Hoping, praying, gathering data: Studying healing when loved ones are ill

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On a Saturday morning mid-way through my dissertation fieldwork, I was sitting in a synagogue in Tucson, participating/observing in the Shabbat morning service as part of my research on Jewish prayers for healing. When the time came for the congregation to sing the *Mi Sheberach*, the Jewish prayer for healing, the rabbi asked anyone who had someone in their life in need of healing to stand up and share the name. I stood up and said my mother's Hebrew name, as is the custom at this more traditional synagogue. My mother had been diagnosed a few weeks earlier with a recurrence of cancer and was about to begin treatment. As I sat back down, the congregation began to sing the familiar melody and my voice caught in my throat. In my head, I heard a snippet from an interview I had done a few months earlier. The man had told me, "When I stand up and say a name out loud during the service, it's a public acknowledgement that someone I love is really sick. It makes it real." In that moment, I realized he was right. It definitely felt more real now.

A few weeks later, I was at a different synagogue where they do a modern version of this prayer. This time, when the rabbi asked for names, I stood and said "My mother, Phyllis". I was aware that this felt different. Using my mother's Hebrew name [Falia, daughter of Reizel] also reminds me of my grandmother Rose. It reminds me of our immigrant family story; I only ever hear these two Yiddish names in this ritualized context. I was also aware that people paid more attention when I noted the relationship; friends came over after the service finished to ask me what was going on and how my

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[1] Gila received her PhD since submitting this article.

mother was doing. I was experiencing first-hand what one of the rabbis I interviewed had told me – that the *Mi Sheberach* often serves as a community bulletin board.

A few months later, the partner of an old friend was diagnosed with an advanced and serious cancer. We have known each other for 30 years, so I know that his Judaism is not the religious kind, and that prayer is not his thing. And his partner was not Jewish, so saying a *Mi Sheberach* seemed irrelevant. What really mattered to them was finding a good doctor and figuring out the right treatment. But I felt helpless. I was spending a lot of time at services, so I wondered if I should I say his name during the prayer for healing, and I decided that I would. Again, the voice of one of my interviewees echoed in my mind and helped me decide. "I do it for me," she had told me, "it helps me, I don't think it helps them at all." So I decided to say the prayer for them, knowing that it was for myself as well, to help me feel like I was doing something to help them, despite living so far away. To my surprise, when I told my friend what I was doing, he was deeply moved. He thanked me, telling me that it meant more than he could explain, and that it reminded him that his friends were with him throughout this difficult time.

I am not actually sure what his exact words were, because I do not take field notes while talking to friends; I just try to be present and supportive. But was this not fieldwork too? My friends and I – liberal American Jews fully invested in biomedicine – are exactly the people I am writing about. Luckily, I did not need to ask if I could quote him in my dissertation, because a number of other people in my sample said almost exactly the same thing. (Although I did get his permission to write about this story.)

But, all of this made me deeply uncomfortable. I did not want to experience my mother's illness through my data. I wanted to just worry and grieve and pray and

hope as a daughter does. I did not want every conversation with a friend to become part of my fieldwork. If I was doing fieldwork in another country or in a community different from my own, every conversation would be (or at least could be) documented in my field notes. It would all "count" as ethnographic data. But this felt different. To these people, I am not an anthropologist doing research. To them, I am just Gila, a friend, a daughter, and a part of the community.

"Officially," the signing of the IRB forms and the formal interview context establishes the boundaries around data collection at "home." But the lines are not so clear. Especially when studying something like healing, and especially when so many people I know seemed to be getting sick. During my fieldwork, my mother, a dear cousin, an old friend, and several spouses and parents of friends, all faced cancer diagnoses, treatments and, in some cases, hospice care. Other people close to me were dealing with depression, divorce, and infertility.

All of the questions I was asking in my interviews became questions that I was also trying to answer for myself. I regularly found myself wondering: When do I say a name and when do I not? Which names do I say out loud and which to myself? When do I use their Hebrew names and when English? Does it matter how close I am to the person? What do I expect when I do say the prayer for those I care about? Why was I doing this seemingly irrational, but deeply emotional thing? Why was I praying if I do not believe in an intercessory God? And, if I did, the God I would believe in would not be one who heals only those for whom someone spoke loudest? I also wondered if I should say these names only during active treatment or a medical crisis? What if I know that the illness, and the struggle to accept the new reality it has brought, continues? What about during the limbo times, when the medicines seem to be working, but no one knows for sure? When do I stop? Several of these

people entered hospice and passed away during this time period. Should I pray for a different kind of healing, for their suffering to end, for comfort for their families? Some of my informants had done this, moving me to tears with their stories of how their understandings of healing changed as someone they loved lay dying. I have intellectual answers to these questions, but there were moments at synagogue when my emotions chose differently, just as I know happens for my interviewees. Studying healing while living through illness changed me personally, and it also changed my analysis and my intellectual conclusions. My own experiences validated what I was hearing in my interviews. And what I heard in my interviews changed my experiences. I cannot separate them, and it has taken me much of the last two years to realize that I do not want to.

Towards the end of my fieldwork, I was getting ready for a trip to Boston, during which I would be with my mother as she went through yet another round of treatment. While there, I would also attend a conference on medicine and religion, where I would be presenting my research. This confluence of the personal and the professional was one that I would have preferred not to experience. As I was preparing my conference presentation, which would explore the experiential and embodied outcomes of healing prayer, a friend texted me, "I'm sending good thoughts to you and your mom, even though it doesn't do anything." I wrote back, "Actually it does, thank you. I'm writing about that at this very moment." In that moment, I was grateful that the professional and the personal had come together so synergistically. I was glad that preparing my conference paper allowed me to understand what my friends and I were really offering each other. I was grateful that the participants in my study had shown me, without me quite realizing it, much of what I needed at just the time when I needed it most. I realized that, just like they did

for the people I was interviewing, the Jewish prayers had helped me feel more connected to my family and friends, to my community and my history. They made me feel less helpless – and maybe even hopeful - at a time of great vulnerability and uncertainty. They helped me find comfort and strength during some very difficult times. I think that made me a better anthropologist. I know it made me a better person.