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# Health and the Human Spirit

*Just as a person casts off worn-out clothes and puts on new ones, so also the embodied Self casts off worn-out bodies and enters others which are new.*

—BHAGAVAD GITA

## LEARNING OBJECTIVES

1. Discuss theories of spirituality.
2. Examine the connection between spirituality and health.
3. Describe the spiritually healing processes of mystery, love, suffering, hope, forgiveness, peacemaking, and grace.
4. Identify areas of research on spirituality, religion, and health.
5. Describe various spiritual rituals.
6. Discuss spirituality and the aging population.
7. List and describe six spiritual areas of interest within the healthcare system.
8. Describe the role of spiritual care providers in administering spiritual care.
9. Explain the elements of a spiritual assessment and healing interventions.

## INTRODUCTION

All people are spiritual and, by virtue of being human, all people, regardless of age, are bio-psycho-social-spiritual beings. Widespread evidence shows that the interest in spirituality is not confined to individuals who attend church or who are identified as being religious (Shea, 2000). Spirituality is an integral part of the health and well-being of every individual.

According to DeLaune and Ladner (2006), people throughout history have dealt with pain, illness, and healing in spiritual ways. In many primitive cultures, a single person simultaneously held the positions of priest, psychiatrist, and physician. Freeman (2004) notes that “the first practices of spiritual healing were performed during the stone age by shamanic priest-doctors.

Healing practices were also recorded in ancient Egypt and in the early Jewish and Christian traditions” (p. 519).

Today many Americans believe their spirituality helps promote healing, especially when medications and other treatments cannot provide a cure for their conditions. Micozzi (2006) notes that “the blending of spirituality with the tenets of alternative, complementary, and integrative therapies provides individuals with a means of understanding how they contribute to the creation of their illness and to their healing” (p. 305). As the information age gives way to the intuition age, healthcare professionals will need to focus less on logical, linear, mechanical thinking and more on creative, lateral, and emotional thinking (Reynolds, 2001). Larry Dossey predicts that “we’re going to see an integration of physical and spiritual interventions in healing, not a replacement of one by the other” (Freeman, 2004, p. 546). Kligler and Lee (2004) note that “integrative medicine is renewing the soul of medicine by combining advances of science and technology in Western medical training with the whole person approach of traditional healing systems” (p. xix).

The field of integrative health care calls for healthcare professionals to promote an environment in which the spiritual beliefs of the individual, family, and community are respected. This shift in focus means that the provision of care will encompass a more holistic perspective—one that attends to all aspects of mind, body, and spirit. A holistic foundation means that healthcare providers will assess and respond to each client’s physical, emotional, mental, and spiritual dimensions.

Healthcare professionals are entrusted with the holistic care of their clients. This means nurses and other healthcare providers care for the soul and spirit as well as for the body. By caring for individuals in a way that acknowledges the mind-body-spirit connection, healthcare providers acknowledge the whole person. Spiritual care is a part of holistic care (DeLaune & Ladner, 2006).

No discussion of spirituality would be complete without referring to the concept of a supreme being or intelligent force. This being is known throughout the world by many different names, including God, Goddess, Allah, Higher Power, Universal Intelligence, Spirit, the Absolute, and Source. In using use some of these names throughout this chapter, we mean no disrespect to anyone and sincerely hope none is taken.

## **SPIRITUALITY DEFINED**

The term *spirituality* is derived from the Latin *spiritus*, meaning “breath” and related to the Greek *pneuma* (“breath”), which refers to the vital spirit or soul. Benor (2006) defines the word *spiritual* as “transpersonal awarenesses

arising spontaneously or through meditative and other practices, beyond ordinary explanations, and to which are attributed an inspiring and guiding meaningfulness, often attributed to a Deity” (p. 467).

Clearly, although there is no one definition of spirituality, descriptions of its characteristics abound in the literature. Burkhardt (2007) states that “trying to define spirituality is akin to trying to lasso the wind. The wind is sensed and felt, and its effect on us and things around us is seen, but it cannot be contained within imposed boundaries, or even the best definitions” (p. 263). The following list demonstrates the range of definitions (Burkhardt & Nagai-Jacobson, 2005; Daniels, Nosek, & Nicoll, 2007; DeLaune & Ladner, 2006; Seaward, 2006; Sorajjakool & Lamberton, 2004; Stanley & Beare, 1995; Weil, 1997):

- Spirituality means believing in a power operating in the universe greater than oneself; it involves a sense of interconnectedness with all living creatures and an awareness of the purpose and meaning of life.
- Spirituality is a personal, individualized set of beliefs and practices that are not church related.
- Spirituality includes aspects of higher consciousness, transcendence, self-reliance, self-efficacy, love, faith, enlightenment, mysticism, self-assertiveness, community, and bonding as well as a supreme being or supreme intelligence that may be referred to as God, Allah, Jesus, Buddha, or otherwise.
- Spirituality is a two-dimensional concept with both vertical and horizontal dimensions. The vertical represents a relationship with a supreme being and the horizontal represents relationships with others.
- The term *spiritual* refers to the transcendental relationship between the person and a higher being, a quality that goes beyond a specific religious affiliation.
- Spirituality is a unifying force, providing meaning in life and consisting of individual values, perceptions, and faith as well as being a common bond among individuals.
- Spirituality involves the nonphysical, immaterial aspects of an individual’s being—with energies, essences, and the parts that will exist after the body disintegrates. The whole picture of health involves physical, mental, and spiritual components. Whether religious or not, a person can lead a spiritual life and explore the influence of spirituality on health.
- Spirituality is the animation force, life principle, or essence of being that permeates life and is expressed and experienced in multifaceted connections with self, others, nature, and a supreme being. Shaped by cultural experiences, spirituality is a universal human experience.
- Spirituality is the essence of who people are and how they are in the world and, like breathing, is essential to human existence.

