

THE EXPERIENCE OF SPIRITUALITY IN THE WELL ADULT:  
A PHENOMENOLOGICAL STUDY

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COLLEGE OF NURSING

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To the Dean for Graduate Studies and Research:

I am submitting herewith a dissertation written by Paulette Burns, R.N., B.S.N., M.S. entitled The Experience of Spirituality in the Well Adult: A Phenomenological Study. I have examined the final copy of 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 Nursing.

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## DEDICATION

This dissertation is dedicated to my husband, with all my heart.

## ACKNOWLEDGMENTS

The pursuit and completion of doctoral study has been a goal engendered and nurtured by many past and present colleagues, faculty, friends, and family members. I would like to thank each of those whom, in their own unique way, have contributed to the completion of this dissertation.

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THE EXPERIENCE OF SPIRITUALITY IN THE WELL ADULT:  
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ABSTRACT

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This phenomenological study had three purposes: (a) to identify the essential elements of spirituality in the well adult, (b) to develop a descriptive explanation of spirituality, and (c) to validate the framework of spirituality proposed by Burns (1988). The purposive sample of 10 participants ranged in age from 31 to 48 years, and gave self-reports of excellent or good health.

The descriptions and meanings of spirituality, obtained through participant interviews, were analyzed using Giorgi's (1985) four-step method. The essential elements of spirituality in the well adult were found to be: the philosophy of the interrelationship between the Infinite and human, essenergy permeability, precipitating event, depth experience, interpretation of meaning(s) of depth experience, human responses, and life-changing. Spirituality was defined as the striving for and/or being infused with the reality of the interconnectedness among

self, other human beings, and the Infinite that occurs during a depth experience and results in a life change. When compared with the proposed model, the attributes of essenergy, values and beliefs, interconnectedness, and self-integration were supported, but in a more complex and differently ordered manner than the original model. The attributes of spiritual development and individuation were indirectly supported in the new model as the essential element of philosophy.

Results of the study indicated that a person can influence the accessibility of his or her own spiritual dimension through specific practices such as meditation, relaxation, or prayer. This element was labeled essenergy permeability, and was found to be influenced by the element of philosophy of the interrelationship between the Infinite and humans. A depth experience was found to occur as the result of a precipitating crisis event or extraquotidian event involving the self or a valued other. The results suggested a person cannot manipulate a depth experience, but when the experience occurs, it is perceived as real. A pervasive sense of positiveness in feelings and actions followed the depth experience, with or without positive resolution of the crisis. The sense of growth or life-



changing nature of the experience, indicated an opportune time for support and encouragement of new behaviors. Recommendations for further study focused primarily on testing of the generated model.

## TABLE OF CONTENTS

DEDICATION . . . . .	iv
ACKNOWLEDGMENTS . . . . .	v
ABSTRACT . . . . .	vii
LIST OF TABLES . . . . .	xii
LIST OF FIGURES . . . . .	xiii
Chapter	
I. INTRODUCTION . . . . .	1
Domain of the Study . . . . .	3
Rationale . . . . .	4
Conceptual Framework . . . . .	7
Assumptions . . . . .	13
Definition of Terms . . . . .	13
Limitations . . . . .	14
Delimitations . . . . .	15
Summary . . . . .	15
II. REVIEW OF THE LITERATURE . . . . .	16
Phenomenon of Spirituality . . . . .	18
Philosophic Foundations of Holistic Health and Spirituality . . . . .	38
Nursing and Spirituality . . . . .	43
Summary . . . . .	50
III. PROCEDURE FOR COLLECTION AND TREATMENT OF DATA . . . . .	53
Setting . . . . .	56
Population and Sample . . . . .	56
Protection of Human Subjects . . . . .	58
Instrumentation . . . . .	59

Data Collection . . . . .	62
Pilot Study . . . . .	63
Treatment of Data . . . . .	67
IV. ANALYSIS OF DATA . . . . .	72
Description of Sample . . . . .	72
Findings . . . . .	73
Summary of Findings . . . . .	108
V. SUMMARY OF THE STUDY . . . . .	110
Summary . . . . .	110
Discussion of the Findings . . . . .	114
Conclusions and Implications . . . . .	122
Recommendations for Further Study . . . . .	126
REFERENCES . . . . .	128
APPENDICES	
A. Colleague and Staff Information Sheet . . . . .	136
B. Human Subjects Review Committee Permission . . . . .	138
C. Graduate School Permission Letter . . . . .	140
D. Verbal Explanation to Subjects . . . . .	142
E. Investigator Interview Guide . . . . .	146
F. Demographic Data Sheet . . . . .	148
G. Sample of Transcribed Interview . . . . .	150
H. Situated Structures of the Lived Experiences of Spirituality . . . . .	153

## LIST OF TABLES

Table	Page
1. Demographic Data of Sample . . . . .	74
2. Participant's Discriminated Meaning Units (DMU) per Experience of Spirituality . . . .	76
3. Sample of Discriminated Meaning Units in Participant's Language (DMUPL) Transformed to Discriminated Meaning Units in Nursing Language (DMUNL) . . . . .	78
4. Personal Meanings of Spirituality . . . . .	80
5. Constituents Determined from Specific Structures of Spirituality . . . . .	87
6. Nature of Connectedness . . . . .	104

## LIST OF FIGURES

Figure	Page
1. Model of spirituality (Burns, 1988) . . . . .	9
2. Model of spirituality in the well adult . . . . .	101

## CHAPTER I

### INTRODUCTION

Spirituality is a concept that evokes many ideas, images, and connotations, depending on the cultural, social, and religious groups of which the individual is a member. Spirituality is often perceived as synonymous with, or at least inseparable from, religious perspectives. Soeken and Carson (1987) submitted that spirituality is broader than institutionalized religion, although spirituality may be expressed through religious practices.

Spirituality has been addressed since the beginning of thinking humanity. There seems to have been a general belief, throughout the transcultural history of humans, in a cosmic unity or a higher consciousness that ascribes to the interrelationships of the individual, other living beings, nature, and/or God (Mattson, 1982). Most of the knowledge accumulated about spirituality remains at the level of discourse, with little systematic examination.

Spirituality is a vital, dynamic phenomenon contributing to the holistic health of the individual (Carlyon, 1984; Mattson, 1982; Tubesing, 1979). Advocates of the holistic health philosophy propose and insist that health is the unity of mind, body, and spirit. Spiritual

integration is necessarily concomitant with all healing, and no amount of body healing will be effective if the spirit is not healed also (Mattson, 1982). This interrelationship contributes to a person's "sense of well-being, centeredness, or oneness and can account for healing" (Mattson, 1982, p. 17).

Nursing has been concerned with the holistic health of the client since the Nightingale era. Much emphasis has been placed on the physiological, psychological, and sociocultural aspects of the client through research and practice efforts. The spiritual dimension is often subsumed under one of these categories or not considered at all. Highfield and Cason (1983) conducted a study to identify nurses' awareness of patients' spiritual concerns. They found that a majority of the nurses identified most signs of spiritual health the same as, or a part of, psychosocial health. The spiritual dimension remains an ambiguous entity.

Spirituality is in need of systematic study so that nurses will be better able to recognize the client's spiritual needs and resources. Enhancement of the spiritual dimension collaboratively with the client may help to foster positive health patterns. In order to intervene appropriately and effectively in regard to

spirituality, it is imperative to know what constitutes spirituality. Therefore, the concept of interest in this study was spirituality, particularly how this phenomenon was experienced by the well adult.

#### Domain of the Study

Explication of the spiritual dimension as distinct from, but contributing to, other human dimensions is a necessary first step in the systematic study of the phenomenon. It is important to understand what spirituality is as it is experienced and lived by an individual. Therefore, this research study asked the question: What are the essential elements of spirituality as lived by the well adult?

Three purposes were identified for the study. The first purpose of the study was to identify the common components of spirituality in the well adult. The second purpose of the study was to develop a descriptive explanation of the phenomenon of spirituality in the well adult. The third purpose of the study was to validate the conceptual framework of spirituality developed by Burns (1987, 1988).



### Rationale

The United States is experiencing a robust revival of interest in health and what constitutes health and health care. Terms such as holistic health, high level wellness, and health promotion are used in identifying this era of health consciousness, as envisioned by Dunn in his 1961 classic High Level Wellness. He defined health as:

An integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning, direction in progress forward and upward toward a higher potential of functioning.  
(p. 11)

In the Surgeon General's Healthy People Report (1979), explicit distinctions are made among medical care, disease prevention, and health promotion. The report proposed that health promotion focuses upon the healthy and efforts to help them develop lifestyles that can maintain and enhance that state of well-being. Health objectives for the nation to achieve by 1990 have been identified and interventions proposed, with implementation in progress (U.S. Department of Health and Human Services, 1986).

The term holism, as it is used in relation to health, is credited to Jan Christian Smuts, a South African philosopher, who is the author of Holism and Evolution published in 1926 (Sarkis & Skoner, 1987). Holistic health

has been identified as a philosophy or way of thinking about health that includes the physical, mental, spiritual, and emotional states as interrelated with each other and with the environment (Mattson, 1982). The premises of holistic health were identified by Pelletier (1977):

1. The whole person is treated through an integrated approach.
2. Each individual is unique and represents complex interaction of body, mind, and spirit.
3. The client and the health practitioner share the responsibility for the healing process.
4. Health care is not exclusively the province or responsibility of orthodox medicine.
5. Illness is seen as a creative opportunity for the client to learn more about himself and his fundamental values.
6. The practitioner must come to know himself as a human being. (p. 318)

Carlyon (1984) suggested that wellness promotion tasks are not medical or public health tasks, but rather they are social, philosophical, and spiritual tasks. He adamantly insisted that health promotion and disease prevention require different approaches and interventions. Little knowledge is available to guide the practitioner in dealing with this difference. Carlyon identified barriers to reaching individual potential, such as racism, sexism, and prejudice in all forms; bigotry and intolerance; and contempt for non-winners in a competitive society.

The phenomenon of spirituality is an important concept to consider in light of holistic health and health

promotion ideas. In order to offer effective help, support, or enhancement to the spiritual dimension, the nurse must first know the nature and function of spirituality.

Nursing authors have proposed various frameworks for the spiritual dimension that have served as useful guides for practice, but they have been rooted primarily in discourse rather than research (Fish & Shelley, 1983; Stallwood, 1975; Stoll, 1979). A recent grounded theory study of spiritual well-being in the elderly provided the profession with the first theory about spirituality based on research findings (Hungelmann, Kenkel-Rossi, Klassen, & Stollenwerk, 1985).

The literature often refers to spiritual needs as they arise in regard to such life experiences as terminal illness, death, suffering, pain, or despair (Fish & Shelley, 1983; O'Brien, 1982; Silber, 1985). Certainly, the spiritual dimension must always be addressed during these life events. However, the integral relationship of spirituality to positive life experiences such as birth, joy, happiness, and love is in need of reflection, study, and research.

Phenomenology, as a qualitative research method, attempts to understand a phenomenon as it is lived and

experienced by the individual. The goal of the method is to "describe the total systematic structure of lived experience, including the meanings of the experience" (Omery, 1983, p. 50). The phenomenological method aims for identification and description of phenomenon through meditative thinking which leads to a more thorough understanding of human beings. The phenomenological method was appropriate for use in this study as it facilitated the identification and description of spirituality as it is lived by the individual. It was necessary for the essential elements of spirituality to be identified and described so that all aspects of the phenomenon could be more fully and accurately understood.

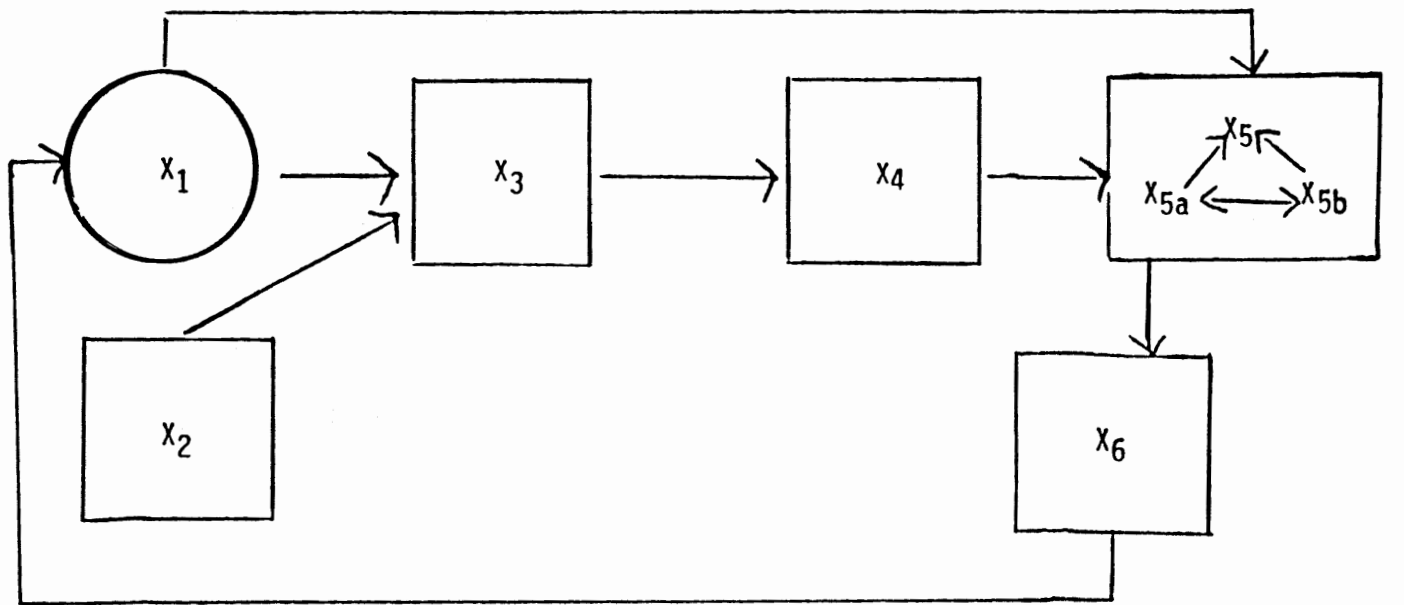
### Conceptual Framework

One of the purposes of qualitative research studies is to develop a description of categories comprising the phenomenon under study. The researcher "must approach the phenomenon to be explored with no preconceived expectations or categories" (Omery, 1983, p. 50). Accordingly, a major objective of the present study was to derive the essential structure of the lived experience of spirituality in the well adult. Husserl, one of the fathers of the phenomenological movement, claimed that it is impossible to deny held notions about a phenomenon, but the researcher

can set his or her notions aside in order to examine the phenomenon in an open manner (Schwartz & Jacobs, 1979). A framework considered to serve as a frame of reference for the present study was the framework of spirituality developed by Burns (1987, 1988).

The framework of spirituality was developed through the processes of concept synthesis, analysis, and derivation (Walker & Avant, 1983). Implementing the process of concept synthesis, a review of the literature from the disciplines of philosophy, psychology, theology, sociology, and nursing was conducted. The proposed critical attributes of spirituality were delineated (Burns, 1987): essenergy, individuation, transcendence, presence, and self-integration. Using the strategies of concept analysis and derivation, the attributes were further refined and examined through case construction, identification of antecedents and consequences, and listing of possible empirical referents. The only antecedent identified for spirituality to occur was that of a physical entity, a living system. The identified consequences were a variety of phenomena such as love, compassion, care, hope, depression, and despair (Burns, 1987).

The model of spirituality, presented in Figure 1, illustrates the proposed critical attributes and their



X<sub>1</sub> - ESSENERGY

X<sub>2</sub> - VALUES AND BELIEFS

X<sub>3</sub> - SPIRITUAL DEVELOPMENT

X<sub>4</sub> - INDIVIDUATION

X<sub>5</sub> - HARMONIOUS INTERCONNECTEDNESS

X<sub>5a</sub> - TRANSCENDENCE

X<sub>5b</sub> - PRESENCE

X<sub>6</sub> - SELF-INTEGRATION

Figure 1. Model of Spirituality (Burns, 1988).

relationships as delineated through further theory development activities (Burns, 1988). Concepts in the model include essenergy, values and beliefs, spiritual development, individuation, harmonious interconnectedness, and self-integration. An explanation of each concept is necessary for a clear understanding of the model.

Essenergy, concept 1, is a person's life force which is always person specific and unique. Most authors relate a notion of essence and energy, power of life, or breath of life in writing about spirituality (Buber, 1953; Tillich, 1963a); hence, the term essenergy was coined. Essenergy can directly affect the harmonious interconnectedness variable, which might occur during such experiences as pregnancy (between the mother and fetus), a state of unconsciousness, or as part of religious conversion experiences. Essenergy also directly affects spiritual development.

Values and beliefs comprise concept 2 in the model. Each person is a member of a culture, and as such, generally ascribes to the values and beliefs of the culture. These, for the most part, operate at the unconscious level, unless something is experienced that causes a person to become conscious of his or her beliefs, values, and subsequent behavior. This belief system is

extensive and learned predominantly within the family system. Some beliefs and values are acquired through formal processes such as religious training or professional training. These beliefs and values are filtered through the spiritual development process. This variable contributes to the model in that a value system exists intrinsically for each person, but is different for each person (Burns, 1987).

Spiritual development, concept 3, is based on the work of Fowler (1981). He identified eight factors that embody structural faith development. These include cognitive development (from Piaget), perspective taking or role taking (from Selman), moral judgment (from Kohlberg), bounds of social awareness, locus of authority, form of world coherence, and symbolic function.

Fowler (1981) identified and discussed six stages of faith with all of the factors subsumed under each stage, but in a qualitatively different way. He classified his theory as a structural-stage theory, with the content (values, beliefs) being different for each individual.

Concept 4, individuation, is the process by which a person forges a link between the conscious and the unconscious psyche (Jung, 1964), and differentiates himself or herself from the environment (Bowen, 1978). As a person



evolves from one spiritual-structural stage to another, the person becomes more self-aware, more self-conscious. The self becomes more cognizant of the self and how the self is different from, but intricately interwoven with others.

Harmonious interconnectedness, concept 5, is a term coined by Hungelmann et al. (1985) to describe spiritual well-being in persons 65 years and older. The two proposed attributes of transcendence, concept 5a, and presence, concept 5b, are subsumed under this inclusive variable. Transcendence is the capacity, willingness, and experience of reaching beyond the limits of the known self (Burns, 1987); to freely choose to give of self to others, without loss of self (Frankl, 1962, 1978). Presence is the capacity, willingness, and experience of being vulnerable for intimate communion or encounter with the Infinite, others, and the unknown self (Marcel, 1967; Patterson & Zderad, 1976; Tillich, 1963a).

