher obtained letters of permission to conduct interviews and participant observations from all involved houses of worship.

Data Collection Procedures

The researcher used a semi-structured interview guide with participants who agreed to take part in the study and signed a letter of informed consent for participation (see Appendix H). Interviews lasted for an average of an hour each and were audio-taped. Interviews were followed by an observation of each of the participants during their participation in a congregational prayer at one of the three designated houses of worship. A participant-observation guide focused on the performance skills and patterns as well as the context in which the prayer rituals were performed. Field notes were recorded for each observation and interview.

Data Analysis Procedures

Interviews were audio-taped and then transcribed verbatim. Transcribed interviews were returned to the participants and discussed with them as member checks (Krefting, 1991). Transcribed interviews and data derived from participant-observation were then coded line by line into relevant categories. These categories were then aggregated into the major themes. Next, the researcher consulted with a group consisting of one occupational therapy professor and two doctoral students to examine the data and to separately code the transcribed interviews in order to reach agreement regarding the

coded themes. This process, known as peer debriefing and examination, was applied as a method of increasing the credibility and dependability of the study.

The occupational adaptation theory constructs served as the theoretical template for analyzing the data and discussing the findings (Schultz, 2008). For example, the following questions were posed:

1. What are the environmental demands
2. What are the perceived occupational challenges
3. What are the person-environment interaction elements
4. How does prayer play a role in affecting the adaptive processes of the individual with a disability?

Rigor

This study adopted several strategies for establishing rigor and triangulation (Patton, 2002; Krefting, 1991). First, multiple methods of data collection were utilized in this study. These included in-depth interviews, field notes and participant observations. Second, the researcher acknowledged the fact of being a Muslim which might reflect bias if only Muslim participants were to be selected. Therefore, the researcher expanded the selection of participants to include three different faiths to represent a wide variety of spiritual beliefs. Third, an open and clear self-reflection or reflexivity was used in this study to enhance the credibility of the results (Krefting, 1991). During the participant observation, the researcher kept an account of self-reflection that created an open narrative of what was observed and that recorded the researcher's perceptions (Creswell, 2003; Silverman, 2000).

Results

This study explored the meaning, value and occupational performance of the occupation of prayer for participants of the Catholic, Jewish and Muslim faiths who have a physical disability. It also examined the adaptation process that they experience in their attempt to perform the occupation of prayer. The following discussion highlights the major themes and sub-themes. See Table 4 for themes and sub-themes.

Meaning

Meaning of Prayer

The meaning of prayer, according to participants' interviews, was explored. Participants talked about what practicing their prayer rituals meant to them, and they expressed the meaning of worship differently through the following themes: a 'way of life', a 'moment of reflection' and a 'means of associating with God'.

A 'way of life'. Prayer was viewed by some participants as a 'way of life' and something that they are supposed to do everyday. Prayer from their perspective is an obligatory function that they must do as required by their religion. Salam stated, "It is a worship of a daily life and you have to do everyday. It's just a way of life. It's my way of life... Everybody has their own way of life and in my life... waking up in the morning at 5 or 5:30, praying to Allah, thanking Him for waking me up and to get ready to work." John affirmed, "it is something I have done for my whole life, just come and worship."

A 'moment of reflection'. Prayer was viewed as an opportunity to reflect upon what is going on around the individual. Ruth stated "prayer shows a moment of reflection, a moment of being in tune with my surroundings, whether it is the

environment, the people and me.” Reflecting on her pain and disability, Ruth clarified “breathing in and breathing out... Reflecting on where I am at that moment and what’s going on with me, and understanding that I can get myself through this as best as I can, knowing that the pain will eventually relieve itself to the point that it is more manageable.”

A ‘means of associating with God’. Prayer was viewed mainly as a way to communicate and connect with God. Solomon stated that prayer is “a mean of associating with God, talking to Him of my happenings and what I need to do, and what I can do.” Ahmed emphasized prayer as a form of communication and stated “it is the way I communicate with Allah... It is the way I communicate with God.” In his response of how he feels something is missing if he does not perform the prayer ritual, Ahmed metaphorically stated “I feel that (prayer) is my way of showing this love towards Allah. It is so important that if you don’t do it, you are not a Muslim. You need to improve your relationship (with God). Not praying? It is like not hugging your wife or not kissing your child. It is like not showing any kind of love (to God).”

Meaning of Spirituality

Participants had a wide range of understanding of the term ‘spirituality’. Participants’ definitions of spirituality were categorized into the following themes: relationship with God, connection with others and a broader sense of meaning and purpose.

Relationship with God. There was a consensus among all participants that spirituality is an individual’s connection with God. Salam stated, “you want to save your

soul; I mean that is pretty much it; I won't get too mystical with it, but I am proud of it, I know there is Allah, I know that I pray to Allah, I know that nothing can happen without His permission and I am pretty much grounded on that." Ahmed said, "spirituality is, to me is pretty simple, is your relationship between you and Allah, between you and God. It is an intimate relationship. It is a personal relationship." Solomon stated, "It means the way I live my life. I live my life in association with God. I believe that God is the creator and in following His path."

Connection with others. The sense of connection to others was a major part of spirituality to some participants. When John was asked if he considers himself as spiritual, he responded "yes, because in my everyday life... my actions, I try to go by the concept of our faith; Christ, with His commandment and all. Love God with all your heart and your neighbor as yourself. I am very conscious of trying to do (that). Particularly, love your neighbor as yourself."

A broader sense of meaning and purpose. Some participants viewed spirituality as a quest for meaning and purpose in their lives. Ruth defined spirituality as: "believing in ourselves and believing on what we are here to do in this world." They expressed how they experience 'spiritual moments' in their lives which is relative to each individual. In a vivid description of a spirituality moment, Ruth stated: "I will never forget that feeling. It was like an 'aha' moment within myself. Saying that it is like a shoe that fits right. It was like wow!"

Value of Prayer

The participants mentioned a wide range of benefits that they experience when they practice prayer or when they have these moments of spiritual feelings. Themes of the value of prayer included: (a) fulfillment of a religious obligation, (b) a sense of community, and (c) a feeling of 'it will be alright'.

Fulfillment of a Religious Obligation

Prayer was viewed as a religious mandatory obligation. The completion of the task by itself was comforting to all participants. Ahmed confirmed this aspect of prayer as an obligatory activity. He said:

Prayer gives me a deeper sense of consciousness. (It) reminds me of who I am throughout the day. It gives me a sense of peace. (Because) I seek forgiveness from God for my sins, for the things I have done wrong. And so, that is my way of asking Allah for his mercy. It means a lot to me, it means my salvation. It defines my faith; if I don't pray, I don't consider myself a Muslim.

For some participants, the inability to fulfill such an obligation is a loss and brings feelings of guilt. For example, John stated: "there is guilt that I did not get up early enough to go to Mass or whatever. You know, this is really important."

A Sense of Community

Prayer offered a time for the family, friends and the community to come together in unity for one purpose: to participate in the same activity. Though Solomon may not know all attendees at his house of worship, he stated that prayer offers him "a feeling of

friendship with others.” Arleen echoed the same value and stated: “I go there to be a part of the community.”

A Feeling of ‘It Will Be Alright’

All participants expressed how performing the prayer rituals made them feel happy and at peace. For these participants, prayer created a worry-free zone that masked all the worries and the stressors of daily life. For example, prayer provided Bob with hope and reassurance. He clarified, “One of my expectations is that I will be able to take care of any problem, because God will give me the grace to see through whatever problem I have or whatever ailment I have... that if I can continue to worship or continue to pray that, sooner or later it will be alright.” This ‘no worry’ zone that was experienced as a result of performing the prayer was an outcome of many sub-themes voiced by these participants. These sub-themes were calmness, peace and beauty; strength; and mental and emotional stability.

Calmness, peace and beauty. Participants commonly sensed peace and comfort through their participation in prayer. Ruth described her feelings when she performs her prayer rituals. She stated, “a sense of calmness, a sense of oneness, a sense of peace, a sense of being grounded, love, a sense of beautifulness inside that creates wonders within me and a higher power.”

Strength. The meaning of prayer seemed to provide strength to the individual practicing prayer. John stated, “I just kind of feel uplifted every time I come to church and receive communion. It gives you a little spiritual uplift and if I don’t come, then I feel like I have missed something for the day.”

Mental and emotional stability. Participants stated that performing the prayer provided them with clarity of mind and stability of emotions. Bob asserted, “prayer really helps me to overcome any grief and to keep me from getting into despair. It keeps me from getting depressed. I can always pull myself back by some sort of prayer or worship.”

Occupational Adaptation Process

Interviews with participants revealed their process of adaptation to their physical disability and limitations. The themes centered upon their occupational challenges when performing the prayer rituals and the adaptive repertoires that participants with physical disabilities used to optimally perform the prayer ritual.

Occupational Challenges

The occupational challenges that participants talked about during interviews can be categorized into both internal and external challenges.

Internal Challenges

Participants talked about struggles within themselves that hindered optimal participation in prayers. These internal challenges included physical challenges, spiritual doubts and stress.

Physical challenges. Individuals with physical disabilities of all faiths are often religiously exempt from the physical demands of prayers. Thus, a worshipper of any of these participating faiths could attend services, perform no physical actions, and their prayers would not be judged as inappropriate. Still, participants in this study were eager to perform as everyone else.

As the extent and level of disability varied among the participants, the physical limitations and challenges differed correspondingly. For example, both Muslim participants had spinal cord injuries and used a wheelchair. They were not able to complete the physical movements that are required in a Muslim prayer such as standing, bending and prostration. The extent of the effect of disability was apparent for Muslim participants who were required to perform cleaning rituals called *ablution*. Ablution consists of cleaning the head, neck, face, arms and feet with water. Prior to ablution, Muslim participants had to wash the private area with water and should maintain its cleanliness after each time they use the toilet. This requirement created a problem for the Muslim participants. For example, Ahmed had to catheterize himself several times during the day, making it difficult to stay clean as required for the prayer. Ruth, who complained of chronic rheumatoid arthritis (RA) and chronic pain syndrome, could not attend services during exacerbations of pain. Other participants used different mobility aids such as a walker and a cane and had difficulties with standing tolerance, walking or kneeling.

Inner spiritual questioning. Some participants reported experiencing internal spiritual questioning following the onset of the disability. Questions such as ‘Oh Lord! Why me’ or ‘What is the reason that God want me to have this’ often rang in their heads as they faced the debilitating consequences of disability day after day. Ruth emphasized: “That is a normal thing for me to be angry and to say ‘why me?’ It is just a feeling and it is a process that I go through. Sometimes when I get this feeling of this pain that why? why?” Ruth elaborated that these doubts faded away with time when she realized that she can adapt to pain and live with it.

Stress. Participants voiced a great deal of stress as a result of being an individual with a physical disability. Salam described that being disabled brings physical and mental burdens on him. He stated: "It is really difficult for me to do (prayer) other than others, because I have to go through a lot more steps. I have to jump through a lot more hoops to pray." Ruth described the amount of pain she feels during exacerbations of RA and such pain made life so stressful by causing her to not be able to do anything.

External Challenges

Participants talked about struggles in their surroundings that hindered optimal participation in their prayers. These external challenges were physical context barriers, perceived stigma and transportation barriers.

Physical context barriers. Participants revealed that the physical environment could be very challenging for individuals with physical disabilities. Ahmed and Salam reported that they come to this house of worship because it is accessible; they avoided certain houses of worship of their faith because they were extremely difficult to access. Even in the places they could access, the physical environment became especially problematic during high holy days when a greater number attended services.

Perceived stigma. Some participants voiced feelings of being stigmatized and looked down upon by other attendees. However, during the participant observations conducted by the researcher, it is only fair to say that other attendees were welcoming and friendly with these participants. Apart from the possibility of a social effect that pressed others to be friendlier with the participants, these feelings of stigma may have stemmed from previous isolated encounters with some attendees that had imprinted upon

these participants' minds and had a long-lasting negative effect. For example, Ahmed was once told not to enter the Mosque with his wheelchair because the tires of the wheelchair may be dirty. Another example was with Arleen who had no choice but to sit close to the captioning screen where it was apparent to other attendees that she was deaf. Limited attendance and participation due to the physical disability prevented some participants from associating more with the place and the community. For example, Solomon reported "I have been involved in congregational activities and I can not do that now because of my physical capabilities. I have no means of doing that. I can not get out and associate like I used to and I miss that. I miss working with people."

Transportation barriers. Depending on the level of disability and level of adaptation to disability, transportation was perceived as a barrier to optimal participation in prayer services. For example, Solomon stated that he always relied on friends and family to pick him up to prayer services. He was not able to attend prayer services without their assistance. Salam, who has paraplegia, and Bob, who has hemiplegia, both drive to their house of worship using an adapted automobile. Salam, who uses a wheelchair, voiced his complaint of the inability to find a parking space close to the house of worship. He stated that he had to come earlier to the prayer service or else he would be unable to park near the building. Prior to having his adapted automobile, Bob relied on his wife to drive him to services. He stated that they could not attend regularly because he had to schedule his attendance of prayer services around his wife's schedule.

Adaptive Repertoires

Participants revealed several strategies that facilitated their adjustment and adaptation to disability and consequently facilitated their participation in the prayer rituals. These facilitators can be organized into the following categories: deeper spiritual awareness, family and community support, house of worship and spiritual leaders' support, and pre-planning and time management.

Deeper Spiritual Awareness

Although some participants had spiritual doubts when they first experienced the disability, they viewed spirituality as a factor that provided them with strength in the face of adversity. There was a common consensus that their depth of spiritual awareness increased as they faced disability and its consequences. Although their level of spiritual expression in terms of prayer participation decreased, their increased depth of spiritual awareness provided them with greater motivation to live life. Bob described his level of spirituality and said: "it has become more deeper. I can appreciate the little things in life that I have never seen (like this) before; the flowers... the sky... I appreciate that because I know that God is with me where ever I might be."

