Praying, Out Loud

One of a hospital chaplain’s key duties is to pray at the request of others, addressing all manner of desires, hopes, and fears. Out loud. In front of other people. In front of strangers.

When I first started chaplain training I found the prospect of praying in public terrifying. I knew that most people I would encounter in the hospital would want spoken prayers that helped to express their hopes and fears, and to ask the Mystery to help them out. My goal was to gather and lift to God the spoken and unspoken desires of their hearts, weaving them together in language that manifested awe, trust, and love, and reflected a theology that was true to them and to myself.

I worried that I would start to pray and end up standing open mouthed, not knowing what to say, blurt out something that was not appropriate for the patient’s situation, speak awkwardly (when I did manage speech), or just sound like an ignorant chaplain-in-training, which is exactly what I was. Moreover, in my New England childhood I had learned that religion was not to be talked about in public and that any sign of public piety was hypocritical and shameful. In other words, praying out loud was Just. Not. Done.

My first teacher of how to pray as a chaplain was a lovely, elderly Episcopal laywoman who believed that formal, written-out, so-called set prayers were the way to pray on behalf of others. This approach is true to the Episcopal tradition, which has an extraordinary collection of glorious prayers in its worship book, The Book of Common Prayer. My teacher collected prayers, wrote them on index cards, and carried them in her pocket. When someone wanted prayer, she would pull out her stash, pick the prayer she felt most appropriate for the situation, and read it out loud from the card.

I had mixed feelings about her method. On the one hand, the prayers she read were beautiful, the words lovely and calming, the theology clear, all appropriate to the patient’s situation. And she always seemed very much in charge, a true professional doing her job well, which I aspired to be. On the other hand, she read the prayers. She read them skillfully, but they were written words given voice and didn’t feel like prayer to me.

As an obedient student I emulated my teacher, copying some of her prayers and
adding others I ran across, well-crafted petitions that had been written by church authorities and applied to the typical concerns of the sick. I carried a pile of prayer index cards in my pocket. Although they made my jacket bulge unattractively, the bulge was a professional necessity.

I hated reading the prayers from a card, feeling like an actor who didn’t know her part, and definitely not feeling that I was praying. I tried to memorize a few prayers, but found that surprisingly hard to do. I was even more afraid of starting to speak a memorized prayer, forgetting the words, and having to pull a card from my pocket to make it to the end of the prayer. Suppose I had forgotten to bring the card—what on earth would I do then? I certainly would not look as if I were in charge, nor would I be a professional doing a good job. Too big a risk to take when I was trying to be of service to people who were suffering.

These concerns, which showed how little I trusted God, almost paralyzed me.

Some Christian traditions, including the Catholic and Episcopal ones, have spiritual directors. These persons help others who are seeking a closer relationship with God. They do not provide the direction themselves, but pray for guidance and share what is given to them out of their prayer.

About a year before I began chaplain training I was blessed to make a connection with a wonderful spiritual director. When we met together, as we did every month or two, she would pray spontaneously for me and for our time together. We sat across from one another, closed our eyes, prayed in silence; and at some point she would start to speak, not reading from a card but instead, it seemed, speaking from the gracious heart of God. My experience with her became the gold standard of prayer for me, and I longed to be able to pray that way with and for patients.

But in my heart I believed that since I was a fallible person and a long-time agnostic I had no reason whatsoever to expect words to be given by the Spirit. So I clutched my cards.

One day I found myself with a weeping patient who had just been told she was going to die very soon. None of the set prayers in my bulging pocket seemed appropriate for her situation. I knew that I could do nothing whatever to help her, that the only place she could turn for solace was to God. The knowledge of my complete helplessness, combined with her dire situation, reduced me to silence.

Standing before the patient, my eyes closed and without any words to offer on
her behalf, I was momentarily tempted to fill the silence by reciting the Lord’s Prayer, which I had memorized as a child. But for some reason it felt wrong to do so. Finally, from somewhere deep inside me, words seemed to rise. I opened my mouth and let them come out. It was like freeing a bird from its cage: I opened the door and out flew the prayer. I didn’t plan the words, or think about them, or even listen to them; I just let them come out like an exhalation of breath. I have no idea what I said. Nor do I know how long the prayer lasted.

I do know that when the words stopped coming, I stopped speaking and opened my eyes. To my amazement I saw that the patient had stopped crying and was herself praying silently.

When the visit ended, I went to the hospital chapel to give thanks for the grace of being permitted to serve my patient in that fashion.

Over the years I have come to know that words will be given to me if I just get out of the way. I stopped using the index cards. I stopped using the “forms” of the set prayers. I simply listened to the patients with an open heart. When they asked me to pray, I went to an inner state of prayer, opened my mouth, and prayer came out. Spoken prayer on behalf of patients became a time when I turned off my mind and let my heart speak. Sometimes the words were awkward, and sometimes there were silences. But I saw that those stumbles and silences were an inevitable part of genuine prayer.