Concept 6, self-integration, is the process of striving for wholeness of mind-body-spirit, which is an entity different from, but connected with each part of the mind-body-spirit. Self-integration is manifested in feelings of being whole and at peace with oneself and the world. The degree of self-integration a person feels directly affects the individual's essenergy. Dunn (1973)

proposed the more self-integrated an individual is, the more energy that individual has available for growth.

The arrows and the direction of the arrows in the model illustrate how the variables are related. While the qualitative nature of the study precluded beginning the study with preconceived ideas of what the findings would be, this framework served as a frame of reference.

#### Assumptions

The following assumptions were recognized for the study:

1. All persons have spirituality simply because they are human.
2. There is an infinite variety of experiences of spirituality because of the uniqueness of each person.
3. The essential components of spirituality as lived by the well adult exists and can be extracted from verbal descriptions of spirituality by the well adult.

#### Definition of Terms

For the purposes of the study, the following terms were defined.

1. Well adult--any person between the ages of 23 and 50, who gave a self-report of being well, and was able to

discuss with the researcher his or her lived experience of spirituality.

2. Essential structure of the lived experience of spirituality--a description of the necessary components of the concept of spirituality. Operationally, this was defined as the participant's responses to the questions on the interview guide.

3. Lived experience of spirituality--any life experience(s) perceived and described by the well adult as pertaining to spirituality.

#### Limitations

The following limitations were recognized by the investigator:

1. Audio-recording of the interviews could possibly be a deterrent to open, honest communication.

2. The essential structure of spirituality as lived by the well adult may only be generalized to the well adult participants of this study.

3. Only participants from one geographic area were interviewed.

### Delimitations

Only well adults between the ages of 23 and 50 were interviewed to ascertain their lived experiences of spirituality.

### Summary

The spiritual dimension is in need of systematic inquiry so that nurses may be better able to identify the spiritual needs, resources, and abilities of their clients. Proponents of the holistic health movement suggest that health is the unity of the body, mind, and spirit, and a disruption or disturbance in one area will necessarily affect the others. Much is known about the physical dimension and the psychological dimension of health, with more emphasis beginning to be directed toward their interaction. However, the spiritual dimension remains elusive. The goal of this study was to identify the essential components of spirituality as lived by well adults.

## CHAPTER II

### REVIEW OF THE LITERATURE

Spirituality has been the focus of discussion and rhetoric since at least the days of Plato (Stallwood, 1975). Krieger (1981) discussed such spiritual ideas as shaminism in primitive cultures; Chi, the universal life energy, in the Chinese culture; and unitive perception in the Indian society. Early Christians regarded healing as a spiritual function to be carried out by the elders of the church through prayer and annointing (Mattson, 1982). The Hebrew Old Testament, The Talmud, and Greek literature reflect the paramount importance of spiritual concerns to health practices (Grasser & Craft, 1984).

Human beings in all cultures seemed to conceive of health as mind-body-spirit interrconnectedness until the 16th century. During this period of time, Descartes presented and pursued the Cartesian philosophy, a mechanistic, dichotomy of mind and body with a reductionist view of the world. This dichotomy of mind and body has been accepted as routine and normal in the Western world, and generally labeled as illness care. Mattson (1982) described the practice of illness care, as opposed to

health care, in the Western world as "cosmopolitan medicine."

There has been an increased concern about an individual's spirituality, particularly as a result of the focus on the meaning of quality of life and the factors comprising quality of life in the past and present decade. Much of the completed research on spirituality, especially spiritual well-being, had its beginnings in this era.

Harman (1988) pointed out that in the past 20 years an awareness that the world lacks a vision of a viable global future has led to a need for and a reperception of the world. He characterized this reperception as embodied by a search for wholeness, search for community and relationship, search for identity, search for meaning, and search for a sense of empowerment. He affirmed the signs of respiritualization in Western society with emphasis on "self-realization, transcendent meaning, and inner growth leading to wisdom and compassion" (p. 121).

In order to establish the basis for the present study, three general areas related to spirituality were reviewed. These areas included the phenomenon of spirituality, the philosophic foundation of holistic health and spirituality, and nursing and spirituality.

### Phenomenon of Spirituality

The phenomenon of spirituality as discussed in the literature can be divided into three general areas of thought: spirituality as interactional, spirituality as seeking meaning and purpose in life, and spirituality as developmental through life progression. Spiritual well-being is also important to understanding the nature of the concept.

#### Spirituality as Interactional

Philosopher Martin Buber (1953) proposed two categories of relationships, the 'I-Thou' and the 'I-It'. He credited spirit as the mark which distinguishes the human from all other non-human beings. He conceived of spirit as coming into being at birth as the transition from the natural connection between mother and fetus to a spiritual connection or relationship at birth. He further proposed that spirit does not exist in a person, but between two persons and ultimately between a person and the eternal Thou or God.

Buber used the concepts of breath and power to explain the spirit. Power is the capacity to enter into relation. The 'I-Thou' relation exists when a person is able to enter into relation with openness and spontaneity and the other person is also open to the other's being. An 'I-It'

relation occurs when one person as subject regards the other person as an object or a thing (1953).

Theologian Paul Tillich (1963a, 1963b) defined spirit as power of being or power of life. He suggested that spirit is manifested in bodily form as breath, that which keeps life alive. He proposed that the dimension of spirit emerges from the psychic dimension in a person-to-person relationship labeled the personal-communal realm. He postulated that spirit can only come into being in encounter of self with self, person with person, or the human self in encounter with God, as Spiritual Presence. Tillich viewed spirit in the human as free, separated, individualized, incomparable, self-determining, and as responsive, but not as surrendering. He emphasized that only in continuous encounter with other persons can the human being become and remain a person.

Tillich (1963b) claimed that a person's spirit is manifested in self-integration, or wholeness of the person, or in self-disintegration, or disunity of the person. The term infusion or the process of inspiration is his central concept describing the relation of Holy Spirit to human spirit. He described this as an ecstatic experience in which the human spirit, as finite life or being, is grasped



by Holy Spirit, as Being which is infinite, ultimate, and unconditional.

Jackson (1980) looked at spirituality from a process theology perspective. He defined spirituality as the abstract name given to the whole (body, soul, spirit) person's struggle in the process of self-creation. He declared that the self is wholistically spiritual or it is not spiritual at all. He avowed that the physical body must not be left out because without the body, there can be no self. Further, he submitted that without the body a person is an abstraction, and no abstraction can be spiritual.

Jackson used the term congruence in describing the extent that the whole self is actively creating itself with God's aims for it. He borrowed the term "oned" with God from the anonymous author of The Cloud of Unknowing to mean union with God, to struggle above all else to actualize the vision of God.

Self-transcendence is another main concept in Jackson's writing. He stated, "spirituality is the enhancement of transcendence as the self goes beyond itself, lives beyond itself, dies beyond itself, totally out of the initiative of God" (p. 414).

A third concept Jackson used was aspiration, meaning "a sense of striving for, seeking for, reaching for, panting for, longing for" (p. 415). He related aspiration to self-transcendence and claimed self-transcendence answers God's initiating aim (agape-love, moreness) that what is can be transformed by what can yet be (1980).

Professor John B. Cobb (1967), also a process theologian, used spirit to refer to "the radically self-transcending character of human existence" (p. 122) that emerged in the Christian community. He asserted that Jesus is the paradigm of this level of transcendence. "Jesus lived, taught, and died out of his lively awareness of God's presence" (p. 123).

Freud's protege, Carl Jung, is particularly noted for his interest in the spiritual aspect of humanity through symbolic images in the unconscious, called archetypes of the unconscious. He developed the concept of individuation which he defined as a process by which the whole man forges a link between the conscious and the unconscious psyche, or the finding of the God within, or the full experience of the archetype of the self (Fordham, 1968). "The individuated person, while remaining aware of his unique personality, has realized his brotherhood with all living

things, even with inorganic matter and the cosmos itself" (Fordham, 1968, p. 78).

Wolff-Salin (1986) discussed Jung's ideas about the human psyche, proposing that the ego is the conscious part of the human psyche with a counterpart of personal unconscious. Further, he said that deep in the personal unconscious is the collective unconscious in which the human person comes into contact with all that is part of the cultural, psychological, spiritual background of the whole human race. This collective unconscious holds experiences, symbols, memories, predispositions, and archetypes which may be expressed in dreams, fantasies, myths, and fairy tales. Jung (1964) discussed the idea of an individual finding his or her true self. He suggested this occurred through the process of disidentification with established roles, and then relating this self to the archetype of the self held in the unconscious.

Bowen (1978) proposed the notion of differentiation of self from his observations and practice as a psychiatrist working with families. He suggested that the difference between the human being and other forms of life is the human's highly developed cerebral cortex, which he directly related to studies in neurobiology which supported the evolutionary propositions about mammalian lineage. He

posited that a human's intellectual system is related to the functioning of the cerebral cortex such as thinking, reasoning, and reflecting. He used the term emotional system to delineate automatic forces such as the autonomic nervous system. He postulated that this system, which he considered instinctual, relates the human being to all other living things.

Bowen (1978) hypothesized that one brain center controls the emotional system and another governs the intellectual system, and they are connected by neural tracts. Variations in the amount of differentiation of the two systems occur in persons and influence human behavior. He suggested the more undifferentiated the two systems are, the more the emotional system operates and the person behaves in a more instinctual manner. The more differentiated the two systems are, the more persons are able to make choices and decisions and have control over their lifestyles (1978).

The two concepts of solid self and pseudo self as formulated by Bowen (1978) are important in relation to differentiation. The solid self consists of clearly defined beliefs, opinions, convictions, and life principles. These are incorporated into the self-system through the intellectual process of choosing among

alternatives. During periods of anxiety and stress the chosen principles will continue to guide actions. Bowen further said that the pseudo self acquires principles and beliefs without cognitive evaluation, which leaves the pseudo self vulnerable to shifts in beliefs and principles as emotions change (1978).

de Chardin (1959), in his book The Phenomenon of Man, described an irresistible instinct in the human heart which leads the human towards unity. He stated, "a sense of the universe, a sense of the All, the nostalgia which seizes us when confronted by nature, beauty, music--these seem to be an expectation and awareness of a Great Presence" (p. 12).

Botanist and philosopher Edmund Sinnott (1958) claimed the spirit is a realm of reality not accessible by reason alone. "It is the part of man that seems to be in immediate contact with reality and that can feel directly what its very substance is" (p. 419). He further avowed that in the highest manifestation of the spirit there is "a sense of exaltation, a longing for an intimate communion with a greater Spirit felt to be near and a certainty of conviction that the experience has given a true picture of reality" (p. 356).

Santayana (1940) described spirit as roughly the same thing as feeling or thought: "consciousness that comes at

any moment and pervades at all times when intuition supplants convention and passion rises into self knowledge" (p. xi). He used a beautiful simile as he submitted "spirit is the witness of the cosmic dance" (p. 8). Other terms he used were awareness, purelight, perpetual actuality, and oscillating between universal curiosity and primeval sleep. He proposed that matter is the principle distribution for spirit.

Stallwood (1975) developed a conceptual model of the nature of the person as a wholistic being with the spirit as the central core component. The spirit is defined as God-conscious or relatedness to deity. She suggested that the spirit component is indefinable scientifically. Spiritual needs were defined as any factor necessary to establish and maintain a person's dynamic, personal relationship with God, as defined by that individual. She contended that every person has basic needs for forgiveness, love, hope, trust, and meaning in life.

Lane (1987) wrote that spirit is "that which gives life; the animator of existence" (p. 332). She delineated four ways the spirit manifests itself, which include transcending or going beyond the here and now, by connecting or belonging, by giving life, and by being free. She elaborated on connecting or belonging as "the spirit's

desire to belong to someone or something, somewhere;  
. . . to form community" (p. 333). She provided examples of this manifestation such as friendships, marriage, parenting, church or synagogue memberships, and memberships in and on organizations and teams.

A grassroots feminist educator, Margo Adair (1986), wrote about generic spirituality, meaning a non-association with any traditional mode of experiencing spirituality, such as Christianity. She affirmed that spirituality fosters true community. She contended that true community fosters embracing diversity and creating relationships of mutual responsibility and respect so that each person can take care of the other.

Fish and Shelley (1983), nursing authors, noted for their writings about spiritual care, presented spirituality as entering into a dynamic, personal relationship with God that is reflected in relationship to self and others. The authors submitted for the human being to have a harmonious relationship with self, characterized by a sense of joy and peace, and rich, meaningful relationships with other people can only be truly experienced when a person first establishes and maintains a dynamic and personal relationship with God. They affirmed God is the key to physical, emotional, social, and spiritual integration.

They suggested a lack of relationship with God can lead to discordant relationships with oneself and with others.

Fish and Shelley also discussed spiritual needs. These include the need for meaning and purpose in life, need for love and relatedness, and the need for forgiveness.

Volker (1987) submitted several ideas about spirituality. He viewed spirituality as a dialogue with life. This dialogue moves the human through the experience of encounter of one with another unlocking the doors of each other's world to the other. He designated intimacy as the second stage of dialogue in which humans are able to acknowledge the beauty and uniqueness of another. The third proposed stage is mutuality in which each person nourishes the other and the two together are considered a whole. Volker stated, "the whole, by whatever name one calls it--truth or beauty or the good or authenticity or relevancy or meaning or whatever--is never the possession or the gift of any one participant; it is held and known only in the giving" (p. 294).

The idea of a Spiritual Presence, traditionally, has meant to be in the presence of God. Steere (1967) approached the idea of presence as an indication of an aspect of encounter, with God, as well as with other



persons. He proposed that presence is more than physical locatability. He described presence as

a readiness to respect and to stand in wonder and openness before the mysterious life and influence of the other . . . a power to influence, to penetrate, to engage with the other; . . . a willingness to be vulnerable enough to be influenced by, to be penetrated by, and even to be changed by the experience. (p. 9)

Steere (1967) described the cost of being present as "more than all-thereness, as earnestness, involvement, forever on call, openness, a net of attracting energy" (p. 12).

A research study dealing with spirituality as interaction was conducted by Banks, Poehler, and Russell (1984). They used the Delphi technique to investigate the perceptions of health educators about the concept of human-spiritual interaction. Their data yielded 10 conclusions about the spiritual dimension and health. The subjects accepted the spirit as a reality. The subjects did not consider the concept of spirit as synonymous with religion. They frequently identified spirit in relation to purpose and meaning for life. Selflessness was a major concept used to identify the spiritual dimension. They viewed concern beyond self as directed towards others or as a relationship with God in abstract or personal form. Words such as harmony and unifying were used to describe the spirit. Inner strength was identified as a manifestation

of the spirit. Some subjects reported a capacity to communicate with God or other disembodied spirits, including those in nature, or they discussed experiences with such spirits.

### Spirituality as Meaning and Purpose in Life

Viktor Frankl (1962, 1978) is generally considered the first proponent of the theory of spirituality as a person's search for meaning in life. He specified that a person lives in three dimensions: the somatic, the mental, and the spiritual. He claimed a person is uniquely human through the noetic or spiritual dimension that is revealed in a person's will-to-meaning. Frankl proposed that a person's spirit is revealed in the person's freedom to rise above or to transcend his bodily or psychic conditions and choose the way in which he or she will respond to those conditions imposed upon him or her by heredity or environment.

Will-to-meaning can be experienced in three broad categories as suggested by Frankl (1962) and includes creative action, receptivity towards the world, and attitude toward condition or lot in life. Trice (1985) conducted a phenomenological study to ascertain the essential structure of a life experience through which or

during which the elderly derive a sense of meaning to life as a manifestation of the spirit. She used Frankl's framework to categorize the responses of the elderly participants. The majority of the experiences could be categorized in the creative action section, with one in the receptivity category, and three in the attitude toward condition in life category. Her findings supported the essential structure of a meaningful experience in the elderly as categorized in the common themes of concern for others, helpfulness, action, and positiveness. An additional theme that occurred, although not universally in the sample, was the notion of God or a higher being or church.

Frankl (1978) refuted Abraham Maslow's theory of motivation or human needs as he discussed the situations he encountered in the concentration camps of World War II. He questioned Maslow's distinction between higher and lower needs in hierarchical order as he stated, "these do not take into account that when lower needs are not satisfied, a higher need, such as the will-to-meaning, may become most urgent" (p. 37). This notion is evidenced through innumerable true accounts of human beings who have sacrificed themselves in order to save a child, a friend, or simply another human being. Frankl further proposed

that self-actualization is the unintended effect of self-transcendence.

Tillich (1963a) also wrote of meaning and purpose in regard to the spirit. His principle concern was that of the ultimate meaningfulness of life. He posited that the central question of a person's existence is the question of being and meaning. He declared a person seeks the ultimate reality--that which is not part of non-being.

Mathai (1980) synthesized the ideas of Frankl and Tillich and proposed that spirituality has three main interpenetrating dimensions. Spirituality is "that which causes a person to search for meaning and purpose in life; gives a person a sense of oneness and wholeness; and helps a person achieve the power of infinite self-transcendence" (p. 12). Psychologist, Sidney Jourard (1971) considered the idea of spirit in terms of inspirited and dispirited persons. He conceived of a 'spirit-titre' ranging from 0-100 units, with 100 representing peak experiences and 0 representing probable death. He held that most people have a spirit titre of 30-60. When the titre drops below 30, he proposed the person is in low spirits characterized by depression, boredom, diffuse anxiety, and lowered resistance to illness. He stated,

events, relationships, or transactions which provide a sense of identity, of worth, of hope and purpose in existence are inspiriting. Those that make a person feel unimportant, worthless, hopeless, low in self esteem, isolated, and frustrated, . . . and that existence is absurd and meaningless are dispiriting. (pp. 76, 82)

Simsen (1986) conducted a nursing research study to ascertain if patients bring spiritual resources to the experience of illness and hospitalization and if patients experience spiritual needs during illness and hospitalization. The encompassing theme was found to be the patient's search for meaning through a series of concurrent, or sequential tasks. She reported that these tasks include transferring past understanding to the new situation, modifying past meanings to deal with present needs, and discovering new meanings or retrospectively reconstructing old understandings. She said skills needed for accomplishing the category of meaning as integrating, include knowing, hoping, and trusting.

#### Spirituality as a Developmental Process

The major contribution to the idea of spirituality as a developmental process is credited to theologian James Fowler (1981). Fowler generated a theory of faith development through extensive interviews with a sample of 359 persons ranging in age from 3.5 years to 84 years with equal representation of genders. He defined faith as "a

person or group's way of moving into the force field of life; finding coherence in and giving meaning to the multiple forces and relations that make up our lives" (p. 4). He specified his theory as a structural-stage theory with the content (values, beliefs) being different for each person.