Family and Community Support

Support received from family, friends and the whole community was a major factor that facilitated and increased these participants' participation in prayer rituals and services. Ruth mentioned how the synagogue community kept checking on her when she was hospitalized and then when she was home-bound due to the exacerbations of pain. Bob mentioned how the support of the church community kept him going and brought

him closer to God. He stated: “I was in the hospital for 3 months. I died a couple of times, my heart stopped beating. As I got stronger in the hospital, my wife would tell me ‘everyone is praying, everyone is praying’. Since I have been out of the hospital, I find that, yes, they have. And this is really important to me.”

House of Worship and Spiritual Leaders’ Support

The system of the house of worship represented by the spiritual leadership and administration played a huge role in facilitating participation in houses of worship activities, particularly prayer rituals and services. Spiritual leaders often facilitated spiritual discussion with these participants and helped them answer some of the existential questions that disability brings to the surface. Spiritual leaders and administration of houses of worship played a role in meeting the participants’ needs. For example, Arleen was provided with captioning technology that translated every spoken word, enabling her to keep up with what was going on and what was being said during the service. Ruth used a telephone number that connected her with a live audio-recording of the prayer rituals when she was unable to physically attend services at the temple.

Pre-planning and Time Management

Some participants mentioned several temporal strategies they used to increase their participation and engagement in the rituals of prayer. Because Ahmed has to catheterize himself regularly, he mentioned condensing prayer frequency from five times to three as a way he used to reduce the burden on himself to stay clean for prayer purposes. A number of participants recognized the need to arrive earlier to give them ample time to be in place. Bob mentioned that he usually gets to his house of worship

earlier so he would not need to rush his steps as he walks with his cane. This pre-planning allowed him to sit in a chair that would not cause him to interfere with other attendees as they take their seats. Therefore, this strategy decreased any extra burden he may have had if he did not plan ahead.

In summary, participants with a physical disability from three different faiths revealed their perspective on the meaning of the occupation of prayer ritual and the meaning of spirituality in their lives. Prayer ritual seems to be a meaningful activity that they maintained performing despite their disability. Furthermore, participants shed light on their adaptive strategies that they used in order to perform their rituals.

Discussion

This study posed the question of how Catholic, Jewish and Muslim participants with a physical disability perceive the meaning and value of their occupation of prayer. The study also asked the question of what these participants' occupational challenges and adaptive strategies were. Simply put, how do people with physical disabilities engage in the occupation of prayer and what they do out of the ordinary, if anything, to engage in the prayer rituals?

Meaning of Prayer

Participants exhibited different understandings of what prayer meant to them. Whether prayer is considered as a 'way of life', a 'moment of reflection' or as a 'means of associating with God', the activity of prayer was indeed meaningful and purposeful to these participants. Furthermore, the meaning of prayer ritual to these participants with physical disabilities seemed to be linked to their disability experience. To illustrate, an

individual with a disability may view prayer ritual as a way of associating with a higher power greater than one's self or disability, or as a way to have a moment of reflection on one's disability and position with the surroundings.

Meaning of Spirituality

Themes revealed the meaning of spirituality were congruent with what is available in the literature. Perhaps the most fascinating result in this study was the dramatic shift the spiritual status of the individual from 'spiritual doubts and questioning' to a 'deeper spiritual awareness.' The spiritual status of an individual seemed to be on a continuum that fluctuated depending on the level of disability, duration, and more importantly, the presence of adaptive strategies used by the participants.

Value of Prayer

Participants explained why they endured the suffering and the physical burden when they performed their prayer rituals in their houses of worship. They emphasized that the value of performing prayer involves personal and communal benefits. Participants reiterated that prayer is a mandated religious function. More importantly, the value of prayer ritual was congruent with their needs as individuals with a physical disability. It brought them calmness, peace and beauty that helped them to overcome adversity and alleviate the bitterness of disability. It brought the whole community to them so they would not feel left out and alone. It provided them with strength and mental and emotional stability when living with a disability became overwhelming and excruciating.

Occupational Adaptation Process

Several themes emerged that were related to the adaptation process and the challenges faced by these participants. The occupational adaptation framework provides a template upon which these themes can be explained and described.

Occupational challenges faced by the participants represent both the internal challenges from the “person” side, while the external challenges reflected the “environment” side. Both kinds of challenges imposed complex demands on these individuals which, in turn, created a “press for mastery” necessitating an “occupational response.” For example, attending services (an occupational response) seemed to facilitate more satisfying and effective outcomes when adaptive strategies were utilized by the participants. Using these adaptive strategies shifted the spiritual level of the individual from a “spiritual doubt state” to an “increased spiritual state,” and from no spiritual occupation involvement to regular participation and religious volunteering.

Occupational therapists who treat individuals with physical disabilities should know that restoring health and well-being does not necessarily mean the restoration of only physical, cognitive and social capacities. Rather, interventions should be combined with the spiritual domain to help develop a relationship with self, others, nature and the “higher source,” if in fact this is what is meaningful to the client (Faull, Hills, Cochrane, Gray, Hunt, McKenzie et al., 2004). Faull and colleagues stated that building a “resilient self” is hinged upon the development and growth of the individual’s spiritual domain. Faull et al. (2004) argue that spirituality can transform the fear of losing self, when the individual encounters illness or disability, to a state of hope when the individual realizes

that “the essence of self can not be lost” (p. 142). Faull et al. (2004) continue to say that “the essence of self, a resilient identity consequent upon a spiritual worldview, appears to be an essential factor affecting health” (p. 143).

A focus on optimal participation and engagement in meaningful occupations has been the cornerstone of occupational therapy since its inception (Meyer, 1922). Also, the World Health Organization’s (WHO) International Classification of Functioning, Disability and Health (ICF) supports the active engagement and participation of individuals in their valued and chosen occupations (WHO, 2002). As occupational therapists, we are concerned about helping clients reach their maximum potential. If occupational therapists do not address spirituality, an important part of many people’s lives will be neglected, and their maximum potential will not be achieved (Hoyland & Mayers, 2005).

Many research articles have explored the use of meaningful occupations in occupational therapy. They have compared the use of meaningful activities versus traditional therapy in terms of rehabilitation process outcomes (Buddenberg & Schkade, 1998; Dolecheck & Schkade, 1999; Gibson & Schkade, 1997; Johnson & Schkade, 2001). As an example, prayer ritual may be a central occupation in the lives of practicing individuals. It is meaningful and purposeful, brings joy and hope, is well-embedded in the individual’s daily routine and is part of their identity and life roles. As such, the prayer ritual can be used as a spiritual agent modality and a medium of treatment using the occupational adaptation theory as a model of practice (Schkade & McClung, 2001; Schkade & Schultz, 1992; Schultz, 2008; Schultz & Schkade, 1997; Schultz & Schkade,

1992). However, to increase participation and engagement in the prayer ritual of an individual should not prompt us to increase the spiritual beliefs and viewpoints of the individual. Collins (1998) once suggested that “spirituality should not be considered as a fixed frame of reference but, rather, that greater emphasis should be placed on the development of a process-orientated approach that focuses on the broader experiential context of clients’ lives” (p. 283). He continued to say that when occupational therapists enable the quality of experience in any occupation to emerge or evolve, such enablement can be one of the pivotal elements that influence the emergence of spiritual wellbeing. Egan and Dalaat (1994) stated that spirituality should be considered as the essence, not as a component of the individual. They stated, “In this way the spirit cannot be made more healthy. It can only be allowed more freedom through a strengthening or adjustment to the tools which it uses to express itself” (p. 101). By meeting the internal and external occupational challenges of prayer performance while facilitating adaptive strategies, the quality of experience and the occupational participation in the prayer ritual is increased for individuals with physical disabilities.

Limitations and Future Research

This research recruited participants from only three faiths: Catholic, Jewish and Muslim. Although this research was not meant to be generalized to individuals from other faiths, the participating faiths in this research were selected to represent the main three world religions: Christianity, Judaism and Islam. The reader is asked to read carefully and extrapolate meaningful information that can be applicable to other faiths.

Another limitation of the study was that participants were recruited through a house of worship and were regular attendees to their respective houses of worship. As a result, these participants were high-functioning individuals, so their experiences might not reflect the real-world experiences of individuals with a physical disability who are unable to participate in congregational services or might be home-bound.

Future studies investigating perspectives of individuals with physical disabilities from other faiths and traditions are needed. To gain a better understanding of the full experience, future research should recruit participants with a physical disability who are home-bound and are unable to attend a house of worship due to their disabilities. Researchers, though, are encouraged to use the same research methodologies and conceptualization used in this study to explore the behavior rather than the belief, i.e., the occupational performance aspect of the activity and its link to health and well-being, rather than the sole emphasis on the spiritual belief itself. Another limitation was that participants recruited in this study were mainly from middle to high socioeconomic status which might have skewed the results of the study. In other words, these participants had the financial means and flexible time to daily perform the prayer in their houses of worship.

Although the researcher implemented several measures to establish rigor and to avoid bias, the effect of the researcher's own faith and perspective on the interview process could not be completely eliminated. Participants of faiths different from the researcher might have overemphasized the meaning and value of the prayer to convey to the researcher how important it was to them. In contrast, interviewing Muslim

participants by a Muslim researcher might have been more comfortable to them, in turn, allowing them to elaborate more on certain sensitive issues. Future research studies are encouraged to overcome these concerns.

Conclusion

Christiansen (1999) asserted that competence in the performance of tasks and occupations contributes to shaping an acceptable identity that facilitates an individual's coherence and well-being. Prayer is a meaningful occupation that many people enjoy performing. Continuity of engagement in this occupation to those individuals who happen to have a disability can influence their health and well-being.

Table 3

Demographic Information of Participants of Study Two

Participant	Religious affiliation	Age	Gender	Education	Occupation	Description of disability
John	Catholic	84	Male	Master's degree	Retired Engineer	Age-related mobility limitations, used a cane for mobility
Bob	Catholic	60	Male	Bachelor's degree	Retired	CVA, hemiplegia, history of right Kidney Cancer and Nephrectomy
10 Arleen	Jewish	50	Female	Bachelor's degree	Teacher for deaf children	Deaf and Mute. Participant had difficulties with (IADLs)
Ruth	Jewish	44	Female	Master's Degree	Social Worker	Chronic Rheumatoid Arthritis, Chronic Pain
Solomon	Jewish	79	Male	2-year College	Retired	Congestive Heart Failure (CHF), Stroke
Ahmed	Muslim	40	Male	High School	Self-employed	Spinal Cord Injury (SCI) due to Gun Shot Wound, used a wheelchair
Salam	Muslim	36	Male	Community College	Auto shop Manager	Spinal Cord Injury (SCI) due to MVA, used a wheelchair

Table 4

Occupation of Prayer: Themes and Sub-Themes of Study Two

Meaning

Meaning of Prayer

- A 'way of life'
- A 'moment of reflection'
- A 'mean of associating with God'

Meaning of Spirituality

- Relationship with God
- Connection with others
- A broader sense of meaning and purpose

Value of Prayer

- Fulfillment of a religious obligation
- A sense of community
- A feeling of 'it will be alright'
 - Calmness, peace and beauty
 - Strength
 - Mental and emotional stability

Occupational Adaptation Process

- Occupational Challenges
 - Internal challenges
 - Physical challenges
 - Inner spiritual questioning
 - Stress
 - External challenges
 - Physical context barriers
 - Perceived stigma
 - Transportation barriers

Adaptive Repertoires

- Deeper spiritual awareness
- Family and community support
- House of worship and spiritual leaders' support
- Pre-planning and time management

CHAPTER V

THE OCCUPATIONAL MEASURE OF PRAYER (OMP): A PILOT EXPLORATION

Submitted for publication to *Occupational Therapy International*

Introduction

Prayer is an occupation that many individuals enjoy performing on a daily basis. Abramowitz (1993) refers to prayer as the ladder which connects the individual with the higher power. Prayer takes many forms. These include, but are not limited to: supplication; meditation and rehearsing verses of holy books such as the Bible, Torah or the Quran as well as using rosary beads; and making the sign of the cross and attending houses of worship. Prayer is one among many occupations within the spiritual context but has rarely been addressed in occupational therapy literature (Farah & McColl, 2008). Individuals with physical or psychological conditions may not be able to optimally participate in this meaningful occupation. The occupational therapy profession has a responsibility to meet the needs of clients and the society we serve (AOTA, 2006). Consequently, occupational therapists should explore all areas of occupation that are of interest to their clients and utilize these occupations to maximize their adaptive repertoire and functional performance.

Prayer is a spiritual occupation that is overlooked in our literature and practice. The *Occupational Therapy Practice Framework: Domain & Process* (OTPF) (AOTA, 2002) identifies the spiritual context of occupational performance, yet does not list

religious participation as an activity of daily living (ADL). As an area of occupational performance, prayer has many aspects that can be used in therapy. For example, spirituality, temporality, rituals and routines, social communication and community participation can all be addressed by occupational therapists through prayer.

Spirituality is a wider concept than that of religion or prayer. The *OTPF* considers spirituality as part of the environmental context in which occupation may occur (AOTA, 2002). Spirituality is defined as “the fundamental orientation of a person’s life that which inspires and motivates that individual” (AOTA, 2002, p. 623). However, in the proposed revisions of the *OTPF* (AOTA, 2008), spirituality was deleted as a context and recognized as a major personal factor besides values and beliefs. This shift was prompted by more than a decade of debate about the importance of spirituality and its position in the occupational therapy profession.

