

The Potential for Emotional Healing in Illness: A Journey of Meaning-Making

by

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ABSTRACT

The aim of this study is to gain a deeper understanding of the potential of making meaning in illness to contribute to emotional healing.

The present medical model with its focus on “cure” restricts patients’ access to their own healing abilities. A more healing approach recognizes the contribution of patients’ inner strength to the healing process as well as incorporating conventional medical treatment.

The study approach is hermeneutic in that it examines the meaning that participants made of their illness experience, autobiographical in that it draws on my own life, and phenomenological in that it focuses on lived experience.

This research study shows nurses how patients can be supported as they develop internal strength and make personal meaning in their life through the struggle of dealing with illness.

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DEDICATION

In loving memory of my father, E.J. (Pete) Tait, who believed that knowledge is one of the most important ways to reach personal goals.

CHAPTER 1

Finding the path

I owe the work of this thesis to many patients who, by sharing with me their learning and experience of what their illness taught them about life, led me to study the notion of emotional healing through illness. They have changed my practice of nursing.

In my personal life I was drawn to reading self help books that explored alternative ways of thinking to cope with adverse life situations. As I dealt with challenges in my life I explored various suggested theories that I had read about. I found the theories which resonated for me were often helpful in assisting me to reframe and cope with situations in a more satisfying manner. I adopted ideas such as believing that there is a universal force; believing I draw situations into my life to offer the lessons I need to learn; and believing adverse situations are learning opportunities. With these beliefs I additionally believed that I had some control over how I could approach situations. As a result of readings and experience I have developed the belief that attending to the mind and spirit as well as the traditional methods of healing the physical body work in relation to one another in providing a holistic approach to healing.

My experience as a Registered Nurse (R.N.) with two different nursing areas had me perplexed about patients' response to their disease. I nursed patients with cancer who had significant disfiguring surgeries for cancer of the head and neck. These patients had many issues, which included self image and poor prognosis following surgery. Still these patients were appreciative for everything that was done for them, seldom felt negative about their illness, were able to offer themselves to others, and remembered those who cared for them for years after. I remember one patient who still brought home baked

goodies for the nurses every Christmas for five years after her surgery. Perhaps she is still doing so.

In contrast I also nursed patients with heart disease. To me there was a notable difference between the responses of these two groups of patients. Heart patients had a different response to their illness than what I had expected. Often these patients appeared to have minimal disruption in their life due to their symptoms of angina yet I saw their behaviors as being self absorbed. In my view the patients' responses to cancer and angina should be reversed. I recall one instance when my patient with angina was going to be transported to another hospital for tests. I explained to this particular patient that he would be transported by ambulance to another hospital and might consider having a wash early as we would not know when he might be transported. An hour later I was told my patient would be picked up within fifteen minutes. I went to my patient to inform him. He became quite angry saying he was not given enough time to get ready and did not want to go until he was ready. At the time I viewed this behavior as self focused although upon later reflection I changed my interpretation to view it as the patient's attempt to have some control.

I questioned my approach to patients and the differing responses patients had to illness. My observations of the differences between these two groups of patients led me on my own (un)scientific study. I asked patients about their experience and when their symptoms began. Every patient could describe in detail when their first symptoms of illness began. Every one of these experiences began after a traumatic incident in their lives (e.g. a spouse died, a child died). Regardless of the disease, patients seemed to make their own connection between their disease and a major life altering experience.

The phenomenon of patients connecting disease with life events is also found in other accounts. Michael Crichton (1988), a well known author, wrote the book “Travels,” as a personal account of his experience in medical school. In his final year he wanted to “learn something about the feelings the patients had about their disease” (p. 60). His approach toward eliciting this information from his patients was modeled after a Swiss physician (name unidentified) who was practicing medicine in a ski resort in the Alps. The physician asked his ski accident patients why the accident occurred, “To his surprise, everyone gave a *psychological* reason for the accident” (Crichton, 1988, p. 61). Crichton then used the same direct approach with his heart attack patients. The responses Crichton received mostly from young men in their forties and fifties included such reasons as:

- I got a promotion;
- The company wants me to move to Cincinnati. But my wife doesn't want to go. She has her family here in Boston, and she doesn't want to go with me;
- My wife is talking about leaving me;
- My daughter wants to marry a Negro man;
- My son won't go to law school; I didn't get a raise; I want to get a divorce and I feel guilty;
- My wife wants another baby and I don't think we can afford it. (p.61)

Such examples indicate a certain awareness patients have of the relatedness of their symptoms of illness with an emotionally significant life event.

Louise Hay (1987) suggests that any specific ailment of the body manifests because of an emotional issue and she relates illnesses to the particular affected area of the body. For example, Hay proposes that heart problems correspond to “longstanding emotional problems; lack of joy; hardening of the heart; belief in strain and stress” (p.

175). Caroline Myss (1996) describes this phenomenon this way, "To create disease, negative emotions have to be dominant, and what accelerates the process is knowing the negative thought to be toxic but giving it permission to thrive in your consciousness anyway" (p. 43). In my experience giving energy to these emotions is easier than resolving them. Resolving negative emotions requires acceptance and a commitment to understanding their meaning in our lives. I explain my belief from my own experience:

Journal entry, March 7/00: I see the physical manifestations of my own experience. I have high blood pressure and headache. I cannot sleep (so unusual for me). I have a rash that has developed on my face. I have experienced palpitations. These are all physical indications that I am having a very stressful time. I have never experienced such severe feelings and physical manifestations. So I am having to experience my ideas firsthand . . . For now I think what is important is to take care of myself, to give myself attention so these physical symptoms go no further than being an acute manifestation of stress. What I see in my exploration of meaning in this situation is that I am being led into my own work through this experience.

I began to observe through my work as a R.N. that some patients, though faced with serious health issues, did not focus solely on the negative aspects of these issues. Instead they spoke philosophically about their illness and their lives and what the illness had taught them.

One patient in particular stands out for me. Helen was a healthy looking woman in her 60's. She was admitted to hospital numerous times over a short period of time with a diagnosis of spontaneous pneumothorax, a painful condition where one lung collapses.

The cause of her lung collapsing was diagnosed as “idiopathic” or “cause unknown.” I talked with her while I made her bed and helped her with her personal care. Helen’s attitude towards life was very positive. She was not afraid of her lung collapsing. She told me that she felt very healthy despite the lack of a definitive diagnosis of the cause of these repeated occurrences and a poor prognosis from her physician. Helen did not feel that her prognosis was as grave as her physician believed. She conveyed an assured sense of herself despite her illness. Her self assurance intrigued me.

My interaction with Helen was one of many similar interactions I have had with other patients. They had awareness about their lives that convinced me that they were relying on something other than the medical authority. It became obvious to me these patients did not just rely on external information for guidance in their lives. Later I would identify and name this quality as inner strength. Inner strength relates to a persons’ inner life from which they may draw the power to “act upon or affect something” (Dingley, Roux, & Bush, 2000, p. 30).

I resonated with Helen’s experience of listening to her inner strength. At the time that I met Helen I was grappling with situations in my own life. I had yet to fully understand the process in which I was immersed. Hearing Helen speak about what she believed, in contrast to what she had been told, and observing her own conviction about her belief, allowed me to take a step towards believing in myself rather than giving more weight to what others in authority were telling me. Through her, I was more convinced that I could trust my inner strength; that “little whisper” inside me.

As I cared for Helen she would talk lovingly about those aspects of her life that had meaning and how the meaning she attached to certain “material things” no longer mattered. Being forced to face an unknown outcome of her illness changed what held

meaning for her. The experience of being confronted with illness “provided opportunities for personal development and healing to occur” (Reed, 1991b, p. 71). Helen and other patients found illness teaching them what was most important in their lives. Through her experience Helen and patients like her confronted fear, developed an inward trust in themselves as co-creators of their own life, and held on to their faith in a higher inner power that provided guidance to them.

The parallel between my patients’ journeys through health crises and my personal crisis was striking. I began to question whether every situation serious enough to cause emotional pain and suffering was an opportunity for personal and emotional healing. The next part of the healing journey for me in this inquiry was to start my Master’s Degree.

Although my bachelor’s degree was in nursing I found myself enrolling in the Department of Curriculum and Instruction for my Master’s Degree. While at the university to attend my daughter’s dance competition with a colleague and good friend, I questioned whether this was the right time to apply for admission to the Curriculum Studies program. Her reply to me was, “Why don’t we go and pick up the forms right now!” In that moment I realized that synchronicity was moving my life forward. After starting my work in Curriculum Studies I realized that the study of making meaning through life experiences is a part of the curriculum of my life in learning from and with patients.

These experiences led me to my question of study. Is illness a way to grow emotionally? If so, then how can nurses support patients to develop inner strength and make personal meaning as they struggle with illness?

Defining the Language of Healing

The need to look at definitions of health and illness and other related terms became clear to me early on in my journal writing. I had experienced resistance in writing and forged on to understand that this came from an initial perceived lack of personal connection with illness. I did not initially define my own personal experience as illness. This left me wondering how I could write on the subject of healing through illness if I did not actually have an illness. An early journal entry illustrates the tension within me created by this question.

Journal entry, May 30, 2000: If I look at my own life, I may not have had a physical illness in the way culture traditionally sees illness, as a chronic and debilitating health issue. But I certainly have had emotional pain, discomfort and some physical manifestations while I am working on myself.

In this entry I recognized a connection between emotions and the physical symptoms I was experiencing. However, I did not interpret my symptoms as illness. Although I believed on one level that I looked at illness in a holistic sense, my beliefs were actually embedded in a traditional response to illness, with a physiological emphasis, such as cancer or diabetes and their effects on the body (Lupton, 1994). One explanation for this discrepancy is “that nurses often learn incidentally and largely unconsciously through repeated everyday experiences in clinical practice focused on physical disease rather than on the whole person and this impacts on their personal philosophy of care” (Hawkins & Hollinworth, 2003, p. 545). I was unaware of this dichotomy in my thinking until I began to look at my beliefs about health and illness. This dichotomy led me to reflect on my

beliefs and to develop definitions for key words that would provide the language for this thesis.

Health

Since 1948 The World Health Organization has defined health as, “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (W.H.O., 1948). An expanded definition of health is found in the theory of holism which “...tends to view health as a balance of body systems – mental, emotional, and spiritual, as well as physical. . . . any disharmony is thought to stress the body and perhaps lead to sickness” (Sommerville, 1996, p.17).

Through my own lens health is a dynamic interrelationship and balance of the mind, body, and spirit. My assumption is that an individual who is balanced in mind, body, and spirit has the capacity to find their unique purpose and meaning in their lives which gives rise to an open, fulfilling, and happy life despite adversity or illness. The mind refers to “the faculty by which one is aware of surroundings and by which he [sic] is able to experience emotions, remember, reason, and make decisions” (Miller, 1997, p. 1007). The body is a shell or “animal frame with its organs” (Miller, 1997 p. 214). The “spirit is inwardness; inwardness is subjectivity; subjectivity is essentially passion, and at its maximum an infinite, personally interested interest for one’s eternal happiness” (Kierkegaard, as cited in Ferguson, 2000, p. 183). Through my observation of patients’ differing responses to illness it is clear to me that some patients have developed a view of health that more closely aligns with the definition of health from a holistic perspective.

Healing

While the definition of health describes the patient’s current state, healing is the process of obtaining an optimal level of individual health. The American Holistic Nurse’s

Association (AHNA) defines healing as “the process of bringing together aspects of oneself (body-mind-spirit) at deeper levels of inner knowing leading towards integration and balance with each aspect having equal importance and value; can lead to more complex levels of personal understanding and meaning; may be synchronous but not synonymous with curing” (AHNA, as cited in Dossey, 2001, p. 2).

Disease

The hyphenated term *dis-ease* has been used in alternative or complementary health journals to emphasize a shift from the more common biomedical definition of disease (Sharoff, 1997). From a biomedical viewpoint disease has been defined as “a technical malfunction or deviation from the biological norm which is ‘scientifically’ diagnosed” (Lupton, 1994, p. 93). The focus of the biomedical model in health care is “in the recognition and treatment of disease (curing)” (Kleinman, 1978, p. 252). In this thesis, disease will refer to the abnormal functioning of the physical body only as defined by the biomedical model.

The word *dis-ease* is used in this thesis to describe an imbalance in the mind, body, or spirit. Symptoms are the body’s way of drawing attention to the imbalance. An early journal entry describes my beliefs on how *dis-ease* might manifest:

Journal Entry, July 10/00: A pressure (dis-ease) builds within as a result of a holding pattern of behavior that continues to need more and more constraints to hold the ideas and beliefs surrounding the pattern. The pressure eventually needs a release -- illness is manifested -- one way of “freeing” us from the hold and discomfort of that holding.

If the feelings are ignored then the body will continue to manifest more serious physical symptoms in the form of illness as a message that the imbalance has not been

addressed. Craven and Hirnle explain that “illness is our body’s way of signaling that we have exceeded our natural ability to mediate between our internal and external environment” (p. 259). However, Craven and Hirnle also state that “illness can be an opportunity to discover meaning in life and to heal ourselves” (p. 259). Illness may not necessarily be seen by patients as a negative experience.

Illness

While disease is defined as the abnormal functioning of the body, illness is the patients’ experience, which is influenced and constructed by culture, (Kleinman, 1978, p. 252). Illness is constructed by culture through learning behaviors deemed acceptable in responding to being ill (Kleinman, 1978, p. 252). Illness is influenced by culture in the way we “perceive, experience, and cope with disease” (Kleinman, 1978, p. 252). As Dossey (1991) states, “Illness is disease plus meaning” (p. 18).

Inner Strength

Inner strength is a vital resource that plays an important role in healing. Dingley, Roux, & Bush (2000) describe inner strength by exploring the meaning of the words inner and strength. In their composite definition they view the word inner as a “deeper, at times less apparent capacity or potential for effective action, durability and endurance which is an essential part of the innermost being” and the word strength as “the quality or state of being strong which involves protective and/or supportive power as it relates to the mind and spirit” (p. 31).

Inner strength is developed through the process of meaning-making through the illness experience. Adversity causes an internal, emotional discomfort that initially may just be a feeling that something is not right. Inner strength is strengthened through adversity. If feelings are not expressed by the individual then “we have to store our

unexpressed and denied feelings in our bodies as tension patterns” (Greenwood & Nunn, 1994, p. 137). Some authors (Myss, 1996, Greenwood & Nunn, 1994) refer to this discomfort of repressed feelings as suffering. Eventually if these feelings are not expressed, physical symptoms of dis-ease may appear as an expression of the denied feelings. As Myss (1996) points out there is a strong link between physical and emotional stress and specific illness, such as the well documented example of the type A personality and its connection to heart disease (p. 6).