While no one has been able to provide a universally accepted definition of spirituality, theorists and researchers agree that it is a multidimensional phenomenon. It is *not* the same as religion, which is a set of beliefs and practices associated with a particular church, synagogue, mosque, or other formal organized group (DeLaune & Ladner, 2006). Spirituality is simply *being* and it impacts everything people say, think, and do (Eliopoulos, 2004).

Humans are mind-body-spirit beings by nature, and all people are spiritual beings. Spiritual healer Rosemary Altea (2006) explains that, as spiritual beings having a human experience, each of us comes into this world with breathtaking gifts such as the power of intuition, the power to sense the invisible world around us, or the power to create healing energy.

## **THEORIES OF SPIRITUALITY**

Spirituality is reflected in everyday life as well as in disciplines ranging from philosophy and popular literature to psychotherapy, health psychology, medicine, nursing, sociology, and science (Chandler, 1999; Hatch, Burg, Naberhaus, & Hellmich, 1998; Mahoney & Graci, 1999; Tuck, Wallace, & Pullen, 2001). The theories presented in this section are a sample of some of the theories in use today, and they include concepts from theology, psychology, sociology, medicine, and nursing.

### **Theories from Theology, Psychology, and Sociology**

*Theology* describes spirituality as one's belief in God, which is expressed through religious beliefs and practices.

In *psychology*, spirituality is explained as an expression of one's internal motives and desires, concentrating on the self instead of on a supreme intelligence. Psychology examines one's spiritual search for meaning, purpose, and guidance.

*Sociology* examines the concept of spirituality by studying groups of people. According to sociology, people strongly influence other people, who are in turn influenced by the groups in which they live. Sociology describes spirituality as the spiritual practices and rituals of groups of people as well as the social morality within personal relationships (Meraviglia, 1999).

### **Medical Theories**

Contemporary medicine has historically given little attention to the spiritual dimension, despite its importance in the fundamental goal of healing.

Now, however, medicine focuses increased attention on exploring the relationship between clients' spiritual needs and the more traditional aspects of their medical care. Medical schools have begun offering courses in spirituality, religion, and health, with many schools receiving grants from the National Institute for Healthcare Research to develop curricula in spirituality and medicine (Freeman, 2004; Hiatt, 1986; Kligler & Lee, 2004; Koenig et al., 1999).

Trends that appear to be driving this new interest in spirituality include the many studies that have demonstrated a strong connection between spirituality and improved health, client demand for greater personal attention from their physicians, the growing importance of end-of-life care, and the increasing dissatisfaction among physicians with what they view as an increasingly depersonalized practice (Eliopoulos, 2004; Freeman, 2004; Kligler & Lee, 2004; Micozzi, 2006).

## **Nursing Theories**

Nursing incorporates all the perspectives of theology, psychology, sociology, and medicine while also examining spirituality quantitatively from other perspectives, including spiritual health, spiritual well-being, spiritual perspective, self-transcendence, faith, quality of life, hope, religiousness, purpose in life, and spiritual coping (Meraviglia, 1999). Traditionally, nursing has always been concerned with the health care of the whole person, including the physical, psychological, social, cultural, environmental, and spiritual dimensions (Bergquist & King, 1994; Martsof & Mickley, 1998). Nursing theoretical models in which spirituality is a major concept include Betty Neuman's Neuman systems model, Margaret Newman's theory of health, Rosemary Parse's theory of human becoming, and Jean Watson's theory of human caring.

### *Betty Neuman's Neuman Systems Model*

This model focuses on the wellness of clients in relationship to environmental stressors and their reactions to stressors. Neuman describes the client/client system as a total system in interaction with the internal and external environments. The entire client system contains five variables: physiological, psychological, sociocultural, developmental, and spiritual. Each of these variables is a subset of all parts, which forms the whole of the client. Neuman and Fawcett (2002) write:

The philosophic base of the Neuman Systems Model encompasses wholism, a wellness orientation, client perception and motivation, and a dynamic systems perspective of energy and variable interaction with the environment to mitigate possible harm from internal and external stressors, while caregivers and clients

form a partnership relationship to negotiate desired outcome goals for optimal health retention, restoration, and maintenance. This philosophic base pervades all aspects of the model. (p. 12)

To address the wholeness concept of care, practitioners must consider all five variables. Several authors have expanded Neuman's model to include issues related to spiritual well-being, spiritual needs, spiritual care, and spiritual distress.

### *Margaret Newman's Theory of Health*

Newman's theory built upon Martha Rogers' idea of humans as energy fields, expanding it to view humans as unique patterns of consciousness. Newman (1994) states that "the person does not possess consciousness—the person is consciousness" (p. 33). Her theory defines *consciousness* as the capacity of the system to interact with the environment, and she posits that the process of life involves movement toward higher levels of consciousness. The dimensions of person-environment interaction include exchanging, communicating, relating, valuing, choosing, moving, perceiving, feeling, and knowing. Newman describes expanded consciousness as a general spiritual term (Martsolf & Mickley, 1998; Newman, 1994).

### *Rosemary Parse's Human Becoming Theory*

Rosemary Parse developed the human becoming theory to move nursing's view of the person from the medical model to a human science perspective (Martsolf & Mickley, 1998; Parse, 1999). According to Parse (1999), "This theory posits that humans live at multidimensional realms of the universe all-at-once as they prereflectively and reflectively choose from options incarnating imaged value priorities" (p. 8). Frisch (2005) describes the various aspects of Parse's theory in the following way: "*Person* is a unified, whole being. *Health* is a process of becoming; it is a personal commitment, an unfolding, a process related to lived experiences. *Environment* is the universe. The human-universe is inseparable and evolving as one" (p. 85).

### *Jean Watson's Theory of Human Caring*

Jean Watson's theory is based on a spiritual-existential and phenomenological orientation that draws on Eastern philosophies. Focusing on nurse-client interactions and asserting that humans are energy fields with patterns of consciousness, this theory acknowledges the spiritual dimension of people. In Watson's theory, caring is considered the essence of nursing practice and requires the nurse to be personally, morally, and spiritually engaged. The one

caring and the one being cared for are considered co-participants in self-healing; they each have the power to heal themselves (Falk-Rafael, 2000; Martsof & Mickley, 1998; Saewyc, 2000; Watson, 2005).