No matter the direction of the spirituality debate that the profession takes, spirituality continues to be an important domain of our clients. Koenig, George and Titus (2004) surveyed 838 medical patients older than 60 years of age. Of that sample, 88% of the patients identified themselves as both religious and spiritual, 7% as spiritual but not religious, 3% as only religious, and 3% as neither religious nor spiritual. Thus, spirituality serves as a major domain of the individual that should be addressed by health care providers, including occupational therapists.

Koenig, a guru of religion and spirituality and their link to health and well-being, once cautioned occupational and physical therapists without special training in spirituality to attempt to address spiritual issues that deal with existential questions of

patients who have a disability (Koenig, 2007). Instead, he urged occupational and physical therapists to create instruments specific to their scope of practice to guide them on how to address some of the spiritual needs of their disabled clients. Prayer is a major occupation in the spiritual domain. Thus, this research addresses prayer within the scope of the profession of occupational therapy with a focus on prayer as a human occupation.

Purpose Statement

The purpose of this study was to pilot the utility of a newly created prayer assessment tool to examine physical, cognitive, and affective skills and level of community participation. The study is based upon the application of activity analysis concepts to assess the fit between the client's performance skills with activity demands of the prayer activity (Hersch, Lamport & Coffey, 2005; Watson & Wilson, 2003). The aim of this study, then, was to provide occupational therapists with a tool that can be used with clients who identify themselves with previous religious roles and are interested in resuming such roles as part of their intervention goals. Such a tool seems warranted as it could provide the therapist with necessary information to achieve meaningful treatment goals and priorities.

Specific Aims

The study attempted to answer the following research questions:

1. What is the usability of an occupational measure of prayer in capturing the physical, cognitive, and affective performance of prayer and level of community participation
2. What is the ability of the tool to detect performance deficits of prayer?

Literature Review

In the occupational therapy literature, the majority of research articles address the attitudes of occupational therapists regarding the spiritual needs of their clients. The literature also identifies the boundaries and limitations that would prohibit the inclusion of spirituality during patient care in occupational therapy practice and other related fields (Belcham, 2004; Engquist, Short-Degraff, Gliner, & Oltjenbruns, 1997; Hoyland, & Mayers, 2005; Johnston & Mayers, 2005; Koenig, 2007). For example, although 91% of 270 randomly selected US occupational therapist participants in 1997 agreed that spirituality might have a tremendous positive impact on rehabilitation potential, only 36.6% (n=98) thought addressing the spiritual needs of the clients was appropriate for occupational therapy (Engquist et al., 1997). Another study conducted by Rose (1999) in Britain stated that although 89% of the occupational therapist participants (total n=44) in the sample believed that spirituality is an important component for both health and therapy, only 18% stated that they consistently addressed spirituality in their assessments and treatments (Rose, 1999). Interestingly, despite the development of practice guidelines addressing spirituality such as those created by the Canadian Association of Occupational Therapists (CAOT, 1997), there was no significant difference in regard to incorporating spirituality in treatment between the Canadian therapists, who have such guidelines, and the Americans, who do not (Farrar, 2001).

Research studies of occupational therapists' attitudes of spirituality have revealed many obstacles to the provision of spirituality in occupational therapy practice. Some of these obstacles were role ambiguity of occupational therapists in addressing spirituality,

time constraints, and feeling uncomfortable with addressing spiritual issues (Belcham, 2004; Farrar, 2001; Hoyland & Mayers, 2005; Mayers, 2004). Others talked about lack of knowledge and training (Farrar, 2001; Hoyland & Mayers, 2005) and that spirituality was not relevant to settings (Farrar, 2001). Others pointed out the lack of occupational therapy models and assessment tools that provide guidelines about how to address the spiritual needs of clients and the provision of such needs and services (Belcham, 2004).

Nevertheless, occupational therapists are more likely to address spiritual and religious needs only if they have a direct impact on the client's functional abilities because spirituality then falls more clearly within the scope of occupational therapy (Belcham, 2004; Udell & Chandler, 2000). These findings clearly reveal the need for a paradigm shift in our thinking of spirituality and religious activities. Occupational therapists should study how to incorporate everyday spiritual activities, whether religious or non-religious, into the treatment planning of clients when it is applicable. Creating assessments to address spiritual activities is one way to begin.

There are many instruments in the literature that examine the spiritual state or the religiosity of an individual. Occupational therapy assessments touch on spirituality and spiritual activities only superficially. Occupational therapy assessments that assess participation in occupations usually assess participation in religious activities by asking whether or not the patient is able to attend services. However, there is no focus on the demands of the activity of prayer. The only published instrument of a prayer that is rehabilitation-related is by Margolis, Carter, Dunn and Reed (2003). Margolis and his team attempted to create an instrument to assess the functional ability to perform the

Muslim prayer. They constructed a prayer ADL tool that is congruent with the Index of ADL tool by Katz et al. (1963, cited to Margolis et al., 2003). Their prayer ADL instrument divided prayer into three domains: physical movements of prayer, content of prayer and washing for prayer. Although claimed to be reliable and valid among the Muslim population, the prayer instrument suggested by Margolis and his team was not sensitive enough. For example, in some cases, the prayer ADL instrument detected “pseudo” dysfunction that was not detected by the original index of ADL. Margolis et al. suggested that the Muslim prayer is much more complex than the ADL activities in the original ADL index. Since the three domains of prayer are too complex, Margolis et al. suggested that future research studies should focus on these complex domains in order to help clients with physical disabilities perform the various aspects of prayer to the best of their abilities. Nevertheless, the work of Margolis and his team brought to the attention of health care workers in the Arab and Muslim world the importance of using the functional performance of Muslim prayer as an indicator of an individual well-being and independence.

This study was a scientific inquiry of exploring a meaningful occupation that some people choose and enjoy performing. Since the main goal was to explore the meaning of this spiritual activity, the religious behavior manifested by the occupation of prayer rather than the belief itself was considered (Maier-Lorentz, 2004). In other words, the occupational aspects of prayer were considered rather than the deep spiritual meaning aspects. It should be clear, though, that the aim of this study was not to propose that individuals should pray to increase their health and wellness, nor was it meant for the

instrument to assess how religious or spiritual the client is. There is a wide variability in required performance skills to perform prayers for different faiths and denominations. The researcher considered Catholic, Jewish, and Muslim prayers to be representative of the three main world religions: Christianity, Judaism, and Islam.

Methodology

Research Design and Tool

In this study, the researcher pilot-tested the utility of a prayer assessment tool in occupational therapy practice. The proposed prayer assessment tool, the Occupational Measure of Prayer (OMP), examined prayer-specific skills of physical, cognitive and affective performance and community participation on a four-point Likert scale (see Appendix F). The researcher analyzed the different aspects of the occupational performance areas of the Catholic, Jewish and Muslim daily prayers. Utilizing the AOTA task analysis guidelines (2003) and the activity analysis guidelines proposed by Hersch, Lamport and Coffey (2005) to identify and describe the occupational performance skills that are needed to participate in prayer, the OMP was created as an inter-faith measure of the occupational performance skills of prayer. The researcher obtained both quantitative and qualitative data from the participants to explore its utility.

Participants

The researcher intended to recruit 9 to 12 participants with and without a physical disability from each of the three faiths: Catholic, Jewish and Muslim. After an exhaustive search, the researcher recruited 11 Catholic, 9 Jewish and 9 Muslim participants for a total of 29 participants using a purposive sampling method. Purposive sampling allows

the researcher to “choose a case because it illustrates some feature or process in which we are interested” (Silverman, 2000, p. 104). The researcher identified a gatekeeper from each of these religious settings to allow for access to participants. The gatekeeper was a staff member who knew the members of the congregation and helped with identifying potential participants for recruitment based on the inclusion criteria for the study.

Participants were included if they were: (a) eighteen years and older and had the ability to understand and speak English; (b) affiliated with a house of worship representing one of these three faiths: Catholic, Jewish or Muslim; and (c) were actively involved in congregational prayer and able to attend the congregational religious service at the house of worship. Participants were categorized as either having a physical disability or not. A physical disability was explained to the gatekeeper as the inability to perform basic daily life activities without the help of others, such as: dressing, bathing, grooming and eating; or the use of a mobility aid such as a wheelchair. The researcher did not impose any exclusion criteria as to the kind of physical disability they may have or the duration of such disability.

Ethical Considerations

The researcher acquired an Institutional Review Board (IRB) approval from Texas Woman’s University (TWU), Institute of Health Sciences in Houston. Also, the researcher obtained letters of permission to conduct interviews and participant observations from all involved houses of worship.

Data Collection Procedures

The OMP instrument was administered to each participant individually. The participants required about 10 minutes to complete the questionnaire. The researcher was present to assist with interpretations of difficult items. Upon completion of the tool, the researcher interviewed each participant regarding the content, format, wording, and user-friendliness of the instrument (see Appendix E). The researcher asked questions such as: “Did the questions apply to you?”, “Do the questions apply to your performance of the prayer ritual?”, “Can you think of other prayer-related issues that were not addressed in this instrument?” and “What other suggestions do you have about the instrument to make it read better?”

Data Analysis Procedures

Following completion of the OMP, the researcher recorded the participants’ raw scores into the Statistical Package for Social Sciences (SPSS) Version 11.5 for statistical analysis. Differences in responses between individuals with and without a physical disability were explored. The researcher also analyzed the participants’ responses on the format, wording and clarity of the items. This information was gathered to aid the researcher in further developing the tool.

Results

Demographics of Participants

The researcher recruited 29 participants (n=29) from the three faiths: Catholic, Jewish and Muslim, with or without a physical disability. Among the participants, 18 (62.1%) were able-bodied, while 11 participants (37.9%) had a physical disability. Types

of physical disability included hemiplegia due to stroke, spinal cord injury, chronic rheumatoid arthritis, and others with age-related physical decline and decreased mobility. The mean age for participants was 54.07 (SD=17.95) and ranged from 22 to 84 years. Among the participants, 11 (37.9%) were Catholics, 9 (31%) were Jewish and 9 (31%) were Muslims. Twelve (41.4%) of participants were female, while 17 (58.6%) were males. At least 86% (n= 25 out of 29) graduated with a college degree, reflecting middle to high socioeconomic status. See Table 5 for demographic information of participants.

Occupational Measure of Prayer Domains

Participants with or without a physical disability scored their performance on the three domains of the OMP: physical, cognitive and affective performance, and community participation. Then participants revealed their insights regarding the content of the instrument, format, wording and user-friendliness. Both quantitative and qualitative results will be presented jointly for each domain.

Physical Performance Skills

Participants without a physical disability (n=18, 62.1%) reported no limitations in regards to their performance of the prayer ritual. The scores of participants with a physical disability varied widely (see Figure 1 for graph chart of responses to the physical performance domain). These scores revealed limitation issues in the physical performance domain that participants with a physical disability experienced during their participation in prayer rituals.

Qualitative interviews revealed important information related to the content of this domain. Some of the physical performance items were not applicable to certain

faiths. For example, kneeling is not commonly practiced in Judaism; in contrast, kneeling is a common practice in Catholicism and Islam. Therefore, a 'not applicable' option was suggested by some of the Jewish participants. Another issue was related to preparation rituals of prayer such as washing, bathing, and dressing. One participant mentioned that such items must be placed on the assessment form in the same order they are chronologically performed. For example, washing, bathing, and dressing must precede the actual prayer ritual items.

Cognitive/Affective Performance

The cognitive/affective domain of the OMP examined participants' cognitive demands during the prayer ritual as well as how participants conveyed their emotions and feelings during the prayer ritual. Participants, especially those without any physical disability, were hesitant to score themselves high on items of this domain (see Figure 2 for graph chart of participants' responses on the cognitive/affective performance domain). An example of a problematic item was question one of this domain. Question one reads, "I am able to keep my attention and follow the various parts of my prayer ritual without any distraction." Participants argued that no one can claim performing prayer without any distraction. In addition, there was no significant difference between scores of participants with and without a physical disability on this item. This item needed further clarification from the individual to explain the reason of reported distraction. Given that the nature of the participants' disabilities was physical and not of another type, such as psychological or cognitive, participants with a physical disability had nearly the same scores on this domain as participants without a physical disability;

there was no significant difference between the two groups. An exception, though, was one of the participants with a physical disability who also was deaf and used sign language. This participant scored lower on almost all items of this domain. Further examination of this domain is needed to explore its appropriateness for administration for individuals who have mental and cognitive disabilities.

Community Participation Skills

The community participation domain of the OMP examined participants regarding the community participation and integration demands of the performance of prayer rituals, especially when performed congregationally. Reistetter, Spencer, Trujillo, and Abreu (2005) defined community integration as the “ability to perform activities and roles necessary for full participation in society” (p. 140). The community participation skills items produced unexpected results. The scores of participants with and without a physical disability were not significantly different. Participants without a physical disability were expected to have high scores reflecting their high level of community participation. Unexpectedly, participants with a physical disability also scored high (see Figure 3 for graph chart of responses to the community participation domain). Interviews with the participants revealed several reasons that helped to explain their scores on this domain. For example, Muslim female participants were not required to perform all prayer services at the house of worship, while Muslim men were obligated to do so. Another issue in this domain was that some able-bodied participants did not have a group inside of their house of worship. One Catholic participant mentioned being new to her house of worship as a reason for lack of social group. Participants who were unable to attend their

house of worship were either unable to drive, they did not have the social support of family and friends to give them a ride to the house of worship, or both. Although the OMP did not discriminate between both possibilities, this issue was brought up in the qualitative interviews. The participants' qualitative comments regarding items of this domain were essential. Such comments gave the researcher a broader view of the participants' level of performance on a particular item that a number alone would not provide.