If a person acknowledges suffering as a part of making meaning there is an opportunity to use our inner resources to heal emotionally. As Frankl (1984) observed of the prisoners of war in W.W. II some accepted suffering and “realized its hidden opportunities for achievement” (p. 99). As Frankl (1984) came to realize, “Suffering ceases to be suffering at the moment it finds a meaning” (Frankl, 1984, p. 35). Suffering provides a “means for growth and development.” The result of working through the suffering is finding new meaning. A reliance on inner strength as the guiding force in life assists to resolve the imbalance in the mind, body, and spirit connection. My assumption is that a feeling of being connected inwardly gives us a sense of being connected with life and the universe. Burkhardt (1989) described it as “inner strength” (p. 72).

Meaning

Having purpose in our life is a “universal trait, essential to life itself” (Autton, 1980, p. 698). It is a struggle to understand and find meaning in our life and in life events. Any life event has the potential to help people to make new, deeper, more fulfilling meaning in their life. Illness is one such life event that can challenge us to re-evaluate life and to “create new meanings in one’s life when the old meanings have been fractured” (Selder, 1989, p. 437). It is the adversity of the life event causing emotional pain that

provides the opportunity for choosing to find personal meaning in the event or illness and the struggle to find meaning builds inner strength.

Making new meaning in one's life through the illness experience may provide the opportunity for emotional healing. A change in awareness allows new meaning to be made of life through the illness experience and "places the locus of control back within us, where we can recognize it as our own healing system being activated" (Greenwood & Nunn, 1994, p. 59).

The focus of the current public health care system in Canada is on curing disease. Using the biomedical model disease is observable and measurable. With such a focus this model attends only to the physical aspect of patients, and leaves little room for the mind and spirit which are also parts of the whole individual. The interrelationship of the mind, body, and spirit are together vital parts in the healing process.

CHAPTER 2

Methodology

The approach to this study was informed by hermeneutical inquiry in that it examines how participants made meaning of their illness experience, by phenomenological inquiry in that it focuses on lived experience and by autobiographical inquiry in that it draws on my own life experience. I used the data from both the participants' experience and my own experience to form the elements of the meaning-making journey. I have also used the participants' stories of how they view their process of healing to show how they might be better served within the current health care system. Similarly I have used my own stories to explain the problems I face as a nurse in providing care which honours the mind, body, and spirit. In all of this, I work from the perspective that the mind, body, and spirit must be acknowledged in healing.

I was aware of the possibility of a healing process because I was involved in a similar process which contributed in leading me to the topic of this study. As Ellingson (1998) describes, "The interplay between my experiences and those of patients provided interesting insights and points of comparison" (p. 499). In this process I was developing a frame of reference for healing which focused on the mind, body, and spirit. At the same time I also had a tendency to proceed from a biomedical reference as a result of my work as a nurse within the health care system. It is important to consider both paradigms in order to have a broader view of health. The similarities between obstacles to my personal healing and the systemic problems which I faced as a nurse led me to question what patients could tell me about another way of "being" that might be more supportive. My intention is to dethrone the particular discourse of the biomedical expert in order to open up another point of view on healing.

Interview process

Early on in this research project I decided to interview participants. The reasoning behind this decision was two fold. First, I wanted to explore whether my belief that adversity was a catalyst for changing the meaning of my experience might also occur for patients who experienced illness. If this was the case then it was important to reveal patients' experiences so health care professionals would better understand the pain and struggle that patients go through in dealing with *dis-ease* and illness. Second, it seemed particularly important to me to hear patients' stories (such as the example of Helen) because through the experiences of my participants I have been able to reflect on my own experience which has helped me to better understand my own process of making meaning.

In reviewing my journal I found that there were other important reasons to include participants, as well as myself in this study:

Journal Entry Feb. 9/01: Why do I want to have participants in my study?

Talking with others will give multiple versions of this experience to compare to my own journey. It has occurred to me one of the ways I make meaning is through interaction with others who have experienced the same or similar situations. Others' experiences add to my experience and their experience normalizes my experience. Normalizing my experience allows me to see it based on a process that happens not only to me and not as a psychological deviation Hearing other peoples' stories will inform me about my own experience Further, it is important for me to compare my own process with that of others. If I can see varying versions

of the same process, it will assist my future interactions with patients through a deeper understanding of how I can be supportive.

The literature also discusses the value of hearing other people's stories:

Individuals both live their stories in an ongoing experiential text and tell their stories in words as they reflect upon life and explain themselves to others. More dramatically for the researcher, this is the smallest portion of the complexity, since a life is also a matter of growth toward an imagined future and, therefore, involves restorying and attempts at reliving. A person is, at once, then, engaged in living, telling, retelling, and reliving stories. (Clandinin & Connelly, 1991, p. 265)

Having participants that were able to describe their healing process was imperative to my study. The data had to be of sufficient depth to better understand the healing process. For this reason I chose a retrospective approach where "an experience is identified and informants who have had and reflected on the experience are recruited" (Cohen, 2000, p. 63). This is opposed to a prospective approach which studies an ongoing experience.

Selecting Participants

I advertised in the local paper (a copy of the newspaper advertisement is located in Appendix A) recruiting six adults who recognized a new self awareness through their experience of illness. I received a total of ten telephone responses to my advertisement. Picking appropriate participants proved to be easier than I had anticipated. I was initially concerned about how to gauge whether a person had experienced a transformation through their experience and whether they would be able to explain their process. However, I found that participants who had experienced a healing journey were very

articulate in sharing their information. Having experienced a healing journey, I felt confident in choosing participants who could discuss some of these healing aspects.

I chose to exclude two respondents in my study because they focused more on the problems they encountered in the medical system. When I attempted to redirect their story by asking if they felt they had experienced a change or transformation as a result of their illness, their response would again focus on the problems they encountered with the system. Their response led me to conclude that they had not yet reached a point in their journey that would allow them to discuss their process in the kind of detail and reflection I wanted for this study.

Two other respondents did not return my telephone call to arrange a meeting, leaving me with a total of six participants.

I met with five of my six participants at their respective homes at their request. One participant chose my home to meet for the interview because he lived out of town and he felt this would be the easiest venue for him.

I audiotaped the interviews starting by reading a brief account of my story (a copy of this account is located in Appendix B) as an example of my own experience. I felt this served as a starting point to help participants feel they were on an even footing with me so they could better understand the kind of biographical account I was asking them to share. I also felt that sharing my story might encourage participants to share in more depth if they knew that I had experienced a transformation. A concern was that participants might not share their story in depth if they perceived me as “an authority.” By sharing with the participants that I also had experienced a transformation attempted to “alter [the] status differences” (Ely et. al, 1997, p. 317) between the participants and me.

One participant, Rose, confirmed the importance of this idea by stating:

Tell them about that experience that you learned about yourself and just tell the patient...tell them something and then they start to share with you because I find that I do that all the time and the other person will share with you. But if you open yourself up to them first, because most people are closed and they won't open to you, but once you open up to them they aren't afraid.

After sharing my story, I was prepared to ask five questions (a copy of the questions is located in Appendix C). Each participant received a copy of the interview questions and was invited to answer in any order they chose. I also informed them they could come back to any question at any time throughout the interview. Chase (1995) suggests that participants must be free to tell their stories "if we want to hear stories rather than reports then our task as interviewers is to invite others to tell their stories, to encourage them to take responsibility for the meaning of their talk" (p. 3).

The participants dealt with the questions in a variety of ways. Some wanted me to read the questions as prompts and they answered in the order they were presented. Other participants read the question themselves and proceeded to answer either in order or by choosing to answer the question that stood out for them the most and then returning to answer the other questions. After the participants had answered all the questions, I asked if there was anything further they wanted to add. On several occasions after the participant indicated he or she was finished and the audiotape was stopped, we started to talk candidly about their experience. I asked their permission and restarted the tape to capture this additional information.

Demographical Sketches

The six participants consisted of five women and one man and ranged in ages from 35-65. All participants had experienced a significant health challenge and willingly told me their story about illness and what they had learned as a result. All participants were from a Euro-Canadian background. The following sketches are presented in random order. Pseudonyms were used to maintain confidentiality of the respective participant story.

Tara has had numerous health issues starting about twenty years ago when she moved here from the prairies with her two children. She has had irritable bowel disease, several bowel obstructions, and had to have many abdominal surgeries. As well, she was diagnosed with an inflammatory disease called Lupus and since then has had problems with her memory. Tara was also sexually abused by her father when she was twelve years old. Tara explained that this caused her to, “Reexamine my whole life as a sexual being.” Tara had counseling to help her deal with the sexual abuse. Tara now lives on a medical disability pension because of the complications from the Lupus.

Gail became very ill and required a liver transplant. She is a single mother with one child. About a year after the transplant she had a minor surgery, aspirated during surgery and almost lost her life. Aspiration refers to inhaling “vomitus or mucus into the respiratory tract...when a person is unconscious or under the effects of a general anesthetic” (Miller, 1997, p. 152). Gail explained this as “a near death experience.”

Trish is single and worked as an ambulance attendant on an oil rig which sustained a hydrogen sulfide explosion a number of years ago. Later she experienced significant limb weakness, so pronounced that she was investigated and misdiagnosed as having Multiple Sclerosis (MS) “a chronic neurological disease” (Miller, 1997, p. 1025).

With a diagnosis of MS she retrained in nursing and then in journalism. Trish experienced a lot of neuropathic pain. Neuropathic pain occurs when there are “pathologic changes in the peripheral nervous system” (Miller, 1997, p. 1087). Trish describes the pain, “[The pain] is like being burned and crushed at the same time.” When she experienced a relapse with the MS she had to stop working and moved to Victoria. With continuing pain and muscle weakness Trish was scheduled for an M.R.I. (medical resonating imagery), the results of which showed that Trish did not have MS. She continued to have pain and weakness and consulted a chiropractor who inquired if she had ever been exposed to toxins. She realized that gas exposure from the explosion was responsible for the weakness in her limbs. At that same time she heard a health show on CBC offering a treatment for neuropathy. She received medication and as she voiced, “Within three days it was like magic, [my arms] just hurt, they weren’t agonizing.”

Barbara has lived in Canada for ten years, is divorced, and has one daughter. She moved here from Africa so that her daughter would be closer to her father. Barbara’s extended family remains in Africa. Barbara was diagnosed with Stage II cancer in 1999 and received chemotherapy, radiotherapy and surgery for a double mastectomy two days before Christmas. At the time of diagnosis her daughter went to live with her father. When diagnosed she explains, “I was almost at the limits of endurance stress wise.” She also felt “very, very alone” during her ordeal.

Bob had a heart attack that he explains, “Seemed to come out of basically nowhere. I’d been doing a fair bit of physical work, had a lot of things that really made the heart attack happen. . . . going through some personal adjustments at the time. . . . I’d resolved some stuff with my brother.” Bob drove himself to the hospital and collapsed immediately.

Rose is 62 years of age, was admitted to hospital and diagnosed with bipolar disease. She explains, “It was a very deep depression I was suffering from earlier in my life when I started into my menopause around the age of 42.” Rose has a strong belief in reincarnation. She believes that:

We’re here because in previous lives we didn’t learn all our lessons....through selfishness and anger I died in that past life. In this life I had to bring that karma back and go through a life being lonely and not having a mother to be there for me.

Rose explains that her depression, “Basically happened to me...because it all started as a young child not having the attention of my parents, and I felt so alone and then I married an alcoholic and my life was not good.” She has been married for 44 years and has raised four children. Rose explains “I think all the stress from my parents and my husband helped to bring on this depression It has been a rough road.”

Connecting with the Data

As I would be working intimately with the participants’ data and referring to them by name in the thesis, it important to pick pseudonyms that most accurately reflected their personality and would allow me to begin to connect more deeply with them as I read and reread the data. A name is a way I remember the facts about an individual.

I took each transcript separately and allowed their pseudonyms to come forth by reading aloud from the beginning of the interview until a name seemed appropriate. I then spoke the name aloud and was satisfied with the name I had chosen when the feeling I had about the name and the participant seemed to match. I changed the name of one participant part way through the writing because of an internal discomfort with the name.

I again used the process of reading the interview aloud until I came to the name that felt comfortable and suited the participant more appropriately.

Searching for Resonance

I transcribed the tapes of the interviews word for word, both questions and the participants' responses. Emotions such as laughter were included in parenthesis to jog my memory of the feeling created by the participants as they told their stories.

In transcribing the taped interviews, what stood out for me was that although the illnesses participants described were quite varied, many of the elements of their healing process were similar. As van Manen (1990) discusses, "Theme refers to an element which occurs frequently in the text" (p. 78). Further, identifying themes embodied in the text allows the researcher "to get at the notion we are addressing (van Manen, 1990, p. 79). In the case of my participants the purpose of the study is to understand the meaning the participants made of their illness experience. These clearly identified themes would later form the structure for describing a meaning-making journey of healing. In phenomenological inquiry the researcher identifies themes described by his/her participants and "in the various experiential accounts -- we work at mining meaning from them" (van Manen, 1990, p. 79).

As I had experienced a similar process through my own situation I wanted to be cautious of not just picking out the ideas I hoped to find in the participants' stories, rather I wanted to listen for the themes described by the participants. My concern led me back to the interview data to read again and again to a point of saturation for the key points so that I would be comfortable with proceeding, knowing that I was working from the perspective of the participants and not solely from my own stance. Cohen (2000) calls this "immersing oneself in the data" (p. 76). The purpose "of this immersion is the

establishment of an orienting gestalt or, in other words, some initial interpretation of the data that will drive later coding of the data” (p. 76).

It was important to solidify the participants’ stories in my mind so that when I reread my own journal I would be directed by the participants in picking out the main themes and not just from my own experience. I then returned to my own journal to find excerpts that paralleled those of the participants. Using the identified themes I started to develop a thesis form of the meaning-making process described by the participants and my own experience.

Going back and forth between the common themes identified by the participants’ and my experience provided me with a guide with which I was able to assemble a meaning-making process showing how illness provided an opportunity for emotional healing for the participants and myself. Bentz & Shapiro (1998) describe this process as “a spiral of guess and validate and continual resetting of the boundaries of the investigation as a researcher works back and forth between the part-whole relationship of the data and its setting and context in which is it interpreted” (p. 112).

This leads to another key point in this research. While I am working with the data from the stance of the researcher, I am also a participant having experienced a similar journey and learning to that of my participants. As van Manen (1990) states, “A phenomenologist knows that one’s own experiences are also the possible experiences of others” (p. 54). Though I had experienced only minor effects of physical dis-ease, I had certainly experienced significant emotional struggle and experienced a similar journey of meaning-making.