According to Watson (2005), the original 10 “carative” factors identified in her 1985 book, *Nursing: The Philosophy and Science of Caring*, are still a guiding philosophical-ethical practice model. They are:

1. The formation of a humanistic-altruistic system of values
2. The instillation of faith-hope
3. The cultivation of sensitivity to one’s self and to others
4. The development of a helping-trusting relationship
5. The promotion and acceptance of the expression of positive and negative feelings
6. The systematic use of scientific problem-solving methods for decision making
7. The promotion of interpersonal teaching-learning (later refined to read as transpersonal teaching-learning)
8. The provision of a supportive, protective, and/or corrective mental, physical, sociocultural, and spiritual environment
9. Assistance with the gratification of human need
10. Allowance for existential-phenomenological dimensions

### **Achieving Theoretical Unity**

Achieving theoretical unity requires consistency and universality in both the terminology and the language used to describe the spiritual dimension (McSherry & Draper, 1998). The challenge for health care and spiritual care providers is to agree on such a universal theory. A universal, inclusive definition of the spiritual dimension that reflects the unique nature of all individuals will provide a basis for research and enable a more careful study of spirituality (Young & Koopsen, 2005).

## **SPIRITUALITY AND THE HEALING PROCESS**

Spirituality plays an important role in health and healing. *Healing* occurs when we help others and ourselves, when we seek harmony and balance, and when we assess what we have forgotten about connectedness, unity, and interdependence (Dossey, Keegan, & Guzzetta, 2005). In fact, the words *healing*, *whole*, and *holy* are derived from the same root: the Old Saxon *hal*, meaning “whole.”

Healing is a spiritual process that attends to the wholeness of a person: mind, body, and spirit (Burkhardt & Nagai-Jacobson, 2005). L. Dossey (2002)

describes “spiritual” as having a sense of connectedness with a source in the universe that is infinite in space and time and both wiser and more powerful than the individual sense of self; Dossey further indicates that healing is the restoration of a sense of wholeness.

The spiritual dimension of each person is a component in the healing process. However, as Lemmer (2005) notes, “One of the greatest challenges in dealing with the spiritual dimension of the human person is that the spirit is not a concrete, objective reality” (p. 311).

### **Aspects of the Spiritual Dimension**

According to Burkhardt and Nagai-Jacobson (2005), inherent in the spiritual domain are the following eight aspects: mystery, love, suffering, hope, forgiveness, grace, peacemaking, and prayer. The first seven are discussed in the following paragraphs (prayer is discussed later in the chapter).

1. *Mystery*: Mystery is a part of life and a part of spirituality. Mystery goes beyond understanding and explanation. Part of an individual’s spiritual journey involves accepting mystery and finding a tolerable comfort level with it (Burkhardt & Nagai-Jacobson, 2005). Spirituality reassures people as they encounter troubling and unexplainable experiences, and it helps them survive the unknown.
2. *Love*: Love fuels spirituality and prompts people to live from the heart. Love includes dimensions of self-love, divine love, love for others, and love for all of life. Love includes such qualities as kindness, warmth, understanding, generosity, and tenderness. Maintaining a loving presence is an important component of spiritual care. Love is how individuals can reach out to, heal, and connect with one another. Love often underlies acts of courage and compassion that cannot be otherwise explained (Burkhardt & Nagai-Jacobson, 2005).
3. *Suffering*: Suffering occurs on physical, mental, emotional, and spiritual levels and is one of life’s unexplainable elements. Attempts to understand the concept of suffering have shaped virtually all cultural and religious traditions. For some people, suffering enhances their spiritual awareness, while for others suffering appears meaningless and causes feelings of anger and frustration. Sociocultural, religious, familial, and environmental factors influence an individual’s response to suffering. A knowledge of personality, culture, religious traditions, and family background may assist the healthcare professional in understanding the nature and meaning of suffering for a particular person (Burkhardt & Nagai-Jacobson, 2005).

4. *Hope*: Hope is future oriented and goes beyond believing and wishing. There are two levels of hope: specific hope and general hope. Specific hope implies a goal or desire for a particular event or outcome. General hope includes a sense that the future is somehow safe. A significant factor in overcoming illness and in living through difficult situations, hope helps people deal with fear and uncertainty and helps them envision a positive outcome (Burkhardt & Nagai-Jacobson, 2005).
5. *Forgiveness*: Religious beliefs, cultural traditions, family upbringing, and personal experiences all contribute to shaping a person's attitudes about forgiveness. A belief in God, Spirit, or a supreme intelligence may also influence one's ability to offer and receive forgiveness. Being able to release the need to berate or punish oneself for past actions is an important part of forgiveness (Burkhardt & Nagai-Jacobson, 2005).
6. *Grace*: Grace is a blessing that comes into one's life unearned. It is often thought of as a gift from God, or from life itself, and it enables, assists, and empowers a person in the midst of a difficult or overwhelming circumstance (Burkhardt & Nagai-Jacobson, 2005).
7. *Peacemaking*: Having inner peace is a way of being. It is independent of external forces. Being a peacemaker in today's world is a spiritual challenge. As persons appreciate and live in the reality of their connection with others and with all creation across distance, time, and space, the possibility of peace grows (Burkhardt & Nagai-Jacobson, 2005).

People are taken to the deepest places in their beings when spiritual or core life issues occur. Not quantifiable and usually expressed as questions or as great mysteries, these issues challenge individuals to experience life at the highest heights and deepest depths (Burkhardt & Nagai-Jacobson, 2005). Healthcare professionals are often in a position to help clients deal with their life issues. Understanding the various aspects of the spiritual dimension helps to ensure that they provide care in a holistic manner.