In summary, the qualitative interviews revealed that participants were in agreement that items in this domain reflected the cognitive and emotional demands of performing the prayer ritual. One participant suggested including questions such as (a) How does the individual remember the timing of the prayer ritual, (b) Does the individual need a reminder, and (c) Does the individual need someone to call by phone and remind him or her to come to the service? The issue of how individuals remember the timing of services or prayer rituals is of a great importance and will be considered in the future development of the tool.

Discussion

Quantitative and qualitative results of this study invoked thoughtful insights not only about the applicability of the OMP domains, but about the interplay of the occupational performance of prayer, the occupational demands upon the individual, and the environment of the three houses of worship.

Physical Performance of Prayer Ritual

The physical performance items were able to discriminate between participants who have a physical disability and those who do not. Rearranging the items is needed to reflect the chronological order of the physical demands. Adding a 'not applicable' column is deemed necessary to expand administration of the OMP to other faiths and denominations whose physical demands of the prayer ritual vary widely.

Cognitive/Affective Performance of Prayer Ritual

There are several cognitive and affective demands placed upon an individual performing a prayer ritual. However, there were no significant differences between participants with and without physical disability in this domain. During the qualitative interviews, participants commented upon the appropriateness of the items. There was consensus among participants of the three faiths that items were appropriate and very much related to their performance of the prayer ritual. Therefore, it is believed that administering these items to individuals with cognitive or mental limitations can be appropriate and can shed light on significant aspects of an individual's level of cognition and control over emotions. Religious activities are meaningful tools often used in cognitive rehabilitation and are well-documented in the literature. The prayer ritual, given its cognitive and affective demands, can also be used therapeutically by occupational therapists. For example, Lenshyn (2005), who targeted clients with Alzheimer's disease, suggested that "faith communities, whether Christian, Jewish, Islamic, Hindu, Sikh, Buddhist or any other who can make use of their symbol, ritual, and liturgy to

communicate creatively in the realm to, and with, persons living with Alzheimer's disease" (p. 25).

Participants in this pilot study, either with or without a physical disability, did not have cognitive or mental limitations. Future testing of the OMP with individuals who have mental and cognitive limitations is needed. Administration of this domain with such patient populations could reveal significant cognitive aspects for occupational therapists to emphasize when working with these individuals. However, occupational therapists who wish to administer the OMP to their clients must be cautioned about the possibility of a social desirability effect when testing the cognitive/affective domain. A social desirability effect may skew the results when participants score themselves high to avoid social embarrassment with the researcher. A lack of insight of the cognitive or affective limitations may also impact the scoring of this domain. Therefore, it may be more appropriate for family members and caregivers to score the performance of individuals with cognitive or mental limitations rather than to have these individuals score themselves.

Community Participation and Prayer Ritual

The OMP did not significantly discriminate between community participation levels of participants with physical disability and others without. The inability to discriminate between the two groups can be clarified with two points. First, participants with a physical disability who took part in this pilot study were high-functioning individuals who regularly attended prayer services. These participants were of middle to high socioeconomic status and had the time and resources to volunteer in other house of

worship functions. Secondly, other confounding factors related to community participation were present in regards to performance of congregational prayer rituals. For example, gender can be a confounding factor when females can pray at home and are not religiously required to attend congregational services at a house of worship. Another example of a confounding factor is the familiarity of an individual with his or her house of worship. Familiarity with a house of worship could play a role in facilitating attendance and formation of social groups and networks within the house of worship.

The initial intention for the creation of the OMP was to develop an assessment tool that would pinpoint issues of performance and participation in the occupation of prayer ritual. This tool was not intended to serve as a pre- and post- assessment to evaluate intervention outcomes. Occupational therapists who work in out-patient or home health settings could administer the OMP or give it to the client to complete and bring to the next visit. The OMP could be used to pinpoint issues in physical and cognitive performance as well as level of community integration. Based on the results of the OMP, occupational therapists could focus upon those performance areas most crucial and meaningful to client goals. Not only could the intervention goals relate to the performance of the prayer ritual, but they could also be generalized to other occupations that have similar occupational skills and demands.

Limitations and Future Research

There were several limitations in this research study. This research study limited recruitment of participants from three faiths: Catholic, Jewish and Muslim. Although this research was not meant to be generalized to individuals from other faiths, the

participating faiths were selected to represent the main three world religions: Christianity, Judaism and Islam. Furthermore, the small number of participants in the study, especially those with a physical disability, was a major limitation in this study. Another limitation was that participants recruited in this study were mainly of middle to high socioeconomic status which might have skewed the results. In other words, these participants had the financial means and flexible time to perform the prayer daily in their houses of worship. Additionally, the participants, either with or without a physical disability, were regular attendees at their houses of worship. Participants with a physical disability in this study were high-functioning individuals; their reported high scores do not reflect the actual scores of individuals with a physical disability who are unable to participate in services or who are home-bound. Future research for further development of the OMP needs to investigate the OMP with other faith traditions and individuals with more diverse socioeconomic status. In addition, future research should recruit a larger sample which will allow for a more sophisticated statistical analysis. Finally, recruitment of participants with a physical disability who are not able to attend a house of worship or attend religious services due to any physical limitation is needed. In fact, those participants who are home-bound and not able to attend services despite their desire to do so would be ideal candidates for administration of the OMP. It is suggested that such participants should be the target population for the OMP.

Conclusion

The prayer ritual is an important universal and culturally-relevant activity of daily living for a significant number of the population. It would be of a great value for

occupational therapists to use the OMP therapeutically in treatment planning when prayer is identified as a meaningful occupation or as an occupational role. The OMP explores three dimensions of occupational demands of prayer. These dimensions are physical performance, cognitive/affective performance, and community participation. Occupational therapists can apply the analysis of these performance skills to more effective and meaningful rehabilitation outcomes.

Table 5

Demographic Information of Participants of Study Three

Characteristics of Participants	Number of participants
Gender	
Male	17 (58.6%)
Female	12 (41.4%)
Age (in years)	
Minimum	22
Maximum	84
Average	54.07 (SD=17.95)
Religion	
Catholic	11 (37.9%)
Jewish	9 (31%)
Muslim	9 (31%)
Disability	
Able-bodied	18 (62.1%)
With a physical disability	11 (37.9%)
Education	
High School Diploma	4 (13.7%)
4 years College	17 (58.6%)
Graduate Education	8 (27.6%)

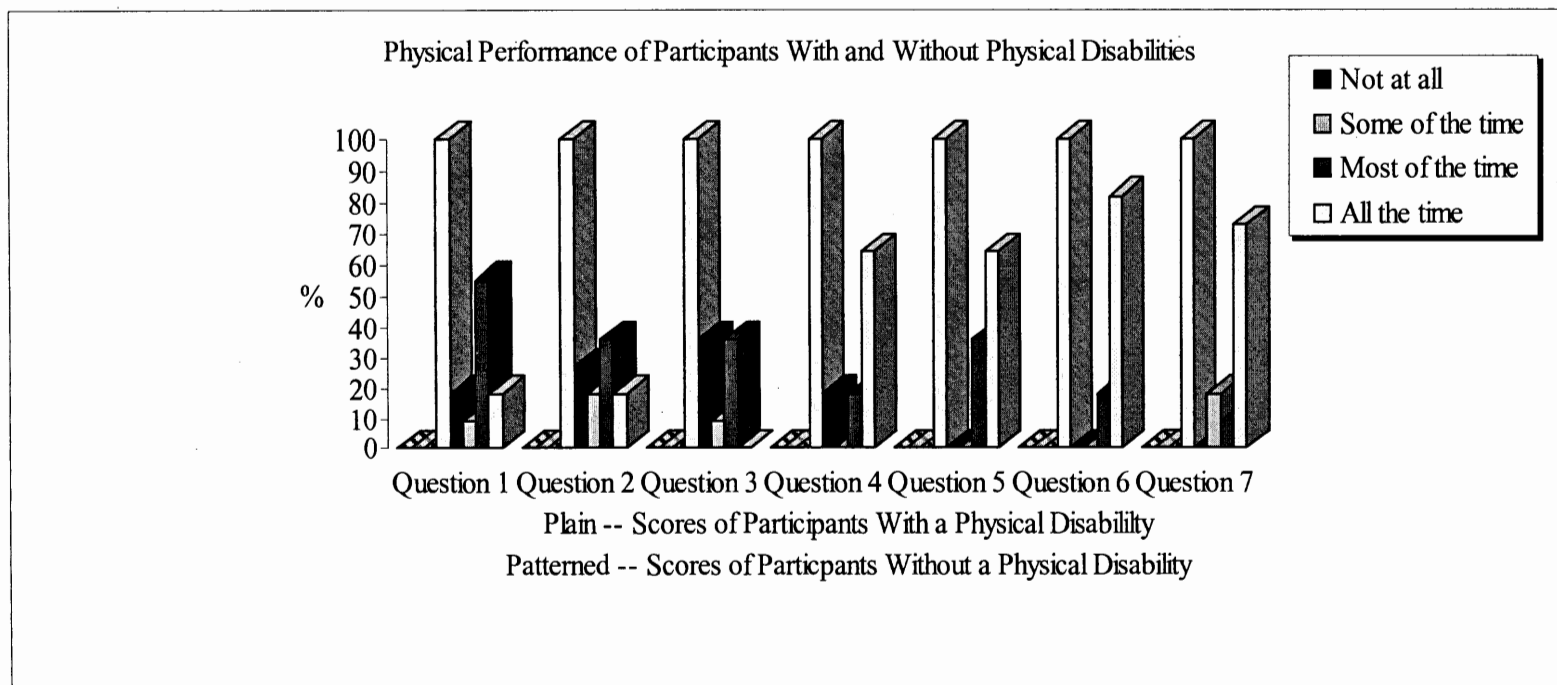


Figure 1. Graph chart of responses to the physical performance domain

Question1: When my prayer ritual requires standing, I am able to do it.

Question 2: When my prayer ritual requires bending, I am able to do it.

Question 3: When my prayer ritual requires kneeling, I am able to do it.

Question 4: I am able to walk (or use wheelchair) to the place in which I select to pray at my house of worship.

Question 5: I am able to prepare myself to pray: Dress myself.

Question 6: I am able to prepare myself to pray: Bathing or washing rituals.

Question 7: I can use my hands and arms to perform my prayer-related activities (such as holding a holy book or making prayer-related signs and movements).

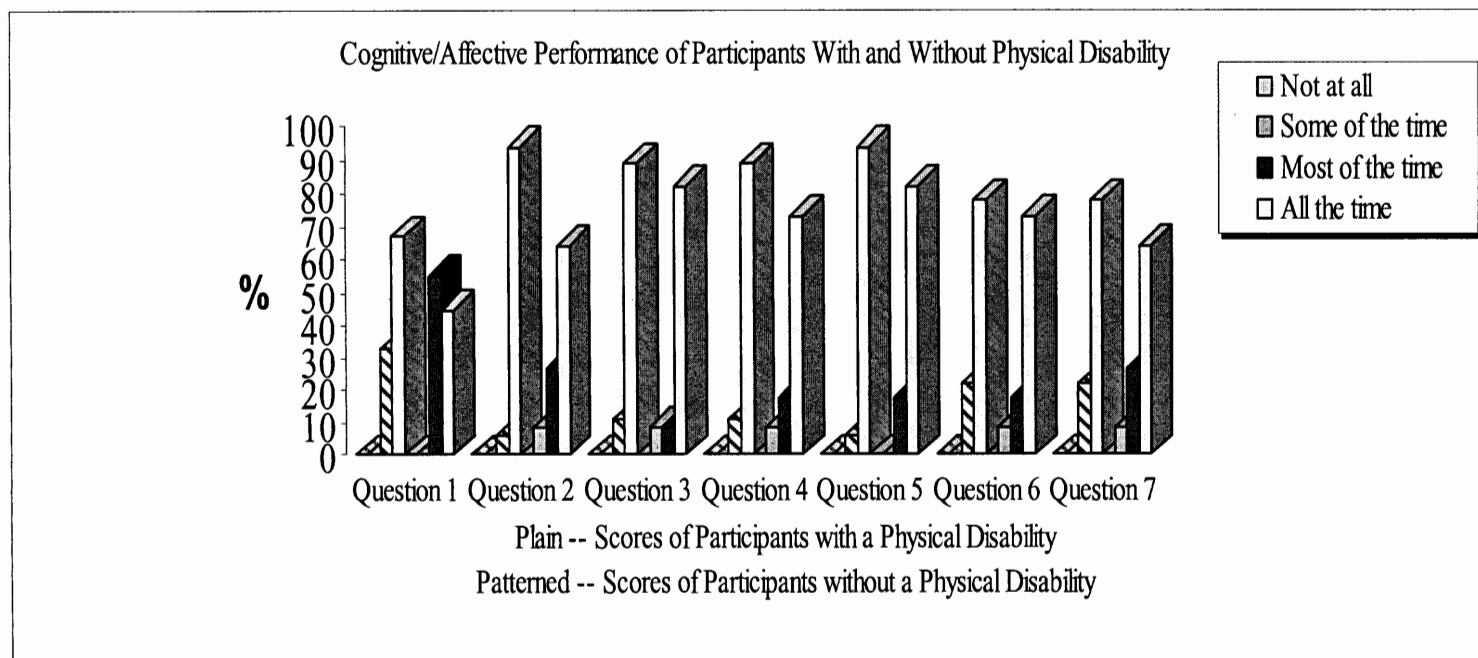


Figure 2. Graph chart of responses to the cognitive/affective performance domain

Question 1: I am able to keep my attention and follow the various parts of my prayer ritual without any distraction.

Question 2: I am able to perform the steps of my prayer ritual in the correct sequence and in harmony with the group.