Having a similar experience to my participants was valuable. I have said that I do not want to look at the phenomenon of meaning-making from an “expert” perspective.

My thinking has been embedded in a biomedical model while at the same time through both my personal and professional experience I have come to believe there is another perspective on healing. Despite my belief, it is impossible to shed the biomedical perspective altogether. Therefore, recognizing this pitfall I had to find a way to monitor my tendency to view the participants' healing from a biomedical viewpoint. My own experience served this purpose. I filtered my interpretation through my own experience based in my belief that healing includes the mind, body, and spirit, any incongruence between my interpretation and my experience became immediately apparent.

Initially, I had a difficult time moving out of a purely participant perspective. I realized that I was continually rewriting my story. I was concerned that my experience was an isolated case and for this reason I spent a great deal of time validating my experience by rewriting my story. However, while reading the interviews I recognized the similarity between my experience and that of my participants. This helped me to shift my writing to that of the perspective of a researcher as well as participant. Making a shift to a researcher's perspective was accomplished as a result of feeling that my story was validated by the similar experiences of my participants. No longer questioning whether my experience was isolated, this confirmation gave me the freedom to move confidently away from focusing on my own experience to focusing on that of the participants. The following journal entry by a PhD student describes this movement:

My methodology evolved from being mainly . . . a participant and coming to terms with the tensions between living my life (and making sense of things that have happened to me) and being a researcher (and thus making sense of what happens to others), particularly how each influences the other. (As cited in Meloy, 2002, p. 127)

The eventual movement away from purely a participant's perspective to working in the role of researcher also led me to the foundation of my thesis. Eventually I realized as van Manen (1990) states, that my own experience informs me as the researcher and assists me to illuminate the topic and to make sense of it in a way that may not have been previously understood. While I am the researcher guided by the stories of my participants and by my own story, there is a third force in play. That force is my developing inner voice, which begins to help me rewrite my research story as I understand the process more deeply. A new understanding guides me toward the next step in the research process. Clandinin & Connelly (1994) describe this process:

Methods for the study of personal experience are simultaneously focused in four directions: inward and outward, backward and forward. By *inward* we mean to internal conditions of feelings, hopes, aesthetic reactions, moral dispositions, and so on. By *outward* we mean existential conditions, or what E.M. Bruner (1986) calls reality. By *backward* and *forward* we are referring to temporality, past, present, and future. To experience an experience is to experience it simultaneously in these four ways and to ask questions pointing each way. (p. 417)

As both a researcher and a participant I must constantly question myself about every decision I make to ensure that my decision accurately incorporates aspects of both my own experiences and the experiences of my participants as well as the context in which the experiences reside. As the researcher I was able to step back from my own experience to look at the participants' experience within the dominant health care system both from their perspective and from the perspective of a nurse researcher attempting to understand their experience.

Overcoming the Obstacle

I began constructing my thesis by returning to the data and describing the process of meaning-making discussed by the participants. This was much easier said than done. I found myself spending hours and hours lost in the literature wondering “how to do it.” I was looking externally for a method of research that fit my data. The lack of progress in my work became a huge frustration to me and I wondered many times if I should just quit the process and get on with the rest of my life. Yet I would come back to the idea that I had come this far and surely it was for a reason that had not yet identified itself. Therefore, I persevered.

I started to read about how to get at writing. I wanted to do the kind of writing that had both quality and authenticity. I struggled with how I could accomplish this. Meloy’s (2002) advice accurately summarizes what I needed to do: “Make your points, connect them, convince me, don’t write for me, write to me -- from you” (p. 124). But I had yet to learn how to come from within me because my *modus operandi* was to first look externally for answers, rather than to access my inner voice. Looking externally for guidance caused me a great deal of anxiety and confusion. The writing was not going well and certainly was not the exciting project I had hoped it would be.

This struggle went on until someone made a comment that really resonated for me. The comment observed my lack of connection to the thesis. I seemed to just have the attitude that I wanted to finish to get onto something else. I reflected on this comment and wondered why I would have such a disconnection to the topic with which I was so passionately interested. After trying many different approaches to settling down to write I finally came to my answer.

The Data as My Inner Guide

Focusing on the external authority (literature), though important, needed to be secondary to my inner authority (taking the data inwards) in order for me to find the methodology inherent in the data. The data became a beacon of guidance. Each time I tried to access the literature as a starting point to find a prescribed method of working with the data, I found that this prevented the flow of guidance and resulted in a block in my writing. When I once again returned to the data as the authority I quickly found the ideas and writing began to flow freely. I began to recognize this as a pattern that clearly demonstrated that accessing the internal authority within the data was essential to finding the methodology. I used this insight as a way to understand and approach the data.

I returned to the data for guidance. I had already read through the interviews numerous times and felt confident that I could now begin to choose quotes that would illustrate the participants meaning-making within the identified themes. With recognition of the themes I then began to underline these themes and write a subject heading in the margins for easy retrieval once I was ready to insert the quotes into the thesis. Ely et al (1997) describes this process:

We sit down with our earliest log entries or interview transcripts and begin to code them in whatever ways makes sense to us as a starting point. As we proceed, we begin to note similarities and differences, to notice a variety of relationship and patterns with and among codes. In time we will make some kinds of more general or abstract grouping of them – perhaps structured into an outline or web or clusters – and also perhaps into thematic or other generalized statements. (p. 167)

I have been cautious in this thesis not to alter the participants' stories in the classical sense of phenomenology which analyzes and interprets the data to find the essence of an experience. Instead I have used the participants' stories as "raw" data using quotes from their stories without altering their words. I had two reasons for this decision. The first was a political reason. Inherent in the biomedical model is a belief that nurses and doctors are the experts. My position is that while nurses and doctors are experts in their fields, patients also have an expertise about their healing process. Therefore, maintaining the data in its raw form seemed important to minimize the risk of imposing an expert interpretation on the data. As Grumet (1991) warns, "[The researcher] . . . whose cranium is lined with codes, with the vision to interpret what is displayed by substituting its elements with others . . . and in the process . . . the speaking subject, evaporates" (p. 74). Altering the data to me, devalues the participant as expert in their own domain. I did not want to do this because it is my position that I chose participants for this study based on their expertise in meaning-making in illness. Therefore, I wanted to ensure their position as expert was protected. Second, from a philosophical point of view I believe that people are able to make and articulate their own meanings of their experiences. For these reasons I would not alter my participants' words. From a hermeneutic perspective Heidegger believed that:

We see the world only within the horizons in which we exist. By integrating into the familiar that which is alien or unfamiliar in the life, or in study, these horizons can be expanded, allowing us to see more and to see differently. (Heidegger, as cited in Nakkula & Ravitch, 1998, p. 8)

In my participants' case, they were able to make their own meaning as a result of expanding the horizon of their life through the experience of dealing with an illness.

According to Koch (1996):

The hallmark of a genuinely phenomenological inquiry is that its task is "a matter of describing". Central to this tradition is that the description "lives". In reading the description, the reader has a sense of being moved by the story from the participant's life. Thus representation relies upon using the actual words of the person who has the experience. . . .

(p. 176)

Therefore, I chose to represent my participants by using direct quotes from the data. It was now my job as the researcher to interpret their meanings in relation to the broader topic of how I can support patients' journey of meaning-making from a mind, body, and spirit perspective acknowledging that the biomedical model exists in our current health care system.

I recognize as the researcher that I have prompted the stories told by my participants. Although I have not altered the wording in the chosen quotes I have interpreted the data simply through the quotes I have chosen. These choices in themselves are interpretation. My interpretation runs the risk of some distortion of the participants' meaning. As Clarke (1999) suggests:

Interpretations are influenced by the prejudices of the researcher, her interactions with the participants, the context of the fieldwork together with the published literature. It could be argued that these factors contribute to the "intuitive" claim of qualitative analysis, as they are difficult to separate. (p. 364)

However, a risk of distortion may be decreased to some degree because of having had an equivalent experience which may bring my understanding close to that of my participants' intended meaning.

The writing of this thesis was in no way unidirectional. I used the experience of getting a block in my writing as a message that a different direction in the work needed to be taken. At times this would mean moving to write in a different section from the one I was working on. In essence the thesis took on a life of its own which required an inner sensitivity in order to assess the area that called to be attended to in that moment. At some times it meant that I needed to read literature to gain more knowledge. At other times it meant that I needed to return to either my journal or the participants' interview data. Or it could simply mean that in order to understand the writing more deeply, I had to stand back from the work to allow the meaning to filter through and settle in its rightful place. Heidegger believed that interpretation comes from:

Allowing an opening or clearing to occur. In this clearing, new "beings" may appear that were in hiding during the previous era of interpretation.

One cannot force such beings to appear but can provide the space in which they may appear by making a pathway as a mindful inquirer. One may leave the clearing and enter another pathway, then return and find the clearing empty. (Heidegger, as cited in Bentz & Shapiro, 1998, p. 113)

This method required that I pay close attention to my inner guidance as a way of knowing what was needed in the moment. The thesis emerged incrementally at its own pace as I moved between the roles of researcher and participant. As I learned from the participants as a participant I would then move to the stance of researcher to write from another point of view. There was interplay between the data, the literature and my own

experience. There was also interplay within the developing thesis writing. All of these elements worked both independently and dependently. They functioned independently within the sections and the sections functioned dependently with each other. It is the interplay between these elements that informed me by providing deeper understanding and insight and thereby providing direction in compiling my thesis. As Ely et al. (1997) pointed out, “The ends cannot always be in view beforehand or even during the writing. A capacity to tolerate the unexpected and unrealized can, in fact, be supported and nourished...” (p.150).

The emerging method of working with the data and writing this thesis is a parallel process to what participants described as the way they developed trust in themselves. They found it necessary to trust and have faith in their own abilities. Tara explains:

Faith in my own abilities to rise to the occasions that are required in this life are very, very important and I did not realize until now that to have faith means to practice it. It's almost like I have to practice it and then it reaffirms itself. Each time I trust in something then something a little bigger comes along and I have faith and I believe again and it reaffirms itself over and over, so trust builds itself on trust.

I had to practice having faith and trust in allowing the direction of this thesis to come forth on its own turf and in its own time, one small step at a time.

On the level of the whole thesis there was an evolution of writing and development. The development of this thesis was a continuous cycling. As Weinsheimer (1985) describes, “[Hermeneuticists] do not build generalizations from particulars in a linear, incremental, and inductive manner, but rather begin with the whole, the general, the prediction, and work toward the part and then return to the whole again” (p. 22). I

developed a deeper understanding of the phenomenon of making meaning of illness through the participants' stories, reading literature and uncovering some of the beliefs in which I was embedded through journal writing. My understanding changed as a result of the interplay between these elements of the research process.

Coming to the Light

Part of my learning has come from my personal journal. I started this journal on the first day of class when I started my Master's Degree. I had no idea how significant my journal would become as a way to explore and record my thoughts, questions, assumptions, and feelings. Nor did I realize that I was beginning my own audit trail for this thesis. There were times I would stop the car while driving to write an "ah-ha" which came to light after reflecting on a perplexing thought or idea. Writing became a way of continually reflecting on my ideas and assumptions that might affect the way that I presented the data. As suggested by Cohen, Kahn, & Steeves (2000) the goal of the researcher:

Is to be able to report things as they appear to be as encountered . . . rather than as the researcher would have them be. To move toward this goal involves a constant effort that must permeate all phases of a study. (p. 86)

This was a particularly challenging goal for me throughout the whole process of the master's program. However, journal writing along each step of the journey has assisted me to do the necessary internal reflection that helped me to become aware and to report the biases I bring to the inquiry. As Cohen (2000) explains, "The process of writing about assumptions and beliefs about the phenomenon beforehand itself causes a process of critical thinking or reflection to begin" (p. 87).

For example, an excerpt from my own journal illustrates my own development:

Journal Entry, May 9/04: I realized today something very important about my own writing and my own position as researcher, nurse, and perhaps person as well. I realized reviewing my writings that the reason I have difficulty in finding my voice at times is because when I make generalizations this helps to keep me in the mode of authoritative voice. I don't have to look any deeper at the feelings that may be created, that I may not even be aware that I am feeling. And embedded in those feelings is an acute understanding of something so deep that I think it scares me to go there. But I know by going there that I am learning how to give myself voice and this is a very exposing and vulnerable place to put myself. Yet I know the importance of learning this for me is that then I will have a chance of learning how to give voice to and for my patients.

I have always pictured a good nurse to be one who does and says the right thing for patients (100%) of the time. My assumption was that nurses are trained to take care of patients in a professional and technical manner and from this training nurses “should” know how and what to do for patients in all situations. When patients responded in a way that challenged my ability to carry out the prescribed biomedical treatment I was unable to fulfill the expectation I had of myself to be the good nurse. A tension was created in me when I experienced incongruence between my expectation of myself and the actual situation resulting in feeling more deeply embedded in my role as expert.

Through understanding my participation in this phenomenon and interviewing my participants I was able to view myself in another light. I realized that patients do not

expect me to be the expert in all situations as one participant explains in the following chapter. Coming from an alternative perspective of myself as the professional enabled me to accept that I am not expected to know everything and that not knowing everything does not negate me as a good nurse. Through my own acceptance I was able to better understand the experience described by the participants of attempting to make meaning of their illness in a system that does not value the patient as an authority.

In phenomenological research a method called bracketing is often used. Bracketing is a process “of ongoing critical reflection” (Cohen, Kahn, & Steeves, 2000, p. 88). Bracketing is used to study the phenomenon by withholding the views and assumptions of the researcher. However, Heidegger “acknowledges that the participant and the researcher each have background understanding and this influences every interpretation that is made” (as cited in, Potter, 2004, p. 16). Heidegger proposes that bracketing can not withhold the view and assumptions of the researcher (Koch, 1999). As I more closely align with Heidegger’s viewpoint, and therefore chose not to use bracketing to attempt to withhold bias but rather to use my own experience with meaning-making through illness to assist me “to obtain a valid and common understanding of the meaning of [the] text” (Potter, 2004, p. 16).