### **Spirituality's Effects on Healing**

The recognition of spirituality's impact on healing has grown significantly over the past several decades. Researchers are beginning to define the complex connections between religious and spiritual beliefs and practices and an individual's physical and psychological health. They have discovered a positive relationship between religion and physical health, and they have demonstrated that spiritual beliefs and practices are beneficial to health and can help reduce the risk of developing a number of serious illnesses (Ebersole & Hess, 1997; Larson, Swyers, & McCullough, 1998). Recent studies have shown a statistically

significant relationship between religious involvement, better mental health, and greater social support. They have also found that almost 80% of those who are religious have significantly greater well-being, hope, and optimism than those who are less religious (Micozzi, 2006).

As a result of these discoveries, medical schools now include courses on religion, spirituality, and health in their curricula (Micozzi, 2006). Medical students are beginning to examine their own spirituality as well as that of their clients, to study the world's major religious teachings, to learn how to take a spiritual history, and to communicate better with clients about their spiritual concerns.

Most health care professionals interact with all three dimensions of a person: physical, mental, and spiritual. While most professionals are competent at assessing the physical and mental aspects, it is equally important that they develop confidence in addressing the client's spiritual needs as well.

## **CULTURE AND THE HEALING PROCESS**

Spirituality is experienced and guided by cultural traditions and religious doctrine (DuBray, 2001). Like spirituality, culture has a significant impact on health behaviors; health problems; and the actions taken to promote, maintain, or restore health (Young & Koopsen, 2005). If healthcare providers are to attend to the spiritual needs of their clients, they must understand the vast array of cultures and their belief systems.

The United States is a unique nation, created from a blending of many native and nonnative peoples. The growth of its culturally diverse populations has been dramatic (Luckmann, 1999). Individuals of diverse cultural backgrounds now create a rainbow of color and culture that impacts the delivery of healthcare services, the understanding of disease and illness, and the challenge they present to healthcare providers. Today's healthcare professionals must provide a level of care that meets the guidelines of cultural competence and respects different cultural values and belief systems.

The advancement of technology, travel, and communication systems has allowed increased contact between people of many different cultures. With immigration, international travel, and globalization, spiritual journeys can take today's people down paths that were not available to previous generations and expose them to many different religious and spiritual practices. The traditional healthcare system in the United States (biomedicine) now accommodates other diverse systems of care rather than requiring them to assimilate into its culture. This fundamental shift calls for all healthcare providers to become culturally competent. This obligation is even more important when healthcare providers and clients use complementary, alternative, or integrative modalities.

## **SPIRITUALITY, RELIGION, AND HEALTH CONDITIONS**

Micozzi (2006) notes that “research in the last 10 years has made an indelible mark on the way health care professionals think about the role of spirituality and religion in physical, mental, and social health. Hundreds of studies have explored the relationship between body and spirit” (p. 305). Spirituality, faith, belief, and religion are now well known to be associated with fewer medical symptoms and better outcomes when integrative medical interventions are used (Rakel, 2007). Living a spiritual life and/or having a strong faith can positively impact not only the course of a chronic disease or terminal illness but also how that disease or illness is perceived. There is more to healing or being well than just curing disease. Individuals with a life-threatening disease or those who are dying can still find beauty and meaning in life, and the importance of the role of health care professionals in providing spiritual support cannot be overemphasized (Sorajjakool & Lamberton, 2004). This section explores the effects of spirituality and religion on several health conditions.

### **Spirituality, Religion, and Depression**

According to Baetz, Griffin, Bowen, Koenig, and Marcoux (2004), individuals who were involved in a religious group and who highly valued their religious faith had a decreased risk of developing depression, while individuals with no religious link raised their risk of major depression. Valuing one’s religious faith is centrally important, and actively belonging to a religious group and a strong support system may provide personal spiritual meaning to difficult life experiences or personal crises. Religion and spirituality play a pivotal role in decreasing depression by fostering positive beliefs and behaviors while lessening the impact of negative situations.

### **Spirituality, Religion, and Chronic Disease**

Due to rapid advances in healthcare technology, individuals with heart disease, Parkinson’s disease, diabetes, multiple sclerosis, and other chronic diseases can now live into old age. As the burden of chronic illness grows, so does the importance of addressing how to care for individuals with these illnesses. Clinical studies are beginning to clarify how spirituality and religion contribute to the coping strategies of many clients with severe, chronic, and terminal conditions. Spirituality may provide individuals with an ability to cope with their condition, thereby improving their physical and mental health.

## **Spirituality, Religion, and Cancer**

Spirituality and religious beliefs are central to coping with cancer and to helping individuals find meaning in their disease. Individuals with cancer often experience guilt, fear, anxiety, and resentment. Having faith in a supreme being often helps them reaffirm the value and meaning of life.

Health care professionals can play a major role in providing spiritual care. Although many institutions provide clergy visits, nurses in particular spend a great deal of time with their clients. Ministers, priests, or other religious advisers should be included in a client's healthcare program. At such times, privacy should be afforded and respected so the client can discuss confidential matters (Leuckenotte, 2000). All of these professions must care for clients in a way that preserves their uniqueness and their religious or spiritual beliefs.

## **Spirituality, Religion, and Surgery**

The most important and commonly used coping strategy in the acute care setting is prayer. Religious beliefs and practices have been linked to the survival rate among surgical clients.

## **SPIRITUAL RITUALS**

B. M. Dossey (1997) defines *rituals* as the enactments of cultural beliefs and values. Rituals involve repetition and patterns of form and behaviors that have personal, healing worth. They are spiritual acts and sacred spaces of the mind that honor the core of human experience and the power of the Invisible Force. They are also a rite of separation.

Rituals are significant aspects of many religious traditions and cultures, but any activity done with awareness can be considered a ritual. Traditional rituals are handed down from one generation to another; self-generated rituals are begun by individuals or groups and have no cultural history or tradition.

Rituals are a rich resource in caring for the spirit. They contain steps for recovery, they reduce anxiety and fear, and they reduce feelings of helplessness. Health care professionals can support the power of rituals by providing opportunities for individuals to consider and experience their use in their lives.