Question 3: I remember the things that I must say or do during my prayer ritual.

Question 4: I am comfortable with the degree of control that I have over my emotions during my prayer ritual.

Question 5: I am able to follow social/ cultural expectations of me throughout my prayer ritual.

Question 6: I am able to keep my interest, energy, and motivation to carry out my prayer ritual.

Question 7: I feel confident that I can do all that is required of me in my prayer ritual.

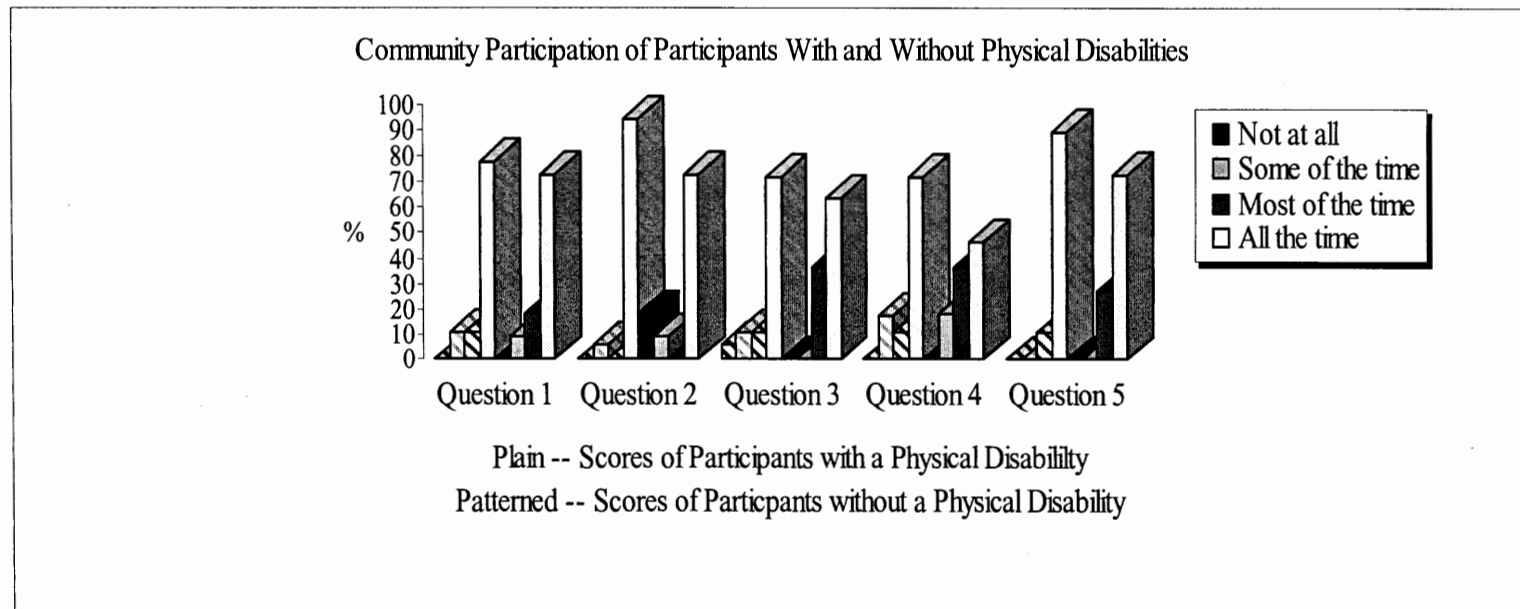


Figure 3. Graph chart of responses to the community participation domain

Question 1: I am able to go to my house of worship whenever I want (whenever it is open to public).

Question 2: I am able to drive or use public transportation to go to my house of worship.

Question 3: I belong to a group of people inside my house of worship with whom I can interact socially.

Question 4: I am able to participate in the activities and events that my house of worship offers.

Question 5: I feel that I am accepted by other people when I am at my house of worship.

CHAPTER VI

CONCLUSIONS AND IMPLICATIONS

The overall purpose of this dissertation was to explore the occupation of daily prayer and to bring to the attention of occupational therapists the importance of spiritual occupations in the lives of their clients. In order for occupational therapists to assist clients in increasing their participation in the occupation of prayer following a disability, a full understanding of the occupation of prayer and how it is ordinarily performed seemed warranted. In addition, a full understanding of the perspective of individuals with physical disabilities on their challenges in performance and adaptation might provide valuable insights into potential occupational therapy intervention. Also, an assessment tool that examines the demands of the occupation of prayer seemed warranted to assist occupational therapists in pinpointing limitations in performance. This dissertation, consisting of three separate yet related studies, was designed to address these occupational therapy needs.

The goal of the first study was to explore the meaning, value, and occupational performance of prayer to ordinary individuals who regularly perform this occupation. This study attempted to answer the following questions:

1. What is the meaning and value of prayer?
2. What performance skills are required to optimally participate and perform individual prayer as an activity?

3. What contextual factors are inherent to the participation in prayer, that is, physical, personal, cultural, temporal and social?
4. What performance patterns, such as habits, routines, and roles, are related to the performance and engagement in prayer?

The goal of the second study was to explore the meaning, value, and occupational performance of prayer from the perspective of individuals with physical disabilities. Also, the goal was to examine the adaptation process that they experienced in their attempt to perform the occupation of prayer. This study aimed to answer the following questions:

1. What is the meaning of prayer from the perspective of individuals with physical disabilities?
2. What obstacles do individuals with physical disabilities encounter when engaged in the performance of prayer?
3. What adaptive repertoires do individuals with physical disabilities utilize to optimally participate in prayer?
4. What strategies and implications can occupational therapy offer that will maximize the client's participation in prayer?

The goal of the third study was to pilot the utility of a newly-created prayer assessment tool to examine physical, cognitive, and affective skills and level of community participation. The study attempted to answer the following research questions:

1. What is the usability of an occupational measure of prayer in capturing the physical, cognitive, and affective performance of prayer and level of community participation?
2. What is the ability of the tool to detect performance deficits of prayer?

This chapter highlights and synthesizes the main findings of the dissertation. It also discusses implications, the researcher's worldview and reflections, limitations, and recommendations for future research.

Significant Findings

Meaning of Prayer and Spirituality

Spirituality is a worthy concept in occupational therapy. Spirituality is often described in the occupational therapy literature as the quest of meaning in everyday occupations (Christiansen, 1997; McColl, 2000). This line of research explored the meaning of prayer and spirituality from the perspective of both individuals with and without disability (see Table 6). The meaning of spirituality for both individuals with and without physical disability was closely aligned with the previous literature (McColl, 2000; Schulz, 2005). For both groups, spirituality definitions were religious in nature. Although some of these definitions were considered as secular in the literature, all definitions of spirituality were articulated from a religious point of view in this study. In other words, for participants who viewed spirituality as the quest of meaning or as the connection with self and others, such connection and meaning were still expressed within the construct of religion, faith, and the belief of God. For these participants, God provided the ultimate meaning and connection.

The analysis of the meaning of prayer identified a difference in the way individuals with or without a physical disability viewed the ritual of prayer. Individuals without physical disability described prayer as a daily life activity, individual worship activity, and group ritual. In contrast, the meaning of prayer for individuals with physical disabilities seemed to become more personal and goal-oriented. In fact, the meaning of prayer ritual to participants with physical disabilities seemed to be linked to their disability experience. For example, an individual with a disability may view prayer ritual as a way of associating with a power greater than oneself, or as a means for reflection on his or her situation and position with the surroundings. Interestingly, the value of prayer was almost the same for both groups (see Table 6). However, the difference in meaning between the two groups illustrates how the ritual of prayer seemed to gain more in-depth meaning than it previously had for the individual who performed the prayer occupation pre-disability and then experienced a disability.

Occupational Adaptation Process

The second study illustrated the occupational adaptation elements that facilitated or hindered participation in prayer ritual. In particular, interviews revealed the participants' processes of adaptation to their physical disability and limitations. The themes centered upon their occupational challenges when performing the prayer rituals and the adaptive repertoires that participants with physical disabilities used to optimally perform the prayer ritual.

Occupational challenges faced by the participants represented both the internal challenges from the *person* side, while the external challenges reflected the *environment*

side. These two types of challenges coalesced and created an *occupational challenge* that hindered the occupational performance of prayer ritual for individuals with a disability. As the *occupational challenge* continued to impose complex demands on these individuals, in turn, it created a *press for mastery* necessitating an *occupational response*. The occupational response, in turn, brought the individual to either a point of adaptation or a point of mal-adaptation. The adaptation points or levels seem to correspond to the spirituality level of the individual (see Figure 4). Both the adaptation and spirituality levels are relative to each individual. From the researcher's perspective, when the individual experienced a *relative mastery* over his or her performance of the occupation of prayer, he or she also experienced a *relative spiritual transcendence* reflecting a level of the individual's spiritual well-being. *Relative mastery*, based on the occupational adaptation theory, is dependent on certain factors – efficiency, effectiveness, satisfaction to self, and satisfaction to others (Schultz, 2008). Similarly, *relative spiritual transcendence* is also dependent on four factors-- efficiency, effectiveness, satisfaction to self, and satisfaction to others. Efficiency is the ability to connect with a higher power and find meaningful answers to existential questions that individuals often develop following a disability. Effectiveness is the ability to experience a broader sense of meaning and purpose in life. Satisfaction to self is the ability to spiritually connect to one's self. Finally, satisfaction to society is the ability to connect with others. All of these factors were the main themes of spirituality experienced by the participants in this line of research, whether with or without a physical disability.

Based on this discussion, the prayer ritual can be used as a spiritual agent modality and a medium of treatment using the occupational adaptation theory as a model of practice (Schkade & McClung, 2001; Schkade & Schultz, 1992; Schultz, 2008; Schultz & Schkade, 1992, 1997). However, increasing participation and engagement in the prayer ritual of an individual should not prompt us to increase the spiritual beliefs and viewpoints of the individual. This should not be the intervention outcome. Rather, as Collins (1998) once suggested, “spirituality should not be considered as a fixed frame of reference but, rather, that greater emphasis should be placed on the development of a process-orientated approach that focuses on the broader experiential context of clients’ lives” (p. 283). He continued to say that when occupational therapists enable the quality of experience in any occupation to emerge or evolve, such enablement can be one of the pivotal elements that influence the emergence of spiritual well-being. Egan and Dalaat (1994) stated that spirituality should be considered as the essence, not as a component of the individual. They stated, “in this way the spirit cannot be made more healthy. It can only be allowed more freedom through a strengthening or adjustment to the tools which it uses to express itself” (p. 101). By meeting the internal and external occupational challenges of prayer performance while facilitating adaptive strategies, the quality of the experience and the occupational participation in the prayer ritual should be increased for individuals with physical disabilities.

For example, attending services (an occupational response) seemed to facilitate more satisfying and effective outcomes when adaptive strategies were utilized by the participants. Using these adaptive strategies shifted the spiritual level of the individual

from an “inner spiritual questioning state” to a “deeper spiritual awareness state,” and from no spiritual occupation involvement (dysadaptive), to regular participation and religious volunteering (adaptive) (Schultz, 2008).

Assessment of Prayer

Prayer, as an area of occupational performance, has many aspects that can be addressed in therapy. These aspects may include spirituality, temporality, rituals and routines, social communication and community participation. A tool, the OMP, was created to examine physical, cognitive, and affective skills and level of community participation through observation of the performance of the prayer ritual. The intent of the tool is twofold, addressing prayer as both a means and an end. First, the tool can be used with clients who identify themselves with previous religious roles and are interested in resuming such roles as part of their intervention goals. The tool can pinpoint areas of limitations that can be addressed by occupational therapists toward the resumption of occupational performance (end). Secondly, the tool can be used to assess the three domains: physical, cognitive and affective skills, and level of community participation, and to utilize the occupation of prayer as a venue to generalize performance to other occupations that require similar skills (means).

The OMP is still in the first stages of development and needs further refinement with the establishment of appropriate psychometric properties. The physical performance domain items discriminated between individuals with and without a physical disability. However, the other two domains will require further adjustment and fine-tuning.

Implications

This line of research revealed several implications for the discipline of occupational science and the practice of occupational therapy. The following discussion highlights those points.

Implications for Occupational Science

Christiansen (1994), in his article on the classification and study of occupation, posed three fundamental questions vital to understanding occupation and the development of the discipline of occupational science. The first question was: why do people engage in occupation? This question refers to occupational meaning, value and motivation. This question was discussed thoroughly in this line of research. The second and third questions were: what is the nature of the occupational engagement? and how does occupational behavior occur? Relative to this line of research, the last two questions apply to the performance elements of the occupation, that is, how people perform prayer. Through interviews and participant-observations, the participants revealed rich information and descriptions of the structure, performance, and dynamics of their prayers.

This line of research is an example of a translational research process and revealed how the study of occupation from an occupational science perspective can inform the practice of occupational therapy. The results of Study One appear to reflect the interest of occupational science. The data revealed how prayers are performed, the activity demands of prayer, the performance patterns inherent in the activity of prayer, the client factors and body functions involved, and the occupational contexts that are conducive to successful performance. Occupational therapists who desire to enhance their

practice and meet the philosophical expectations of their profession would benefit from using such information to inform their practice about what is most meaningful to their clients.

Implications for Occupational Therapy

Several implications can be derived from this line of research pertaining to the practice of occupational therapy. In particular, it highlighted the process of assisting individuals to identify with previous religious roles and express their desire to resume such roles and occupations. These implications are listed and described below.