Fowler (1981) identified and discussed six stages of faith that can be determined by seven indicators and their quality. The stages include: (a) a prestage called undifferentiated faith, (b) intuitive/projective faith, (c) mythic/literal faith, (d) synthetic/conventional faith, (e) individuative/reflective faith, (f) conjunctive faith, and (g) universalizing faith. Another major contribution of Fowler is the important idea that stages of faith can also be applied to groups of people such as families, churches, or communities. An instrument has been developed to measure faith development (Fowler, 1981).

The idea of spirituality being an attribute of the family system was explored by Pratt (1988) in a descriptive study using the Delphi technique. The purpose of the study was to determine the criterion measures for assessing spirituality in the family. Three rounds of questionnaires were sent to 21 masters-prepared family nurses, with predominantly Judeo-Christian backgrounds. Results

indicated that the extremely important criteria were beliefs about God, individual member's relationships with God/Deity, beliefs about Jesus Christ, and beliefs about the Bible. Criteria considered very important included such items as beliefs and practice in relation to prayer, love, forgiveness, hope, trust, peace, and fear of death (Pratt, 1988).

Through philosophic analysis, Ronaldson (1964) proposed that the spiritual dimension develops in the human child just as do the physical and psychological dimensions. Bloomfield and Kory (1978) discussed spiritual crises which they defined as a "growing doubt about the life direction you have chosen and the value of following it through" (p. 243). They suggested that many of the typical events that precipitate spiritual turmoil, are developmental milestones, such as leaving home, marriage, pregnancy and birth of the first child, death of a family member or friend, children leaving home, and retirement. Nursing authors have suggested the importance of the spiritual dimension in the quality of life for the elderly (Byrne, 1985; Peterson, 1985).

#### Spiritual Well-Being

Spiritual well-being is a term that emerged in the 1970s, particularly as a result of the 1971 White House

Conference on Aging and the social indicators movement which tried to assess quality of life measures (Moberg, 1984). The National Interfaith Coalition on Aging defined spiritual well-being of the elderly as

the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness. It is the love of one's own life and of the lives of others, together with concern for one's community, society, and the whole of creation. (Thorson & Cook, 1977, p. xiii)

The 1971 conference designated the components of spiritual well-being as the human need to deal with sociocultural deprivations, anxieties and fears, death and dying, personality integration, self-images, personal dignity, social alienation, and philosophy of life (Moberg, 1984).

Moberg constructed an 82-item questionnaire to measure spiritual well-being based on qualitative data obtained in previous studies, Gallup Poll items, religious literature, quality of life studies, and conceptual definitions. He administered the instrument in the United States and Sweden in 1978 and 1979 to over 1,000 persons. Factor analysis revealed seven indexes: Christian-faith, self-satisfaction, personal piety, subjective spiritual well-being, optimism, religious cynicism, and elitism. Moberg maintained that religiosity is linked with spiritual well-being, although the two domains are different.



Several research instruments constructed to measure phenomena related to spiritual well-being have been developed. Some of these instruments are the Spiritual Well-Being Index by Ellison and Paloutzian, Farnham's Semantic Differential Scale based on the teachings of Jesus Christ and Maslow's idea of self-actualization, Flesner's Spiritual Distress Scale, Kauffman's Religious Life Scale that measures spiritual maturity, and a spiritual check-up scale by Castle (Moberg, 1986). Most of the developed instruments mix religious items and spiritual items even though most authors agree these are separate dimensions.

Moberg (1986) identified some of the problems involved with scientific research related to spirituality. He described spiritual well-being as a complex multidimensional phenomenon requiring perhaps many instruments. He proposed that reductionism in modern science is a problem because scientists have a tendency to assume whatever is measured constitutes its essence. He noted that health professions have a tendency to assume that the absence of a problem (spiritual distress) can be equated to having spiritual well-being. Finally, he emphasized the age-old problem in science of investigator egocentrism which might lead to attention being given to

different components and measures of spiritual well-being (1986).

In discussing spiritual well-being, Ellison (1983) suggested that individuals have a need for transcendence that is experienced through commitment to purposes that involve ultimate meaning for life. He labeled this non-physical dimension of awareness and experience as spiritual. He differentiated among spiritual health, spiritual well-being, and spiritual maturity. He proposed that spiritual well-being arises from an underlying state of spiritual health, and that spiritual well-being may exist in a spiritually immature or mature person.

The Spiritual Well-Being Scale developed by Ellison and Paloutzian (1982) is based on the work of Moberg and Brusek who suggested that spiritual well-being has two dimensions--existential well-being and religious well-being. Religious well-being, the vertical dimension, refers to one's sense of well-being in relationship to God. Existential well-being, the horizontal dimension, is related to one's perception of life's purpose and satisfaction apart from any specifically religious references. Both dimensions are conceived as involving transcendence, or "a stepping back from and moving beyond what is" (Ellison, 1983, p. 331). The items measure

transcendent concerns such as meaning, ideals, faith, commitment, purpose in life, and relationship to God.

The instrument contains 20 items, a 10-item existential well-being scale and a 10-item religious well-being scale. Test-retest and alpha reliability are both high. The authors have concluded that the Spiritual Well-Being Scale has sufficient validity for use as a quality of life indicator (Ellison & Paloutzian, 1982). This instrument seems to very adequately and appropriately measure the phenomenon of transcendence as evidenced by the psychometric data collected thus far. However, spirituality, as indicated in the conceptual framework, is proposed to be comprised of several variables, with transcendence being only part of the construct of spirituality.

#### Philosophic Foundations of Holistic Health and Spirituality

Generally, holistic health can be divided into two major categories: alternative health care modalities and the conceptualization of the human as a biopsychosocial-spiritual whole (Sarkes & Skoner, 1987). Differentiating these two major areas is a necessity in light of Stringfellow's writings. Stringfellow (1984) claimed that spirituality has been rendered vulnerable to

commercialization. As such, he pointed out that spirituality may be indicated by stoic attitudes, occult phenomena, practice of mind control, yoga discipline, escapist fantasies, interior journeys, superstitious imaginations, intensive journals, dynamic muscle tension, assorted dietary regimens, meditation, jogging, cults, wilderness sojourns, political resistance, contemplation, abstinence, hospitality, a vocation of poverty, nonviolence, silence, the efforts of prayer, obedience, generosity, and entering solitude.

Devotees of the holistic health model have advocated the importance of the spiritual dimension in health. Mattson (1982) identified the major principles of holistic health as unity and interdependence of body, mind, and spirit; involvement of the spiritual domain in healing; belief in energies that surround all things and beings; assumption that stress is the underlying cause of illness; the basic virtue and value of all healing systems; responsibility for one's own health and illness; fundamental value of each individual; equality of clients and practitioners; importance of subjective evaluation and feelings for health; and an emphasis on experiential learning. Cmich (1984) contributed two additional principles: the idea of the human organism as a natural

healing system and the importance of an interdisciplinary approach to the investigation of the range of healing arts. Bauman, Bunt, Piper, and Wright (1978) proposed that the qualities of solidarity, trust, sharing, openness, support, non-judging, and non-elitism are the guiding principles of holistic health centers.

Nurse authors, Guzzetta and Dossey (1984) developed a holistic health assessment framework with the acronym PERSON. The concepts of process and patterns, energy and emotional state, resonance and stress response, synchrony and support systems, open systems and optimal health, and nexus and body-mind-spirit connections comprised the framework.

Dunn (1973), the father of the term high-level wellness, considered the spiritual dimension of the individual as an integral, necessary part of holistic health. He stated

the spirit is something very real, that it involves the process of healing, . . . (doctors) have frequently observed people with a sick body but a well spirit, and when this is true, such people try to get well and they frequently do get well . . . but we seldom see a person with a sick spirit who has a well body. (p. 11)

As Dunn discussed the nature of the human being, he delineated five major factors that characterize the human: totality, uniqueness, manifestation of organized energy,

inner and outer worlds, and the interrelation of self-integration and energy use.

Energy is an important concept in Dunn's high level wellness. He asserted that if the individual is unable to develop self-integration, then the physical energy in the body (bound energy, energy bound into form, communication or adaptation energy, stored energy, and expendable energy) begins to tear down the tissues in the body. He avowed that the purpose in life is of utmost importance because a person's thought process can affect the direction of his or her energy fields toward self-integration or self-destruction.

Parse (1987) submitted that nursing as a discipline has two specific paradigms to guide practice and research. The predominant person-environment totality paradigm views the individual as a "total, summative organism whose nature is a combination of bio-psycho-social-spiritual features" (p. 4). The newer simultaneity paradigm views the individual as "a freely choosing being cocreating health through mutual interchange with the environment" (p. 4). Inherent in the simultaneity paradigm is the notion of the individual and the environment comprising energy fields.

Walker, Sechrist, and Pender (1987) developed the Health-Promoting Lifestyle Profile, an instrument to

measure health-promoting behaviors in adults. Pender (1987) defined health promoting behavior as "a multidimensional pattern of self-initiated actions and perceptions which serve to maintain or enhance the level of wellness, self-actualization and fulfillment of the individual" (p. 198). Factor analysis of the Lifestyle Instrument isolated the dimensions of self-actualization, health responsibility, exercise, nutrition, interpersonal support, and stress management. The six factors accounted for 47.1% of the variance in the 48-item measure. The alpha reliability for the total scale was .92; alpha coefficients for the subscales ranged from .70-.90. The self-actualization factor accounted for 23.4% of the common variance (Sechrist et al., 1987). It is important to note that this factor was comprised of items related to self-actualization and sense of purpose.

Travis (1981), a well known proponent of the wellness movement, postulated that the philosophic level, which includes the spiritual, transpersonal, or metaphysical, underlies the behavioral and psychological levels of wellness. He asserted that the reason for being and one's place in the universe ultimately determines the individual's health.

Wellness spirituality defined by Pilch (1988) is

a way of living, a lifestyle that views and lives life as purposeful and pleasurable, that seeks out life-sustaining and life-enriching options to be chosen freely at every opportunity, and that sinks its roots deeply into spiritual values and/or specific religious beliefs. (p. 31)

Pilch submitted that wellness spirituality is a way of life based on an experience of God or of transcendence, and shaped in response to that transcendence. He suggested that spirituality can be assessed by an individual's experiences of free choices, purpose in life, satisfaction in life, degree of self-esteem and consciously held values, and change. He hypothesized that healing is a restoration to purposeful living that occurs by reorientation through disorientation. This process involves a review of self-wisdom in order to make sense out of something nonsensical to the individual, such as illness (Pilch, 1988).

#### Nursing and Spirituality

Leaders in nursing have written about the importance of attending to the spiritual dimension in order to promote health and encourage healing (Fish & Shelly, 1983; Stallwood, 1975). Nursing theorists have included the spiritual dimension as an integral basis for practice. The theory of humanistic nursing proposed by Patterson and Zderad (1976) has its foundation in the existential



philosophy of Marcel. They addressed the phenomenon of presence as an integral activity or mode of being for the nurse in the nurse-patient relationship. This innovative theory avowed that the essential ingredients of genuine presence are intersubjectivity and availability as described by Marcel (1967). Marcel described intersubjectivity as openness to the moment at hand and availability as being at the disposal of a person in need with the whole of one's being.

Jean Watson (1980) described nursing as the philosophy and science of caring. Watson (1985) wrote "although there are many needs, each of them is subservient to basic striving toward actualizing one's spiritual self and establishing harmony within the mind, body and soul" (p. 57). She concluded that the actual caring event between the nurse and the client can be empowering, integrating, and growth potentiating. She listed nursing interventions or carative factors. These include a humanistic-altruistic systems of values; faith-hope; sensitivity to self and others; helping-trusting; expressing positive and negative feelings; creative problem-solving; transpersonal teaching-learning; a supportive, protective, and/or corrective mental, physical, societal and spiritual environment; human needs assistance;

and existential-phenomenological-spiritual forces. She contended that qualitative research methodologies are the most appropriate for studying nursing as caring (1985).

Guzzetta and Dossey (1984) compared the complexity of nursing with a tapestry of the 'biodance'. The 'biodance' was defined as "the endless exchange of body-mind-spirit elements of living beings with the earth itself" (p. 3). They posited that the spirit can be understood as human virtues and capacities, a quality of transcendence, or a purely mystical feeling of oneness. They suggested that there is no separation between the nurse, patient, family, and colleagues as each of the energy systems connect and intertwine.

Nurse theorist, Martha Rogers (1970, 1980), is the author of the theory of unitary man. The name of the theory was changed to the theory of unitary human beings in 1983 (Rogers, 1983). Rogers was the first in nursing to propose that human beings are irreducible energy fields that interact simultaneously with the irreducible environmental energy field. She based her theoretical work on general systems theory, physics, electromagnetic theory, and philosophy. Rogers denoted the major concepts in the theory as energy fields, universe of open systems, pattern and four-dimensionality. Theories have been derived by

Rogers from this conceptual system including a theory of accelerating evolution and a theory of paranormal phenomena. She submitted that these theories have implications for creative health services such as alternative forms of healing, meditation practices, and therapeutic touch (Parse, 1987). Nurse theorists who have developed theories from Rogers' original work are Margaret Newman, author of the theory of health as expanding consciousness (1986) and Rosemary Parse, developer of the theory of man-living-health (1981).

Hungelmann et al. (1985) conducted a qualitative study using grounded theory to identify indicators of spiritual well-being in persons 65 years of age and older. Interviews were conducted with 31 persons over an 18-month period of time. Several categories emerged and were either time or person related. Three core categories placed under the relationship label, were Ultimate Other, other/nature, and self. Under the label of time the categories of past, present, and future were placed. The two major themes that applied to all categories emerged as harmony and connection. Thus, the basic process of harmonious interconnectedness was determined to be the unifying theoretical construct for all categories. They concluded that spiritual well-being is "harmonious interconnectedness

between self, other/nature, and Ultimate Other which exists throughout and beyond time and space, achieved through a dynamic and integrative growth process which leads to a realization of the ultimate purpose and meaning of life" (p. 152).

Various spiritual assessment guides have been developed for use in nursing practice. Stoll (1979) developed a spiritual history guide that assessed the patient's concept of God, the patient's source of strength and hope, significance of religious practices, and the patient's perceived relationship between spiritual beliefs and state of health. Fish and Shelly (1983) created an assessment tool that attended to the patient's needs for meaning and purpose in life, love and relatedness, and forgiveness.

The National Group for Classification of Nursing Diagnosis has identified spiritual distress as an approved nursing diagnosis (Hurley, 1986). Spiritual distress was defined as a "disruption in the life principle which pervades a person's entire being and which integrates and transcends one's biological and psychosocial nature" (p. 63). The group submitted the etiology of spiritual distress to be separation from religious/cultural ties, a

challenged belief and value system, and distress related to intense suffering.

Generally, there is little research available examining spirituality and health in nursing, particularly spirituality, as it relates to wellness. However, the few research studies available indicate that spirituality may be a significant resource and coping strategy for individuals.

Spirituality and well-being in terminally ill hospitalized adults was explored by Reed (1987). She used a comparative, three group design, composed of terminally ill hospitalized cancer patients, non-terminally ill hospitalized patients, and healthy non-hospitalized persons to examine the saliency of spirituality in each group. Spirituality was measured by the 10-item Spiritual Perspective Scale. The Index of Well-Being was used to measure the participant's satisfaction with life as it was currently experienced. The results indicated that hospitalized terminally ill adults indicate greater spirituality than both the hospitalized non-terminally ill group and the healthy group.

Two separate correlational studies were conducted by Fehring, Brennan, and Keller (1987) to investigate the relationship between spirituality and psychological mood

states in college students as a response to life change. They concluded that an individual's sense of meaning and purpose in life has a greater impact than one's relationship with God in maintaining low levels of depression. They claimed that these results confirm the existence of some relationship between stress responses and spiritual phenomena. The authors asserted that the phenomenon of spirituality needs further definitional work.

A study was conducted by Sodestrom and Martinson (1987) to describe the spiritual coping strategies of 25 hospitalized patients with cancer and to describe their nurses' awareness of these strategies. The Patient Spiritual Coping Interview, consisting of 30 items describing the patient's relationship with God or a higher being, use of spiritual activities and resource people, and perception of the nurse's role in spiritual care, was used to collect the data. Results indicated that almost half of the subjects used nurses as resources for spiritual needs and for assistance with spiritual activities. The nurse/subject perspective differed from the patient/subject perspective in that only 4 out of the 25 nurses interviewed reported that they incorporated a spiritual assessment, 3 declared they would not initiate a conversation about the patient's religion or spiritual activities, and 18

expressed a desire to learn more about spirituality. The authors indicated further research is needed about spiritual coping strategies and resources of people.

### Summary

Spirituality is a complex, multidimensional concept in need of further exploration and development. The literature about the phenomenon of spirituality is comprised of three general areas of thought: spirituality as interactive or relational, spirituality as meaning and purpose in life, and spirituality as developmental. Each area is rich in ideas and notions about the nature of the concept.

There seems to be some disagreement among authors as to exactly what spirituality is and where it occurs--either within the individual or between the individual and another. Other authors suggest that spirituality can occur within groups, families, and communities.

Spiritual well-being is a prominent term in the literature. Researchers have used available instruments to measure spiritual well-being, particularly in relation to quality of life and life satisfaction. Instruments have been developed to measure different dimensions of spirituality such as spiritual maturity and spiritual distress, but there continues to be conceptual difficulties

in separating the religious and spiritual dimensions. Moberg (1986) questioned whether separate indexes needed to be developed for each major religious faith as well as an overall instrument for spiritual well-being. He further intimated that a "common core of overarching values accepted by all religious groups can provide the basis for a universal instrument" (p. 10).

Holistic health advocates philosophically support the idea of spirituality as an integral, necessary, component of health. Promoters of holistic health ideas, which encompass the concepts of high-level wellness and health promotion, generally include purpose and meaning in life as the foundation of health. The notion of the human being as energy (Dunn, 1973; Rogers, 1970) is an important contribution to holistic health and, consequently, to spirituality.

Nursing theorists and researchers have long recognized spirituality as prominent in health and healing and in the nurse-client relationship. Some research studies are available about the relationship of spirituality to health, generally in the area of illness. Very few research studies are available that examined the relationship of spirituality and wellness. Instruments that clearly



measure spirituality as separate from other concepts are needed for use in nursing research.

### CHAPTER III

#### PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

An inductive, descriptive research approach was used to study the essential structure of the lived experience of spirituality in the well adult. Wilson (1985) contended that a descriptive study is appropriate if very little is known about the study question and the study will gain insight about a particular group of patients or health conditions. She suggested the researcher may discover core patterns, variables, or categories within the data. The phenomenological approach was appropriate in this study of spirituality, as the research question asked what are the core categories.

Historically, philosopher Franz Brentano in the late 1800s was the first to propose the idea of the phenomenological method as a method of inquiry (Spiegelberg, 1976). His student, Edmund Husserl, is generally considered one of the leaders in the development of phenomenology as a philosophy and as a method of conducting scientific inquiry (Omery, 1983). Other philosophers who embraced the phenomenological movement

include Martin Heidegger, creator of the science of existential phenomenology, and French philosophers Gabriel Marcel, Jean-Paul Sartre, and Maurice Merleau Ponty (Parse, Coyne, & Smith, 1985).