This section discusses several spiritual rituals, including prayer, gratitude, spending time in nature, rest and leisure, and art.

## **Prayer**

Simply put, prayer represents a desire to communicate with a supreme being. Burkhardt and Nagai-Jacobson (2005) write, "An expression of the

spirit, prayer is a deep human instinct that flows from the core of one's being where the longing for and awareness of one's connectedness with the source of life are blended" (p. 147).

Micozzi (2006) notes that "the use of prayer in healing may have begun in human prehistory and continues to this day as an underlying tenet in almost all religions" (p. 306). According to Micozzi, the word *prayer* comes from the Latin words *precarious* ("obtained by begging") and *precarari* ("to entreat" or "to ask earnestly").

Prayer can profoundly affect the healing process. Research demonstrates that religious practices such as worship attendance and prayer may contribute to physical and emotional health. Although the studies have not demonstrated a cause-and-effect relationship, there is strong evidence of an important connection between religious practice and good health (Fontaine, 2000; Taylor, 2002). As Taylor (2002) states, "Although experimental evidence of prayer's curative effect is inconclusive, there have been several correlational studies that demonstrate relationships between prayer and psychological health benefits" (p. 207).

In addition to turning to medical care for their healing, people also turn to prayer. According to Matthews and Clark (1998):

- *People cope with illness*, when they are not completely cured of it, through a learned process by using prayer and other forms of spiritual involvement.
- *Individuals may experience the arrest of the progression of illnesses* such as cancer and heart disease.
- *Individuals may experience remission or complete healing of illnesses* through the combination of prayer and medical care.

Matthews and Clark explain the impact of prayer in this way: "Of course, we know that the faith factor is not a panacea—the mortality rate for human beings still remains 100%. But even when physical healing does not occur, some degree of improvement almost always takes place, most often a sense of peace in facing a serious illness or disability" (p. 61).

With a wide variety of forms and expressions, prayer is part of many religious traditions and rituals. In fact, prayer is the most common form of spiritual practice (Trivieri & Anderson, 2002). It may be individual or communal, public or private. Sometimes prayer is a conscious activity, and at other times it is less conscious. The elements of prayer include speaking (often silently), listening, waiting, and being silent. L. Dossey (1993) and B. M. Dossey (1997) note that prayer also includes adoration, confession, invocation, intercession, lamentation, and thanksgiving.

There are many ways to develop a daily spiritual practice of prayer and to pray for oneself and others. The types of prayer may include petitionary, intercessory, adoration, ritual, meditative or contemplative, and colloquial (Burkhardt & Nagai-Jacobson, 2005; Dossey, 2001; Holt-Ashley, 2000; Levin, 1996; Macrae, 2001; Micozzi, 2006; Taylor, 2002).

- *Petitionary prayer* involves asking a supreme being to respond to a specific request, usually for personal healing.
- *Intercessory prayer*, often called distant prayer, is petitionary prayer on behalf of others, with or without their knowledge. It occurs when one person prays for someone else to receive something. Usually this involves praying for someone else's health.
- *Adoration prayer* involves praising and glorifying a supreme being. This type of prayer is an affirmation of the loving energy within and outside oneself. It transcends the ego and involves turning one's life over to a higher power. It is not an avoidance of responsibility but rather a positive surrender to a supreme being and a willingness to do what must be done for healing to take place.
- *Ritual prayer* involves the use of spiritual readings, repetition, or formal prayers or rites such as a rosary or a prayer book. Ritual prayer involves the repetition of prayers created by another and often found in religious literature.
- *Meditative, or contemplative, prayer* involves listening for the still, small voice within and having a sense of openness toward the divine independence of thoughts and words. The purpose is to objectively observe oneself becoming absorbed in the unity of being, to experience one's unity with a supreme being, and to experience life as it unfolds. Meditative or contemplative prayer involves the opening of the mind and heart to a supreme being who transcends words or thoughts. This type of prayer exists in all the great religious traditions of the world.
- *Colloquial prayer* involves communicating with the divine in an informal, honest, and self-revealing manner, as if talking to a friend. This type of prayer is used to seek direction and guidance in making a decision.

Many techniques are used in praying, including the following (Dossey, 1993; Fontaine, 2000; Taylor, 2002):

- Relaxation, quieting, and breath awareness
- Attention training and focusing
- Imagery and visualization
- Intentionality
- Movement, such as dancing, walking, or drumming
- Inspirational or sacred readings

- Music
- Chanting
- Anointing with oil
- Singing
- Meditation

## **Gratitude**

The spiritual practice of gratitude is a powerful force that can be a state of mind as well as a way of life. Being grateful for what you have, instead of worrying about what you lack, enables you to let go of negative thoughts and attitudes and to reduce stress, anxiety, and depression. Being grateful increases feelings of love, knowingness, and awareness (Eliopoulos, 2004). Burkhardt and Nagai-Jacobson (2002) describe the origin of gratitude this way: “Our experience of grace as a blessing that comes into our lives unearned, without merit, calls forth the response of gratitude” (p. 71).

One way to practice gratitude is to focus on the positive aspects of life, perhaps by keeping a gratitude journal—an inventory of all the positive things that occur each day, week, and month. Keeping such a journal can set the stage for living a more spiritual life (Fontaine, 2000).

Engaging in an act of gratitude may often restore balance and perspective (Burkhardt & Nagai-Jacobson, 2002; Fontaine, 2000). Grateful acts might include any or all of the following:

- Making a list of things in your life for which you are grateful
- Creating opportunities to help others
- Calling a special friend
- Being aware that life is a gift
- Saying grace before meals
- Engaging in daily prayers
- Always remembering to say thank you when someone helps you, compliments you, or gives you a gift

## **Spending Time in Nature**

Throughout history, most religious, spiritual, and cultural traditions have had strong connections and relationships with nature. According to Taylor (2002), “Many religious traditions consider nature, or the outdoors and its world of living things, to be the handiwork or a literal illustration of God” (p. 262). For example, the Native American religious tradition expresses a positive

relationship with nature that is called nature-centered spirituality and is found in many other religious traditions worldwide (Dossey, 1997).