Prayer Ritual is a Meaningful Occupation

Occupational therapists need to acknowledge prayer as an occupation that might be greatly valued by their clients. Data derived from interviews and observations of research participants from different faiths confirmed the centrality of prayer rituals in their daily lives. The prayer ritual is an important universal and culturally-relevant activity of daily living for a significant proportion of the population. It would be of a great value for occupational therapists to therapeutically use the prayer ritual in treatment planning when such an occupation is identified as a meaningful occupation or as an occupational role. Occupational therapists can utilize the occupation of prayer as both a *means* and an *end*. As a *means*, many aspects of interest to occupational therapy are embedded in the prayer ritual. These aspects include the client's motor, process and communication skills and the temporal, spiritual, and social aspects of community participation. Occupational therapists can use these aspects of prayer in a meaningful way towards relevant and effective rehabilitation outcomes. Occupational therapists can

utilize the client's performance in such areas to generalize to other occupations of interest to the client. As an *end*, the occupational therapist and the client can work together to achieve independence or *relative mastery* of the performance demands of the prayer ritual (Schultz, 2008).

Implications for Client-Centered Practice

This line of research seems significant because it explored a valued occupation of individuals with or without physical disability. This line of research used several qualitative methodologies, including face-to-face interviews, participant-observations, and field notes to explore the meaning, value, and occupational performance of the prayer ritual for individuals with or without a physical disability. For individuals with a physical disability, such methodologies also explored the occupational adaptation processes that they experience when performing prayer rituals.

Phenomenological qualitative methodology gives voice to the participants (Corring, 2004; Rebeiro, 2004). In this line of research, phenomenology gave voice to participants with or without physical disabilities who enjoy performing their daily prayer. Ensuring the client's perspective in phenomenological research acknowledges that clients are the most knowledgeable regarding their own experience (Rebeiro, 2004). This methodology also emphasized the importance of identifying occupations that are meaningful to participants, providing a client-centered practice perspective (Corring, 2004).

Occupational therapists need to understand the many ways through which spirituality can be expressed. The lack of knowledge regarding the wide range of spiritual activities

of different faiths should not prevent occupational therapists from utilization of spiritual and religious occupations during intervention. As an example, when occupational therapists assist clients in returning to their previous work roles, occupational therapists often ask their clients to inform them about the different jobs and their demands. Similarly, occupational therapists can ask their clients to inform them about their spiritual occupations and how spirituality is usually expressed (Rosenfeld, 2000).

Provision of spirituality and the inclusion of spiritual occupations in occupational therapy practice starts with the therapists' relationship with their clients (Peloquin, 1993, 1997). Occupational therapists are members of a caring profession and should look at the individual in a holistic manner, acknowledging the mind, body and spirit (Hasselkus, 2002). Addressing spirituality and spiritual occupations reflects tolerance to diversity and appropriate cultural competency. Most importantly, addressing spirituality reflects client-centered practice. It reflects that as occupational therapists we care about our clients by reaching their hearts as well as their hands (Peloquin, 2006).

Assessment of Prayer Demands Using the OMP

Supporting religious activities begins with assessment. If the patient identifies a previous religious and spiritual role, then the therapist should ask about how spirituality is expressed (Koenig, 2007). If prayer ritual is identified as a meaningful occupation, then occupational therapists should inquire about the limitations to participating in such a role or occupation. The OMP is intended to examine the client's physical, cognitive, and affective skills and level of community participation through prayer.

The occupational adaptation process of an individual with a physical disability, particularly the individual's perceived relative mastery, seems a worthy area to be assessed. Based upon the dissertation committee recommendation, an addendum on measurement of relative mastery was proposed to supplement the original OMP. The addendum is intended to assess an individual's perceived efficiency, effectiveness, and satisfaction to self and society regarding the performance of the prayer ritual. See Appendix G for the proposed addendum of the OMP.

Utilization of Religious Resources in the Community

Occupational therapists, given approval from the client, can utilize the client's religious resources in the community to supplement the rehabilitation process. Koenig (2007) suggested that linking patients with their religious communities can be helpful. Whether in a hospital setting or in the community, occupational therapists can invite religious leaders, chaplains, parish nurses, or faith-based organizations to provide logistic spiritual consultation for clients. For example, the client and the occupational therapist could agree to invite religious leaders to help the client answer existential questions which, if left unanswered, could hinder the client's motivation and rehabilitation. Another example would be when both the client and the occupational therapist explore services with relevant religious organizations in the community. Some faith-based organizations offer wheelchairs, transportation or financial support free of charge to their members or attendees. Mobilizing community support could be very beneficial to the client. It could allow the client to feel that he is not being left alone and could facilitate community integration.

Occupational therapists need to consider participation in religious services at a house of worship as a potential community outlet for the client. Similar to other community sites such as shopping malls, schools, or public parks, participation in religious services at a house of worship allows the therapist to observe the occupational performance of a client in a familiar environment. This novel opportunity could provide the therapist with an awareness of potential restraints to optimal performance in community sites.

Occupational Therapists As Consultants to Religious Communities

Houses of worship, in general, are exempt from adhering to the mandates of the Americans with Disabilities Act (ADA, 1990). However, houses of worship strive to maximize attendance and membership of their constituents. Occupational therapists can volunteer in task forces within the houses of worship to attend to the needs of individuals with all types of disabilities. Functions of such task forces might include eliminating physical environmental barriers and adopting technologies that facilitate prayer participation of individuals with disabilities.

Establishing Spiritual Initiatives in Medical Settings

Hospitals and other medical settings should host similar task forces to attend to the needs of clients, especially those who can not utilize religious resources outside of the medical setting. Functions of such task forces might include establishing a place for worship inside these settings that is accessible for different types of disabilities. The task force might recommend establishing spiritual initiatives to address clients' needs. Such a task force might hold education seminars for healthcare professionals on the importance of spirituality and spiritual expression in their clients' lives.

Limitations

There were several limitations in this line of research. This line of research recruited participants from only three faiths: Catholic, Jewish, and Muslim. Although this line of research was not meant to be generalized to individuals from other faiths, the participating faiths were selected to represent the three main world religions: Christianity, Judaism, and Islam. The reader is asked to extrapolate meaningful information that may be salient within other faiths.

Another limitation in this study was that participants, with or without a physical disability, were regular attendees at their houses of worship. Also, participants recruited were mainly middle to high socioeconomic status, a factor which might have skewed the results. These participants had the financial means and flexible time to perform the prayer daily in their houses of worship. Individuals from other socioeconomic groups might not have those resources.

Although the researcher implemented several measures to establish rigor and to avoid bias, the effect of the researcher's own Muslim faith and perspective on the interview process could not be completely eliminated. Participants of faiths different from those of the researcher might have overemphasized the meaning and value of the prayer to convey to the researcher how important it was to them. In contrast, interviews conducted by a Muslim researcher might have been more comfortable to Muslim participants, allowing them to elaborate on sensitive issues. Future research studies are encouraged to address these concerns.

In study II, participants were recruited through a house of worship in which they were regular attendees. As a result, these participants were highly functioning individuals, so their experiences might not reflect the real-world experiences of individuals with a physical disability who are unable to participate in congregational services or who are home-bound.

Regarding study III, the small number of participants, especially those with a physical disability, was a major limitation in that particular study. Participants with a physical disability in this study were high-functioning individuals; their scores do not reflect the actual scores of individuals with a physical disability who are unable to participate in services or who are home-bound.

Recommendations for Future Research

Future studies investigating other faiths and traditions are needed, particularly studies investigating the occupational performance aspect of the activity and its link to health and well-being. To gain additional understanding of a wider spectrum of the population, future research should recruit participants with a physical disability who are home-bound and are not able to attend a house of worship due to their disabilities. Due to the interfaith feature of this line of research, future researchers may need to match the researcher and the participant based on faith and gender. Therefore, interfaith or inter-gender sensitivities would be eliminated.

To further develop the OMP, future research should investigate the OMP with other faith traditions and individuals from more diverse socioeconomic backgrounds. A larger sample size, enabling a more sophisticated statistical analysis, is necessary to

establish the psychometric properties of the tool. Finally, recruitment of participants with a physical disability who are not able to attend a house of worship or attend religious services due to a physical limitation is needed. In fact, those participants who are home-bound and not able to attend services despite their desire to do so would be ideal candidates for administration of the OMP and should be the target population for the use of the OMP.

Researcher's World Viewpoint and Reflections

It is noteworthy to discuss the researcher's world viewpoint and how his viewpoint influenced the research idea and the conduct of the research. As an occupational therapist who values participation in meaningful occupations, I was influenced by a photograph that won the photo contest in the World Health Organization in 1999. The photo shows a Muslim individual in a wheelchair attempting to pray with a group of other able-bodied Muslims. It struck me how the individual in the wheelchair was praying outside of the place where others were praying. In a personal encounter at my house of worship, I once observed a man with a powered wheelchair attempting to exit the mosque. He appeared to have a spinal cord injury at the cervical level as he operated the wheelchair using his chin. Seeing him made me realize the extent of his commitment to attend religious services despite the great struggle that he seemed to be having. I was biased, as a typical able-bodied individual, to think that a house of worship is no place for people with wheelchairs. I started to think that prayer must be a meaningful activity to him, and if so, how as an occupational therapist would I help such an individual? My curiosity to understand why and how people with physical disabilities

perform their rituals influenced my research ideas and the way I have conceptualized the activity of prayer.

Occupation requires active participation and engagement of the individual (AOTA, 1979; Fidler & Fidler, 1978). This basic assumption of occupational therapy is applicable to those forms of prayer that are ritualistic and require some kind of physical and cognitive engagement. For the purpose of this line of research, the researcher defined prayer as the religious act or event in which individuals seek connection with a higher form of existence through physical, mental and ritualistic engagement of worship as defined within cultural and religious norms and can be performed either individually or collectively. As such, this study did not address meditation and intercessory (distant) forms of prayer (Byrd, 1997). Research articles on the effect of these other forms of prayer on health have raised strong but reasonable debate and doubt about its validity from the scientific community (Flannelly, Ellison & Strock, 2004).

I have contemplated how occupational therapists would address the occupation of prayer as both a means and an end. Prayer could be an end product of occupational therapy intervention when occupational therapists assist an individual with a disability who identifies himself or herself with a previous religious role. Prayer can also be viewed as a means when occupational therapists use the activity demands of the prayer to transfer the client's performance in prayer to other activities that have similar demands. For example, an occupational therapist may utilize standing that is required in a Muslim prayer to maximize standing tolerance that is required for other functional activities such as bathing or showering.

It should also be noted that the aim of this line of research was not intended to impose the researcher's own views and beliefs of the topic. In no way does the researcher propose that individuals should pray to increase their health and wellness. There is no evidence that people who become religious in order to be healthier have better health outcomes (Sloan, et al., 2000). People who pray often pray for religious reasons rather than any health motives. Keeping that in mind, this line of research attempted to shed light on how the occupation of prayer is performed within the Catholic, Jewish and Muslim faiths by individuals with and without physical disabilities.

Perhaps the most interesting personal reflection I had as a researcher throughout this research process is the universality and similarity of the prayer rituals across the three faiths. Sometimes I encountered religious quotations that had the same literal translation of meaning. Other times, some participants from different faiths responded to certain questions almost identically, reflecting a similarity in the prayer experience. Although values and basic beliefs may differ across religions, the way that faith and spirituality are expressed through the occupation of prayer appears to be universal.

Table 6

Themes Analysis of Prayer and Spirituality Meaning and Value Themes

Meaning themes		
	for individuals without a disability	for individuals with a disability
Meaning of prayer	Worship Remembrance of one's place before God Giving thanks to God Connection with God Other forms of worship as part of prayer A group ritual	A 'way of life' A 'moment of reflection' A 'mean of associating with God'
Meaning of spirituality	Connection to God or a higher being Connection to inner self Connection to others A broader sense of meaning and purpose	Relationship with God Connection with others A broader sense of meaning and purpose
Value of prayer	Fulfillment of a religious obligation A sense of union, community and continuity A 'no worry' zone Comfort, peace and serenity Strength Concentration, mental and emotional stability	Fulfillment of a religious obligation A sense of community A feeling of 'it will be alright' Calmness, peace and beautifulness Strength Mental and emotional stability