The phenomenological movement developed in opposition to the objectification of human behavior in science. Phenomenologists believe that the behavior of people cannot be controlled in the same manner as natural phenomena (Davis, 1978; Field & Morse, 1985). Phenomenology as a philosophy is still in the process of clarification, but most phenomenologists agree on the method of inquiry as the examination of individual's lived experience (Omery, 1983; Parse et al., 1985).

The concern of the phenomenological researcher is with the reality of human experience as it is lived (Omery, 1983). It includes all positions that stress the primacy of consciousness and subjective meaning in the human experience. The researcher examines the human experience in order to gain access to the essence of the experience (Davis, 1978; Field & Morse, 1985). Omery stated, "the goal of the method is to describe the total systematic structure of lived experience, including the meanings that these experiences have for the individuals who participated in them" (p. 50).

In implementing the phenomenological method, the researcher must consciously set aside any previous beliefs concerning the phenomenon while attempting to study the phenomenon. This process of setting aside, as proposed by Husserl, is called bracketing, phenomenological reduction, or phenomenological epoche (Steward & Mickunas, 1974). It is important to note that it is impossible for the researcher to deny notions concerning the phenomenon; however, the researcher must view the phenomenon in an open, intuitive manner (Parse et al., 1985; Schwartz & Jacobs, 1979).

Oiler (1986) provided suggestions of ways to avoid unintended investigator bias. These included

explicating the researcher's perspective; bracketing a priori explanation about the phenomenon; selecting unfamiliar settings, people and circumstances; assuming a posture of unobtrusive presence with the subjects; and performing the study with a co-researcher so that dialogue can be used to promote transcendence of individual bias. (p. 80)

Nursing is concerned with the human experience as it relates to health. Phenomena such as sorrow, hope, care, pain, laughter, loneliness, and spirituality are all legitimate human experiences. However, these experiences are not readily available for quantitative analysis because of the limited knowledge about these experiences. To determine the essence of any of these concepts, they must

be examined from the standpoint of the lived experience of the individual.

The problem of the present study was to determine the essential structure of the lived experience of spirituality in the well adult. The phenomenological approach was appropriate as it allowed the investigator to describe the experience as well as the meaning of the experience (Omery, 1983).

#### Setting

The setting for the study was a city with a population of over 700,000 persons, located in the south-central United States. The physical location of the interviews was in the participants' homes or any other quiet, non-distracting place of each participant's choice.

#### Population and Sample

The target population for the study was well adults between the ages of 23 and 50 who were verbally able to communicate their experiences, feelings, and perceptions regarding their lived experience of spirituality. Well adults between the ages of 23 and 50 were chosen as the target population based on Charlotte Buhler's (1968) five-phase theory of adult development that emphasized goal setting. She maintained that self-fulfillment is the key

to healthy development. She emphasized the intentionality of human behavior in working toward a goal, consciously or unconsciously. In Buhler's theory, originally delineated in 1933, and expanded upon in 1968, there are five phases in the attainment of a personal goal. These phases are: (a) childhood--birth to 15 years; (b) adolescence and young adulthood--ages 15-25; (c) young and middle adulthood--ages 23-50; (d) mature adulthood--ages 45-65; and (e) old age--ages 66 and older. She asserted that the age demarcations are flexible in interpretation, and to be used as guides for interpreting progression of goal-directed behavior in individuals. The accessible population consisted of those individuals identified by faculty colleagues and staff members as potential subjects who would be willing and capable of describing the phenomenon of interest to the researcher.

A purposive sampling technique was used as adapted from Rieman (1986). In a purposive sampling procedure, informants who will be most able to facilitate the development of the emerging theory are selected (Diers, 1979). The informants have special characteristics or knowledge which add to the knowledge base. Names of well adults between the ages of 23 and 50 and unknown to the researcher were solicited by the investigator from

university faculty colleagues and staff members in a university outreach program serving nursing, public health, health administration, environmental health, and medical students (Appendix A). The researcher did not attempt to obtain an equal number of male and female participants, specific religious or non-religious participants, or specific ethnic participants. The goal of the study was to identify the essential structure of spirituality as lived by the well adult. It was the researcher's contention that even though the manifestations of spirituality may have an infinite variety, the core components would be identifiable. Interviews continued until common categories emerged. Field and Morse (1985) state, "Data are collected until no new information is obtained" (p. 95). Ten interviews were completed and analyzed.

#### Protection of Human Subjects

The Category II study proposal was submitted to the committee on the Protection of Human Subjects of the Texas Woman's University. Permission was obtained from the Human Subjects committee because the participants were asked to agree to audio-recording of the interviews (Appendix B). Permission was obtained from the graduate school (Appendix C) before data collection began.

Potential participants were informed verbally of the purpose of the study and the nature of their expected participation during the initial phone contact (Appendix D). If the participant volunteered and agreed to allow the interview to be audio-recorded, the participant was asked to sign written consent forms prior to the interview.

Confidentiality was maintained by various measures. Only the participant's first name was typed on the transcribed interview. Only the first name was used on the recording so that identification by the typist was not possible. The tape recordings were erased after study completion. The results of the study were shared with those participants requesting the results. No names or identifying data were used in reporting the findings.

#### Instrumentation

An unstructured, audio-recorded interview technique was used to elicit information from participants regarding their experiences of spirituality. The interview was conducted by the researcher using an investigator-developed interview schedule (Appendix E). Follow-up questions were asked as needed during the interview to further clarify the participant's descriptions. An investigator-developed demographic data questionnaire was used to elicit



information that was used to describe the sample (Appendix F).

Measures of reliability and validity are important in qualitative or quantitative research. However, the criteria for deciding issues of reliability and validity are different in qualitative research because of the differences in sampling, data gathering, and data analysis. Field and Morse (1985) suggested the strategies of using low-inference descriptors, participant reviews of findings, and peer examination to reduce threats to reliability. They described low-inference descriptors as verbatim accounts of information provided by the participant. Leininger (1985) proposed that reliability in qualitative research focuses on identification and documentation of recurrent, accurate, and consistent features, patterns, values, meanings, or themes.

Several measures were taken to enhance the reliability of the study. Field and Morse (1985) suggested that if the investigator is audio-recording the interview, a "good quality recorder with a conference pick-up range of six feet from the source of the conversation" (p. 60) should be used. A mini-cassette recorder with an AC adaptor, a built-in microphone, and a sound level equalizer which adjusts the recording level automatically was used to

record the interviews. Good quality tapes were used to record the interviews. Low-inference descriptors or verbatim accounts of information provided by the participant were facilitated by use of the recording and subsequent transcription.

Another reliability check was the enlistment of two doctorally prepared nurses, experienced in qualitative methodology, to review the interview data and the discriminated meaning units in order to verify the researcher's findings (Field & Morse, 1985; Hycner, 1985). Hycner (1985) suggested that the investigator has succeeded in bracketing his or her presuppositions about the phenomenon and has been rigorous in approach to the explication of the data if there is significant agreement between the researcher and the expert judges. Other measures to enhance reliability of the study included using a sample unknown to the investigator, using settings unfamiliar to the investigator, and the explication of the investigator's assumptions and notions about spirituality.

"Validity is the overall concept used to refer to how good an answer a study yields" (Field & Morse, 1985, p. 116). The answer to the research question should reflect the true nature, essence, meanings, attributes, and

characteristics of the phenomenon under study (Leininger, 1985).

Hycner (1985) proposed the next step is for the investigator to evaluate whether the findings 'ring true. The major measure taken to enhance the validity of the study included asking three participants to validate at least one of his or her situated structures of spirituality and the general structure of spirituality. At an experiential level, were the structures valid for the participants? There was general agreement among the participants that, indeed, the structures were valid.

#### Data Collection

Potential participants were contacted by telephone at which time the researcher explained the purposes of the study and asked for their participation. If they agreed, the interview questions from the interview guide were read to them and the investigator asked the participant to think about the questions before the interview. A date, time, and appropriate place were agreed upon by the participant and researcher for the interview. The investigator stressed the need to conduct the interview in a quiet, non-distracting environment. The participant was asked to set aside at least 1 hour for the interview.

After obtaining a formal signed consent to participate in the audio-recorded interview, the investigator conducted the investigation using the interview schedule and demographic data instrument. In order to ensure a quiet, non-distracting environment, the researcher asked that, if possible, provisions be made for non-interruption of the interview by the telephone or other persons. This was accomplished by asking the participant to unplug the telephone or put a 'do not disturb' sign on the door.

An attempt was made to elicit as full a description as possible of the participant's lived experience of spirituality. The recorded interview format was chosen by the investigator in order to capture more adequately the meaning behind the spoken words. It was the researcher's belief that meanings can more fully be ascertained by attention to voice inflections, pauses, silences, and other communicative patterns.

#### Pilot Study

In preparation for the dissertation, a pilot study was conducted to determine participant availability and recruitment, and to test the procedures for conducting the study, the instruments, and the data analysis process. The pilot sample consisted of two well adult males, ages 35 and 38, referred to the investigator by faculty colleagues as

persons who would be able to verbally describe their experiences of spirituality. The potential participants were contacted, agreed to be in the study, and interview times and places arranged. The interview with the first participant was conducted in the participant's home, and lasted 1 hour. The interview with the second participant was conducted in the participant's office and lasted 1 hour.

The interviews were audio-recorded with a small tape recorder that was electrically powered to ensure continued taping. The recorder was placed in an unobtrusive position within a 6-12 inch range of the participant and investigator. Both participants were able to respond to the interview questions fully with only 1 to 2 minutes needed to become comfortable with the recording of the interview.

Conducting the pilot study interviews allowed the investigator to become more proficient at using the phenomenological interview method. The importance of bracketing the investigator's ideas about spirituality before the interview process became very apparent during the interviews. The investigator immediately had to practice bracketing during both interviews in order to

fully listen and discern the meanings of the words of the participants.

Another important insight gained during the interviews was the importance of the investigator guiding the interview without influencing the participants' content of the descriptions. The investigator became more proficient at reflecting the participant's responses back to the participant in the form of a question to gain more information as to meanings. Examples of this process with both participants are provided as follows.

#### Example 1

Participant 1: . . . so, I am in the process of making a lot of things really real in my life--on a lot of different levels, the true level, of which the highest level is, to me, the spiritual level.

Interviewer: How do you get in touch with this true level?

#### Example 2

Participant 1: . . . a reset button has been pushed to take these things that I have heard and been told and believed on one level, to take them purely within myself, so that I really feel them, not just think them. And that's when the power of any idea is realized. . . . You

can think it all you want, but until you feel it, not until you feel it, is it real--is it really real. . . .

Interviewer: One of the things you said was to know things in your head is one thing, but to know things in your heart is another. How do you make yourself do that in your heart as opposed to just knowing it in your head?

### Example 3

Participant 2: . . . I was raised in a religious home, in fact, I was raised in a Jewish family, and basically left the spiritual aspect of it aside. It was a religious family, but I really didn't know God. I knew a lot about Him. . . .

Interviewer: One thing you mentioned was that you grew up in a religious home. It was not a spiritual home, but a religious home. What do you think the differences between those two are?

The demographic instrument proved to be adequate. Participant #1 suggested changing 'educational level' to 'formal educational level,' which was completed in subsequent interviews. The interview guide was appropriate and adequate for eliciting the descriptions and personal meanings of spirituality from the two participants.

Data analysis, using Giorgi's (1985) four-step method was completed on the two verbatim transcribed interviews.

Discriminated meaning units in the participant's language were identified and transformed to discriminated meaning units in nursing language. Situated structures of spirituality were synthesized from the discriminated meaning units in nursing language and the personal meanings of spirituality provided by the two participants. The final step of generating a general structure of spirituality from the two situated structures of spirituality was not completed because of the limited data. The results of the data analysis of the pilot study, thus, were combined with the data of the major study.

#### Treatment of Data

Data were analyzed according to the criteria set forth by Giorgi (1970; 1985). Giorgi condensed his original seven step analysis process (1970) into a four step process (1985). These steps include:

1. Read the entire description in order to get a general sense of the whole statement.
2. Reread the text with the specific aim of discriminating 'meaning units' within a psychological perspective with a focus on the phenomenon being researched.



3. Reflect on the delineated meaning units and express the psychological insight contained in them more directly.

4. Synthesize the transformed meaning units into a statement regarding the structure of the experience (p. 10).

Giorgi expanded his description of the processes involved in the second step. He proposed that the researcher, which in his discipline of psychology would be a psychologist, must "operate within the assumption that psychological reality is not ready-made in the world . . . it has to be constituted by the psychologist" (p. 11). He suggested that the participant's description of his/her experience could just as well be analyzed from a sociological or an anthropological perspective. He defined the adoption of a set by the researcher as "to set some limits or controls on the analysis and to thematize only a particular aspect of a more complex reality" (p. 12). He further described the attitude adopted in making the meaning unit discrimination as 'circumscribed indeterminateness' or 'empty determinateness' meaning a certain set is established, but also a certain open-endedness is maintained to facilitate genuine discoveries.

Giorgi (1985) differentiated the terms constituents and elements in reference to the meaning units. He described a constituent as being determined, in part, by context. The meaning units have no meaning apart from the context in which they are found. He described an element as being "determined in such a way that its meaning is as much as possible independent of context" (p. 14).

In step three, Giorgi (1985) stated that the transformations from the constituents in the participant's description to the constituents of description expressed in psychological language occur through a process of reflection and imaginative variation. The problem of deciphering exactly what a nursing perspective is or which nursing perspective to use is no different or more difficult than deciphering which psychological perspective to use in analyzing the data. Giorgi (1985) responded to this difficult problem when he said the researcher's only alternative is to state the researcher's perspective. The researcher accepted Giorgi's solution to the identified problem and used "the language of common sense enlightened by a phenomenological perspective" (p. 19) in the analysis of data.

Wertz (1985) elaborated on the researcher's perspective with more detailed attention to the process of

reflection and imaginative variation. The processes (not to imply steps) involved in transforming the data to the researcher's perspective might involve "empathic immersion in the world of description, slowing down and dwelling, magnification and amplification of the situation, suspension of belief and employment of intense interest, and the turn from objects to their meanings" (pp. 174-175).

Wertz (1985) identified several activities the researcher could employ to further facilitate reflection:

1. The use of an 'existential baseline' in order to reveal the phenomenon as a gestalt.

2. Reflection on his/her judgment in choosing and differentiating participant's meaning units.

3. Penetration of implicit horizons involves reflecting on things not mentioned in the description, but demonstrably present.

4. Making distinctions to differentiate each unit as well as seeing the relations of the constituents helps to elucidate the structure for the researcher.

5. The researcher is always cognizant of and looking for the unity and consistency of diverse experiences in order to identify themes in recurrent meanings.

6. Interrogation of opacity or the dwelling of the researcher with particularly perplexing areas.

7. Through the activity of imaginative variation and seeing the essence of the case the researcher considers the constituents, distinctions, phases, and themes to ascertain if they could be different or absent without altering the participant's reality.

8. Languageing involves the researcher expressing the sense he or she is finding/making. Wertz (1985) stated "As this speaking originates from the researcher's contact with the case, it is highly personal and specific to the case; the researcher expresses his/her reflection with his/her context of knowledge as it encounters the sense of the case" (p. 177).

9. Verification, modification, and reformulation are employed by the researcher to ensure the researcher's reflective understanding. He or she must ascertain if there is a match between the original descriptors and the reflected meanings.

In Giorgi's last step of analysis, the researcher must synthesize the transformed meaning units into a specific description of the situated experience. All the meanings of the transformed meaning units are implicitly contained in the specific description. Finally, a general description is synthesized from the specific situated structures.

## CHAPTER IV

### ANALYSIS OF DATA

In this chapter, the findings of the study are presented. The sample is described, followed by a discussion of the analyzed data of lived experiences of spirituality according to Giorgi's (1985) psychological phenomenology method. The participants' personal meanings of spirituality and situated structures of spirituality are synthesized to yield a general description of the structure of spirituality as lived by the well adult. A model of spirituality in the well adult is presented and compared with a model of spirituality by Burns (1988).

#### Description of the Sample

A total of 15 potential participants was elicited from faculty colleagues and staff members at a university graduate outreach program. Thirteen of the 15 were contacted and asked to be participants in the study. Twelve agreed to participate in the study. One declined participation. A total of 10 participants who met the sampling criteria were interviewed. One potential participant gave a self-report of health as poor and was not interviewed. One was planning an extensive trip and was unavailable for an interview.

The ages of the participants ranged from 31 to 48, with a mean age of 38. Six of the participants were male; 4 were female. Eight of the participants were white; 2 were black. Three of the participants were self-employed as artist, land planner, and clinical social worker, respectively. Six were employed by someone else in the positions of psychologist, administrative assistant, computer programmer, marriage and family therapist, police officer, and business representative. One was a housewife. The participants' formal educational level ranged from a high school diploma to a Ph.D. Four participants were Baptist, 2 were Nazarene, 2 were transdenominational, and 1 was interdenominational. One reported being a non-practicing Catholic who was considering transdenominational. All participants reported good or excellent health. Five participants had two children, two had three children, and three had no children. The demographic data are presented graphically in Table 1.

### Findings

The phenomenon of interest in the study was the lived experience of spirituality in the well adult. After agreeing to participate in the study and signing consent forms, each interview was conducted and audio-recorded. All participants agreed to allow the interview to be audio-

Table 1

Demographic Data of Sample

Participant	Age	Gender	Marital Status	Race	Occupations	Formal Education	Religious Preference	Health Rating	No. of Children
1	35	M	S	White	Artist	2 yrs. college	Trans-denominational	Good	0
2	38	M	M	White	Psychologist	Ph.D.	Southern Baptist	Excellent	3
3	36	F	M	Black	Administrative Assistant	B.S.	Baptist	Excellent	2
4	39	M	M	White	Land Planner	M.A.	Nazarene	Good	2
5	35	F	S	White	Computer Programmer	A.D.	Trans-denominational	Good	0
6	42	F	M	White	Clinical Social Worker	M.S.W.	Catholic--not practicing; considering Trans-denominational	Good	0
7	40	F	M	White	Housewife	High school	Southern Baptist	Good	3
8	31	M	M	White	Marriage and Family Therapist	Post-master's	Inter-denominational	Good	2
9	48	M	M	White	Police officer	3 years college	Nazarene	Excellent	2
10	36	M	M	Black	Business Rep.	2 years college	Baptist	Excellent	2

recorded. Each recording was transcribed verbatim onto paper. A sample of a transcribed interview may be found in Appendix G.