In today's technological society, many people have become alienated from nature. Experiencing the pleasure of the natural environment (a deserted beach, a shimmering wheat field, a majestic mountain, a lush forest, or a quiet stream) may be considered a spiritual experience. Even the act of contemplating nature may aid in a person's spiritual health, and the act of viewing nature may contribute to better health outcomes (Taylor, 2002).

Being in natural environments and viewing or experiencing nature can foster reconnection with the self physically, emotionally, and spiritually. In nature, individuals interact with primal energies in the forms of earth, water, fire, and air (Ruffing, 1997; Taylor, 2002).

- *Earth*: Spending time in nature helps to restore balance and deepen the spiritual connection. To connect with nature and the earth, individuals can take a walk in a park, hike through the woods, do gardening, ride a bike, camp out, or take a sailing trip.
- *Water*: Spending time near or in the water can contribute to feelings of well-being. Swimming in the ocean, a lake, or a river and soaking in a mineral hot spring are excellent ways to benefit from this life-enhancing energy.
- *Fire*: Exposure to fire in a campground or fireplace may have health benefits. To Native Americans, fire is an important part of the vision quest ritual used to connect with the Great Spirit.
- *Air*: Of all of nature's elements, air may be the purest manifestation of Spirit. Air is essential to life and health on all levels.

In the healthcare setting, helping clients experience a positive connection with nature promotes spiritual as well as physical health. Approaches to using nature as a resource in providing spiritual care may include the following (Taylor, 2002):

- Providing a window view of natural surroundings
- Displaying an aquarium of beautiful fish
- Providing access to animals or an animal-assisted therapy program
- Putting flower boxes in a client's room
- Displaying photographs, pictures, or illustrations of natural settings

## **Rest and Leisure**

Rest and leisure are integral aspects of spiritual care for both healthcare providers and clients. Engaging in exercise, listening to music, using imagery,

and creating a specific time for rest and quiet—and making the commitment to incorporate these experiences into one's daily life—encourage rest and leisure (Burkhardt & Nagai-Jacobson, 2005).

## **Art**

Art is an important aspect of the spirit. Many individuals find that the many forms of art are doors to, and expressions of, the spirit. Art can nurture the spirit and take the following forms (Burkhardt & Nagai-Jacobson, 2005; Rollins & Riccio, 2002; Taylor, 2002):

- Drawing
- Painting
- Sculpting
- Cooking
- Sewing
- Designing and building
- Conducting a symphony
- Listening to or creating music
- Writing or reading literature
- Writing or reading poetry
- Dancing
- Drumming
- Gardening

Engaging in these activities may provide a sense of accomplishment, the opportunity to be creative (which is, in itself, an expression of spirituality), a connection with other cultures, or a transcendence to another state of mind. Artists can play an important role on the interdisciplinary team in providing spiritual care in the healthcare setting.

## **SPIRITUALITY AND THE AGING POPULATION**

Today, two related trends are converging. First, people are living longer into old age. Second, society is increasingly concerned about extended life, ethics, and aging. Together these trends generate interest in the meaning of living longer and the aging process.

Even though physical functioning may decline as an individual ages, spiritual functioning does not necessarily do the same. Isaia, Parker, and Murrow (1999) report that there is “no evidence that the spirit succumbs to the aging process, even in the presence of debilitating illness” (p. 16). Spiritual awakening and development with aging can provide the individual with wonderful

opportunities for growth and for the release of old patterns and beliefs that are no longer relevant. Faith provides the aging individual with the inner strength needed to transcend the physical disabilities associated with aging and to develop the emotional resilience needed to achieve longevity (Koenig, 1999). Many older adults turn to spirituality and religion to cope with illness, the death of loved ones, or the anticipation of their own deaths. Many Americans believe their spirituality helps promote healing, especially when medications and other treatments cannot provide a cure for their conditions.

Religion also provides individuals, especially the elderly, with effective strategies for coping with personal difficulties and stress. Religious coping strategies include personal strength or support from God, the use of prayer to help cope with difficulties and stress, and seeking God's guidance when making important decisions (Krause, 1998).

As people age, feelings of self-worth may diminish. Which factor prevents older adults from experiencing these feelings when dealing with declining health or retirement? Krause (1995) found that religious coping strategies were the most important factors linked to healthy self-esteem in seniors in the United States. Feelings of self-worth tended to be lowest for those with very little religious commitment and highest in those with a strong religious commitment.

For the older adult, spirituality can provide several elements essential to a healthy life (Fischer, 1998):

- Spirituality promotes acceptance of the past, contributes to enjoyment of the present, and provides hope for the future.
- Spirituality meets a basic human need.
- Spirituality helps during stressful life events, increases an individual's understanding of the meaning of life, and helps in preparing for death.
- Spirituality provides support during phases of multiple losses and during the grieving process.

Spirituality becomes important for most older adults during the stress of hospitalization, healthcare procedures, or surgery. At such times, individuals reflect on suffering, death, and their relationships with self, others, and a supreme intelligence in order to make meaning of their lives.

The aging process is an important step in an individual's spiritual journey and spiritual growth. Spiritual individuals strive to transcend the many changes and losses that accompany aging and to achieve a higher understanding of life and its meaning. Spirituality is a critical component of health and well-being for the aging individual, and it becomes increasingly important as a person grows older. A key element of that spirituality is a realistic per-

spective of what is involved in the aging process so the realities are neither over- nor undervalued (Young & Koopsen, 2005).

## **SPIRITUALITY AND THE HEALTHCARE SYSTEM**

The level to which health care professionals nurture and care for themselves influences their ability to function effectively in a healing role with another person. Attentiveness to one's own spirit is a key factor of living in a healing way and provides the foundation for integrating spirituality into health care. Health care professionals must also become confident and competent with spiritual caregiving, expand their skills in assessing the spiritual domain, and develop and implement appropriate spiritual interventions.