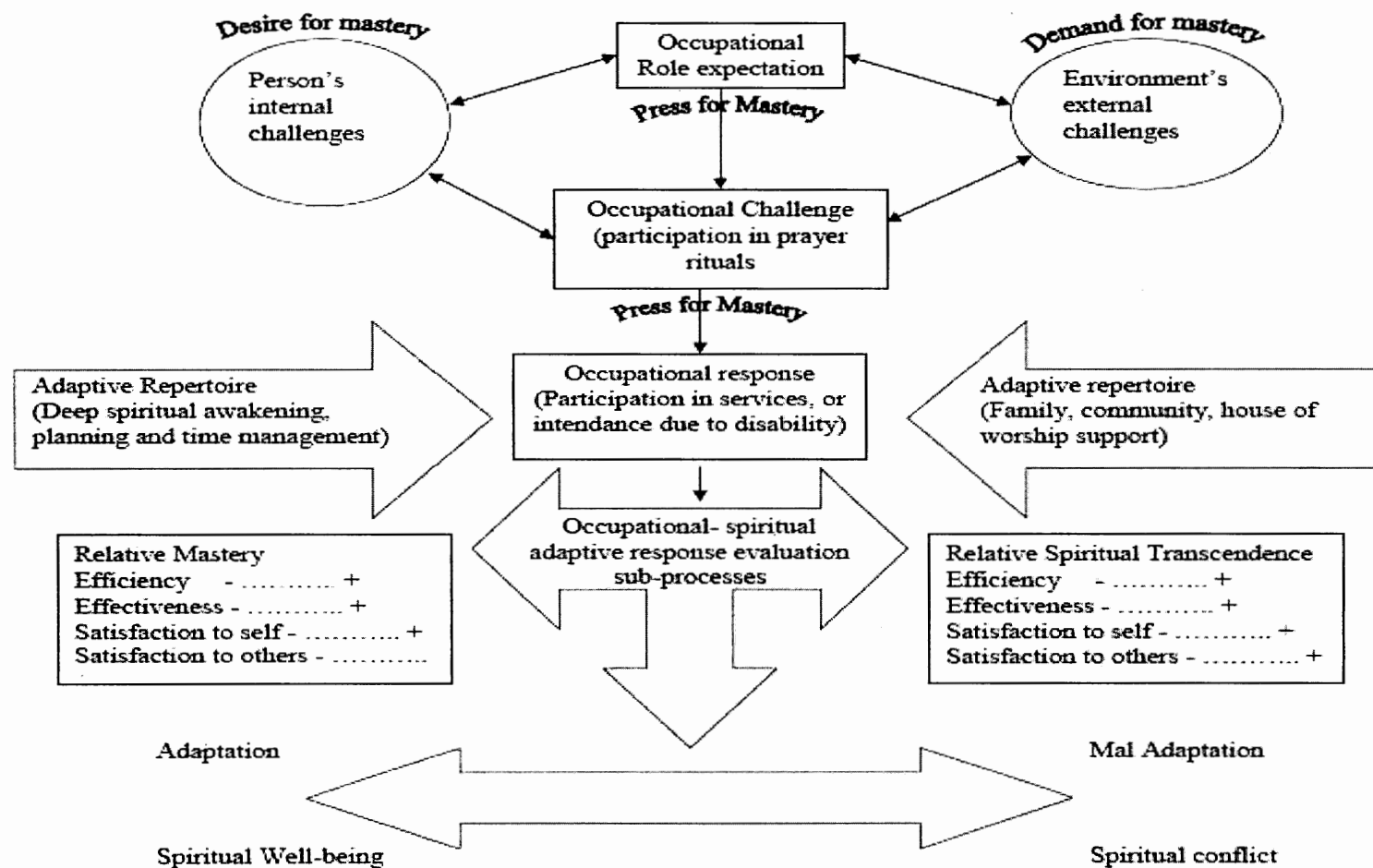


Figure 4. Application of occupational adaptation on prayer ritual performance

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APPENDIX A
IRB APPROVAL



Office of Research
6700 Fannin Street
Houston, TX 77030-2343
713-794-2480 Fax 713-794-2488

March 6, 2008

Mr. Mohammad Nazzal
School of OT - Gayle Hersch, Faculty Advisor
6700 Fannin Street
Houston, TX 77030

Dear Mr. Nazzal:

Re: The ritual of prayer: A spiritual occupation

Your application to the IRB has been reviewed and approved.

This approval lasts for one (1) year. The study may not continue after the approval period without additional IRB review and approval for continuation. It is your responsibility to assure that this study is not conducted beyond the expiration date.

Any changes in the study or informed consent procedure must receive review and approval prior to implementation unless the change is necessary for the safety of subjects. In addition, you must inform the IRB of adverse events encountered during the study or of any new and significant information that may impact a research participant's safety or willingness to continue in your study.

Remember to provide copies of the signed informed consent to the Office of Research, IHS 10110 when the study has been completed. Include a letter providing the name(s) of the researcher(s), the faculty advisor, and the title of the study. Graduation may be blocked unless consents are returned.

Sincerely,

Dr. William P. Hanten, Chair
Institutional Review Board - Houston

IRB APPROVAL FORM

Name of Investigator(s) Mohammad Nazzal, MOT
TWU ID# (s) 0782806
Name of Research Advisor(s) Gayle Hersch, PhD
Address: 7009 Almeda Road # 622
Houston, TX 77054

Type of Review: Full ☐ Expedited ☒

Dear: Mohammad Nazzal

Your study entitled: The ritual of prayer: A spiritual occupation
(The applicant must complete the top portion of this form)

has been reviewed by the **Institutional Review Board** - Houston Center and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health and Human Services regulations typically require that signatures indicating informed consent be obtained from all human subjects in your study. These are to be filed with the **Institutional Review Board** Chairman. Any exception to this requirement is noted below. Furthermore, according to HHS regulations, **another review by the IRB is required if your project changes or if it extends beyond one year from this date of approval.**

Any special provisions pertaining to your study are noted below:

_____ The filing of signatures of subjects with the Institutional Review Board is not required.

_____ Other: see attached sheet.

_____ No special provisions apply.

Sincerely,

William P. Hanten

William Hanten, PhD
Chair, IRB - Houston Center

3-6-08
Date

APPENDIX B

Semi-structured Interview Guide for Study One

Semi-structured interview guide for Study One

Research Code # -----

Date: -----

Demographic information:

Religious affiliation: _____

Age: _____

Gender: _____

Education: _____

Occupation: _____

Meaning of prayer:

- 1) What does prayer mean to you?
- 2) How do you define spirituality?
- 3) Tell me about your satisfaction with your ability to fulfill your chosen roles or religious practices according to your faith?

Value of prayer:

- 4) What does prayer offer you?

Prompts:

- a) What do you feel is missing, if anything, if you don't pray?
- 5) Describe how prayer makes you feel? Describe one time when you had such a feeling?
- 6) What are the expectations you have as a result of your participation in prayer?

Performance of prayer:

- 7) Describe how you pray?
- 8) How do you prepare yourself to pray? What are the things you do or must do before your prayer ritual?
- 9) What are the things you do after your prayer ritual?
- 10) Because prayer may take many forms (i.e. individual or congregational), what is your preference of prayer?

Prompts:

a) What are the reason(s) for this preference?

What are the benefits you see in this form over the others?

APPENDIX C

Guide for Participant-Observation

Guide for participant observation

Place:

Person: (description of the participant in the setting)

Occupation: (activity of prayer)

Activity demands: (motor and process demands of the activity)

Activity performance: (description of performance)

Environment:

Physical:

Social:

Cultural:

Personal:

Virtual:

Temporal:

Spiritual:

Facilitators:

Barriers:

Reflections:

Overall comments:

APPENDIX D

Semi-structured Interview Guide for Study Two

Semi-structured interview guide for Study Two

Research Code # -----

Date: -----

Demographic information:

Religious affiliation: _____

Age: _____

Gender: _____

Education: _____

Occupation: _____

Meaning of prayer:

- 1) What does prayer mean to you?

Prompts:

- a) Has this meaning changed with your disability? If so, how?

- 2) How do you define spirituality?

Prompts:

- a) Has this definition changed before and after your current physical status? If so, how?

- 3) Have your religious convictions or beliefs changed since the onset of your disability? if so, how?

Value of prayer:

- 4) What does prayer offer you?
- 5) How do you feel if you don't pray?
- 6) Describe how prayer makes you feel? Describe one time when you had such a feeling?
- 7) What are the expectations you have as a result of your participation in prayer?

Performance of prayer:

- 8) Describe how you pray?
- 9) How do you prepare yourself to pray? What are the things you do or must do before the prayer?
- 10) What are the things you usually do after the prayer?

- 11) Because prayer may take many forms (i.e. individual or congregational), what is your preference of prayer?

Prompts:

- a) What are the reason(s) for this preference?
- b) What are the benefits you see in this form over the others?

Adaptation Process:

- 12) Have your religious practices or prayer changed since the onset of the physical disability? If so, how?
- 13) Has your role as a practicing person in your faith changed since the onset of you disability? If so, how?
- 14) What are the facilitators and the barriers you have in order to perform prayer?
- 15) What are the facilitators and the barriers within your surroundings (i.e. people, places, situations,.. etc)?
- 16) Do you make any modification in order to pray? If so, how?

Prompts:

- a) What modifications have you made in your other daily activities?
 - b) What modifications have you made in your home environment?
 - c) What arrangements have you made with the people surrounding you?
- 17) Tell me how satisfied you are with your ability to fulfill your chosen roles or religious practices according to your faith?

APPENDIX E

Semi-structured Interview Guide for Study Three

Semi-structured interview guide for Study Three

- 1) Did the questions apply to you?
- 2) Do the questions apply to your performance of the prayer ritual?
- 3) Can you think of other prayer-related issues that were not addressed in this instrument?
- 4) What other suggestions do you have about the instrument to make it read better?

APPENDIX F

Occupational Measure of Prayer (OMP)

Occupational Measure of Prayer (OMP)

Research Code # -----

Date: -----

Religious

affiliation: _____

Age: _____

Gender: _____

Education: _____

Occupation: _____

Do you use any kind of mobility aid, such as: wheelchair, walker or a cane? _____

Do you complain of any physical limitation that prevents you from “doing” your daily life activities?

Part 1: Physical performance:

Please read and score yourself on the following items:

	Item	All the time (4)	Most of the time (more than 50% of the time) (3)	Some of the time (less than 50% of the time) (2)	Not at all (1)
1	When my prayer ritual requires standing, I am able to do it	_____	_____	_____	_____
Comments:					
2	When my prayer ritual requires bending, I am able to do it	_____	_____	_____	_____
Comments:					
3	When my prayer ritual requires kneeling, I am able to do it	_____	_____	_____	_____
Comments:					
4	I am able to walk (or use wheelchair) to the place in which I select to pray at my house of worship	_____	_____	_____	_____
Comments:					
5	I am able to prepare myself to pray: Dress myself	_____	_____	_____	_____
Comments:					
6	I am able to prepare myself to pray: Bathing or washing rituals	_____	_____	_____	_____
Comments:					
7	I can use my hands and arms to perform my prayer-related activities (such as holding a holy book or making prayer-related signs and movements).	_____	_____	_____	_____
Comments:					
					Total = _____

Part 2: Cognitive/Affective (Thinking/ Feeling) Performance:

Please read and score yourself on the following items:

Item	All the time (4)	Most of the time (more than 50% of the time) (3)	Some of the time (less than 50% of the time) (2)	Not at all (1)
1 I am able to keep my attention and follow the various parts of my prayer ritual without any distraction.	_____	_____	_____	_____
Comments:				
2 I am able to perform the steps of my prayer ritual in the correct sequence and in harmony with the group.	_____	_____	_____	_____
Comments:				
3 I remember the things that I must say or do during my prayer ritual.	_____	_____	_____	_____
Comments:				
4 I am comfortable with the degree of control that I have over my emotions during my prayer ritual.	_____	_____	_____	_____
Comments:				
5 I am able to follow social/ cultural expectations of me throughout my prayer ritual.	_____	_____	_____	_____
Comments:				
6 I am able to keep my interest, energy, and motivation to carry out my prayer ritual.	_____	_____	_____	_____
Comments:				
7 I feel confident that I can do all that is required of me in my prayer ritual.	_____	_____	_____	_____
Comments:				
				Total =

Part 3: Community Participation:

Please read and score yourself on the following items:

		All the time	Most of the time (more than 50% of the time)	Some of the time (less than 50% of the time)	Not at all
	Item	(4)	(3)	(2)	(1)
1	I am able to go to my house of worship whenever I want (whenever it is open to public).	_____	_____	_____	_____
Comments: _____					
2	I am able to drive or use public transportation to go to my house of worship.	_____	_____	_____	_____
Comments: _____					
3	I belong to a group of people inside my house of worship with whom I can interact socially.	_____	_____	_____	_____
Comments: _____					
4	I am able to participate in the activities and events that my house of worship offers.	_____	_____	_____	_____
Comments: _____					
5	I feel that I am accepted by other people when I am at my house of worship	_____	_____	_____	_____
Comments: _____					

Total = _____

APPENDIX G

Addendum to the Occupational Measure of Prayer (OMP)

Addendum to the Occupational Measure of Prayer (OMP)

Relative Mastery in performing the occupation of prayer

	All the time	Most of the time (more than 50% of the time)	Some of the time (less than 50% of the time)	Not at all
Item	(4)	(3)	(2)	(1)
1 I feel efficient in performing my prayer ritual in terms of time usage, endurance and utilization of resources.	_____	_____	_____	_____
Comments:				
2 I feel effective in my performance of my prayer ritual (performing the ritual the way I want to perform it)	_____	_____	_____	_____
Comments:				
3 I feel satisfied with my performance of the prayer ritual.	_____	_____	_____	_____
Comments:				
4 I feel others (family, friends, and the community) are satisfied with my performance of the prayer ritual.	_____	_____	_____	_____
Comments:				

APPENDIX H

Consent Forms

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: The ritual of prayer: A spiritual occupation
Subtitle: The prayer ritual: Value, meaning and performance (Study I)

Investigator: Mohammad Nazzal713-530-7764
Advisor: Gayle Hersch.....713-794-2153

Explanation and Purpose of the Research

You are being asked to participate in a research study for Mohammad Nazzal's dissertation at Texas Woman's University. The purpose of this research is to explore the value, meaning and performance of prayer ritual from your point of view. In particular, the study will examine what the ritual of prayer means to individuals with and without physical disability. The study will also examine the performance of the prayer ritual when performed at the house of worship. A physical disability is the inability to perform basic daily life activities without the help of others, such as: dressing, bathing, grooming and eating; or the use of a mobility aid such as a wheelchair.

Research Procedures

The investigator will conduct face-to-face interviews with individuals who perform their prayer ritual on a regular basis. This interview will take place in a private room located in your house of worship that is agreed upon by you and the investigator. You will be audio-taped during the face-to-face interview. The purpose of the audio-taping is to provide an exact written copy of the information discussed in the interview and to assure the accuracy of the reporting of that information at a later date. The interview may take 1 hour to 1 hour and a half. Then, the investigator will observe you from a minimum distance of 50 feet for about half an hour while you actually perform your prayer rituals. The observation can take place any time during the religious service. The actual observation time will not be disclosed to you. This observation will not be videotaped. Your maximum total time commitment in the study is estimated to be about 1 and a half hour.