A total of 22 protocols or experiences of spirituality was shared with the investigator, with participants spontaneously sharing from one to four experiences. The experiences chosen for descriptions ranged from an experience that had occurred the day of the interview to lived experiences from early adolescence.

The investigator arrived at situated structures of spirituality following Giorgi's (1985) psychological phenomenology methodology. This requires the investigator to read the participant's entire description to get a general sense of the whole statement. Then the investigator rereads the description with the specific aim of discriminating meaning units in the protocol. A total of 502 discriminated meaning units was determined in the 22 protocols. Table 2 reflects the participant's number of shared experiences and discriminated meaning units per protocol.

The meaning units were discriminated through the investigator asking, "What does this statement tell me about the nature of spirituality?" Data that did not pertain to spirituality were removed from the data to be



Table 2

Participant's Discriminated Meaning Units (DMU) per Experience of Spirituality

Participant	Experience No.				Total
	1	2	3	4	
1	12	--	--	--	12
2	14	--	--	--	14
3	34	60	--	--	94
4	6	16	21	--	43
5	41	15	26	--	82
6	58	9	--	--	67
7	43	12	--	--	55
8	5	11	13	16	45
9	16	12	47	--	75
10	15	--	--	--	<u>15</u>
					502

analyzed. The data were placed in the proper time sequence of when the event occurred.

The investigator then reviewed all the discriminated meaning units and expressed these more directly in nursing language that reflected insight about the phenomena. Table 3 reflects a sample of discriminated meaning units expressed in the participant's language (DMUPL) transformed into discriminated meaning units expressed in nursing language (DMUNL).

To ensure that the transformed meaning units did not distort the original description, the discriminated meaning units in participants' language and the discriminated meaning units in nursing language were reviewed by two doctorally prepared nurses with experience in qualitative research. This was accomplished by first having each nurse review the transformed meaning units of Participant 3, Experience 1. Both reviewers agreed that the transformed meaning units did, indeed, capture the meanings of the participants, but needed to be at a higher level of abstraction. Both reviewers provided specific examples using the transformed meaning units of Participant 3, Experience 1. The nurses then reviewed the transformed meaning units of Participant 6, Experience 1 and 2. Both reviewers agreed the transformed meaning units did not

Table 3

Sample of Discriminated Meaning Units in Participant's Language (DMUPL) Transformed

to Discriminated Meaning Units in Nursing Language (DMUNL)

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1. DMUPL

My dad was 50 years my senior and I was close to him, but he was of an almost different generation than her (mother), being born in 1899.

DMUNL

His father was 13 years older than his mother, which created a generation gap between them. Therefore, he was close to his father, but closer to his mother.

2. DMUPL

So, when she had her heart attack, I was really just devastated.

DMUNL

Her myocardial infarction overwhelmed him with feelings of desolateness.

3. DMUPL

The first thing I did, I thought well, you know this could be the big, you know I've always known my parents were going to die; they've lived a lot longer than I even expected, because of their age. Maybe this is the time.

DMUNL

He realized, because of her age and the myocardial infarction, that she could die.

4. DMUPL

So, I just very pointedly stopped my truck as I was heading towards the hospital and I said, God, I said, I would like for you to take care of my mom, but if its time for her to go, I'd like to know.

DMUNL

On his way to the hospital he asked God to let him know if she was going to die.

5. DMUPL

And there was absolutely, I mean talk about voices and stuff, I heard within me, if not audibly, she's going to be just fine, Steve.

DMUNL

He heard God say within him or audibly outside of him that she was going to recover.

---

distort the original meanings provided by the participants and were at a higher level of abstraction. Finally, both nurses reviewed the transformed meaning units of Participant 9, Experience 3 and Participant 10, Experience 1. No changes were suggested.

Participants were also asked to provide personal meanings of spirituality. Participants generally supplied these meanings during the early portion of the interview, but some were supplied during the description of their experience of spirituality. Table 4 reflects the 102 personal meanings of spirituality as provided by the participants. These meanings were synthesized with the transformed meaning units into the situated structure(s) of spirituality for each participant.

Giorgi's (1985) fourth step directed the investigator to synthesize all of the transformed meaning units into a situated structure of the phenomenon for each protocol. In Appendix H are the situated structures of the lived experiences of spirituality for each participant.

The situated structures of spirituality for each participant were examined for implicit common constituents. Giorgi (1985) defined a constituent as a meaning unit that is determined as meaningful in relation to its context. The investigator found this to be a

Table 4

Personal Meanings of Spirituality

Participant Number	Meaning
P1	<ol style="list-style-type: none"> <li>1. a here state</li> <li>2. different for each person</li> <li>3. continuing state of change</li> <li>4. recognition of personal and collective oneness with power, as in the forces of the universe.</li> <li>5. energy in the form of love</li> <li>6. energy in the form of light</li> <li>7. energy part of that quadrant that makes the other three (mental, emotional, physical) work</li> <li>8. mental spirituality can be like: <ol style="list-style-type: none"> <li>(a) pure thoughts of connection</li> <li>(b) thoughts of laws of the universe</li> <li>(c) thoughts of the way things are and the laws which control things</li> <li>(d) it is like spirituality on the mental level, where emotions are not involved</li> </ol> </li> <li>9. emotional spirituality is very feeling involved: <ol style="list-style-type: none"> <li>(a) an example would be feeling great love, especially if it is great love directed towards someone or something</li> <li>(b) that you don't necessarily know anything about</li> <li>(c) just feel the love</li> </ol> </li> <li>10. physical spirituality--difficult to disconnect <ol style="list-style-type: none"> <li>(a) really in tune with the wonders of the body</li> <li>(b) puts you really in the now moment</li> </ol> </li> </ol>

(table continues)

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Participant  
Number

Meaning

---

- (c) everything you smell, see, hear, feel internally and externally at the body level
- (d) using all of the senses
- (e) being in touch with all of the senses as much as possible at one time
- 11. all of that (emotional, mental, physical, spiritual) is together
- 12. all part of the body; it goes down to the cellular level
- 13. the whole human race is exactly like one body
  
- P2
- 14. a sense of a power greater than myself
- 15. it has some influence or impact on my life
- 16. awareness
- 17. process
- 18. no one event
- 19. God's ability or God's attempt to reveal himself to me
- 20. They (religion and spirituality) are exact opposite
- 21. can be religious without being spiritual
- 22. can be spiritual without being religious
- 23. you are willing to receive what God is sharing with me
- 24. analogy of what spirituality is like: radio waves
- 25. God exists:
  - (a) He exists in whatever form we choose to believe that he exists in
  - (b) God is real
  - (c) it is a matter of allowing ourselves to receive him
- 26. can discern a spirit by its fruits

(table continues)

---

Participant  
Number

Meaning

---

27. can discern genuine spirituality from someone just going through the motions by studying their lifestyle
28. what evidence of the spirit genuinely exists?
29. study their lifestyle
30. what is their sense of peace?
31. how do they deal with stress and anxiety?
32. what other spiritual gifts have they received?
33. what kind of ministry is their daily life?
34. are they genuine and sincere?
- P3
35. feeling that comes from within
36. overwhelming feeling of the whole body
37. overtakes one's mind or soul
38. not really easy to explain
39. not really easy to read about or see it on TV
40. everybody's experiences are different, painful, happy, kind of sad
41. comes from within, it comes from your heart
- P4
42. ill defined
43. sometimes typed as emotions
44. more than emotions
45. inner nature
46. essence of a person that in some point in time is created, I believe at conception
47. continues through life
48. more than the physical aspects of life

(table continues)

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Participant  
Number

Meaning

---

49. dominant feature in all people's lives  
50. housed in the shell of the human being  
51. continues on  
52. takes a lot of things to define  
53. third part of people that exists forever  
54. joy, glow  
55. real essence  
56. not just my spirit, but my spirit with the Lord
- P5 57. comes from my day-to-day experiences  
58. it's at a deeper level  
59. I see it everywhere, not just in church and not just in the Bible  
60. a Higher Being; someone or something, some force that has a plan
- P6 61. a feeling  
62. I had no words to describe  
63. an expression of my soul  
64. an expression of my love in relationship to God and to people
- P7 65. anything having to do with God  
66. having to do with the spirit of God  
67. God is a spiritual Being--Jesus, God, and the Holy Spirit
- P8 68. cannot measure objectively  
69. has to be experiential, personalized

(table continues)



---

Participant  
Number

Meaning

---

- 70. difficult to differentiate from theological/Biblical teaching
- 71. aware of God's presence at any intuitive level
- 72. intuitively being aware of another dimension of reality
- 73. something that has a "ring-of-truth" to it that makes sense at an intuitive level
- 74. something inside that confirms
- 75. may be a feeling of communion with God
- 76. sensing a presence that someone is there with me
- 77. may be a physiological experience--a tingling feeling or numbness; a tingling numbness
- 78. a discipline
- 79. has to be cultivated to be aware of it
- 80. may involve meditation or Bible reading
- 81. can experience a spiritual sensation without having to cultivate it
- 82. able to sense evil by realizing a state of uncomfortableness in a situation and trying to discern why. This seems to result in spiritual discernment.
- 83. more of an awareness than a sensory experience
- 84. may involve a shutter or shiver
- 85. an awareness that something isn't right about this, but I can't put my finger on it
- 86. I don't have control over what spiritual sensations I have
- 87. I can put myself in a state to feel God's presence, but I don't know when I'm actually going to feel God's presence in a tangible sense

(table continues)

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Participant  
Number

Meaning

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88. Don't have the ability to turn it on and off
- P9
89. Plays a part in being able to cope with situations
90. definition is difficult
91. the influence that I have allowed to enter into my life and accept and to be guided by as a spiritual nature of God in my life and my family's life
92. given me direction
93. relieved emotional pressure
94. given me strength in certain areas
95. that acceptance and how I respond to that acceptance
96. not necessarily what I do all the time because I may not be demonstrating what I believe within my heart. I would like for it to be, but it's not necessarily always that
97. those things that I accepted in my life, from whatever, and they guide and direct and give you and assist you in those problems of your life
98. it gives life what people interpret as more substance, much more meaning
- P10
99. a level of religious beliefs
100. level of my religious beliefs could determine whether or not I'm in it all the way or just in it part-time
101. should be an all-the-time thing
102. should take the good with the bad
-

prerequisite step in order to be able to synthesize the specific structures into a final general structure of spirituality. The constituents that emerged from the specific structures, the number of participants describing the constituent, and exemplary statements explicated from the specific structures are reflected in Table 5.

#### General Structure of Spirituality

The 22 situated structures of spirituality and the 102 personal meanings of spirituality were synthesized to create a general structure of spirituality for the well adult. Since the research question asked, "What are the elements of spirituality," it was necessary to transform the constituent terms into elements. Giorgi (1985) described an element as "determined in such a way that its meaning is as much as possible independent of context" (p. 14). These elements were determined through synthesis and abstraction to be: philosophy of interrelationship of the Infinite and humans, essenergy permeability, a precipitating event, a depth experience, the interpretation of the meaning(s) of the event, human feeling and action responses, and life-changing event. These elements are reflected in the general structure of spirituality.

The lived experience of spirituality in the well adult is the process of striving for and/or being infused with

Table 5

Constituents Determined from Specific Structures of Spirituality

Constituent	No. Participants Describing	Example of Statements
1. Religious upbringing	9	1. The participant's religious upbringing was Catholicism, which played a significant part in her life through adolescence. 2. He was exposed to fundamental Pentecostal ideas at age 11.
2. Impediments to Spiritual Dimension	9	1. Participant has had difficulty making spiritual matters a priority in his life because of the need to spend time working and making money. 2. Participant left his religious roots and chose to not think about God. God was not relevant in his life.
3. Being Open to Experiences of Spirituality	9	1. He facilitated the possibility of the experience occurring by removing internal obstacles. 2. He has been reading to help himself examine his beliefs and attitudes.

(table continues)

Constituent	No. Participants Describing	Example of Statements
4. Crisis Maturational	2	<ol style="list-style-type: none"> <li>1. He wanted to claim his own beliefs, not those he had been given through his family and friends.</li> <li>2. Participant began wondering, thinking, and testing his ideas about the world.</li> </ol>
5. Crisis Situational	7	<ol style="list-style-type: none"> <li>1. Her husband experienced a precipitous case of debilitating ulcerative colitis after being a very healthy person.</li> <li>2. The participant's second son was diagnosed as mentally retarded as a result of circumstances surrounding his premature birth.</li> </ol>
6. Crisis-Life Threatening	3	<ol style="list-style-type: none"> <li>1. The participant related an experience in relation to her mother's diagnosis of terminal cancer.</li> <li>2. The participant and her husband called relatives and friends to</li> </ol>

(table continues)

Constituent	No. Participants Describing	Example of Statements
7. Extraquotidian event	2	<p>come and see the baby because they believed he would be dead the following day.</p> <p>1. After dating her husband for 5 months, the participant realized their relationship was one of total connection.</p> <p>2. About age 30, out of curiosity, the participant gradually and slowly became interested in spiritual matters.</p>
8. Realization of Humanity of Self or Valued Other	5	<p>1. Being human to the participant means being able to feel deeply and not always being able to control those feelings.</p> <p>2. He realized, because of her age and the heart attack, that she could die.</p>
9. Event of Non- Human Intervention	10	<p>1. The participant was weary of dealing with poison ivy for so many years. The pastor and church prayed, and within 30</p>

(table continues)

Constituent	No. Participants Describing	Example of Statements
		minutes he was healed. He has not had another reaction in his life.
		2. The participant felt something "other" within her body that was making her go to church.
10. Asking for/ Receiving Divine Intervention During Event	10	<p>1. In communicating with God, he made every effort to share with God how important this job was to him.</p> <p>2. He prayed for God to show him if He had something more for him to experience.</p>
11. Visceral Knowing	8	<p>1. There were no miraculous signs that God had taken away his burden, but he knew within him that his anguish was gone.</p> <p>2. The participant discerned a visceral feeling--not from any of his five senses.</p>

(table continues)

Constituent	No. Participants Describing	Example of Statements
12. Willingness to Sacrifice	4	<ol style="list-style-type: none"> <li>1. He was willing to sacrifice his intelligence for his son, to change places with his son's IQ.</li> <li>2. The participant felt totally selfless because she had wanted a baby so very much, yet had been willing, and did, give up that baby for another woman.</li> </ol>
13. Physical Sensations	3	<ol style="list-style-type: none"> <li>1. She perceived a physical sensation during the experience.</li> <li>2. He had a sense of perfume in the air.</li> </ol>
14. A Personal/ Human Experience	10	<ol style="list-style-type: none"> <li>1. The participant found an "other" she could relate to.</li> <li>2. He felt Christ loved him as a parent loves a child.</li> </ol>
15. A Reality Experience	8	<ol style="list-style-type: none"> <li>1. The participant experienced within, the fact that something he trusted and hoped for had happened, without a doubt.</li> </ol>

(table continues)



Constituent	No. Participants Describing	Example of Statements
		2. This experience helped to confirm the participant knowing that God was a real, personal Being for him.
16. Not Easily Explained	4	1. The participant has difficulty finding the exact words to describe the experience.
		2. Words cannot describe this feeling of connectedness.
17. Different from/ More than Other Daily Experience	5	1. This experience was different from others because he placed a much higher value on this job position than any others in his life.
		2. She felt like she was in a part of life apart from everyday experience.

(table continues)

Constituent	No. Participants Describing	Example of Statements
18. Human Coping During Event: (a) trusting in God (b) attending support group (c) learning new ideas (d) sharing with parent (e) connecting with friends (f) study of Bible (g) receiving hope and encouragement from friends (h) reaching for and developing relationship with God	10	1. Before the relationship was completely over, she sought help in coping with the situation through a support group.  2. They knew God was making decisions about their life; they had to constantly focus their attention on this so as to not get mired in their everyday activities.
19. Interpretation of Meaning(s) of Depth Experience for Self	10	1. God had cared for her in her time of need for a baby.  2. The participant felt the Lord was telling her that her baby was a blessing to her.

(table continues)

Constituent	No. Participants Describing	Example of Statements
20. Feeling Responses to Experience: (a) reverence, wonderment (b) wholeness (c) totally good, selfless (d) extra energy (e) deep sense of tranquility (f) confidence, assurance (g) sweetness and joy (h) belongingness (i) positive about self (j) lighter, walking on air (k) feelings of fullness	10	1. After the experience the participant and her husband felt a sense of peace.  2. She was 33 years old and felt an awareness of expansion, lightness, and blessedness.
21. Action Responses to Experience: (a) increased prayer (b) increased church attendance (c) sharing of talents	9	1. After the experience, the participant perceived himself as being a full, positive, directive parent.

(table continues)

Constituent	No. Participants Describing	Example of Statements
(d) sharing with others (e) change in quality of work		2. Her husband has already been able to offer hope to a person with a recent illeostomy.
22. Life-changing Event	8	<p>1. The traumatic birth experience and her son's illness are the reasons for her belief in a greater power. She has not been to a club following the experience.</p> <p>2. He perceived his experience as an emotional transformation that allowed him to go on with life.</p>
23. New Purpose in Life/Growth	9	<p>1. The participant felt like she had a purpose in life after being led to the church.</p> <p>2. He perceives his purpose as a parent to help his son reach his potential.</p>

(table continues)

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Constituent	No. Participants Describing	Example of Statements
24. Coping-- Post Event	6	<ol style="list-style-type: none"> <li data-bbox="1031 377 1696 526">1. The participant perceives his spirituality as helping him to approach and cope with everyday problems resulting from the retardation.</li> <li data-bbox="1031 558 1696 715">2. The meaning and the comfort of the words of the card received from the adoptive mother sustains the participant during difficult life situations.</li> </ol>

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the reality of the interconnectedness among self, other human beings, and the Infinite, that occurs during a depth experience. The initial phase of the lived experience involves the individual having ideas, values, and beliefs called a philosophy, either positive or negative, about the interrelationship between the Infinite and human beings. The congruency between these cognitive and affective perceptions and the individual's "feelings of rightness or fit for self" determines the permeability of the individual's essenergy dimension, the person-specific animating principle.

The enhancement of the awareness of an experience of spirituality, as distinct from any other dimension, is precipitated primarily by a maturational, situational, or life-threatening crisis involving the self and/or a valued other human being. Precipitation by an extraquotidian event can occur but is a less likely probability. As the severity of the crisis increases, the intensity of the depth experience increases.

The depth experience is distinguished by the individual as a moment in time of a visceral knowing, sometimes accompanied by physical sensations, of Infinite care as a reality through non-human intervention. This is a personal-intimate, intrahuman episode with the Infinite,

different from and more than other experiences, which might be accompanied by propitiary feelings or acts. The individual cannot make or force this experience to happen, but the individual can be open to the experience through asking for Infinite intervention in prayer, recognizing the limits of human power, and seeking support through friends.