Critical reflection of this work is particularly important because I come to this work with many assumptions and biases that need to be continually recognized and explored. Recognizing assumptions and biases and how they affect the researcher’s interpretation helps to ensure that a rigorous inquiry is accomplished. Over the past five years I have written nearly 500 pages analyzing my own journey while in the midst of a transformation of learning to develop, access, and rely on my inner authority. Self reflection is one of the “. . . important elements of autobiographical understanding,

among them the porous boundaries between self and knowledge, and the power of self-reflexivity..." (Salvio, as cited in Pinar, Reynolds, Slattery, & Taubman, 1996, p.528). I believe that journaling provided a ground for understanding the meaning-making journey of my participants. If participants' responses to illness were similar to my own experience then struggling to find a way to provide holistic care would be that much more important for healing. In a quest to provide holistic care to patients, I was driven to understand holistic care in a health care system that struggles with escalating economic restraints. I never imagined the journey I would make through and as a result of this inquiry. Drawing on my own experience has been an important part of the process by leading me to the trailhead and together with the participants' stories as markers, helped in giving direction to this thesis. Additionally, experience as a nurse within the health care system has provided a context in which to understand and interpret participants' stories.

An understanding of meaning-making was important to illuminate both the journey of meaning-making and the research process. As Grumet (1992) wrote "When...researchers employ autobiographical methods of inquiry they too become subject and object of research" (p. 36). The research process closely mirrors the process of meaning-making described by the participants and me, in that the experience in making a shift to a researcher mirrors the experience of emotional healing through illness experienced by participants.

In the following chapter the meaning-making journey will be described. Both my professional and personal lives have found an intersection where they no longer have to function separately. The mind, body, and spirit of me as a person and as a nurse have found one another through the journey of doing research.

CHAPTER 3

Exploring the Terrain

The Kabbalah to Descartes and Beyond

My personal quest for learning about emotional healing led me to read self help books whose focus is to assist the reader in developing self awareness and eventual inner strength (Young-Eisendrath, 1996; Levine, 1989; Hunt, 1996; Moore, 1996; Hillman, 1996; Peck, 1993). The development of my inner strength comes from many years of trial and error using suggestions from these sources. The books often contained common suggestions that in order to change my life I had to: take responsibility for the situation in which I found myself; I had to have a vision for how I wanted my life to be; I had to be dedicated to make the necessary changes to reach my goals; and I had to trust that my dreams were possible even if they did not appear plausible and; that this kind of trust comes from a higher source accessed through inner strength.

In a review of the alternative health care literature I found many references to “universal laws” as a way of learning to develop my inner strength. Vague references were made as to where these laws originated and a search for their source proved to lead toward the Kabbalah. The Kabbalah comes from the post-talmudic era around 1300 A.D. It is a philosophy of ethics where “man can reach the Divine in his own heart, in his own faith” (Runes, 1967, p. 10). In the literature universal laws describe positive ways of thinking, being, and working on one’s inner life resulting in increased awareness. Striving toward attaining awareness is commonly discussed not only in the western tradition of the Kabbalah, but also in most eastern religions. Within these traditions stories of mystical occurrences are included in the teachings. However, in western religion “many of the mystical passages in the Bible were removed by Christians at the

Nicene Conference in Constantinople in the 12th century” (Hunt, 1996, p. 168). This lack of mystical teachings in western culture appears to leave a great void in modern day teachings on learning to live a life that puts a focus on developing inner strength. Without this kind of teaching being passed from generation to generation learning how to develop inner strength has become an individual quest.

After the post-talmudic era, Christianity continued to have a strong presence in everyday life until the dawning of the 17th century. This was a period of upheaval within western Christianity. This instability allowed for alternate viewpoints to replace the old worldview. Our present day reductionistic thinking that the mind, body, and spirit are separate is based on 17th century Cartesian thinking. Rene Descartes’ influential thinking that mind and matter are separate opened a window of opportunity for modern science to focus exclusively on the physical domain. In modern science the mind, body and spirit “can be best understood by breaking [them] down into [their] constituent parts” (Greenwood & Nunn, 1994, p. 29). Although in recent years there has been much written on the possibility that the mind and the spirit can impact the physical body (Dossey, 1991), and although there is scientifically supported data to show a link between the mind, body, and spirit (Pert, 1997) reductionistic thinking is still dominant.

The separation of church and science “made it possible for science to escape the control of the church by assigning the noncorporeal, spiritual realm to the church, leaving the physical world as the domain of science” (Cassel, 2002, p. 211). From this view the intangible spirit was left to the domain of the church and the body became the sole focus of medicine. Although historically patients with mental health issues were ostracized and viewed as incurable, in more recent times these patients are the focus of mental health professionals. However, the main point is that the mind, body and spirit in healing have

been separated from one another as if health issues in one area do not affect the others. When the mind, body and spirit are treated separately it undermines the relationship of each in the healing process.

With mystical and religious teachings in a secondary position, science became the dominant authoritative discourse. The limitation with science as the dominant health perspective is that historically, medicine has acknowledged only concrete findings which are observable, measurable and proven through experimentation. However, as Bateson (1979) points out, “Science *probes*, it does not prove” (p. 30). For example, in the 1950’s smoking was considered to be a healthy choice to relieve anxiety. Less than 25 years later smoking is viewed as one of the major contributors to lung cancer. Adopting science as the sole lens for finding “truth” may be a narrow viewpoint that could be broadened by inclusion rather than exclusion. As Martin (2001) cautions us, “We must recognize that medical care is both a science, and a connection between patient and healer. And we must be open to the likelihood that, as in the past, some therapies that are now considered alternative will be standard practice in the future” (p. 11).

The medical community is slow to support the notion of a connection between the mind, body and spirit in healing. However, there has been a growing interest in this area of study and there is some new willingness to refer patients to counselors, psychologists, and psychiatrists to help patients with emotional and mental issues. However, while there is an acknowledgement of a connection between the mind, body and spirit in healing, in my experience I have identified a gap between this knowledge and its application to patient care.

The outdated belief that mind, body, and spirit can be dealt with separately has had a devastating result for patients. Patients’ ability to contribute to their own healing in

the medical model is minimized or absent because medicine focuses on the physical manifestations of disease, diagnostic procedures, and technology for cure, and patients are automatically excluded from this realm due to their lack of technological expertise. The focus on the physical aspect of care has removed the patient as a willing and important participant. Patients need attention to not only the physical aspect in the healing process, but equal attention to the mind and spirit if healing has a chance, as a quote from 1621 so perfectly describes:

Cunning men, wizards, and white witches, as they call them, in every village, which if they be sought unto, will help almost all infirmities of body and mind . . . The body's mischiefs, as Plato proves, proceed from the soul: and if the mind be not first satisfied, the body can never be cured.

(Burton, as cited in Davies, 1994, p. VII)

Honouring the Whole – Mind/Body/Spirit

The state of the spirit has an important relationship to the mind and body and together they play a significant role in healing. As Myss (1996) points out, “Our spirits, our energy and our personal power are all one in the same force” (p. 64). The spirit of an individual is said to be eternal. The spirit is the deepest level of our being that “secretly anoints the soul and heals our deepest wound” (Borysenko, 1993, p. 167). Drawing from the inner spirit, strength and conviction of a unique and purposeful individual is realized. Developing inner strength is the result of confronting difficult and painful issues. Greenwood and Nunn (1994) propose that, “Feeling sends desperate messages to the intellect in the form of symptoms, which are attempts on the part of feeling to communicate in the relationship, [mind, body, spirit] and to induce the return to wholeness” (p. 23). In western culture with a reductionistic approach to life, there is an

omission in our learning that encourages paying attention to subtle clues that the spirit communicates through the body via emotions. Eastern and native traditions do acknowledge and honour this important relationship. If western tradition supported a similar view of an integrated whole the ability of an individual to heal would be enhanced.

Candance Pert's (1997) research on the function of neuropeptides in the body found "a biochemical link between the mind and body" (p.15). Her research provides evidence that communication between the mind and body exists via receptors for "peptides [that] serve to weave the body's organs and systems into a single web that reacts to both internal and external environmental changes with complex, subtly orchestrated responses" (p. 148). Her work shows that peptides "are the biochemicals of emotion, [with] their distribution in the body's nerves" (p. 141). Information gained through the five senses is:

Carried by axons and dendrites from many nerve cell bodies that are passing near or making synaptic contact with each other. . . . These nodal points seem to be designed so that they can be accessed and modulated by almost all neuropeptides as they go about their job of processing information, prioritizing it, and biasing it to cause unique neurophysiological changes. . . . Emotions and bodily sensations are thus intricately intertwined, in a bidirectional network in which each can alter the other. (Pert, 1997, p. 142)

Candice Pert (1997) further describes the body's physiological response of dis-ease:

The impact of stress on immunity...in terms of information overload, a condition in which the mind-body network is so taxed by unprocessed

sensory input in the form of suppressed trauma or undigested emotions that it becomes bogged down and cannot flow freely, sometimes even working against itself...when stress prevents the molecules [reaction at a cellular level] of emotions from flowing freely where needed, the largely autonomic processes that are regulated by peptide flow, such as breathing, blood flow, immunity, digestion, and elimination, collapse down to a few simple feedback loops and upset the normal healing response. (p. 242)

Dis-ease in our life manifests in the body as a feeling or emotion. The emotions we feel are a message from our inner spirit that there is an imbalance. They are a message that something in our life needs to be addressed. If the message contained in the emotions is ignored illness may occur. Illness occurs when the emotional message to make a change is not heeded and the body reaches its limits of endurance.

We cannot analyze, wish, or rationalize to escape the feelings at this point. “It would be like poisoning oneself to avoid being murdered” (Evans, 1998, p. 220). Feeling the emotions associated with an event or situation is necessary if emotional healing is to occur. At a young age we start a reservoir to store these events and situations that are never completely resolved because a healing method for resolution, that is to express our associated feelings, is not developed and nurtured. If, on the other hand, expression of feelings is supported and we can “listen to our emotions and feelings, accept and admit them into consciousness, the wounded, dismembered, and scarred parts of ourselves gradually heal” (Colegrave, 1988, p. 33).

Pert’s work provides the scientific data to support the theory that a connection between the mind and body does exist. Her evidence suggests that if there is a relationship between the mind and body then emotions we feel about a particular event in

our life produce physical effects in the body. These symptoms can be used as messages to connect meaning and emotions especially those that were repressed (Krippner, 2003; O'Connor, 2001). When meaning is made from illness, healing the relationship between the mind, body and spirit is possible.

If patients indicate an interest in emotional healing through their illness, then my role includes assisting them in this process. As Greenwood and Nunn (1994) suggest, “We try to reassure patients and to encourage them to go forward into their pain, through it into feeling” (p. 147). Unresolved feelings and emotions may eventually take their toll on one’s health, eventually leading to physical manifestations of dis-ease in the body. I reflect on my own experience:

Journal Entry, Feb/01: What is so evident is how we all have a tragic past in some ways, situations we regret, feelings of shame, disgust, and pain . . . all these eat at us, rob us of our vital energy and perhaps, eventually are revealed through an imbalance. Our body finally can no longer contain any more of the pain. Dis-ease finally gives way to illness and we are relieved of dealing with our emotional pain through dealing with our physical symptoms.

If resolution is ignored in spite of physical symptoms, the resulting effect may be illness. At this point patients may seek advice from the medical profession because their physical symptoms begin to significantly interfere with their quality of life. As Dekkers explains, “Only when one comes to interpret one’s problems in terms of medical categories does one arrive at the doctor’s office” (Dekkers, 1998, p. 284). At this point both the health care provider and patients’ inner resources for healing could be utilized in the healing journey.

Whether the message of dis-ease is heeded and acted upon is a matter of personal choice. One choice is to experience the full impact of the emotions of the dis-ease and find new meaning through the experience of the dis-ease. Why some choose to act and some appear not to act is summed up by Chopra (1994): “The reason why not everyone manages to take the healing process as far as it can go is that we differ drastically in our ability to mobilize it” (p. 17). The factors that may contribute to the ability to mobilize the healing process are a positive attitude and pro-active approach to situations (Xuereb & Dunlop, 2003, p. 397).

Caught in the Dynamic

An R.N.’s role includes developing a therapeutic relationship with patients. The therapeutic relationship requires nurses to listen to patients which communicates they care and respect for them. The therapeutic relationship additionally requires that nurses assist patients in understanding their diagnosis and their reaction to illness in order for them to make an informed choice about the direction of their care.

Listening is an important element in the therapeutic relationship. Listening requires a huge amount of energy and time, both of which are in limited supply in the daily routine of any health care professional. However, patients often view time as one of the most important aspects in their care. This view was confirmed by one participant in this study. Tara said:

You can tell when someone is listening to what you are saying because you are engaged in the conversation together. That’s the main thing, to listen. If a person listens and to be observant and see and to be open, if you’re open then you can receive whatever the person is about because for health care workers they’re learning too. I mean, they can learn from the

patient as much as the patient can learn from them, you know. And sometimes that's not recognized. The most important thing that a nurse can do, or a doctor, anybody in the health care field is to listen to the patient because the patient has an understanding of their body and what's wrong with them. You have an intuition; it just comes naturally with the body.

Tara made it clear that listening is an important way that a nurse communicates understanding. We cannot "pretend" to listen because there is a connection that both parties are aware of when each feels heard. Tara also pointed out that learning occurs in both directions from nurse to patient and from patient to nurse. This is important to understand because nurses are in a position of "authority." Tara's statement humbles me as a nurse. It should serve as a reminder that while I may be the authority in my own domain, patients are an authority over their body and what is needed along their healing journey. My authority can easily be abused in an effort to maintain patient compliance in the system and have the day run smoothly. As Ellingson (1998) exposes about the attitudes of health care providers, "Patients who insisted on asking questions and discussing options instead of simply following the physicians' advice were labeled 'difficult,' and the physicians complained that such patients wasted too much of their time" (p. 502). There is an element of "production line" in health care; it is not set up for acknowledging individual needs unless it corresponds to the needs already in the system. Patients may be better served from a more collaborative approach where nurses:

Can provide a doorway to a personalized treatment plan that starts at where each person stands, and points the direction to where he or she may want to move. This focus on [patients] as the central figure of their dramas

facilitates their participation in the journey. (Xuereb & Dunlop, 2003, p. 408)

While I was taught a holistic model of nursing, I have often found it difficult within the pressures and constraints of the health care system to care for patients with such an ideal view. I have struggled with how to give support to patients which addresses not only their physical needs, but also their mind, body and spirit as a whole.

As a new graduate I was aware of the difficulty of nursing the whole person while at the same time I was grappling with the many tasks I had to complete in my workday. I was subtly forced to prioritize my work focusing on tasks. Often the result was the completion of those tasks that addressed patients' physical needs with limited attention to their emotional or spiritual needs. Generally, the health care system gives little value to the nonmeasurable aspects of care such as emotional and spiritual needs. This left me with an inability to nurse in the ideal way I had been taught, and left me frustrated at the end of most shifts.