Before I began I would have a general idea of what the patient wanted me to pray for. Frequently I said something like, “Can you tell me what you want the prayer to include?” and I’d be sure to include that request in the prayer. But I did not have any sort of an outline, or even a general plan. Usually I could not even recall what I had said...because the prayer wasn’t really originating from me.

Yet even today, when there are large numbers of people around me at a worship service or a memorial service, knowing that trying to remain in a state of prayer despite the noises and movements of the crowd will be challenging, I will sometimes prepare a prayer to speak. I don’t know why I still think that it all relies on me.

I happened to meet an Episcopal priest named Debbie Little, who had been actively serving homeless people for many years. I went with her on her rounds to observe her ministry. Invariably she made a great effort to get the other person to lead the prayer. She explained that she always learned a lot from the other person’s
prayer, about them and about God.

While I was pondering this, I noticed something about myself. My own personal prayer life had changed, had gotten somewhat richer, and I wondered why that was. I hadn’t changed any of my personal spiritual practices. After some reflection, it came to me that perhaps this was because I was spending a great deal of time praying out loud in the hospital. And these spoken prayers were usually built around patients’ requests for healing for themselves and blessings for their loved ones.

Since my own private theology of prayer was not based on this, I was surprised that my practice would have affected my own spiritual life. Nonetheless, there was a positive difference. This seemed wrong to me: Why should I benefit in this way when I was trying to support suffering patients in their prayer lives?

So I decided to try Debbie’s approach. At first I felt uncomfortable. The patients I was praying with were usually weak and feeling vulnerable, and they rarely agreed to lead the prayer without a little push from me. Early in this experiment, however, I had an experience that kept me on this path. I was seeing a homeless lady in her late forties, with full-blown AIDS, a lively faith, and innumerable family and personal problems. But somehow she had that spark of life that is a joy to see.

When she wanted to pray, I said to her, “Are you gonna’ lead the prayer?”

She replied, “I can’t. I don’t know how to lead prayer. I know all these people at the shelter can lead prayer, but I can’t.”

Hearing her speak of a perceived barrier between herself and God distressed me. I knew I couldn’t make her life better, but I was resolved to at least help her feel empowered to lead prayer. I said, “You know, it’s really easy. You start by naming who you’re praying to. Then you say what’s in your heart. Sometimes you say, ‘Thank you.’ Then you say, ‘Amen.’”

“What do you mean ‘name?’”

“Well, do you call God ‘God,’ or ‘heavenly Father,’ or ‘heavenly Mother,’ or ‘Allah,’ or ‘Holy One, or . . .’”

“What do you call God?”

“It doesn’t matter what I call God, it matters what you call God. When you pray in your heart, I mean?”

“My heavenly Father.”
“Great. You can start by saying, ‘My heavenly Father.’”

She looked at me, openmouthed, then slowly whispered, “My heavenly Father.” Then she looked at me again.

“What’s in your heart? Just say what’s in your heart.”

And she began praying, first uncertainly, and then with greater and greater conviction, a beautiful prayer that was a pleasure to share. She ended the prayer by saying, “Thank you. Amen.” Then she turned to me, eyes shining. “I did it!” she exulted.

“You sure did!” I agreed.

The next time I went to see her she was about to leave the hospital for hospice. We talked a little bit, and then the ambulance crew came for her. I took her hands and suggested prayer. “Who’s gonna’ lead?” I asked, hoping but uncertain.

“Me,” she said resolutely, and again offered a heartfelt prayer. When we hugged goodbye I said, “Remember, now you can always lead prayer, wherever you are.”

“I know,” she said calmly, gathering up a plastic bag containing all her worldly possessions. She climbed on the gurney to go to hospice and die.

Ever since that encounter I became more and more convinced that encouraging the other person to lead the prayer was an important pastoral act. Occasionally there was a patient who happily claimed the leadership role, sometimes offering a formal prayer in a rote gabble but sometimes offering a glorious prayer. But most of the time I had to encourage them.

For example, once I was visiting a terrific great-grandmother in the ICU. She responded to my question, “Are you gonna’ lead the prayer?” with a soft, “No, you.”

I had observed that, although weak, she was functioning fairly well, so I said, “Tell you what. Why don’t I pray first, and then you? Would that be okay with you?”

She nodded, a little reluctantly but a nod nonetheless, so I prayed. When my prayer ended, I stopped, leaned over the bed rail and put my ear about a foot from her mouth. There was a brief silence. Then she started to pray in a soft voice. It was a short, moving prayer. When she stopped, she leaned back and looked at me, a faint smile on her lips. “Thank you for praying with me,” I said.

“You’re welcome,” she said, and we grinned at one another.