The individual must then interpret the meaning of this depth experience for self, which is reflected in human responses of feelings and actions after the depth experience. A sense of wholeness, tranquility, assuredness, gratitude, freedom, and increased energy pervades the experience in relation to self, other human beings, and particularly the Infinite. Human action responses include increases in interactions with others and the Infinite and abilities to cope with everyday life situations. The experience is perceived as life-changing, resulting in a new sense of purpose or a sense of growth for the individual. This, in turn, influences the individual's cognitive and affective perceptions about the interrelationship between the Infinite and human beings, and increases the individual's essenergy permeability.

After the development of the general structure of spirituality, three participants were contacted and asked to ascertain the validity of his or her specific situated

structures of spirituality. Then each was asked to ascertain the validity of the general structure of spirituality. Participants 6, 8, and 9 all agreed that the situated structures and the general structure of spirituality did reflect the meanings of their specific experiences as well as the general meaning of the phenomenon. Participant 9 suggested adding the word 'enhancement' to the phrase, "the process of striving for and/or being infused with . . . ." Therefore, the description now states, 'the enhancement of the process of striving for and/or being infused with . . . .' No other changes were suggested by the three participants.

Comparison of General Structure of  
Spirituality with Burns' Framework  
of Spirituality

Burns (1988) proposed a model of spirituality comprised of the critical attributes of essenergy, values and beliefs, spiritual development, individuation, harmonious interconnectedness, and self-integration. The critical attribute of essenergy was supported in the data, particularly in the meanings of spirituality, exemplified by such personal meanings as inner nature, comes from within, comes from the heart, essence of a person, gives life substance, at a deeper level, an expression of my soul, and different for each person.



The critical attribute of values and beliefs was supported in descriptions by all of the participants. Fowler (1981) proposed that it is difficult to find someone who has never heard of God. Each person has had to complete some sort of evaluation of God and God in relation to self. Even though the attributes of essenergy and values and beliefs were supported, their positions have changed as reflected in Figure 2, Model of Spirituality in the Well Adult.

The attribute of spiritual development (Fowler, 1981) was partly supported in the data, specifically in relation to the new attribute of philosophy of interrelationship of Infinite and human. The factors comprising spiritual development of cognitive development, role taking, moral judgment, bounds of social awareness, locus of authority, form of world coherence, and symbolic function would seem to be antecedent to the individual's philosophy.

Individuation, or the process by which a person forges a link between the conscious and unconscious psyche (Jung, 1964), and differentiates himself or herself from the environment (Bowen, 1978) seems to be a diffuse result of the depth experience. The depth experience results in a sense of personal growth which would seem to involve a measure of increased self-knowledge.

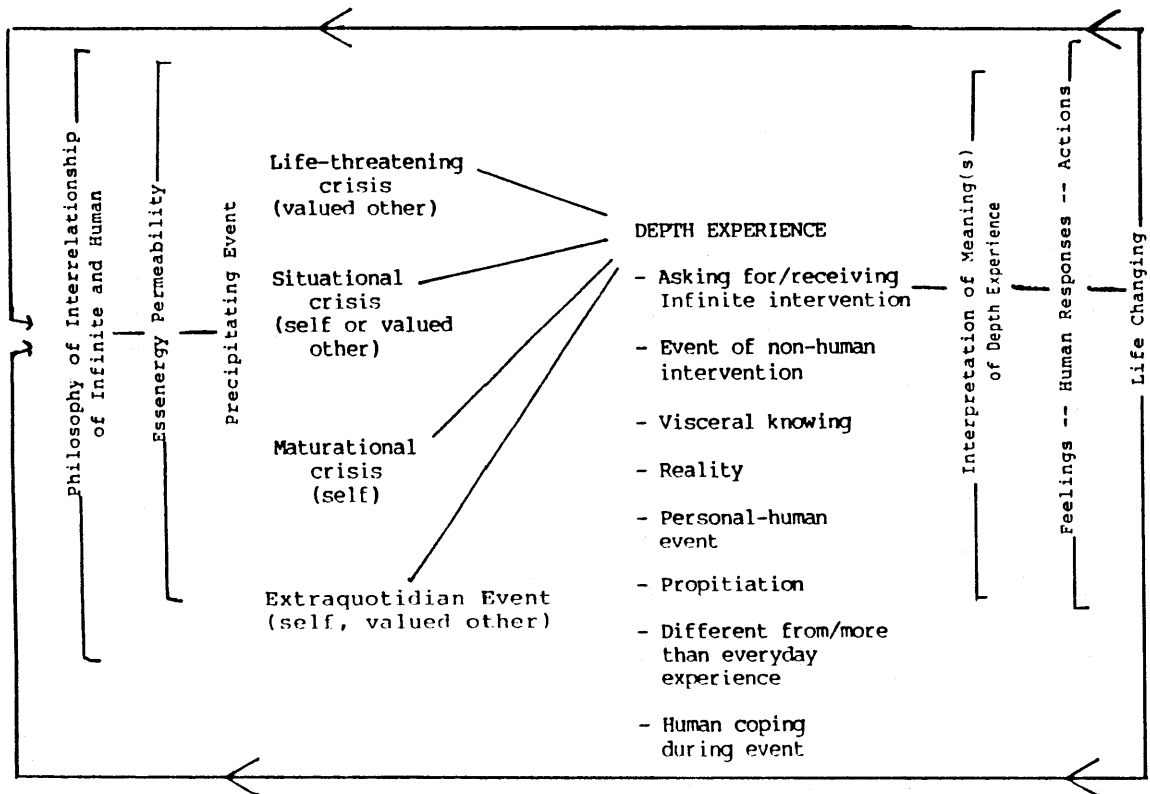


Figure 2. Model of spirituality in the well adult.

Harmonious interconnectedness, comprised of transcendence and presence, was supported in the depth experience. Eight participants described experiences of knowing, at a gut level, that the Infinite had been present during the depth experience. They knew this without a doubt, and could usually describe a specific point in time or point in the experience. Four participants related descriptions of transcendence, labeled propitiary feelings or acts in the new model to reflect the sacrificial nature of the participants' descriptions. Exemplars of this reflected in the data include the actual sharing of information about an adoptable baby by a woman unable to have a baby; a father being willing to exchange intelligence quotients with his retarded son; an employee willing to use her superior's ideas at the expense of her own, more workable ideas; and a mother willing to take on her child's illness.

The depth experiences described by the participants all reflect a sense of harmonious interconnectedness among self, other human beings, and the Infinite. The experience is described by the participants in a variety of ways including being under the conviction of the Holy Spirit, finding an "other" to relate to, knowing a distinct ever-present love, asking God for absolution and having it

granted, and realizing their relationship was one of total connection. Most often this experience of harmonious interconnectedness occurred as a consequence of an interaction with, or valuing of, another human being in the context of inviting the Infinite to become a part of the relationship. Table 6 illustrates each experience and the nature of the relationships.

Even though the idea of connectedness was reflected in the data, it was described as a more complex experience by the participants than was reflected in Burns (1988). In the proposed model (Figure 2), the nature of the connectedness is a part of the precipitating event as well as contributing to the depth experience through the visceral knowing, asking for/receiving Infinite intervention, and propitiary feelings or acts.

The critical attribute of self-integration was reflected primarily in the human feeling responses reported by the participants. They described feeling whole, elated, totally good, having extra energy, peaceful, encouraged, assured, confident, a deep sense of tranquility, wonderment, reverence, and light. Three participants supported the idea of self-integration influencing their energy level.

Table 6

Nature of Connectedness

Situated structure of spirituality	Relationship(s)
1	self/Infinite
2	self/Infinite/friend
3	self/Infinite/son
4	self/Infinite/mother
5	self/Infinite
6	self/Infinite/mother
7	self/Infinite/father
8	self/Infinite/supervisor
9	self/Infinite
10	self/Infinite/support group
11	self/Infinite/acquaintance
12	self/fiancee
13	self/husband
14	self/Infinite/family
15	self/Infinite
16	self/Infinite
17	self/Infinite
18	self/Infinite/roommate
19	Infinite/father
20	self/Infinite
21	self/Infinite/son
22	self/Infinite

Discussion of Model of Spirituality  
in the Well Adult

The model of spirituality in the well adult reflected in Figure 2 was developed from the general structure of spirituality, synthesized from the specific situated structures of the 22 descriptions and 102 personal meanings provided by participants. The main concepts in the model were identified as philosophy of interrelationship of Infinite and humans, essenergy permeability, precipitating event, depth experience, interpretation of event meanings, human responses, and life-changing experience.

The attribute of philosophy of interrelationship of Infinite and humans was described by all participants, particularly as they discussed their religious upbringing or as they related specifically held beliefs. All participants described a Being with more power than self and used terms such as God, spiritual or unitive energy, Higher Power, the Lord, Jesus Christ, and Holy Spirit.

Essenergy permeability was a term coined to indicate an individual's degree of openness to experiences of spirituality. Many of the personal meanings of spirituality used the words essence and energy. These two words were combined, as participants seemed to have difficulty separating the two ideas. The two constituents, impediments to the spiritual dimension and openness to the

spiritual experience, are reflected in the term permeability.

All of the participants reported at least one experience of a crisis event as precipitating a spiritual experience. These involved maturational, situational, or life-threatening events in relation either to the self or a valued other. All of the life-threatening crises involved a valued other, which could be explained by the fact that the participants were well adults, not experiencing a self-life-threatening crisis. Two descriptions did not fit under any of the crisis designations. Participant 6, Experience 2, reported an experience with her fiancée during their courtship. Participant 2 described having a sense of curiosity about God. The category of extraquotidian event was deemed necessary to include these descriptions. The term extraquotidian was coined and defined as something more in everyday life. These were not reported by the participants as crisis events, yet neither were they reported as an everyday occurrence either. No known English word seemed to suffice to describe their experience of an out-of-the-ordinary sense of connection.

Depth experience was a term chosen to reflect the substance of the actual experience. The ordered constituents this term encompassed were realization of

humanity of self and/or others; asking for and/or receiving .  
Infinite intervention; event of non-human intervention;  
visceral knowing; a personal-human event; reality; physical  
sensations; human coping during the event; sacrifice;  
different from/more than everyday experience; and not  
easily explained. These were synthesized into eight  
ordered attributes of the depth experience including:  
asking for and/or receiving Infinite intervention, event of  
non-human intervention, visceral knowing, experience of  
reality, personal-human event, different from and more than  
everyday experience, propitiation, and human coping during  
the event. Each of these was reported by all of the  
participants in at least one description. The intensity of  
the depth experience seems to be influenced by the severity  
of the precipitating event.

After the experience, the individual must interpret  
the meaning(s) of the depth experience for self. Twenty of  
the descriptions indicated a positive meaning was assigned  
to the experience, even though the outcomes of the depth  
experience were not always positive. Human responses to  
the depth experience included feeling and action human  
responses. Both were overwhelmingly positive and  
productive in nature. This attribute embraced the  
constituents of confidence in the future no matter the



obstacles, gratitude to Infinite for the experience, results of experience-actions, results of experience-feelings, things of the spirit being more satisfying, everyday living, and gift freely given.

The life-changing event attribute incorporated the constituents of coping post-experience and new purpose in life/sense of growth. This reflects the conversion nature of the depth experience as identified by all of the participants. The nature of the experience as life changing influences the philosophy of the interrelationship of the Infinite and humans.

#### Summary of Findings

The following is a summary list of the findings of the study:

1. The essential elements of spirituality as lived by the well adult were determined to be: philosophy of interrelationship of Infinite and humans, essence, energy permeability, precipitating event, depth experience, interpretation of meaning(s) of depth experience, human responses, and life-changing experience.

2. From analysis of 22 descriptions of the lived experience of spirituality and 102 personal meanings of spirituality, a general structure of spirituality emerged. Spirituality is the striving for and/or being infused with

the reality of the interconnectedness among self, other human beings, and the Infinite that occurs during a depth experience.

The depth experience was determined to include asking for and/or receiving Infinite intervention, visceral knowing, event of non-human intervention, reality, personal-human event, different from/more than everyday experience, propitiation, and human coping during the event. After interpretation of meaning(s) of the depth experience and responding through feelings and/or actions, the individual perceives and acts on the experience as a life-changing event.

3. A model of spirituality in the well adult was developed from the general structure of spirituality. This was discussed and compared to the model proposed by Burns (1988) for similarities and differences.

## CHAPTER V

### SUMMARY OF THE STUDY

The problem of the study was to determine the essential elements of the lived experience of spirituality in the well adult and to develop a descriptive definition of spirituality. In addition, the study sought to validate the model of spirituality proposed by Burns (1988). Chapter V summarizes the findings, conclusions are provided, implications for nursing are identified, and recommendations for further study are offered.

#### Summary

The aim of the study was to describe the essential elements of spirituality as lived by the well adult. The phenomenological approach as an approach to studying human experience in an attempt to discover meanings, was appropriate (Davis, 1978; Field & Morse, 1985; Giorgi, 1985; Oiler, 1986).

The purposive sample of 10 well adult participants (6 males, 4 females) was interviewed using an open-ended, audio-taped interview format. Each participant was asked to give a personal meaning of spirituality and to describe an experience of spirituality. These descriptions yielded

102 personal meanings of spirituality and 22 protocols of the lived experience of spirituality. Data were analyzed using Giorgi's (1985) psychological phenomenological method. The personal meanings and situated structures of spirituality from lived experiences of participants were synthesized to produce the general structure of spirituality.

The essential elements of spirituality in the well adult were found to include the philosophy of interrelationship of Infinite and human, essence, permeability, precipitating event, depth experience, interpretation of meaning(s) of depth experience, human responses, and life-changing experience.

Spirituality was found to be the process of striving for and/or being infused with the reality of the interconnectedness among self, other human beings, and the Infinite that occurs during a depth experience. The depth experience was found to be precipitated primarily by a maturational, situational, or life-threatening crisis involving the self and/or a valued other human being. The depth experience could result from an extraquotidian event, but was less likely than from a crisis event.

The depth experience was found to be characterized as a time of asking for/receiving Infinite intervention, an

event of non-human interaction, visceral knowing, reality, personal-human event, propitiary feelings or acts, different from and more than everyday experience, and human coping during the crisis. After the depth experience, it was found the individual must interpret the meaning(s) of the depth experience for the self, which was reflected in human responses and actions. The depth experience was found to be perceived as a life-changing experience.

The essential elements of spirituality as found in the well adult sample were compared with the model proposed by Burns (1988) for similarities and differences. The critical attributes identified by Burns (1988) that were supported in the well adult sample included essenergy, values and beliefs, harmonious interconnectedness with the subattributes of transcendence and presence, and self-integration. Even though the attributes were supported, they were found to exist in a more complex manner and different order than proposed by Burns (1988). The values and beliefs attribute was found to exist primarily in descriptions by the participants of their religious upbringing or in occasional descriptions of value and belief statements regarding their experience. This attribute was found to be best represented by the element of philosophy of interrelationship between the Infinite and

humans, which represented a more circumscribed attribute than just values and beliefs. The attributes of spiritual development and individuation were not directly supported.

Essenergy, comprised of essence and energy, was found to be common in personal meanings reported by the participants. The participants described impediments to the spiritual dimensions and openness to the spiritual dimension as they perceived a person's access to their own spiritual dimension. The term, essenergy permeability, is used to identify this phenomenon.

The attribute of harmonious interconnectedness was supported, but in a more differentiated manner than conceptualized by Burns, in relation to the precipitating event and the depth experience. All of the precipitating events involved the participant or the participant and a valued other in relation to asking for and/or receiving Infinite intervention. These events resulted in feelings of wholeness, goodness, and tranquility.

A model of spirituality in the well adult (Figure 2) was developed from the essential elements of spirituality as described by the participants. Relationships among the elements are indicated by the connecting lines in the proposed model. The lines represent influence of one element on another, rather than causation.

### Discussion of Findings

A psychological phenomenological analysis using Giorgi's (1985) methodology was conducted on transcriptions of narrated lived experiences of spirituality and meanings of spirituality given by well adults between the ages of 23 and 50. The discussion of findings examines the data in comparison with the primary conceptualizations identified in Chapter II of spirituality as interactional, spirituality as meaning and purpose in life, and spirituality as developmental.

All the participants described their experiences in terms of relationships. The relationships were of various forms and included: 9 protocols described a self and Infinite relationship; 11 protocols described the relationships of self, Infinite, and other human; 1 protocol described a relationship of the participant's father and the Infinite; and 1 protocol described a relationship between herself and her fiancée. The other persons in the relationships were a valued other and included family members: mother, father, son, husband, and family; others were a friend, supervisor, support group, acquaintance, and a roommate.

Nine of the participants had, as children and adolescents, been reared with religious input, eight of the

participants with Christian foundations, and one with a Jewish foundation. Fowler (1981) stated that each person has to make some evaluation of God and how that God relates to individuals and to self. Nine of the participants were able to name their specific adult religious adherence. All participants related asking for or receiving Infinite intervention during their time of crisis and eight participants described a visceral knowing and reality at the moment they knew the Infinite had intervened with or for them in the time of difficulty during the depth experience. The idea of relationships being an essential aspect of spirituality is supported by several authors. Buber (1953) described this kind of relationship as an I-Thou relationship. It exists when a person is able to enter into relations with openness and spontaneity and the other person is also open to the other's being. Tillich (1963a, 1963b) proposed that the dimension of spirit emerges from the psychic dimension in a person-to-person relationship labeled the personal-communal realm. Further, he postulated that spirit can only come into being in encounter of self with self, person with person, or the human self in encounters with God.

According to de Chardin (1959), spirituality is an irresistible instinct in the human heart which leads the



human towards unity. Stallwood (1975) conceptualized the person as a holistic being with the spirit as the central core component. Spirit was defined as God-conscious or relatedness to deity. Lane (1987) wrote that the spirit manifests itself in four ways. One of those ways she conceived as connecting or belonging as "the spirit--a desire to belong to someone or something, somewhere . . . to from community" (p. 323). Fish and Shelley (1983) asserted that spirituality was entering into a dynamic, personal relationship with God that is reflected in relationship to self and others.

The theory of spirituality as harmonious interconnectedness proposed by Hungelmann et al. (1985) was reflected in the present study. They defined spiritual well-being as "harmonious interconnectedness between self, others/nature, and ultimate other which exists throughout and beyond time and space, achieved through a dynamic and integrative growth process which leads to a realization of the ultimate purpose and meaning of life" (p. 152). All of the participants reported an experience interconnectedness as reflected in their identification of relationships in the reported descriptions. The quality of the relationships as harmonious was strongly supported by all participants. They used such words and phrases as whole,

elated, like walking on a cloud, deep sense of tranquility, reconciled with self, totally good, and overwhelming love to describe their feelings after the depth experience.