This frustration with the work situation was like a grain of sand in my shoe. I have struggled with this frustration for most of my career, knowing that listening was an important piece of nursing that I was rarely able to provide. On occasions when time did allow an opportunity to attend to a patient's emotional and spiritual needs, I was much more satisfied with the kind of care I was giving. The following journal entry describes my experience in the present system:

Journal entry: Sept. 26/00: I have struggled with this or within this paradigm. I was trained as a nurse with a truly holistic view of illness – yet in the “system” this training is challenged, demoralized, dismissed as thinking not relevant to “real” science and treatment. Nurses are trained

to be advocates for their patients because we understand how the wishes of patients are ignored or simply just not heard. But it's difficult to be an advocate within the current system. Speaking out is like being a fish who swims upstream. There is an internal fight and externally there is no support. It is uncomfortable.

Yet all health care professionals are really in the same position. The wishes of nurses and doctors are also not heard or are ignored. It has taken a huge amount of belief and conviction to find the strength to fight the complacency of the work environment. As Thorne (1999) suggests, “When we seek to understand meaning in chronic illness, facing our own collective complicity in a hostile socio-political health care climate is inevitable” (p. 402). It is so much easier to go along with the systematic, day to day routine of hospital life. But I have realized through my experience with patients that the only kind of care I want to provide is the kind of care that honours patients’ healing process. I could never really be satisfied with the status quo. Learning how to honour the internal knowing has created an internal struggle. I have had to learn how to believe in myself by taking a risk.

On the same day I wrote:

To find trust in myself, I had to go against the tribe. This struggle was necessary for me to experience – otherwise I would not have been able to undertake my present study which counters the old paradigm in the health care system.

My training within the health care system with an emphasis on the medical model and my own personal learning leads me to believe that I have an expanded role to play in instances where patients are struggling to find meaning in their illness. To assist patients

in their journey of making new meaning in their lives through illness it is important that I am able to: a) give support to those patients who choose to use their illness as a way to move toward emotional healing, b) assist patients to recognize what is in play for them that is preventing their ability to access their internal strength (resistance is always in play), c) acknowledge that each patient is at a different level of development, therefore respect where they are in this moment, have no agenda of my own to have them change in any one particular direction (developing internal strength is simply an option and not everyone chooses this option), d) advocate for patients in choosing their own path to healing. I have generated the above assumptions as a result of my own meaning-making journey. I am aware that my understanding of this journey is in its infancy. I have much to learn from future patients and recognize that my assumptions may need to be revised as I witness differing responses in the meaning-making journey.

Patients need to be supported in their attempts to reunite their mind, body, and spirit as each is intricately connected. They have within themselves the ability to find meaning in their illness if supported through the emotional pain of illness. Doctors and nurses have excellent skills and judgment in assessment, diagnosis and carrying out prescribed treatments. However, as health care professionals we need to closely observe the way we use our expertise and ensure that we are supporting patients to this end. As Cote (2001) [videotape] states, "Doctors with certainty abuse their medical powers most: They're so sure they're right about treatment that they overpower patients and impose it on them." As a nurse working in a medically dominated environment it is important for me to acknowledge patients' abilities as well as my own and to ensure that I advocate for patients so that they do not feel overpowered by the system.

Patients are given little if any control over their options for healing outside of the physical treatments such as pharmaceuticals and surgery. However, patient control is an important consideration in healing because they feel bound by the norms of the medical system in order to “get help to return to normality” (Lupton, 1994, p. 7). Patients seeking help in the dominant health care model are expected to “put themselves into the hands of medical practitioners to help them get well” (Lupton, 1994, p. 7). Inherent in this belief is the notion that patients are willing to “give up” their control in the healing process and be “compliant, passive and grateful” (Lupton, 1994, p. 7), for the care they are given. My experience in caring for patients confirms this claim. Those patients who challenge the medical authority are quickly labeled. For example, in charting I have labeled patients’ resistance to following prescribed medical treatment as “non-compliant.” However, my interpretation may have been inaccurate. Instead patients’ so-called noncompliant behaviour may have been an attempt to honour their inner knowing.

There is a covert lack of respect for patients’ opinions in their treatment if they protest the “flow” of a prescribed treatment. The necessity for patients to comply with behavioral “rules” within the present health care system suppresses their ability to access inner strength in the healing process because of the expectation to act in a certain way. An expectation of patient compliance implies that patients’ inner resources are not valued in the healing process. Compliance negates access to the inner resource for healing that lies within patients. As Johnson, (2000) points out, “Rather than assisting individuals to increase control over their lives, the structures, policies, and procedures of health care institutions seem to systematically strip power and control from individuals, families, and communities” (p. 175).

What if the environment was set up by the health care system, as well as the professionals who provide care, in a way that acknowledged patients' inner resource potential and supported them rather than demanding compliance in exchange for treatment? In such an environment patients may then have an opportunity to access their "internal voice of authority" (Myss 1996, p. 268) as a resource in their healing process. Healing may not necessarily mean cure of the disease. In fact, the disease may continue to proceed. However, in a holistic model, healing is more than physical. Healing lies in "investigating one's attitudes, memories, and beliefs with the desire to release all negative patterns that prevent one's full emotional and spiritual recovery" (Myss, 1996, p. 48). As O'Connor (2001) understands:

To heal is not necessarily to cure. . . . To appreciate the difference between healing and curing calls for an appropriation of a person's spirituality and an evoking of the healing capacity of the patient. (p.37)

There may be a limited number of nurses and doctors who recognize that patients have inner strength which can assist their healing process. A nurse who has worked on healing herself is in a better position to support her patients in their healing process (Burkhardt & Nagai-Jacobson, 2001). Nursing education has long prided itself with a holistic approach to health care and in recent years has included alternative modalities of therapy into practice. While the seed of providing support may be planted in student nurses, I have had to learn for myself through practice how to give support to patients. Further a nurse must have an interest in learning how to be supportive. Education in complementary and alternative medicine (CAM) has begun to creep into medical education. These approaches emphasize the connection between the mind, body and spirit as important elements for healing. But alternatives to the biomedical model continue to

be regarded as approaches to “use if conventional approaches fail” (Davies & Palsson, 2003, p. 445).

Alternative medicine practitioners recognize the evidence for mind, body and spirit components in maintaining health of the individual and the need for patients to mobilize inner strength in the healing journey. Alternative practitioners view their role in healing as a facilitator (Mentgen, 2001, p. 146). However, while reading various articles on alternative treatments in healing, I made an interesting observation. It occurred to me that authors such as Moss (2003) seem to focus their work in terms of what the practitioner is “doing to” the patient. Even health care providers, who have a solid understanding of the mind, body, and spirit in healing, may still have difficulty in acknowledging the patients’ expertise about their own health.

In the scientific mainstream literature there are references to patients’ ability to use their inner strength in the healing process (Dingley, Roux, & Bush, 2000; Roux, Bush, & Dingley, 2001; Dingley, Bush, & Roux, 2001). How patients can access their inner strength is not explicated. Another important point seems elusive in the mainstream literature. This is that all individuals have inner strength that only they can access and mobilize. Without such understanding on the part of a health care professional in the current health care system there exists a gap in health care providers’ understanding of their role in supporting patients to mobilize their inner resources in healing. As Ellingson (1998) explains, when patients become the centre of their health care then they are “an active part of the health care team rather than a complex problem to be solved by those with knowledge and power” (p. 512).

A plethora of sources in the self-help section of any bookstore reveals an in-depth understanding of how inner strength and guidance is found, developed and used in

finding increased awareness (Greenwood & Nunn, 1994; Borysenko, 1993; Dossey, 1991; Braden, 1997; Myss, 1996; Frankl, 1984). At the beginning of this thesis project most of my reading came from self-help books. It has also been the main source of my personal reading for more than twenty years. I partially learned to develop my own awareness and inner strength reading from alternative sources. During this thesis project however, I also read from the scientific literature.

The combination of self-help and mainstream science is an important marriage. I have “grown up” in my professional life being influenced by the biomedical model despite having been trained in a holistic model. As well I have had a personal interest in emotional healing. Learning to meld my understanding of both alternative and mainstream thought on healing has been difficult. The tension between medicine as an external authority and my internal authority arises from an unequal power base.

The external authority challenged my inner authority and I believe it challenges the inner authority of my patients. No one wants to sound foolish. If inner strength has not been cultivated to such a level where an individual can confidently follow their inner guidance, then the path of least resistance or external advice is taken to be the authority. The risk in giving direction to the patient is that decisions are filtered through personal experience and philosophies. Therefore, I cannot tell patients what is right for them. I can only tell them what I think is right based on what I believe to be true for me. But when I tell patients what they should do, I am robbing them of the opportunity to connect with their inner strength. I am robbing them of not only finding their own guidance but the opportunity to build inner strength for use in future situations.

Patients may know what they need in the healing process, and from my own experience, to be told what to do often appears to be the easier road. However, the easier

road may not necessarily prove to be the most appropriate road for healing to occur. My belief is that patients have an inner strength and with support can access this strength to guide them through their healing journey. The challenge for me is to support patients in their struggle to develop inner strength. I have been trained as the expert and in some ways I may be the expert. But as the expert I must be cautious and aware that going through the struggle of accessing inner strength is how patients ultimately find the path for emotional healing.

Health care providers are taught to minimize pain and suffering. But they are not taught to sit by a patient who is struggling with their emotional pain and allow them to make meaning. In fact we often use drugs to help control the struggle. The struggle may have been interpreted as something other than an inner struggle such as anxiety. But as one participant explained, a nurse can foster the patients' own inner resource potential in the healing process by "just taking their hand or just putting your arm on their shoulder, show that you really care." Health care professionals do not have to find solutions for patients. They can provide support by showing they care. This demonstration of caring may be different for each patient. For example, one participant Bob stated he felt supported when he was given information. "What you do is you arm people with enough information that they understand some of the things that they are going through at the time." Tara found support in another way. "Touch is very, very healing, and very, very therapeutic."

At the same time there needs to be sensitivity on my part as to what patients need in a given situation. As Bob explains, "Some of the cues are understanding the situation and responding to what the patients wanted in that situation." I need to have sensitivity to the situation. "Holistic caring includes an emotional element, which some practitioners

may choose to ignore by focusing mainly on nursing tasks” (Hawkins & Hollinworth, 2003, p. 545). Emotions displayed by patients may be ignored because ignoring is more comfortable than learning how to acknowledge their emotional needs. As Burkhardt & Nagai-Jacobson (2001) suggest nurses need to “face the challenge of caring for themselves so that they are truly a healing presence for others” (p. 23). Understanding the needs of my patients requires that I learn how to assess and develop my own inner strength in healing. Fulfilling my healing needs means “paying attention to simple things . . . embracing the physical self with loving attention and acceptance [which] fosters trust in the body’s innate wisdom and helps to develop awareness of what the body needs for healing and staying healthy” (Burkhardt & Nagai-Jacobson, 2001, p. 26). If I understand the healing process for myself I will have empathy for what patients are experiencing and I can give of myself in a way that communicates understanding to patients.

Allopathic medicine struggles to integrate the notion that mind, body, and spirit all play a vital role in our health and healing. The emphasis on logic and rules deduced through experimentation, though important, poses limitations to honouring the mind, body, and spirit in the healing process. Margulis & Sagan (1997) suggest it is time to “shed our Cartesian mechanistic legacy at no risk to our scientific credibility” (p. 183).

As a health care professional I want to look beyond the traditional model of delivering health care. To me, it is important to recognize that patients have a role to play in their healing process that far exceeds any role that I have recognized in the past. I believe my previous thinking must now move beyond an “either/or” mentality to incorporate, honour, support, and assist patients to develop their internal authority.

Alternative modalities of treatment may assist patients to develop and mobilize their inner strength. There is potential for a new model of healing to emerge when I meld

an understanding of the mind, body, and spirit connection, with medical treatments and the patients' inner resources in the healing journey. Having an increased awareness about the influence of the mind, body, and spirit in the healing process allows me to be more encouraging of patients using alternative treatments that may assist them to build inner strength.

An alternative to the present system might be for health care professionals to provide an atmosphere that values both the patients' inner resources as well as offering medical solutions. I believe the marriage of honouring the patients' inner resources together with offering allopathic treatments is a more holistic view for healing.

Making meaning of illness is healing because physical manifestations of illness are an indicator that there is a lack of balance in the mind, body, and spirit. Recognizing that a connection exists between illness and emotions allows patients to focus their attention on making meaning. By drawing on their inner strength emotional healing occurs. Physical healing may also occur but "a person can be healed emotionally or spiritually, even in the face of terminal illness" (O'Connor, 2001, p. 37).

CHAPTER 4

Journey of Meaning-Making

In this chapter I will present elements that contributed to a journey of meaning-making as described by my participants and me.

Meaning-Making

... The fundamental search of human beings is for the meaning of life...searching for, yearning for, is a feeling of aliveness. . . . We have three instinctual directives: we want first to stay alive, but beyond that, we want to feel fully alive, and we want to express that aliveness. (Hendrix, 1992, p. 42-3)

I first requested participants describe their personal process of making new meaning in their life through their experience of living with illness. All six participants proceeded to recall chronologically the details of their experience beginning with the circumstances in their life that led to their diagnosis and concluded with how their lives had changed as a result of their illness. These descriptions corroborated my first observation of patients as I began this inquiry, that patients do make a connection between traumatic events in their lives and the physical manifestations of their illness.

Two examples shared by participants illustrate their recognition of the connection between the stress created by life events and the onset of illness. Rose says:

I think all the stress from my parents and my husband helped to bring on this depression, you know, but basically it was something I had to go through. I realize that now.

Barbara said:

When I was diagnosed with cancer in September 1999 it was a stage of my life when I was almost at the limits of my endurance stress wise, in my job, in my personal life, and I had just been told that this was a leaky

condo and was going to cost me \$40,000 to “remediate” as they like to call it. And shortly after that, two weeks later I also found out I had stage II cancer and that I would have to go through the full gamut of chemotherapy. . . . It was quite obvious that the life that I had led for a good ten years before had certainly contributed to this.

These participants were clear about the connection between events in their life and their illness.

Seeing that a connection exists between the participants’ life events and illness symptoms was an important insight for them. Tara talks about recognizing she had not completely resolved a past traumatic experience:

I had been sexually molested by my father when I was 12 years old. . . .
 After I had the hysterectomy I started really recognizing how much damage had been done when I was a youth . . . and I thought I had healed. I thought no problem. . . . I felt I had forgiven my Dad and everything was copasetic. Well after the hysterectomy and everything then this all came back to me.