Potential Risks

Potential risks related to your taking part in the study include becoming tired and physical or emotional discomfort during your interview. To avoid becoming tired, you may take a break (or breaks) during the interview as needed. If you experience physical or emotional discomfort regarding the interview questions, you may stop answering any of the questions at any time. If you experience emotional discomfort due to certain personal or sensitive questions and you want to discuss these issues with a professional, you may

contact one of the clergy staff at you congregation. The investigator will not contact anyone from your house of worship regarding these sensitive issues unless given your permission.

Another possible risk to you as a result of your taking part in this study is release of private information. Your privacy will be protected to the extent that is allowed by law. The interview will take place in a private location in your house of worship that is agreed upon by you and the researcher. A code name, rather than your real name, will be used on the audiotape. Only the researcher and a private transcriber will have access to the tapes, and only the researcher, his research advisor, and the two peer reviewers will have access to the transcripts. A private transcriber is a paid professional who will transform spoken words of anonymously-coded interviews into written words while a peer reviewer is an individual with a research experience who will help with analyzing the information collected during the interviews and the observations. The tapes, hard copies of the transcriptions, and the computer diskettes containing the transcription text files will be stored in a locked filing cabinet in the investigator's home. Only the PI will have access to the file cabinet. The tapes and transcription diskettes will be erased and the hard copies of the transcriptions will be shredded within 3 years. It is anticipated that the results of this study will be published in the investigator's dissertation as well as in other research publications. However, no names or other identifying information will be included in any publication.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. The only direct benefit of this study to you is that at the completion of the study a summary of the results will be mailed to you upon request.*

Questions Regarding the Study

If you have any questions about the research study you may ask the researchers; their phone numbers are at the top of the other page. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research at 713-794-2480 or via e-mail at IRB@twu.edu. You will be given a copy of this signed and dated consent form to keep.

Signature of Participant

Date

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge of its contents.

Signature of Investigator

Date

* If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: The ritual of prayer: A spiritual occupation
Subtitle: Participation in the prayer ritual: Perspectives of individuals with physical disabilities (Study II)

Investigator: Mohammad Nazzal713-530-7764
Advisor: Gayle Hersch.....713-794-2153

Explanation and Purpose of the Research

You are being asked to participate in a research study for Mohammad Nazzal's dissertation at Texas Woman's University. The purpose of this research is to explore the value, meaning and performance of the prayer ritual from the point of view of individuals with and without physical disability. In particular, this study will examine how individuals with a physical disability adjust their attempt to perform their prayer ritual. The study will also examine the performance of the prayer ritual when performed at the house of worship. A physical disability is the inability to perform basic daily life activities without the help of others, such as: dressing, bathing, grooming and eating; or the use of a mobility aid such as a wheelchair.

Research Procedures

The investigator will conduct separate face-to-face interviews with individuals with a physical disability who perform their prayer rituals at their houses of worship. The interview with you will be done at a private room in your house of worship that is agreed upon by you and the investigator. You will be audio-taped during the face-to-face interview. The purpose of the audio-taping is to provide an exact written copy of the information discussed in the interview and to assure the accuracy of the reporting of that information at a later date. The interview may take 1 hour to 1 hour and a half. Then, the investigator will observe you from a minimum distance of 50 feet for about half an hour while you actually perform your ritual of prayer. The observation can take place any time during the religious service; the actual observation time will not be disclosed to you. This observation will not be videotaped. Your maximum total time commitment in the study is estimated to be about 1 and a half hour.

Potential Risks

Potential risks related to your taking part in the study include becoming tired and physical or emotional discomfort during your interview. To avoid becoming tired, you may take a break (or breaks) during the interview as needed. If you experience physical or emotional discomfort regarding the interview questions, you may stop answering any of the

questions at any time. If you experience emotional discomfort due to certain personal or sensitive questions and you want to discuss these issues with a professional, you may contact one of the clergy staff at your congregation. The investigator will not contact anyone from your house of worship regarding these sensitive issues unless given your permission.

Another possible risk to you as a result of your taking part in this study is release of private information. Your privacy will be protected to the extent that is allowed by law. The interview will take place in a private location in your house of worship that is agreed upon by you and the researcher. A code name, rather than your real name, will be used on the audiotape. Only the researcher and a private transcriber will have access to the tapes, and only the researcher, his research advisor, and the two peer reviewers will have access to the transcripts. A private transcriber is a paid professional who will transform spoken words of anonymously-coded interviews into written words while a peer reviewer is an individual with a research experience who will help with analyzing the information collected during the interviews and the observations. The tapes, hard copies of the transcriptions, and the computer diskettes containing the transcription text files will be stored in a locked filing cabinet in the investigator's home. Only the PI will have access to the filing cabinet. The tapes and transcription diskettes will be erased and the hard copies of the transcriptions will be shredded within 3 years.

It is anticipated that the results of this study will be published in the investigator's dissertation as well as in other research publications. However, no names or other identifying information will be included in any publication.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. The only direct benefit of this study to you is that at the completion of the study a summary of the results will be mailed to you upon request.*

Questions Regarding the Study

If you have any questions about the research study you may ask the researchers; their phone numbers are at the top of the other page. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research at 713-794-2480 or via e-mail at IRB@twu.edu. You will be given a copy of this signed and dated consent form to keep.

Signature of Participant

Date

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge of its contents.

Signature of Investigator

Date

* If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: The ritual of prayer: A spiritual occupation
Subtitle: The Occupational Measure of Prayer (OMP): A pilot exploration (Study
III)

Investigator: Mohammad Nazzal713-530-7764
Advisor: Gayle Hersch713-794-2153

Explanation and Purpose of the Research

You are being asked to participate in a research study for Mohammad Nazzal's dissertation at Texas Woman's University. The purpose of this research is to explore the utility of a new measure that addresses the doing of the prayer ritual. The prayer measure is called the Occupational Measure of Prayer (OMP).

Research Procedures

The investigator will ask you to fill out the OMP questionnaire individually or with assistance of the investigator. It is expected to take about 15 minutes to complete the questionnaire. Then, the investigator will conduct a face-to-face interview with you to ask you about the clarity of the questionnaire items and their relevance to you. The investigator welcomes your comments and suggestions regarding the questionnaire. This interview will take place in private location in your house of worship that is agreed upon by you and the investigator. You will be audio-taped during the face-to-face interview. The purpose of the audio-taping is to provide an exact written copy of the information discussed in the interview and to assure the accuracy of the reporting of that information at a later date. Your maximum total time commitment in the study is estimated to be about 1 hour.

Potential Risks

Potential risks related to your taking part in the study include becoming tired and physical or emotional discomfort during your interview. To avoid becoming tired, you may take a break (or breaks) during the interview as needed. If you experience physical or emotional discomfort regarding the interview questions, you may stop answering any of the questions at any time. If you experience emotional discomfort due to certain personal or sensitive questions and you want to discuss these issues with a professional, you may contact one of the clergy staff at your congregation. The investigator will not contact anyone from your house of worship regarding these sensitive issues unless given your permission.

Another possible risk to you as a result of your taking part in this study is release of private information. Your privacy will be protected to the extent that is allowed by law. The interview will take place in a private location in your house of worship that is agreed upon by you and the researcher. A code name, rather than your real name, will be used on the audiotape.

Only the researcher and a private transcriber will have access to the tapes, and only the researcher, his research advisor, and the two peer reviewers will have access to the transcripts. A private transcriber is a paid professional who will transform spoken words of anonymously-coded interviews into written words while a peer reviewer is an individual with a research experience who will help with analyzing the information collected during the interview.

The tapes, hard copies of the transcriptions, and the computer diskettes containing the transcription text files will be stored in a locked filing cabinet in the investigator's home. Only the PI will have access to the filing cabinet. The tapes and transcription diskettes will be erased and the hard copies of the transcriptions will be shredded within 3 years. It is anticipated that the results of this study will be published in the investigator's dissertation as well as in other research publications. However, no names or other identifying information will be included in any publication.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. The only direct benefit of this study to you is that at the completion of the study a summary of the results will be mailed to you upon request.*

Questions Regarding the Study

If you have any questions about the research study you may ask the researchers; their phone numbers are at the top of the other page. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research at 713-794-2480 or via e-mail at IRB@twu.edu. You will be given a copy of this signed and dated consent form to keep.

Signature of Participant

Date

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge of its contents.

Signature of Investigator

Date

* If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:

CONSENT TO RECORD

Texas Woman's University

"The ritual of prayer: A spiritual occupation"

You consent to have your voice be recorded by Mohammad Nazzal, acting on this date under the authority of the Texas Woman's University with the understanding that the material recorded today may be made available for research purposes, and you consent to such use.

Participant

Date

The above consent form was read, discussed, and signed, and you sign this consent form freely and with full knowledge and understanding of its contents.

**Representative of the
Texas Woman's University**

Date

APPENDIX I

Publication Correspondence

Mohammad Nazzal

From: "Sharon A. Gutman, PhD, OTR" <sg2422@columbia.edu>
To: "mohammad nazzal" <mohammadnazzal@sboglobal.net>
Sent: Tuesday, November 11, 2008 8:47 AM
Subject: Re: Submission for publication to AJOT

Dear Mohammad,

Thank you for submitting your manuscript to the American Journal of Occupational Therapy. It will now proceed in the review process.

Sincerely,
Sharon

--
Sharon A. Gutman, PhD, OTR
AJOT Editor-in-Chief

Associate Professor
Columbia University
Programs in Occupational Therapy
710 West 168th Street, 8th Floor
New York, NY 10032
(w) 212-305-8703
(fax) 212-305-4569
sg2422@columbia.edu

"Be kinder than necessary, for everyone you meet is fighting some kind of battle....."

Mohammad Nazzal

From: "OTJR Editor" <OTJR.Editor@osumc.edu>
To: "mohammad nazzal" <mohammadnazzal@sbcglobal.net>
Sent: Friday, November 07, 2008 8:22 AM
Subject: RE: Submission for publication to OTJR

Mohammad Nazzal,

I have received your submission to OTJR: Occupation, Participation, and Health. Our editor will review your manuscript for aim and scope and we will get back to you in a week or so regarding the status of your submission.

Thank you!

Anne M. Deringer
Editorial Assistant
OTJR: Occupation, Participation & Health
email: OTJR.editor@osumc.edu
Fax: 614-292-0210

From: mohammad nazzal [mailto:mohammadnazzal@sbcglobal.net]
Sent: Thursday, November 06, 2008 11:39 AM
To: otjr.editor@aotf.org
Cc: Mohammad Nazzal
Subject: Submission for publication to OTJR

Dr. Case-Smith,

My name is Mohammad Nazzal. I am an occupational therapist and a doctoral candidate (PhD) in occupational therapy at Texas Woman's University, Houston, Texas. My dissertation, entitled "The prayer ritual: A spiritual occupation", is divided into 3 separate studies. Study Two, which I am considering for your journal, explored not only the meaning and value of prayer as an occupation from the perspective of individuals with physical disabilities, but also examined the adaptation process that they experience in their attempt to perform the occupation of prayer. Parallel to OTJR emphasis on cross-cultural study of occupation, I recruited 7 participants representing each of three faiths - Catholic, Jewish and Muslim. This manuscript is original, has not been previously published and is not under consideration by any other journal.

Thank you very much for your consideration of this manuscript.

Attached, please find my submission.

Best,
Mohammad S. Nazzal, MOT, OTR, PhD Candidate
Texas Woman's University- Houston
6700 Fannin
Houston, TX 77030
(713) 530-7764

Mohammad Nazzal

From: "Stein, Frank" <Franklin.Stein@usd.edu>
To: "mohammad nazzal" <mohammadnazzal@sbcglobal.net>
Sent: Thursday, November 08, 2008 10:55 AM
Subject: Occupational Therapy International #228

Dear Mohammad:

This letter is to acknowledge receipt of an e-mail attachment of your manuscript: A spiritual occupation, for possible publication in Occupational Therapy International. Please send one hard copy to the address listed below.

Two referees will evaluate your manuscript and the reviews should be sent to you in about three to four months. I have attached the author's acknowledgement form. Please have all authors sign the form and return it to me at: Dr. Franklin Stein, Editor, Occupational Therapy International, 7334 New Washburn Way, Madison, WI, 53719-3010 USA.

Best wishes,

Franklin Stein, PhD, OTR, FAOTA
Editor, Occupational Therapy International
fstein@usd.edu
www.interscience.wiley.com/journal/oti

-----Original Message-----

From: mohammad nazzal [mailto:mohammadnazzal@sbcglobal.net]
Sent: Thu 11/6/2008 10:34 AM
To: Stein, Frank; Stein, Frank
Cc: Mohammad Nazzal
Subject: Submission for publication to OTI

Dr. Stein,

My name is Mohammad Nazzal. I am an occupational therapist and a doctoral candidate (PhD) in occupational therapy at Texas Woman's University, Houston, Texas. My dissertation, entitled "The prayer ritual: A spiritual occupation", is divided into 3 separate studies. Study Three, which I am considering for your journal, deals with the development of a new assessment tool that would pinpoint issues of performance and participation in the occupation of prayer ritual. This study was to pilot the utility of the newly created prayer assessment that examines physical, cognitive, and affective skills and level of community participation. Participants were recruited from three faiths - Catholic, Jewish and Muslim. This manuscript is original, has not been previously published and is not under consideration by any other journal.

Thank you very much for your kind consideration of this manuscript.

Best,
Mohammad S. Nazzal, MOT, OTR, PhD Candidate
Texas Woman's University- Houston
6700 Fannin
Houston, TX 77030(713) 530-7764

(C) (713) 530 7764