All participants described their depth experience as a reality, through a knowing in their heart or inside, often accompanied by pointing to the solar plexus, the mid-region of the body, or the heart. This was described as different from other kinds of knowing through the senses or cognition. One participant stated, "It enlarged my heart, not my head." This experience is reflected in Sinnott (1958) as he claimed that the spirit is a realm of reality not accessible by reason alone. Santayana (1940) described spirit as, "consciousness that comes at any moment and pervades at all times when interaction supplants convention and passion rises into self-knowledge" (p. xl). Steere (1967) embraced the idea of presence as ". . . a willingness to be vulnerable enough to be influenced by, to be penetrated by, and even to be changed by the experience" (p. 9).

Jackson (1980) described the spirit as inseparable from the body, as the physical body being the vehicle for the experience of the spiritual. All of the participants described experiences of personal, intrahuman, intimate

contact with the Infinite. No person described an out-of-body experience.

Several authors described the notion of transcendence (Banks et al., 1984; Cobb, 1967; Jackson, 1980; Lane, 1987). Four of the participants described actions or feelings of willingness to sacrifice themselves, symbolically or actually, for another person. Because the essence of their descriptions was sacrificial in nature, the term propitiation was used to describe this phenomenon. One participant reported asking God to give her son's illness to her instead, so that he might not suffer needlessly. Another reported an act of willingly helping another acquaintance adopt a baby that suddenly became available for adoption, even though she was experiencing infertility and desperately wanted a baby herself. One participant described being willing to let go of her own ideas in relation to a job assignment, and use the ideas of her supervisor, even though she knew her ideas were more productive for the assignment. One father described asking God to let him trade his intelligence with that of his retarded son. None of these four, or any of the other six participants, reported any feelings of God seeking retribution for any past actions that might be represented by their present situation.

The reviewed literature did not support the idea of a precipitating event being necessary for an experience of spirituality. However, 20 of the 22 experiences described by the 10 participants related to a maturational, situational, or life-threatening crisis. Seven descriptions were related to illness of others, two to illnesses of self, three to spontaneous healing experiences, and one to the death of another. The situational crises included two related to supervisors and one was an experience of financial ruin. The four descriptions of maturational crises primarily dealt with adolescent young adult experiences of professing belief in God and then later questioning that action. Only two reported experiences were of a non-crisis or extraquotidian nature. One involved a participant and her fiancée as she stated, "This was a soul connection." Another participant described a sense of curiosity about God. In the present study, crisis was found to be an almost universal requirement for the participant to have a depth experience. As the intensity of the crisis increased, so did the intensity of the depth experience reported by the participant.

Spirituality as meaning and purpose in life (Frankl, 1962, 1978) was reflected directly by five of the

descriptions from four participants, and indirectly by the other six participants. The participants' descriptions coalesced around the ideas of the experience of spirituality as being a life-changing event or an experience that gave them a new purpose in life or the courage to enact their known purpose. A sense of self-growth pervaded all of the descriptions.

Frankl (1962) suggested the will-to-meaning can be experienced through the categories of creative action, receptivity towards the world, and attitude toward condition or lot in life. Trice (1985) validated these categories in a phenomenological study to ascertain the essential structure of a meaningful experience in the elderly. Although the participants' feeling and action responses to the depth experience were not categorized, it would seem the responses would fit in these three broad categories. Feeling responses from all participants reflected positiveness and included such modifiers as elated, reverence, wonderment, peaceful, extra energy, lightness, feelings of freedom, encouraged, joy of purpose, fullness, assuredness, confidence, and belongingness. Action responses also reflected a pervasive sense of positiveness from all participants such as increased prayer on a regular basis; being a full, positive, directive

parent; sharing the experience with others; sharing hope and encouragement with others; sharing of identified talents; and increased ability to cope with everyday situations.

The ideas of Fowler (1981) of spirituality as a developmental process were not directly supported in the participant descriptions. This could be due to the fact that the interview question did not ask the participants to describe how their spirituality had developed, but rather to describe an experience of spirituality. However, seven participants spontaneously reported more than one experience that seemed to occur in chronological time order, so that a general progression in interpretation of the experience in relation to their lives could be extrapolated. Nine participants did report a religious upbringing, eight with a Christian background and one with a Jewish background. However, only one participant described a relationship specifically with Jesus Christ. All of the participants reported their depth experience as occurring with God, a Higher Power, Spiritual Energy, the Lord, or the Holy Spirit. Jesus Christ was mentioned in relation to the depth experience in only one protocol. This is simply an interesting finding with eight of the participants claiming a Christian background.

Some authors have proposed that developmental crisis will spark a spiritual crisis also (Bloomfield & Kory, 1978; Byrne, 1985; Peterson, 1985; Ronaldson, 1964). Four of the experiences reflected maturational crises during adolescence/young adulthood and one experience occurred at the death of the participant's father. The other 17 experiences were not described as developmental crises.

#### Conclusions and Implications

From the findings of the study, the following conclusions and implications evolved:

1. The sample size was small and from only one geographic area. Therefore, the findings cannot be generalized to other well adults or to other geographic areas. However, the general structure and model of spirituality in well adults can serve as a beginning for further study and research. The structure can serve as a guide in helping nurses provide holistic care, particularly during times of maturational, situational, and life-threatening crises.

2. The investigator was able to determine the essential elements of spirituality in the well adult from the sample, even though the sample was diverse in gender, race, educational background, occupation, marital status,

and religious preference. This would seem to indicate that the experience of spirituality is not different for males and females, ethnic group, or religious orientation.

3. An individual's philosophy appears to have a direct effect on the permeability of the essenergy dimension of a person. It would seem that whatever cognitions, values, and beliefs one holds about the interrelationship of the Infinite and humans influences how open one is to practices that help a person relate more intimately with self, others, and the Infinite. Some of these practices are prayer, meditation, relaxation, visualization, immersion in nature, reading about this interrelationship, seeking meaning in art and music, and a myriad of others. Nurses have long been involved in helping clients to learn and practice many of these interventions. From the simple opening of a window to let the sunshine into a client's room to the structured teaching of relaxation exercises, the nurse's role has been and should continue to be evident.

4. The conclusion that an experience of spirituality is more likely to occur with a precipitating crisis event is extremely important for nurses to realize. Thirteen of the protocols dealt with illness or death and 2 of the protocols dealt with maturational crisis, all areas within



the domain of nursing care. Nurses need to be aware that during times of crisis, attention must be directed towards the spiritual dimension of the individual and the family. All five of the life-threatening crises dealt with the threat of death of a loved and valued other. Spiritual care of family members of a seriously ill client must not be overlooked in clinical practice. Maturational crises are opportune times for nurses to assess and intervene in relation to the spiritual dimension.

5. It is important to note that the descriptions of the participants made it clear that a person cannot make a depth experience happen, but a person can be open to a depth experience. The depth experience involved the asking for and/or receiving Infinite intervention, either from God, a Higher Being, the Holy Spirit, or Unitive energy. A person cannot manipulate the experience, but the experience is real when it occurs. Nurses can affirm and celebrate the reality of the experience for persons and recognize the potential for change.

6. The depth experience resulted in a pervasive response of positiveness in feelings and actions. It is not known what responses a person has to crisis if the depth experience does not occur. All of the participants did not have a positive resolution to their identified

crisis; however, all of the experiences resulted in feelings and actions of positiveness. This is an opportune time for nurses to allow and encourage expression of their feelings and/or actions.

7. A sense of growth or a life-changing event was reported by all of the participants. A sense of purpose and meaning is reported as essential to health and health promotion activities (Pender, 1987). These participants experienced a new or renewed sense of purpose and meaning in their lives. Nurses need to recognize the opportunities for growth that are possible as the result of an experience of spirituality.

8. The experience of spirituality occurs during the course of living one's life, in relation to everyday circumstances and events. Rarely was the clergy or the church discussed directly in relation to the experiences. Nurses and other health professionals must recognize the spiritual dimension as a part of everyday living, rather than something for only the pastoral care department to address.

9. Prior to the initiation of the study, three limitations were recognized. One limitation dealt with the possibility that use of an audio-tape recorder might have an affect in terms of the participant's feeling free to be

open and honest. All participants agreed to be audio-recorded and did not seem to have a problem in communicating with the investigator once the initial nervousness inherent in being "on tape" was over, generally in a few minutes after beginning the interview. Most of the participants seemed glad to have an opportunity to share significant experiences in their lives. The audio-recording allowed the investigator to focus on the participant's description, with attention to nonverbal behaviors as well as the meaning behind the spoken words. The audio-recording of the interviews was a definite asset of the study.

#### Recommendations for Further Study

Recommendations for further investigation generated by the findings of the study are as follows:

1. Engage in more studies which describe the experience of spirituality in specific stages of the life cycle.
2. Describe the phenomenon of spirituality in persons with acute and chronic health care problems.
3. Study the variable of gender to validate the similarities in the experience of spirituality between males and females.

4. Study the intensity and severity of stressors which precipitate a depth experience.

5. Study the essenergy permeability of a person in relation to different practices such as meditation, relaxation, visualization.

6. Study the influence of different philosophical orientations on the experience of spirituality.

7. Study the life changes that result from the experience of spirituality.

8. Test the proposed model of spirituality in different age groups, health conditions, and philosophical orientations.

9. Study the phenomenon of spirituality for persons experiencing the life-threatening illness of a valued other.

10. Study the phenomenon of spirituality in relation to non-crisis situations.

11. Study the change in meaning and purpose in life in persons who have had a depth experience.

12. Study the health patterns of persons who have had a depth experience.

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APPENDIX A

Colleague and Staff Information Sheet

## MEMORANDUM

To: Faculty and Staff

From: Paulette Burns, R.N., M.S.

Subject: Research Subjects

As many of you know, I am a doctoral student in nursing at Texas Woman's University, Denton, Texas. For my dissertation, I am conducting a descriptive study using the phenomenological method to examine the concept of spirituality and how it is experienced by the well adult between the ages of 23 and 50. The research question seeks to answer the question: What are the essential elements of the lived experience of spirituality in the well adult?

In order to recruit persons for the study, I am asking you to suggest the names of three persons whom you think would meet the sampling criteria. The criteria are as follows:

1. The participant must be unknown to the researcher.
2. The participant must be between the ages of 23 and 50.
3. The participant must be able to verbally communicate his or her experiences, feelings, and perceptions regarding spirituality.
4. The participant must be in generally good health.

If you are willing to suggest potential participants, please write their name(s), phone number(s), and approximate age on a sheet of paper with your name on it. Place these in a sealed envelope and return to me by \_\_\_\_.

Potential participants will be contacted by phone. In order for the potential participant to feel more comfortable, I will explain that his/her name was referred to the investigator by you. The purpose of the study and expectations of participants will be explained. The individual will then be asked if he or she would like to participate. If the individual agrees, a time and date for the interview to occur will be set.

If you have any questions or concerns regarding the study, please contact me. Thank you for your assistance and cooperation.

APPENDIX B

Human Subjects Review Committee Permission

TEXAS WOMAN'S UNIVERSITY  
P.O. Box 22939, TWU Station  
OFFICE OF RESEARCH AND GRANTS ADMINISTRATION  
DENTON, TEXAS 76204

OCT 06 1988

## HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Paulette Burns Center: Denton  
Address: 123 East 119th Street Date: 10-5-88  
Jenks, Oklahoma 74037

Dear Paulette Burns

Your study entitled A Phenomenological Study of the Spiritual Experiences  
of Well Adults

has been reviewed by a committee of the Human Subjects Review Committee  
and appears to meet our requirements in regard to protection of  
individuals' rights.

Be reminded that both the University and the Department of Health,  
Education, and Welfare regulations typically require that signatures  
indicating informed consent be obtained from all human subjects in your  
study. These are to be filed with the Human Subjects Review Committee.  
Any exception to this requirement is noted below. Furthermore,  
according to DHEW regulations, another review by the Committee is  
required if your project changes.

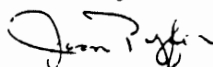
Special provisions pertaining to your study are noted below:

       The filing of signatures of subjects with the Human Subjects Review  
Committee is not required.

       Other:

  X   No special provisions apply.

Sincerely,



Chairman  
Human Subjects Review  
Committee at Denton

cc: Graduate School  
Project Director  
Director of School or  
Chairman of Department

10/1/87



APPENDIX C

Graduate School Permission Letter

TEXAS WOMAN'S UNIVERSITY  
DENTON DALLAS HOUSTON  
THE GRADUATE SCHOOL  
P.O. Box 22479, Denton, Texas 76204 817/898-3400, 800-338-5255



December 1, 1988

Ms. Paulette Burns  
123 East 119th Street  
Jenks, OK 74037

Dear Ms. Burns:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

*Leslie M. Thompson*  
Leslie M. Thompson  
Dean for Graduate Studies  
and Research

dl

cc Dr. Rose Nieswiadomy  
Dr. Anne Gudmundsen

## APPENDIX D

### Verbal Explanation to Subjects

### Verbal Explanation to Subjects

My name is Paulette Burns, and I am a graduate nursing student at Texas Woman's University, Denton, Texas. Your name was referred to me by \_\_\_\_\_ as a person who might be willing to participate in my research study about spirituality. I am conducting a study to identify the essential elements of spirituality.

What I will ask you to do is to describe your experience of spirituality. I will ask you to describe your thoughts, feelings, and perceptions about this experience until you feel you have thoroughly described this experience in your own words.

I would like to audio-record the interview so that I may be free to listen to you without having to take notes to remember the exact way you described the experience. I will also ask you some general questions about yourself, such as your age, marital status, number of children, and so forth.

There is no time limit on the interview; we may take as long or as little time as you would like. Generally one hour is sufficient time to complete the interview. The interview may be conducted in your home or another quiet, non-distracting location of your choice. There are some

potential risks and some potential benefits that I will explain to you:

Benefits:

1. The satisfaction of having participated in a project which may advance the science of nursing.
2. Sharing a significant experience in your life may be growth-producing.

Risks:

1. Loss of anonymity due to the face-to-face nature of the interview.
2. Possible discomfort due to the tape recorder or the emotions which may surface during the interview.
3. Concern that participation or non-participation may in some way influence your welfare.

Measures taken to alleviate risks:

1. Only your first name will be used during the recorded interview to preserve anonymity (from the typist). No names will be used in any reporting of results, either oral or written. After the interview is typed so that I may analyze the information in it, I will erase the tape.
2. You have the right to stop the interview at any time if you wish to, and withdraw from the study without penalty.

3. Your decision to participate or not to participate will in no way affect your welfare in terms of reward for participation or retaliation for non-participation.

Do you have any questions? Would you be willing to participate?

## APPENDIX E

### Investigator Interview Guide

## Investigator Interview Guide

1. What does spirituality mean to you?
2. Please describe for me a situation in which you have experienced spirituality.
3. Describe your experience exactly as you remember it, including your thoughts, feelings, and perceptions as you remember experiencing them.
4. Continue to describe the experience until you believe it is fully described.

Prompters which may help to elicit as complete a description as possible:

1. What were your physical surroundings during the experience?
2. Who else was involved?
3. What was/is their relationship to you?
4. What emotions did you feel at the time?
5. What was happening immediately before the experience? Immediately after?



APPENDIX F

Demographic Data Sheet

## DEMOGRAPHIC DATA SHEET

Name:

Address:

Phone number:

Age:

Gender:

Race:

Occupation:

Marital Status:

Religious preference:

Formal Educational level:

Health rating:

Number of children:

APPENDIX G

Sample of Transcribed Interview

## Sample Transcription

Interviewer I'm going to ask you the first question, what does spirituality mean to you?

Participant To me, spirituality is a feeling that comes from within. It is an overwhelming feeling of the whole body that overtakes one's mind or soul.

Interviewer Can you describe for me an experience that you've had of spirituality?

Participant Several.

Interviewer Okay. If you want to describe more than one, you can.

Participant Okay, well let's just go with one. The very first one that I've experienced was when my son was born 5 years ago. He was born 2 1/2 months early. They gave us 24 hours for him to live, because they couldn't find out what was wrong with him. He kept losing blood and they kept giving him brain scans and doing spinal taps on him and everything. He only weighed 3 pounds. He wasn't that big. So, anyway after 7 days--he was born 7 days--all of a sudden he just started losing blood and they couldn't find out where it was coming from or where it was going. So they had to give him like 14 blood transfusions in 1 day. So they gave him some medicine that took all his life away from him and they put him on all types of respirators and breathing machines and everything you could imagine he was hooked up to. They told us that he had 24 hours to live. They said that if in 24 hours he wasn't any better, they would just turn off all the machines and they were pretty sure he was going to die. They gave us a room and told us that anybody that we wanted to see him should come to St. Johns, because they just knew he wasn't going to make it. So, we called all our relatives and friends and told them you'd better come up and see him now, because you won't see him tomorrow for sure. Anyway, on the 24th hour,

he woke up on his own. All during that 24 hours I just said Lord, if it be thy will to take him, take him. If not, give us a sign to leave him here, because I didn't feel as though I had the right to say turn the machines off or the right to say don't continue to try. I just said that if it was the Lord's will, that he would wake up on his own or he would do something to show us that he wanted to live. On the 24th hour, he woke up on his own and they called it an episode. And they have never known what was wrong with him, but all the medicine they gave him and everything, he still woke up on his own crying and screaming and he's been a fighter ever since. At that time, I just felt like it was the Lord telling me that this little boy was a blessing to me and I should do everything in my power to bring him up the right way.

## APPENDIX H

### Situated Structures of the Lived Experiences of Spirituality

Situated Structure of Spirituality  
Participant 1, Experience 1

P1 is experiencing a health problem (carpal tunnel syndrome). He is trying to tune into the spiritual energy that surrounds him, so that energy can help to heal him. He feels he is blocking that energy in some channels so that the spiritual energy cannot get through. He feels that the emotional, mental, and physical body needs to be tuned in to the spiritual dimension. One's sense of spiritual place within the self and the world influences the physical body. The body is the last to receive spiritual messages.

Prior to this health problem, he was overworking. He is now attempting to reorder his priorities and make himself more valued than his work. Self-worth is reflected in how well one cares for the self--emotionally, mentally, physically, and spiritually.

P1 is now taking more time for himself and reflecting on his attitudes, reading, and trying to make what he knows more real in his heart (feeling level). Nature, including birds, trees, sunlight, quietness, are catalysts for helping him to make ideas and thoughts more real which results in feelings of peacefulness and feelings of a connection with everything, a oneness with other people. Bringing ideas into your heart takes time, work, practice, and discipline. The demands of work and the need to make money sometimes block spiritual priorities in his life.