Trish also talked about her past in relation to her present illness experience when I asked her how the experience with her illness contributed to the present change/growth/transformation in her life:

It caused me to put together the illness with experiences earlier in my life. I am an abuse survivor; an incest survivor, and I realized that possibly my body’s response to poison gas exposure could have been worsened by the fact that I was chemically changed by huge emotional problems when I was a little tiny child. I went back and started to remember, it was amazing

because then I went into therapy, it got me in touch, it got me past what happened. . . . This illness brought it out into the open. It gave me a reason.

Both Tara and Trish had significant unresolved traumatic experiences in their young life. As Trish points out and I too believe, the imbalance as a result of the abuse manifested later in her life as illness.

When the participants recognized that there was indeed a connection between their life events and illness they began to look at the illness as an opportunity to reevaluate every aspect of their lives and to find new meaning in their life. As Frankl (1984) points out, “The perception of meaning . . . more specifically boils down to becoming aware of a possibility against the background of reality or, to express it in plain words, to becoming aware of *what can be done* about a given situation” (p. 169).

While participants did not have absolute control over their illness they began to realize they did have control over how they chose to respond to the illness. Barbara’s awareness of how others lived helped her to see her own life in a new light:

I began to notice how people around me, everybody else who was so called well and operating in the world was leading this almost extraordinarily frantic, frenetic, purposeless life. Every single day was packed full of activity, sitting in traffic, going shopping, having to do this, lists that were miles long. And when you spoke to them they always had some frantic turn of voice that they had to do, that they couldn’t talk now. They were running to get the kids, or they were running out to shop. There was a catch in their voice and I recognized this as how I lived. And I also noticed, I began to think you idiots, you could be dead in a year. Like I

can be dead in a year and what will all of this matter? All of this running around and chasing yourself into a frenzy. None of it will matter. I mean, I thought to myself if we were told on the day we were born the day we were also going to die; we would live life so differently. But it seemed to me that everybody I spoke to or knew lived with this belief, denial I suppose, that they were going to live forever that nothing was ever going to happen to them.

Barbara's insight into what she put her body through before the onset of illness was powerful for her. Barbara points out that she believes being caught up in the day to day routine made her lose sight of what gives life meaning. She now realized all those activities mattered little in the face of her illness. She realized death is a part of life and this helped her to acknowledge the importance of choosing how to live her remaining life differently rather than falling into a life of endless and meaningless tasks. As Chopra (1994) says, "To realize that you have control over any interpretation you place upon your body, an enormously liberating idea begins to dawn: the body is on your side" (p. 43). This realization gave Barbara belief in her ability to influence her healing process. It is my view that Barbara observed from the vantage point of having illness that her life was not balanced. She had pushed her body to do many tasks and had not give attention to her spirit.

Every participant in the study talked about struggling initially with the symptoms of their illness. The following are stories of these struggles. Barbara spoke metaphorically about the initial change in her life after being diagnosed with breast cancer:

An amazing thing happened when I was diagnosed. It was as if a steel door came down between me and the life that I had been leading. I went

into a different space almost immediately. I can't say I wasn't shocked, it maybe was the shock that sent me into that space, but it was as if a door came down which said this was then, that's the life out there that you had, now you are in a completely different life and a different struggle. You've now got to put all of your energy that you put into your life outside into getting through this and surviving. I don't know where that comes from. I don't know if that is part of shock. I think maybe anybody who is diagnosed with a potentially fatal illness goes into that space. The rest of the world doesn't look the same ever again or certainly not while they are struggling with the illness.

There is an acknowledgement in Barbara's story that her life, as she knew it, had changed forever as a result of struggling to survive her illness. Selder (1989) says that when a person experiences a significant disruption to their life, "The person doesn't know what to expect or what to do. . . . The person feels like a stranger; he feels cut off from his environment and his usual connectedness with other human beings" (p. 438).

Bob found that "part of the struggle happens at the hospital, part of the struggle is dealing with internal values." For Bob, part of his journey of making meaning started right away with the struggle to understand what he truly valued. The common thread expressed by participants is that there was an internal emotional struggle that they had to go through in order to find new meaning in their lives. The internal struggle caused emotional suffering because of the need for change and the time needed to do the associated emotional work.

Trish says:

I'd already done the mourning thing at the very beginning; the stages of grieving. I sat on a bus and I told my life story to total strangers for a year.

It was pitiful (she laughs). It was hilarious when you look back to it. But you know everybody has to go through it, the anger, and the crap.

Trish points out that it took her a year to work through the feelings associated with coming to terms with her illness. Barbara stated she did not have the kind of friendships where she could express her fears but she wanted to say:

I'm terrified I'm going to die. I don't know how much longer I've got to live. I just can't believe this . . . just cried all the time . . . but you know during that I thought, wow, this is about as low as you can go. . . . It took about a year for all that to happen. I did sink into a very, very deep depression and I think it was sadness for the whole course of my life. . . . But something happened, and I thought no, I'm not going to, um, and I pulled myself together.

Barbara found that despite not receiving support from others, having time alone to express her feelings helped her to make a decision about changing her life.

Gail says that she feels differently in her life as a result of her experience.

Previously:

My life was so much more full of fear because all negative things are really fear based. There aren't many feelings that aren't fear based that are negative. I just don't have many of those [feelings] anymore. And when they do hit me I catch myself at it and I can get rid of that faster. It's a

decision like everything. I decided I wasn't, I didn't need to live with that anymore.

These participants had similar feelings of fear and disbelief about their illness. Struggling with their fear helped them to see other possibilities. In illness, as in any life altering situation there is an element of the unknown over which a person has no control. Not knowing the outcome of a situation or decision creates a sense of fear in the individual and "putting faith in fear generates destructive results, beginning with the disintegration of our ability to relate confidently to the external world" (Myss, 1996, p. 38). The external world then becomes the authority because fear prevents patients from being receptive to and trusting of their internal guidance.

Participants struggled with the issue of fear, developed faith in their inner strength and eventually let go of the fear to help them "embrace the life that is trying to work its way into [their] consciousness" (Myss, 1966, p. 257). This is a life that is uniquely meaningful and purposeful. The participants in this study overcame one of their biggest fears that is, of dying. One participant, Gail, described overcoming this fear:

I don't know how to put this. I don't think of things so much as past, present, and future anymore. So I don't spend a lot of time worrying about the future. Um, it's not that I don't spend time worrying . . . there doesn't seem to be that much division anymore to me. I don't know if that's because I've gone through things like three or four times now, through something really serious, and it keeps rolling around and it's just one more experience and one more experience and one more experience, or whether I'm just absolutely not afraid anymore . . . But I don't have any fear of

dying, none. And that makes me a different person . . . I don't sweat the little stuff and I used to.

Patients who are in the position of having to deal with their mortality begin to acknowledge what is most important in their life. Barbara also discovered this, "So I became very much more inward, I pared away my life, down to basics, the essentials. I looked at absolutely everything, the work I was doing, of what value it was and the friends I had in my life." As Barbara realizes she evaluated everything in her life to find whether or not it was meaningful to her.

When participants accepted their experience despite the unknown, they began to realize that although they are alone in this journey, illness is an opportunity to reconnect with their inner spirit, to struggle with their feelings about the unknown and to strengthen their spirit as an initial source for healing. As Hunt (1996) describes, "If we allow ourselves to witness the mystical part of our being while maintaining a realistic grounded orientation, we can tap simultaneously into the personal and the universal information" (p. 169) available to us.

Reflecting in Solitude

For in solitude, where every one is thrown upon his own resources, what a man has in himself comes to light. (Schopenhauer, 1890/1995, p. 27)

It is in a place of solitude that one can begin a healing journey whether one is facing illness or any other challenging situation. In solitude there was an opening created in the self which allowed participants to recognize and develop their inner strength. As participants describe, this opening allowed them to identify inner resources and their role in their healing journey. Gail spoke about the result of being alone because of her physical restrictions:

I was so very ill at the time [waiting for a liver transplant] that I couldn't really do anything physical anymore. I spent a lot of that time internally, certainly exploring what my own belief system is, and realizing that it is very strong. I have a very strong belief system. But I think I always did have. It was just more a reaffirming more than an affirmation. It just got stronger.

Having time alone allowed Gail to realize the value of her strong belief system. She went on to say that, "I put a lot of faith in getting better." Gail indicated that being alone strengthened her existing belief system allowing her to trust it which helped to move her toward emotional healing.

Barbara spoke metaphorically about her experience and the benefit of being alone:

The aloneness gave me a lot of thinking time. I thought, okay you really have to reexamine every single aspect of your life. And it's the best thing that ever happened to me to have this period when I can sit still and look over my life. Stand half way up the hill and look at the view and see what it is all about.

For Barbara being alone gave her time to review her life, and gave her the opportunity to see what really had meaning for her in her life.

I also found being alone important:

Journal Entry, Nov.4/99: I have been more reclusive in the past two months than I have ever been. It's interesting to see myself doing something differently. I have needed this time alone. . . . As I sit here

tonight I felt completely relaxed -- at peace with myself and my environment.

Being alone allowed me time to reflect and time to see different possibilities in my life. But this was after a time of reflection on my struggle:

Journal Entry Nov. 4/99: I am in the process of my own acceptance. It seems this is what I have wanted from others. But now I see it was a reluctance of me to accept me. I need to accept myself in this moment with all that surrounds me. I have my own self-judgments – some far more severe than others. But now I have to trust that my own structure is adequate.

Although I was not dealing with serious illness I did struggle with self acceptance. I did experience physical symptoms and I recognized the possibility of illness as a result of a lack of self acceptance. The solitude provided time to reflect on my situation and to explore what the inner struggle meant for me.

The experience of being alone provides the necessary time for self reflection. Day (2001) describes the need for self-reflection in the healing journey:

Our degree of wellness is an individual process that depends on our various strengths and weaknesses, how we perceive a situation, and our coping mechanisms. Self empowerment comes when a patient learns to assess his or her wellness on a daily basis -- physically, mentally, emotionally and spiritually. Only by awareness of where we are in or out of balance in these areas can we move toward higher states of wellness. (p. 138)

Trish reflects on the learning she did by spending time alone:

I was never tuned in with who I was before and I've had time to do that.

I've had the time to be with myself and know myself and like myself . . .

It's the first time I haven't been too busy.

For Trish being alone gave her an opportunity to value herself for whom and what she was as a person.

In solitude the participants were able to begin to perceive their illness in a new light. Being alone was important because it provided them with an awareness of what they valued in life and new possibilities for connecting with self and others. This connection with self and others helped to strengthen their spirit. Bob talked about his connecting to others after his heart attack:

People around me, friends, even last night they were noticing how I had changed, how I had undergone some changes and how I deepen my love towards people and how I was expressing things.

In my view when the spirit is strengthened and reunited with the mind and body emotional healing is possible.

The Seized Engine

When we allow ourselves to lose control sufficiently to permit the expression of the “monster” within, it is not long before there is a perceptible change in our experience of illness. We begin to realize the connection between our inner state and the manifestation of our disease. (Greenwood & Nunn, 1994, p. 120)

There is an important distinction to make at this point. Patients do not cause their illness but they do have recognition that the dis-ease they have felt in their lives and their lack of attending to the dis-ease contributed to their illness. Authors such as Sontag (1977) dispel any suspicion that patients may have contributed to their illness. But Sontag

seems to miss the awareness cited by patients in her own examples. For instance, in an excerpt from her journal (cited in Sontag, 1977, p. 47) Katherine Mansfield writes, “The weakness was not only physical. *I must heal my Self* before I will be well . . . This must be done alone and at once. It is at the root of my not getting better. My mind is not *controlled*.” Katherine was not only referring to “curing” herself from the illness. It seems implicit in her words that she was speaking about the state of her mind and spirit. She recognized what needed to be done to change her situation and begin healing.

In this study participants were very clear of the connection they made between the dis-ease in their life and how this contributed to the illness they experienced. Barbara’s response in describing her personal process of making meaning through the experience of living with illness began with recognition of an imbalance in her life and the understanding she found as a result:

I very definitely contributed to my disease. Without a doubt I contributed to it. I was so highly stressed and so anxious, so full of anxiety about staying alive, making a living, trying to operate in a new country where I didn’t know anything that I was just on a red hot wire from the moment I woke up in the morning until I went to sleep at night, all the time.

Barbara recognized that the situations created so much stress in her life that she had finally reached a point where she could no longer ignore the impact of the stress. Through recognizing her part in the illness process she had control of making changes in her life by acknowledging and undertaking the necessary changes in her perceptions. The situation had hit a critical point and she was ready to make the needed changes.

As Myss (1997) states:

Gaining an awareness of our own limitations opens us to considering choices we would not otherwise have made. During the moments when our lives seem most out of control, we may become receptive to a guidance that we would not have welcomed before. Then our lives may move in directions we had never anticipated. (p. 224)

Reaching a point of recognition that the status quo is no longer working is the beginning of the healing journey. In life “we try to live without feeling, because life seems safer that way, but the penalty of that safety is that we have to store our unexpressed and denied feelings in our bodies as tension patterns” (Greenwood & Nunn, 1994, p. 137). These tension patterns and the emotions associated with events which cause emotional suffering must be released in the healing process.

Bob explained his experience:

I can see um . . . I was overweight, I was eating the wrong foods, probably had a propensity for a heart condition because of hereditary factors somewhat and I had mild hypertension. But I didn't realize that my heart and the things that were around it were in bad condition to the point that I collapsed at the hospital.

Bob now recognizes that his body gave him signs indicating a poor heart condition but also that he had been unaware of them.

In an entry from my journal I acknowledged a recognition of my contribution to the physical manifestations experienced. Previously I had not heeded clues my body was sending me:

Journal Entry, July 1/00: Yesterday I had a migraine headache. I am not prone to headaches. This headache was scary and required that I stop everything and rest. Then today I ran the lawnmower out of oil and seized the engine, it still works but not as well as it did. Looking at this symbolically the lawnmower is my body which I ran down and which eventually fails because of a lack of proper care. The headache was a sign of my body needing care. I have been very busy over the past two weeks: working, commuting to Seattle, school etc. I have not been giving myself time, just driving myself. But this migraine I could not ignore – just as I could not ignore the seized engine.

I realized that the dis-ease in my life was a message that something needed to be changed. The body is a good indicator of the condition of our inner life whether or not we pay attention to the messages. Learning to pay attention to our bodily messages is an important step in the healing journey. The body which is connected to both the mind and spirit communicates the dis-ease through feelings. This is why paying attention to our body's signals is so vital because it tells us something about our inner condition.

Another participant, Rose describes how she sees the illness in her life:

I believe, totally believe, that before I came back here to this planet, because I believe in past lives, that I was going to live this life exactly the way I am living it. I had to experience this illness in order to get me sort of over the hump of finding my true spiritual self.