According to Shea (2000), there are six spiritual interests in health care: spiritual interest of clients, of medical caregivers in clients, of medical caregivers in themselves, of chaplains, in organizational life, and in ethics.

### **Spiritual Interest of Clients**

How do clients, their friends, and their families handle suffering and loss? People resist sickness because it reminds them of their own mortality and causes them to face questions of loss and limits. However, as they face these crucial questions, clients become interested in the spiritual. The entire health-care environment suggests the precariousness of physical life and the presence of limits everywhere (Shea, 2000). Healthcare professionals need to be aware of this situation because clients want a trusting and caring relationship with their health care provider in order to feel spiritually supported and nurtured.

In delivering spiritual care and addressing the spiritual interests of clients, healthcare providers face many choices. They must decide whether to pray with clients, how to create a healing environment, how to address difficult questions, and how to help clients and their families find meaning in the face of pain and suffering (Sierpina & Sierpina, 2004).

### **Spiritual Interest of Medical Caregivers in Clients**

The interests of physicians, nurses, social workers, family, friends, and other caregivers overlap with those of the client. All of these caregivers want to know how to integrate spirituality into client care. Since studies have shown that religion and spirituality have positive effects on physical and mental health, caring for clients in a holistic manner means addressing all of their health concerns. When clients discuss their religious or spiritual concerns, it is

important for caregivers to assess those concerns and develop appropriate interventions (Shea, 2000).

Regardless of their belief systems, healthcare professionals must not allow their own biases to prevent them from appreciating the fact that religious and spiritual beliefs play an important role for many of their clients.

### **Spiritual Interest of Medical Caregivers in Themselves**

Healthcare professionals sometimes see themselves as heeding a call that arises out of their own talents and desires and also out of a transcendent source (Shea, 2000). As they care for others, medical caregivers begin to walk their own spiritual path, personally developing their own spirituality.

Medical caregivers who are not religious or spiritual must take care not to underestimate the importance of the client's belief system. Respect for the client's spiritual or religious perspective must transcend the medical caregiver's ideology. Because the beliefs of the client and healthcare providers may not coincide, caregivers must understand their own belief system and how it gives meaning and purpose to their lives (Sierpina & Sierpina, 2004).

### **Spiritual Interest of Chaplains**

The responsibility of helping clients spiritually, especially during times of crisis, has traditionally belonged to the chaplain or pastoral care provider. However, tending to the spiritual needs of clients is meant to enhance well-being and should not be reserved for times of crisis. Chaplains and pastoral care providers are the most accessible resource in the healthcare organization and they usually provide care to an expanding interfaith population (Shea, 2000).

Chaplains usually have specialized knowledge of how medical procedures are viewed by various religious groups and, in many cases, they are the first to elicit the client's current understanding or belief about getting permission for a procedure. They are a valuable spiritual resource in healthcare organizations.

### **Spiritual Interest in Organizational Life**

If a healthcare organization encourages spiritual interests, it must have policies and structures that are friendly to those spiritual interests, and the policies and structures must address the interests of clients, caregivers, employees, and associates. Spiritually developed people have the qualities to survive and to thrive in a changing work environment (Shea, 2000).

## **Spiritual Interest in Ethics**

The incorporation of spirituality into the healthcare setting must involve the consideration of ethics. Ethical standards and guidelines focus on medical procedures, clients' rights, business conduct, and an array of organizational issues from hiring to severance. Thinking ethically about new initiatives in the area of spirituality is therefore essential, and it involves an array of questions. For example:

- Should spiritual care include advocating prayer to clients?
- Are spiritual assessments an invasion of privacy?
- How does the healthcare or spiritual care provider deliver spiritual care to nonreligious clients?
- What role does culture play in ethical decision making?

When changes are introduced, health care practices and everyday organizational procedures must be evaluated in terms of their ethical consequences (Shea, 2000).

## **SPIRITUAL CARE PROVIDERS**

Individuals often believe that their identity is tied to success, wealth, prestige, family, or accomplishments. When individuals experience a crisis they sometimes find themselves in the hospital, waiting for the results of medical tests. In these vulnerable moments, things that seemed so important and brought comfort in the past suddenly lose their power. They need help from outside themselves, and this need can take the form of spiritual care (Sorajjakool & Lamberton, 2004).

Several types of care providers can be called upon as resources for providing spiritual care. Physicians, nurses, and social workers are described as spiritual care generalists, while chaplains, clergy, parish nurses, spiritual mentors, folk healers, friends, and family are considered spiritual care specialists (Taylor, 2002). Each type of care provider is briefly described in the following paragraphs.

### **Physicians**

Many physicians have not received training in the area of spiritual care and thus may make referrals to the appropriate spiritual care provider. As more physicians receive training in this area, they will assume a more active role in the spiritual care process.

## **Nurses**

Most nurses consider themselves to be religious, and many consider their personal religious training to be adequate training for spiritual caregiving. In reality, this misconception may influence the practice of many nurses and result in the provision of inadequate spiritual care. Most nurses have had no formal training in spiritual care skills except for some basic information during their training. However, more and more nurses are acquiring education in this area through various informal and formal programs, chaplaincy training, or graduate programs in pastoral counseling or ministry. Trained nurses can provide excellent spiritual care and referrals to other spiritual care providers.

## **Social Workers**

Social workers may assist in the spiritual care process in many ways, from helping families organize their care support system to guiding the client and family in meeting their emotional, spiritual, psychological, and bereavement needs.

## **Chaplains**

The nonprofit, independent Joint Commission, which is widely recognized for certifying and accrediting healthcare organizations in the United States, requires that institutions make formal arrangements for chaplain services. Taylor (2002) describes these professionals as representing “a merger of theology and psychology” (p. 181). An estimated 9,000 chaplains in the United States help people with health-related transitions. Some institutions use professional chaplains, and others use volunteer clergy and chaplains.