Situated Structure of Spirituality  
Participant 2, Experience 1

P2 grew up in a religious, not spiritual, Jewish home. He knew a lot about God, but he did not know God. As an older teen, he left his religious roots behind and became a practicing humanist, meaning God was not relevant in his life. He lived by this belief system, without a sense of a greater power for the next 15 years. Curiosity led him to begin exploring spiritual matters. He and his spouse began attending church as an intellectual, cultural, social event. He began reading about God, wondering, thinking, and testing his ideas about the world. Examination of his belief system resulted in his dropping his belief in evolution. As he learned more about God, he began to pray which led to his "being under the conviction of the Holy Spirit". He felt God tugging on him and that God was real. As his religious activities increased, his belief in the sense of a greater power became more real. He began to pray on a regular basis and a sense of peace resulted. He has become a church leader and now incorporates attention to the spiritual dimension in his counseling practice.



Situated Structure of Spirituality  
Participant 3, Experience 1

Prior to the participant's pregnancy she and her husband would frequently get together with friends at clubs, where they enjoyed music, dancing, and drinking. The participant's son, now 5 years old, was born 2 1/2 months prematurely and suffered a life-threatening illness of undetermined origin. He was given 24 hours to show any signs of recovery, or she would be asked for permission for the life-sustaining machines to be withdrawn.

During those 24 hours, the participant asked for the Lord's will to make itself known by having the baby wake up on his own or by dying. She felt she did not have the right to decide the life or death of her baby. The baby woke up on the 24th hour without medical assistance.

The participant felt the Lord was telling her that the baby was a blessing to her and that she should do everything in her power to ensure his well-being during his upbringing.

The participant had feelings of fullness, a type of joy that was more fulfilling than the type of joy one feels at receiving a gift, feelings of being physically touched by another with more power and reassured, and a different kind of freedom and excitement than everyday meanings of these words. She found another she could relate to.

The participant coped during her experience and in the last 5 years by telling herself that the Lord would not allow her to have more problems than would exceed the limits of her coping ability.

After her son's birth, life threatening condition, and recovery, the participant perceived her purpose in life as caring for her son to overcome any difficulties he might encounter so that he would be able to lead a meaningful life. The participant perceives her old lifestyle as meaningless, and her son's life as priceless and miraculous.

The participant willed herself to believe that her child would be smart and not suffer any mental deficiencies from his perinatal experience. She related to God through prayer about her son's mental capabilities. She knows that God realizes she would be unable to cope with a mentally deficient child.

If her son becomes ill it reminds her of his almost dying, and she prays to God for the illness to be transferred to her. It has been difficult for the participant to discipline the child because of him almost

dying. The participant relates to God daily through prayer to meet daily challenges with her son.

Situated Structure of Spirituality  
Participant 3, Experience 2

The participant's mother was diagnosed with terminal cancer 2 years ago. She respects, loves, and has tried to model herself after her mother. At that time she felt like her mother was irreplaceable in her life as a friend and confidant. She communicated her distress to God. She had not attended church in several years.

On a Sunday morning the participant was preparing breakfast, an unusual behavior for her on Sunday, and she began to be conscious of the time in relation to when church services began. The participant felt something "other" within her body, making her go to church. Her family did not understand her going to church. She is not sure exactly what happened, except that she found herself in church, and became a member that day. The experience was strange, but "matter-of-fact" at the same time. This was a life-changing experience that resulted in her being a different person than before the experience.

The participant felt like she had a purpose in life after being led to the church. She eventually realized her purpose as sharing her singing voice, helping the youth and adult choir, and being a Christian leader.

The Lord directing her back to her childhood roots in the church resulted in a joy of purpose, feelings of belonging and fulfillment, and finding a source of support greater than herself. It has also resulted in her own family unit becoming closer. She and her husband have become closer through sharing their innermost feelings with one another about death, their family, their spirituality, and the Bible.

Situated Structure of Spirituality  
Participant 4, Experience 1

The participant was reared in a fundamental, religious, Christian family who exemplified Christian principles. At 11 years of age he professed his faith in Christ and thereafter perceived he and Jesus in a relationship like the relationship of parent to child. He perceives his relationship with Christ as deepening and satisfying in his life. When he and his wife married, both dedicated their lives to Christ, which resulted in giving and caring for others.

Situated Structure of Spirituality  
Participant 4, Experience 2

When the participant was 25, the participant's mother, whom he was extremely emotionally close to, suffered a life threatening myocardial infarction, which was a shock to the participant. The family had a base of belief in Jesus Christ. He always knew both parents cared deeply for him, but he was closer to his mother. Her situation overwhelmed him with feelings of desolation when he realized she could die. He asked God if she would live or die. He heard God say, within him or audibly outside of him, she would recover. He reached her room and realized she was feeling afraid because of her unknown future. He shared with her his assurance from the Lord that she would recover. This experience with God resulted in complete total peace, sweetness and joy, and complete, absolute assurance. He had a sense of perfume in the air. He did not experience this occurrence as talking with himself, positive power, or positive thinking.

Situated Structure of Spirituality  
Participant 4, Experience 3

The participant's experience involved knowing a distinct, ever-present love. The participant's father was in a coma in an ICU. The participant and his brother touched their father and reassured him that the Lord and his angels were there to care for him, and they shared their presence with him. He sensed that his father would die, a peaceful sense. They returned to the waiting room. Later health personnel told the family they needed to come see their father. At that moment, he knew his father was dead. He perceived someone physically putting a hand on his shoulder telling him "I love you" and "things are going to be fine." He simply discerned the truth. He had a sense of sweetness, overwhelming peace and love, and complete assurance. This experience is an example of a human living in more than the physical dimension to the participant.

Situated Structure of Spirituality  
Participant 5, Experience 1

The participant was feeling very discouraged about her work situation, which involved working with a difficult supervisor. There was a particular work task to be accomplished. Her supervisor had given her his ideas on how he thought it should be completed, which differed from the participant's ideas. She had consulted others outside her work area on how to approach their differences. The task seemed hopeless. She was willing to give up her ideas and use his to avoid conflict. She presented her approach to the task, and to her surprise the supervisor liked it and told her to complete the task using her approach. She perceived this as a spiritual experience because she had no control over the outcome of the interaction. His agreement with her idea occurred without intervention on her part. She perceives most spiritual experiences as occurring in the context of coping with everyday living.

After the experience, she perceived her essence and energy to be at a high level because another person was able to recognize the genuine worth of her ideas. She felt her higher power had recognized her need to be encouraged in her work situation in order to be able to continue to cope with it.

Situated Structure of Spirituality  
Participant 5, Experience 2

The participant chose to abort a pregnancy during her early adolescence. She felt like that was the best decision at the time, although she has continued to feel remorseful. She felt like, even though she has gained insight about her behavior over the years, she was blaming and punishing herself at a subliminal level.

She began attending a support group for another problem, and they provided a strategy for growth. This involved listing good and bad qualities about herself to be shared with God and one other person. In her sharing with God about the abortion, she asked God for absolution and he granted it. She felt a deep sense of tranquility after this exoneration. She felt like she had been set free. She reconciled her religious upbringing and resultant ideas about God with her experience of forgiveness. She now perceives each new day as a new opportunity.



Situated Structure of Spirituality  
Participant 5, Experience 3

The participant cohabitated with an alcoholic significant other for four years. Maintaining the relationship held a lot of value for her, even though the relationship had deteriorated to an almost unbearable point. The participant began to search for something that could help her cope with her situation. She found a support group that she felt met her needs and she was able to relate to. This support group helped her to cope with her situation as well as helped her to find a higher power that was congruent with her expectations of a caring being.

She used the strategies for coping provided by the support group which resulted in a different pattern of behavior in relation to his continuing pattern of behavior. Her partner finally rejected her for someone else. Because she had increased her sense of self-esteem, she was not destroyed, which was different from past relationship endings.

She often felt much anguish, but always seemed to be provided with coping tools by her higher power, such as an uplifting phone call, a new idea, or her support group.

Situating Structure of Spirituality  
Participant 6, Experience 1

The participant experienced a stressful two years of diagnosis and treatment for epilepsy, and a subsequent diagnosis of infertility. These two situations resulted in the participant beginning to seek and develop her spiritual dimension, which she felt had been dormant since adolescence, in order to cope with the situations.

Her specific experience of spirituality began with an unexpected opportunity for her and her husband to adopt a baby. They had not given up hope of having their own biological child, yet this opportunity for a baby happened. Initially, she felt shock and was unable to complete her everyday tasks. As she was driving, she suddenly discerned that this baby was not to be hers. She interpreted this as a spiritual knowing, as a physical, visceral feeling. She also knew that she had been granted this knowledge about the baby for a reason.

The participant went home and discovered an old friend had phoned just to reconnect. This reminded her of a person they both knew who was experiencing infertility. She focused all of her energies successfully on connecting this person with the adoptable baby. This was a very real experience for her because she did it without thinking of her own needs, a completely selfless act.

For several weeks later, she felt totally good, purely good, wonderful, peaceful, light, energetic, and like she was walking on air. She felt like she was in a part of life, apart from everyday experience. She shared her feelings with others, and they shared a Jewish word with her that described her experience. Once she was able to label the experience, she did not have to share it so much.

This experience taught her that when she has that feeling of visceral knowing it is significant for her life and not to be ignored, even if she does not know why she is having that feeling. Usually that feeling occurs during the course of quotidian activities.

Her feelings of wonder, goodness, and lightness retreated in the "busyness" of everyday activities. She perceives the experience as a life-changing event through which she experienced God's care for her. She developed a sense of trust and faith in her ability to cope with whatever may occur in her life.

The adoptive mother sent her a meaningful card after the adoption which she often remembers, and it makes her feel comforted. She cannot experience those feelings again in the intensity she felt them during the experience, even

though she would like to. She has continued her spiritual development through having others pray for her, and now through creating her own prayers. Her prayers have made a difference in her life in helping her to cope with the possibility of not having a child.

Situated Structure of Spirituality  
Participant 6, Experience 2

After dating her fiancée for 5 months, the participant and her husband realized their relationship was one of total connection. For the participant this felt like lightness, completely full of love, like she had been granted a gift. He contributed to her life in a way she had never experienced with anyone else. There was and is a feeling of eternal connectedness. That no matter what happens in their life together, even death, their connection of love and trust will endure.

Situated Structure of Spirituality  
Participant 7, Experience 1

The participant's husband, a usually very healthy person, experienced a precipitous case of severely debilitating ulcerative colitis which continued over a 2-year period of time. It was finally resolved through colon surgery. At the beginning of the illness, God shared with her husband that God was going to heal him and then give him a ministry. The participant's husband shared this knowing experience with her and she felt herself to be a part of God's plan. Just prior to the diagnosis, after an episode of severe bleeding, one of the couple's friends shared with them that God had communicated to her that his illness would not result in death. Over the course of the testing and diagnosis, they remembered this. They did not know for what reason God had allowed his serious illness to occur.

After God's sharing they knew God was in control of the health situation and that her husband would be all right, even though the health professionals felt he was seriously in need of surgery. They knew God had a plan for the future and they continued to focus on that thought throughout the situation. This gave her a sense of peace, of security about her husband's welfare, of strength to endure the situation, and a sense of God always being present.

God had communicated indirectly to her through her husband's experience, but directly to her through finding meaning in scriptures. They knew God was at work in their lives because of their financial survival and her extra physical energy to help her husband when she needed it.

Since God was in control, she did not fear for her husband's physical safety, even when he finally underwent surgery. She did experience anxiety and concern.

During the experience she continued to cope by church attendance, Bible study, and prayer. They continually focused on knowing that God was in control. Friends were supportive through visits to the home, mutual prayer, and words of hope. Other people individually communicated with God on their behalf.

After the surgery and subsequent healing, the husband as an agent of God has been able to share with others in need of reassurance and hope of a more productive future.

Situated Structure of Spirituality  
Participant 7, Experience 2

The participant's husband resigned his bank executive position and began an oil related business of his own, which was not financially successful. The family was forced to divest themselves of most of their accumulated wealth. In the beginning the participant believed that God would not allow them to endure financial ruin. Through the study of scripture, it was revealed to her that God did not promise to release persons from worldly troubles. She then began to realize that they had placed themselves in a position for financial ruin. She understood that God did not intervene to keep them from financial ruin as a spiritual growth lesson about the worth of all aspects of life. Through scripture she discerned that God would sustain persons during times of human struggle. Because God valued them as a couple, she perceived it was necessary for them to experience some financial pain in order to grow more fully in the spiritual dimension.

Situated Structure of Spirituality  
Participant 8, Experience 1

The participant had an affective, authentic experience, as a young adolescent, of entrusting his life to God. He felt his life was congruent with the kind of person God wanted him to be. He felt whole after the experience and particularly elated because being affective and emotional was an unusual occurrence for him.

Situated Structure of Spirituality  
Participant 8, Experience 2

During late adolescence/young adulthood, the participant began to question the reality of God in his life. He wondered if he had simply adopted what his family and friends felt to be real. He wrestled with the idea that what he had been taught to believe as truth might not be real because he did not have objective, tangible proof. He felt a need to claim his own beliefs.

Through this questioning and questing process, he agreed to consistently read and study the Bible so that God could relate to him as an individual and, therefore, become real to him. Through this reading, God communicated to him by allowing him to intuitively discern the truth in the scriptures. He evaluated the truths to be a reality even when detached from his upbringing. He ascertained these truths to have priority value in his life. He did not perceive this as a soul-stirring event.



Situated Structure of Spirituality  
Participant 8, Experience 3

While in college, the participant experienced speaking in tongues while praying. The participant was actively searching for an experience to validate that God had something special for him. He facilitated the possibility of an experience by removing internal obstacles or opening himself up. He was routinely reading and seeking discernment of God's personal meaning for him. The actual event of glossolalia occurred as he allowed words to come to mind and he spoke them in a disconnected way. He did not know the meaning of his spoken words.

At first he was ashamed of the experience because he doubted its authenticity, but he gradually accepted and welcomed the experience because it helped him to relate to God on a level different from logic and objectivity. This praying in the spirit or allowing the Holy Spirit to speak through him, allowed the participant to be more whole through development of his intuition or at the prescient level.

Situated Structure of Spirituality  
Participant 8, Experience 4

The participant returned to his college dormitory room, saw his roommate's suitcases and discerned that something was wrong. His roommate had gone home for the weekend and returned while the participant was out of the room. Even though his roommate was not there, he felt an intense urgency to engage in prayer, without understanding what the content of the prayer should be, only knowing that something was extremely wrong.

He experienced the prayer as a time of intense feelings expressed through crying, which seemed right for the situation, even though he didn't know exactly what the situation was. During the prayer he began to have an intense visceral feeling and discerned that the prayer was for his roommate. He later learned his roommate was in trouble because of involvement with illegal drugs. This intense visceral feeling did not come from any of his five senses; he attributed it to his spiritual dimension.

This experience confirmed the participant's knowing that God was a real, personal being for him. Logically there was no way he could have known about his roommate's troubles; he felt them. This experience was significant because he was able to spiritually care and be sensitive to someone else through prayer.

After the experience he had feelings of reverence and wonderment of the event. He began to be aware that when he experiences the visceral spiritual knowing, that it has some kind of significance for him or someone else.

Situated Structure of Spirituality  
Participant 9, Experience 1

The participant and his parents were involved in a serious auto accident while vacationing away from home when the participant was 12 years old. The participant sustained injuries, but was the least injured. His father shattered his right knee cap, which the doctors prepared to repair in surgery approximately a week after the accident. The x-rays taken just prior to surgery showed the knee cap to be whole. This was verified by comparing this set of x-rays with two previous sets that showed the fractured bone fragments and splinters of the knee cap. The participant explained this healing as the result of others praying for their family for God to intervene. He perceived the experience as real, the most significant event in his life up to that time. He did not perceive this as a supernatural event, but accepted it as God's normal work and he was very thankful.

Situated Structure of Spirituality  
Participant 9, Experience 2

The participant was extremely sensitive to poison ivy and could easily contract it during childhood and adolescence, and at age 14, had a severe systemic reaction to poison ivy. During a church service the participant and his mother approached the pastor and asked him to ask God to release him from the reaction to the poison ivy. The participant was weary of dealing with the poison ivy for so many years. The pastor and congregation prayed and within 30 minutes he was healed and has not had another reaction in his life.

The participant perceived this as an experience of objective reality. He saw it happen. He attributed it to the work of God and he felt jubilation and gratitude. The participant differentiated believing and knowing. Believing involves trusting and hoping that something can happen. Knowing involves experiencing the fact that something a person has trusted and hoped for, has in actuality happened, without a doubt.

Situated Structure of Spirituality  
Participant 9, Experience 3

The participant related an experience that happened when his second son was diagnosed mentally retarded at age 1 1/2 years old. Upon learning of his son's diagnosis, he was in a state of shock as evidenced by his inability to ascertain how to drive to the house of their friends. He felt the need to share with a particular couple, friends, about his son's diagnosis.

Over time the participant and his wife began to more fully understand their son's abilities in relation to the retardation. The participant was unable to reconcile himself to his son's retardation. He was afraid the intensity of this unacceptance would interfere with his ability to continue on with his life and his marriage in a positive way. Over an 8-month period of time, he wrestled with this emotional unacceptance of his son's diagnosis to the point of being in such anguish that he was becoming unable to provide guidance and to seek out helpful resources for his son.

He did not feel remorseful, ashamed, or that God had caused this to happen to the participant for retribution for past actions. The retardation just happened.

His melancholy began to increase and manifested itself in sleep disturbances. He felt unable to control his feelings. He realized a possible release from his burden of anguish lay in his religious knowledge and background. He did not want any other, other than God, to have to take on the burden he was carrying.

At a Sunday evening church service, because the intensity of his anguish was so great he no longer could withstand it, he asked God to take his burden from him. He perceives that he passed his burden to God by "letting go of it." At that moment he knew within him that his anguish was gone. The ability to accept his child's retardation was given to him freely by God. He loved his son so much he was willing to change intellectual places with him. He perceived this as an emotional transformation. After this transformation he perceived himself as being a full, positive, directive parent in his son's life and as a partner with his wife. The participant perceives that having a retarded child has allowed their family to fully develop their purpose of helping their son reach his potential. The participant perceives this experience of acceptance has helped him approach and cope with quotidian (everyday) problems resulting from the retardation.

Situated Structure of Spirituality  
Participant 10, Experience 1

The participant valued a job position that was available and that he aspired to fill. The participant felt he had no chance at the job because he perceived the person hiring to be racially prejudiced. The participant believed that if he asked God, and he did, to remove this prejudice then the person hiring would be able to fairly evaluate his merit for the job based on his qualifications. During his communication with God, he made every effort to share with God how important this job position was to him. He perceived that God answered his prayer request, as he was hired for the position, even though he was competing with three other persons who were white and socially involved with the person doing the hiring.

Through this experience, the participant increased his faith in God's caring for him as an individual, which made him feel like a special person. After the experience he felt like walking on a cloud. His feelings of brotherly love, or agape love, increased.