Rose's belief in reincarnation helped her to make meaning of the reasons she became ill. The meaning of having illness in her life was an important part of assisting her to reconnect with her spirit.

Tara explains the connection she made with her illness and past emotional experience:

I've been hospitalized like twenty times or more. Many of the times were prior to 1991 and it was all related to the bowel problems. I know how integral it is with what happens to you emotionally that your body remembers these things. . . . After I had the hysterectomy I started really recognizing how much damage had been done when I was a youth [referring to sexual abuse by her father] and so I joined a group. I had always just sailed on. I was the oldest in the family. I was the only female. I was very strong. So I ended up going for a counseling program. I had in my heart forgiven my father but I hadn't forgiven myself I guess. I'm not quite sure what but anyway I was holding it. I was carrying it.

For Tara the hysterectomy surgery resulted in the surfacing of memories of her past repressed emotions regarding her sexual abuse and brought to light a missing piece of the healing process for her.

The Paradoxical Gift

**A paradox is truth [sic] standing on its head to attract attention.
(Falletta, as cited in Dossey, 1991, p. 203)**

Focusing inward was initially a place for reflection for the participants. Gradually, from the solitude, participants found new meaning and perception in the way they viewed their illness. They began to see that their illness was a gift providing an opportunity for them to reconnect with their inner spirit and as a result were able to move along a journey of healing.

The perception was described by one participant as follows, “Everything that happens to us is meant to happen and we have to understand that process.” Tara explained:

I’ve really learned a lot as a result of all these things. I’ve learned that I’m here to learn. That’s what I’m here for. I have a strong belief in reincarnation and I have a strong belief in the inevitability of certain events, not specific events but the types of emotions that will be surrounded by it and the type of learning experience that it will be.

Tara ascertains meaning in the situations that happened as positive toward her growth. She has learned to accept how she feels when events come into her life because she knows that she has something to learn from the event.

Trish called her illness “a gift.” Trish states:

The illness gave me choices. It changed my life for the better in so many ways. It was such a gift. It showed me how strong I was. It showed me that I would survive anything no matter how sick I got . . . It made me more in tune.

Illness helped Trish to see herself as a strong person with new choices about how to live her life.

Another participant, Barbara, expressed how she felt:

I can tell you that for every two steps forward there were six backwards because I had to alter the most hardwired perceptions of myself and what life is about and who I was and why I had done certain things. . . . So I found layers of meaning that I’d never before known.

[I am] extremely grateful. . . . It is the best gift I ever had, and that is a very odd thing to say. But for me, the understanding of my life and the revelation of the um, spirituality of it, was the best gift. And I could not have got it without the cancer.

For Barbara having cancer helped her to completely change how she viewed herself and herself in her life. She found that reconnecting with her spirit was a gift from having cancer.

Still another participant, Tara, shares that:

Life is so fragile, every moment counts. It is a gift to be treated with sacred respect. I've learned there are signs along my path and I have faith in following them. There is a governing consciousness. I have exchanged false pride for humility and developed a deep sense of peace. I have learned how to ask for help and how to receive it. I see the world with a deep gratitude, even the hard times as they have taught me to be strong and how to have faith that things will work out as they are supposed to.

Tara also found her illness to be a gift because she developed a deep connectedness and peace in herself and the universe. She has found that difficulty teaches her to be strong and to know that there is a larger source of energy in the universe than her. She was more emotionally settled through her new knowledge and welcomed synchronistic events in her life as sources of learning.

Bob also viewed meaning in his heart attack:

[The heart attack was] something that I was meant to go through [because] it's taken me on a journey. It's taken me on a journey. And the journey is of looking at my own values, looking at my own values, finding out really some of the things that are important to me, and to discard some of the things that have no value at all for me.

Bob saw that his heart attack meant he had to look closely at his values and determine where he should focus his energy.

Although the participants identified an internal struggle related to dealing with illness they also identified that illness was a gift to them. Struggling with difficult emotions helped them to change their perception and to cultivate a different internal awareness. Making new meanings helped them to heal emotionally, and transform the way they lived their lives.

There is common acknowledgement with the participants that they perceived illness as a gift in their life because it created the opportunity for them to connect with their inner strength and learn the depth of that strength.

The scientific literature did not allude to the notion of illness as a gift. However, Borysenko (1994) does describe one patient's experience of this phenomenon:

A friend of mine, for example, was stricken with episodes of severe, recurrent depression. Fortunately, he had an excellent team of psychiatrists who conducted appropriate drug therapy and psychotherapy.

Unfortunately, they were unwilling to support him in viewing the illness in a larger perspective. When he would discuss depression and hospitalization as rites of passage, as initiations that he felt would be ultimately strengthening psychologically and spiritually, his doctors tried

to convince him that he was crazy. His very belief that the illness was a positive passage, even a, “grace,” was an indication to the psychiatrists of mental instability. Fortunately, my friend was able to profit from their care while at the same time holding onto the greater vision that the depression had a positive meaning. (p. 54-55)

One participant in this study, Rose, discussed a lack of understanding of her illness experience within the medical view. When I asked Rose to describe her personal process of making new meaning in her life through the experience of living with illness she responded:

Well, I’m sort of; this isn’t a very easy question for me. I found out, I found it very discouraging when I was put into hospital because I was actually going through a spiritual experience and the doctors didn’t understand what was happening to me. I was opening up spiritually and all those wonderful experiences, it was just like an opening up of a flower. And I realized that people didn’t understand me. But I knew I was experiencing the actual truth in life of what life is all about. And it is everything that happens to us is meant to happen and we have to understand that process . . . I had to go through this illness.

Borysenko’s patient as well as the participants in this study view illness in a far more holistic sense than is encompassed by the medical model. If as a nurse I ignore or minimize the patients’ beliefs I do not demonstrate value in the patient’s ability to participate in their own healing. I shut down this healing potential by omitting to provide a safe environment for patients to experience their emotions and make new meaning from their illness experience.

As a nurse I need to listen to patients when they describe their illness in non-traditional ways rather than using the medical paradigm in which I am the professional, and therefore, the expert. For these participants, illness was a gift to find inner strength and heal their emotional pain. This is a powerful message for me.

The Humming of Hornets

The buzzing of tens of thousands of bees menacingly arching their backs, and by the rapid stroke of their wings making that whirring, living sound. (Tolstoy, 1994, p. 998)

Life provides endless opportunities to learn. In this study participants found that by looking at their illness symbolically it helped them to see other possibilities. Participants had awareness that their illness was a message from their inner spirit that something in their life had to change. Engaging in the struggle of their emotions associated with making a change allowed their internal strength to develop. Rose was paying attention to the nudge of her illness and recognized that other situations in her life were helping her to make meaning of illness. “But too many things were happening to me and finally I started, all these doors started to open. Now you see this is the guidance you get.”

Tara recognized that situations in her life are opportunities to show her her path: I have a strong belief in the inevitability of certain events . . . and the type of learning experience that it will be. Whatever path you take you’ll still come across those same types of things that you’ve got to learn and however it presents itself to you it’s the same thing.

Dis-ease and illness are ways the body attempts to capture our attention.

Bob explained, “Through the illness it actually steers you into a path where you do grow and you were meant to. My feeling is that you were meant to go into that path.”

As Bob points out illness helped him to change his path. As Duff (1993) has heard it said, “Illness is an attempt to escape the truth, [but], I suspect it is actually an attempt to embody the whole truth, to remember all of ourselves” (p. 9). Illness may be an attempt to escape the truth but it can also be “the healing experience [which] involves a massive shifting of our inner attitudes, which literally ‘turns us on our heads,’ and allows us to integrate conflicting perspectives” (Greenwood & Nunn, 1994, p. 145) if we choose to enter into all that is entailed in our individual journey of healing. In the following journal entry I acknowledge the dis-ease in my own life:

Journal Entry, Nov. 24/99: I have had hip pain for about 5 years. Sometimes the pain has been quite severe. I saw a chiropractor and he recommended I stop running which I don't want to do. So I continued running despite being informed it would probably not heal to (100%) if I didn't change my ways. Well I was reluctant to change. But in September I was not enjoying the running because of pain. . . . So I stopped running and started walking everyday. My back started to improve. Then right after I made this major shift in my life, I went to the chiropractor who was shocked he did not have to adjust my hip. This is the first time in five years.

In my experience there was a lot of resistance to stop running despite knowing that the hip pain was indicating I needed to make a change. Stopping running was really symbolic of stopping other things in my life. The shift in my life came with acknowledging the message in my hip pain. Louise Hay (1987) suggests that having hip problems are a sign of “fear of going forward in major decisions. The hip(s) carries the body in perfect balance, [and are a] major thrust in moving forward” (p. 176). Even

though I could “hear the hornets,” taking heed of the warning and making a change meant I had to let go of how I wanted things in my life to be. I had to accept that things were the way they were, even though it was difficult for me. As Chopra (1994) offers, “Accept what comes to you totally and completely so that you can appreciate it, learn from it, and then let it go” (p. 119).

For me, accepting a situation and letting go to experience the learning in a situation, was and is, emotionally difficult. This is why initially there was resistance to letting go. This resistance to letting go “is an obstruction to wisdom” (Chan Master Sheng-Yen, 2001, p. 102). That is, internal wisdom provides guidance in any situation. We literally stop the flow of inner wisdom through what Barbara referred to as “terror, fear and loneliness.” These are feelings that keep the inner world closed.

Participants began to let go when the synchronicity of the events of their lives were recognized as important elements in helping them to make change. Barbara said:

I’m constantly aware of what people might call coincidence or synchronicity, a pattern that is so patently obvious in everyday life that it’s almost laughable that most people don’t see it.

As Bob said:

Things were so coincidental with the process . . . if any of those factors wouldn’t have been around, I wouldn’t have been around. I wouldn’t have been here. . . . The personal process in terms of new meaning is it took a heart attack in order to generate a deeper understanding of where, what my role is on earth.

In these two excerpts both Barbara and Bob connect everyday life occurrences with guidance. Bob took this connection one step further to show us that while nature

may provide us with guidance there remains a need to internalize this information and find the meaning within.

From my journal:

Journal Entry, Sept. 15/99: I found the largest hornet's nest in the woodshed, about 18" long and illustrative of the beautiful work of nature. I discovered the nest after a worker and then myself were stung while working in the wood pile. I was stung again a week later in a restaurant, the only one in the group sitting at the table. Two days later, my boyfriend was stung after he came across a broken wasps nest on the sidewalk. The importance of the hornet's nest and message from the incidents became a mystery. We pondered the significance of the nests and stinging and asked what meaning could this have in our lives. What guidance was nature giving us in dealing with our present issues? Later, we decided to take the nest down. We were clad in protective suits, late at night and ready to cut the nest away from the ceiling anticipating angry hornets swarming around us. We had a healthy respect for their capability to protect their nest. The interesting fact was the hornets had already left the nest. This experience with the hornets showed me how I often struggle in my life at times wanting things to go a certain way. One message from the hornet's nest is that I must allow situations to run their own course. Had I rushed out to get a pesticide and removed the nest right away, I would have had to kill many hornets; the situation would have been more stressful than it needed to be. The significance of this lesson for me is I choose whether situations in my life are a struggle. I must develop my patience in order to

have the experience of a situation as it is presented rather than how I would like it to be. I can live in the future, or in the past, and both rob me of the opportunity to receive the lessons offered in the present.

In this excerpt nature was giving me a nudge and attempting to mirror an aspect of my inner life that was causing me pain. The dis-ease of the situation was a message to me “that all of the events unfolding...were inseparably related to my choice to know, [and] to feel” (Braden, 1997, p. 13) what I needed to change.

Through long discussions of the hornet coincidences an important meaning was discovered. My partner and I realized that the nest was symbolic of our relationship. We had omitted to take care of what was needed in our relationship. The empty nest taken down from the woodshed showed us that our relationship was decaying, though from the outside all looked fine. The conclusion of the hornet situations launched us into a deep exploration of what was in need of being changed so that we did not have to abandon each other as the hornets had done their nest. The importance of paying attention to the hornets in our lives was that life/nature is a teacher if we pay attention to the cues. The lesson in my experience of transformation is that I must be open to the subtleties of the experiences provided in everyday life. Being open is not a destination; it is a continual journey of learning to trust and be open to our internal, spiritual guidance.

Hopcke (1997) states:

Many people receive a form of help in making transitions . . . [which] is internal and psychological. Without willing it or seeking it out, help often arrives in the form of an accidental sequence of events which occur at precisely the right time to aid us in moving on in our lives. (p. 41)

I explain synchronicity from my own learning:

Journal entry, Jan. 11/01: I began to experience my life in a new way because for whatever reason, I knew there had to be a happier way to experience unpleasant situations as opportunities to learn about myself and to grow. I saw situations as mirrors of what was occurring in my life. Patterns repeated themselves in my life and I realized these repeated patterns gave me information, insight and direction. Synchronistic events have become my teacher. And the more I pay attention, the more I see and learn about my way of being in the world and with the world.

Tara described her experience with letting go and making meaning: Everything happens for a reason. Like for example, I told you that my mother was killed in an accident two years ago . . . I do volunteer work . . . But the last thing I was attempting to work at was hospice at the Jubilee. And I had everything set up, I was supposed to start in October that year and then my Mom was killed. And so they wouldn't let me take the program because they said it was too fresh for me so they would call me again. . . . So I thought everything will happen in its own right time so then again the next summer I had all the wheels in motion to start again in the fall well, my brother died suddenly. . . . So I discontinued from that group as well, so that was the thing to tell me that the hospice wasn't where I was supposed to be. Maybe I wasn't supposed to be dealing with death maybe I was supposed to be dealing with life. Life will guide you. . . . So you pay attention to the signs as well. You have to be keen to see them because you get signs along the way of your path.

Tara saw meaning in the events that occurred in her life as signs that assisted her to make decisions that were right along her unique life path. She referenced external signs through her emotions by connecting them with events. These emotions in the context of what she experienced helped her to be connected both to herself and to a greater entity.

Tara's experience of paying attention to signs that nature provides externally, and referencing her internal state in relation to the emotions that surface, helped to guide her along her path. When the mind, body, and spirit are connected there is a sense of meaning and purpose to difficult situations or illness that might otherwise be only a source of inward suffering.

Letting Go of the Rope

By releasing our emotional pain, by letting go of our need to know why things have happened as they have, we reach a state of tranquility...inner peace. (Myss, 1996, p. 197)

Journal Entry, Aug. 28/00: I think I have gone to great lengths in my life to try to achieve the outcome I want at any give time/situation, to control the outcome. Instead, when I trust that the outcome is the best one – what ever that might be – life is less of a struggle. But it seems to me the struggle comes from not wanting to experience any emotional discomfort. And to this end, I have often missed learning from the process . . . trusting myself gives me an inner sense of well being. When I trust myself I am able to respond so much differently. There is more peace within myself and I am able to be less attached and more able to be objective.