Chaplains have four broad roles:

- Conducting spiritual assessments
- Responding to clients’ religious concerns and helping them with religious coping strategies
- Supporting professional staff
- Functioning as liaisons with religious communities

Nurses consult with chaplains for many reasons, including:

- Helping with family support in times of death, emergencies, or difficult decision making
- Arranging bedside religious rites
- Helping with cessation of life support
- Assisting with an anxious or fearful client

Chaplains are also a tremendous staff resource since they can assist staff members in coping with their own grief and provide education in the areas of ethics, spirituality, and coping strategies.

### **Clergy**

These professionals have been trained in religious ministry, but their training can vary greatly. Although some have no college diplomas at all, others have earned master's degrees. Some may not have received any training in how to help clients through healthcare crises while others may be very qualified in this area. According to the institution's policies, chaplains often make referrals to clergy, and nurses need to be sensitive to this practice. In some organizations, nurses can initiate referrals to clergy.

### **Parish Nurses**

These registered nurses have specialized training to provide holistic care to members of a religious congregation. Parish nurses know their parishioners intimately, they collaborate with ministers and staff, and they promote health and prevent disease. They act as health educators, role models, personal health counselors, volunteer coordinators, advocates and facilitators, and referral agents or community liaisons. They do not perform the services unique to home care nurses or public health nurses, nor do they perform invasive procedures or administer medications. While their educational backgrounds may vary, all have received training in spiritual caregiving. Referrals to parish nurses are especially relevant when the clients' health concerns relate to their religious practices.

### **Spiritual Mentors**

Mentors are spiritual directors who help others develop spiritually. They can be of any religious denomination and they often meet regularly with their clients. They have received special training and may be religious professionals. They can provide encouragement and comfort as well as challenge individuals to increase their spiritual awareness and discipline.

### **Folk Healers**

These lay healers use techniques that are unique to their culture and usually quite different from traditional Western medicine. They may use special rituals,

herbs, or other natural materials to promote health. They usually receive their education as a result of an apprenticeship, personal study, or experience.

### **Friends and Family**

Although they may or may not have spiritual training, friends and family are often the ones clients say they need when they require spiritual nurturing. Family and friends can function as supportive companions by providing assistance with prayer, reading, or singing; by providing comforting thoughts; by sharing a healing ritual; or by providing much-needed empathy. Because friends and family share an intimate history with the client, they can provide a type of support that no other individuals can.

### **SPIRITUAL ASSESSMENT AND INTERVENTIONS**

An important component in the holistic care of clients, the spiritual assessment helps determine spiritual needs and resources, evaluate the impact of beliefs on healthcare outcomes and decisions, and uncover barriers to using spiritual resources. The spiritual assessment includes questions on religious background, spiritual values, prayer experiences, and faith and beliefs. Example questions include (Benedict, 2002):

- How does your spiritual side affect your health?
- Would you describe yourself as a religious person?
- What does spirituality mean to you?
- Do you use prayer in your life? How often?
- How would you describe your God?
- What gives you meaning and purpose in life?
- How do you express your spiritual or religious side?
- What types of spiritual activities or experiences do you enjoy?
- What does dying mean to you?
- How can I, as a health care provider, assist you in maintaining the religious and/or spiritual resources in your life?
- What gives you peace?
- How do you perceive that you are loved by others?
- What do you do when you need help?
- Have you ever experienced feelings of guilt, anger, resentment, and/or bitterness?
- How do you handle these feelings?
- Whom do you need to forgive?
- What prompts you to forgive others?

- What resources do you use to help you accept forgiveness?
- What are your spiritual issues or concerns?
- What resources do you use to obtain or maintain a sense of hope?

When performing a spiritual assessment, the following guidelines are helpful (Benedict, 2002):

- Sit down with the person and plan a time for the assessment.
- Listen with your heart as well as your head.
- Remain nonjudgmental about the other person's beliefs and practices.
- Respect the person and his or her religious or spiritual behaviors.
- Perform the assessment in an environment of trust, dignity, and safety.
- Focus on living rather than on illnesses or death and dying.
- Integrate the spiritual aspect of the individual into holistic care.

### **Spiritual Distress**

Benedict (2002) defines *spiritual distress* as “the disruption in the life principle that pervades a person's entire being and that transcends one's biological and psychological nature. In other words, it means the person's self is disintegrating” (p. 7). Benedict lists the following symptoms of spiritual distress:

- Fear
- Guilt
- Denial
- Grief/loss
- Anger/bitterness
- Crying
- Withdrawal
- Anorexia
- Insomnia
- Despair/depression
- Sleep disturbances/disturbing dreams
- Anxiety/restlessness
- Lack of responsibility for problems
- Cynicism
- Loneliness

### **Spiritual Interventions**

Spiritual interventions are easily remembered by using the acronym REST (Benedict, 2002):

- *Respect* what the individuals are going through and how they express their distress.
- *Encourage* individuals to discuss their concerns and beliefs by listening, touching (appropriately), being silent, being near, and responding immediately to their needs.
- *Support* the process they are undergoing by allowing the presence of spiritual symbols, praying with them, or arranging for healing services as requested.
- *Trust* your own intuition and build trust with individuals through honesty, caring behavior, being genuine, and following through on commitments.

### KEY CONCEPTS

1. To effectively address the special concerns and health issues of their clients, healthcare professionals must become familiar with and understand the spiritual and religious values, beliefs, and practices of the diverse cultures and spiritual expressions in today's society.
2. Current research is beginning to define the complex connections between religious and spiritual beliefs and practices and an individual's physical and psychological health.
3. As research reveals new relationships and connections, health care practices must be modified to best meet the needs of clients and to provide optimal, quality, integrative health care.

### QUESTIONS FOR REFLECTION

1. Why should healthcare professionals concern themselves with issues of religious and spiritual practices in the healing process?
2. Based on current research, how do you see the fields of spirituality and health integrating and evolving in the future?
3. While no one has been able to provide a universally accepted definition of spirituality, how would you define spirituality?

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