When I let go of wanting things to turn out a certain way, I can access my inner strength to accept things the way they are and to know that I will find meaning in the way they

are. Letting go of the outcome I wanted has helped me to build inner strength. Tara very eloquently helps me to understand how to build strength:

[Having] faith in your own abilities to rise to the occasions that you're required to in this life is very, very important. And a lot of people don't realize that they have got faith until they practice it. It's almost like you have to practice it and then it reaffirms itself each time you believe. Then something a little bigger comes along and you have faith and you believe again and it will reaffirm itself over and over, so it builds a trust that whatever happens you can weather it; you'll be okay. So it doesn't matter how serious a thing happens, you'll be okay.

Tara found that in order to let go she had to practice having faith in her own abilities and that this trust grows with repeated experiences.

An internal struggle is created in attempting to release control of the outcome. This creates what Levine (1989) refers to as "your hell" (p. 97). But when we relax and are just in the moment and accept the situation as it is "our hellish experiences, are often the most productive, [and] most fruitful" (Levine, 1989, p. 96).

Tara expressed this experience:

When you're going through it you grab at whatever you can to get through it. And once you reach a certain point on that path, Oh, okay, I don't have to hang on anymore. I know what I am doing and I know what I have to do to get through it. And so you carry on and you begin to be able to release, and instead of holding tight to everything you open your hands, and you give and you receive. . . . If your hands are closed like fists all the time nothing can get in or out.

Tara saw that resisting restricts what is possible; she could not access her inner guidance nor receive guidance from the external world. But, as Gail shared, once she saw a pattern of resistance and learned through many situations that there is meaning in situations she was not fearful to let go and accept whatever came her way:

I've gone through three or four really serious things and it keeps rolling around and it's just one more experience and one more experience and one more experience and I'm just absolutely not afraid anymore, you know. I have absolutely no fear of dying. . . . None. And that makes me a different person. I don't know that there is a whole lot more to say.

Gail shows us that through repeated experiences she has let go of fear which allowed her to make a significant change to how she is in her life. To these participants letting go opened a pathway to the self to both give and receive. Emotional healing can then occur through accessing the spirit as well as the external world.

I found fear of the unknown to be the single, major contributing factor in not allowing myself to let go. Fear played a huge part in my own experience of accepting situations as they were.

Journal Entry, Feb. 9/00: I fear myself because sometimes I see my own strength. I keep myself behind this wall – never seeing the other side for fear of having to deal with it. But I am in a process of movement. I am letting go in several areas of my life. I believe they are influencing one another despite being in different areas. For example I am letting go of “things” around me. These things are all from my childhood. I could guess that my non-acceptance of self occurred or started its roots in childhood. So I am moving on in all areas. Getting rid of the shakes,

dishes, stuff from the shed is very symbolic of movement within me as I play it out externally. I can now let go of these things from my past including letting go of nonacceptance of myself.

In this journal entry I recognized that fear was an enormous block. A fear of expressing anger prevented me from letting go. Eventually I began to accept myself and trust myself. I was able to focus less on the external and this helped me to let go internally. Letting go of things was symbolic for me.

I believe letting go allows for the impossible to become possible and having trust that every situation turns out as it was meant to, in order to help us to learn something about ourselves. And this belief allows for inner guidance to be strengthened. In the following passage Tara talked about what she learned:

I have learned how to ask for help and how to receive it. I see the world with deep gratitude, even the hard times, as they have taught me to be strong and how to have faith that things will work out as they are supposed to. . . . I've learned not to make judgments and assumptions since you really have no way to know where the other person has been and what they've experienced. I've learned that personal suffering teaches compassion and empathy. I've learned that forgiveness is an act of love.

Generosity of spirit is as rewarding for the giver as it is for the receiver.

For Tara letting go opened her world. It helped her to develop her inner strength and to be more accepting. She has also learned to have compassion and to be forgiving of others.

As participants in this study suggest, when illness or emotional events come our way, one way to view them is as an opportunity to learn and by letting go and accepting

the lesson, life can take on renewed meaning and purpose by accessing their inner strength for guidance.

The Alchemy of Meaning

The patient is aware of what he actually longs for in the depth of his being. (Frankl, 1984, p. 125)

Illness can provide a catalyst for emotional healing because any significant change in one's life calls into question one's previous perspective of Self. When the challenge of illness as an opportunity to learn about oneself is embraced, new meanings are made.

Journal entry March 7/00: It appears that the way through crisis is to look at the event symbolically, finding meaning in the crisis. This process gave me a positive direction. It didn't mean I escaped going down wrong roads along the way, I did, but eventually by staying with the emotions the meaning of the event became quite clear. This morning the answer is clear. The migraine yesterday was surely something I could not ignore. And still today I am aware I cannot do "too much." I believe that the subtle message that was coming to me was to look after myself, but I was ignoring it. I was doing too much (a common pattern for me) but not heeding the warnings. Finally I stop and I see the pattern. I am still in the pattern of trying to be everything to everyone. I feel like I can't stop even though the only expectation is my own. That leads me to look more deeply at my behavior. It is necessary for me to be aware of me and to see my interpretation of the world and how that affects what I do in interaction

with others. This awareness allows me to change me. And it allows others to have a different experience too.

In my experience viewing the migraine as a sign that a deeper meaning existed helped me to see that I needed to slow down and take care of myself and give the same importance to myself as I was giving to others. “You begin by looking at the meaning of the injury or illness, what its occurrence is pointing out” (Redfield, 1996, p. 63).

The following excerpts taken from the interviews are the personal meanings that participants made of their illness. Rose described the meaning her illness had on her life:

I had to experience this illness to get me over the hump of finding my true spiritual self. I believe I came; I had to go through this illness in order to help others through it.

Rose found that the experience of having illness helped her to realize how she could help others. She further explains how she found meaning in understanding past life issues:

I really feel that, um, we really have to open up people, the knowledge of reincarnation. Because people are so afraid of death. They have to realize that there is no death, it is just a transformation and we're here, it's a journey for us, we're here because in previous lives we didn't learn all our lessons. And lessons have to be learned, it's all to do with karma.

In the Buddhist faith, karma is seen as the way to consciousness through experiences in past, present and future lives (Chan Master Sheng-Yen, 2001). Myss (1996) defines how karma works in our lives:

[It is] the energy and physical consequences of the choices we make.

Negative choices generate situations that recur in order to teach us how to make positive choices. Once we learn the lesson and make a positive

choice, the situation does not recur because our spirit is no longer attached to the negative choice that gave rise to the lesson. (p. 228)

Barbara talks about the meaning she found in breast cancer:

But it's also allowed me spiritual time where I can gladly, gladly not do stuff. Not be constantly on the run. And that has opened up my eyes and my inner spiritual self immensely because I've just had time to sit and stare. But it forced me to go into parts of myself where I had no idea I had such strong reserves of strength and courage.

Barbara realized that her illness gave her the opportunity to reconnect with her inner spirit.

Bob was also opened to better understand his life purpose:

We all have reasons for interacting, we all have reasons for um, for what we do and the impact we have on other people; and how our thoughts benefit other people; how our love affects other people; and how we collectively can change things immeasurably. . . . So the biggest change has been on a spiritual dimension, the small changes have been in terms of personal adjustments to the illness, um, the whole thought process is that we don't have, this life is just one experience that we go through and then we die and we, we don't go to a place called hell, there is no hell. We just go on and we try it again and we try to improve and we come closer to God.

These participants illustrate how illness can help to make meaning which allowed them to reconnect to their spirit, provided greater awareness, and increased purpose and

in the process they realized that “the person is a part of a larger plan [which] can enable the patient to accept life events” (Davidhizar, Giger, Poole, & Dowd, 2000, p. 39).

Tara saw the profound learning she found in the health issues in her life:

My thing is that we're here to learn and health issues are profound ways to learn because they are so . . . I mean, there is nothing more personal than health issues. I joined a group called “Love at the Core.” . . . And it was a meditation group as well as a workshop where you just go really deep into your stuff and what's going on. . . . And that really, really helped me because I learned how to meditate and so the physical healing took a long time and took its toll on me because there was so much damage done each of the times, eh. But, ah, once I learned how to meditate . . . I'd curl up in my bed and then I'd go into a meditative state. I had a meditation tape that would take me into a guided meditation. And that really helped me to heal. That was a gift for me that I learned that love is at the core. That's what it is, that's all there is. . . . So the [bigger spiritual plan] gave me real encouragement that yeah, you're on the right path and there is a path for you and you're finding it. . . . I've started water color painting and I try to express things, you know, in an artistic way. I find that it's very healing and it's also a way of showing something deeper of yourself with someone if you share the work with them.

Gail learned how strong her belief system is:

I even knew the point where I actually died, and where I decided that I wasn't going to and I began fighting back. I just knew there was something more after that. There was no doubt in my mind whatsoever. I

just knew it. That was unbelievable. I mean all those events all those beliefs and all that fighting it just changed me forever. It just changed me forever. . . . I don't sweat the little stuff, and I used to . . . All that is so unimportant to me now. I would love to win a lottery, but I'm also extremely happy right now and I'm incredibly broke . . . it's really rough. [My daughter] and I live on \$900.00 a month and my rent is \$725.00. We know how to live without. But I keep our space pleasant and there is no depression in this house. I used to live in depression. And I think it's because I always wanted more or I was always sweating the little stuff or I let people's attitudes bother me.

Trish found that greater meaning evolved in her life as a result of illness:

I haven't had to make new meaning in my life, it just happened. My life took on greater meaning. . . . It showed me how strong I was. . . . Made me more in tune. I started being able to feel other people's pain. I started feeling much more empathy because it was a gift. . . . It's a lot better to be the kind of person who isn't having fun making other people squirm. Now my books; Going into fiction is the most amazing journey because I'd always written for newspapers so when I starting out writing I started out writing non fiction. . . . You get to be, you get to create a world and be God. . . . I do things on impulse now. I do, I give homeless people clothes that I am wearing and I do it without thinking. If it's cold and there is a person shaking on the sidewalk you take off your wrap and you put it around them and you catch the bus. You don't say anything you just give them a cuddle and you go. Never before would I have done that. . . . But

it's automatic now, it's weird. It's a thing you can't explain. You send energy after ambulances and you feel it leave you. It's like electricity sweeping through you. You say, universe is there anything in my body that can help the person who needs it in that particular instance? And if there isn't, nothing happens and if there is you get this sweep of electricity that goes through you and out your finger tips and after the ambulance. I don't know whether I'm crazy or not but that's what happens. . . . It got me living without any kind of anger anymore. I didn't know I'd been carrying anger around all my life. This illness brought it out into the open. It gave me reason. It was fabulous. It allowed me to cut off communication with the people who hurt me. And that was very freeing. And it allowed me after awhile to forgive them and to resume limited communication and that was freeing too.

In these passages participants demonstrated that illness was a powerful learning tool in helping them to feel connected and to find purpose in their lives. As a result, this allowed them to transcend the illness. They were able to use their illness as a way of understanding which part of their life was imbalanced and to makes changes through accessing their inner guidance. As Frankl (1984) described:

The meaning of life, differ[s] from man to man, [sic] and from moment to moment. Thus it is impossible to define the meaning of life in a general way. Questions about the meaning of life can never be answered by sweeping statements. "Life" does not mean something vague, but something very real and concrete, just as life's tasks are also very real and concrete. They form man's destiny, which is different and unique for each

individual. No man and no destiny can be compared with any other man or any other destiny. (p. 98)

Trish said:

I believe in a collective, compassionate intelligence that is made up of all of us, plus the planet, plus the animals, plus the friends, plus the stars out there, plus black matter whatever. [I also believe] that we plan our lives, that we give ourselves these challenges to see what choices we've made.

In Trish's view she had a hand in the difficult challenges that came her way and from these challenges she has learned about herself. In an entry from my journal I discuss a similar learning:

Journal entry, October 5/99: I am here to learn about what I do and how it holds me back. I've always believed in something greater than me . . . it wasn't religious because I had a very significant experience when I was young which made me realize that just because you believe in God doesn't make you follow the ideas of Christianity. But I just know that there is a larger energy force than just me, and I am part of that energy. I am beginning to trust and have faith that the course of events in my life is guided by something much larger than me. I know that I have a purpose to my life that I have chosen for this lifetime. And it's not just for me. This is what motivates me to keep on learning even though some of the learning is painful and difficult. But I believe that through this kind of personal learning I will find greater meaning for myself and because I am part of a larger energy it adds to this consciousness.

In my experience struggling to find meaning in my situation provided me with a deeper sense of purpose and a reason to struggle. In the struggle I find a sense of purpose to my life.

Bob related an increased connection with his spirit as a result of experiencing illness:

It has also deepened my understanding of God and the realization that God is part of all of us and it's quite real to me. And it wasn't quite as real before. . . . God is steering you into that path and a lot of times before, I never talked about God. And I never talked about the fact that somebody was bigger than I was and that there is sort of like a meaning to what, how we exist on earth and the reasons that we exist. And my feeling is that it has brought up a spiritual dimension which is quite powerful. And it was probably always powerful in me but at the same time now it probably is something I don't tuck away in reserve, put in reserve. It's really part of who I am and I don't mind sharing it or experiencing it with other people.

As Bob suggested having a spiritual belief, whether that is God or a Collective Intelligence or something else entirely, is clearly an important part of his life. For the participants in this study it took illness to help them to reconnect with their inner guidance. With belief in themselves came an opening that allowed them to follow their unique path.

Trish recognized a spiritual aspect to her life as a result of her illness experience:

I found in everything I've written there has been spiritual aspects. I didn't know I had that. I didn't know that part of me existed until I started writing it down. And I started writing it down because I had to, not

because I wanted to. I never wanted to write about spirituality because I was a “dyed in the wool” atheist. But I couldn’t deny it, it’s part of life, it’s part of mankind’s most deepest need, to find reason in the universe.

Myss (1996) confirms Trish’s sentiments about spirituality:

Spirituality is far more than a psychological and emotional need: it is an inherent biological need. Our spirits, our energy and our personal power are all one in the same force. Our spiritual task in this lifetime is to learn to balance the energies of the body and soul, of thought and action, of physical and mental power. Our bodies contain an immanent blueprint for healing. (p. 64)

Reconnecting to our inner spirit reconnects the mind, and body, as well as spirit.

When this connection is made, there is an opening and a whole new life is available to us.

How the world is viewed and our attitude towards our life have a major impact on the outcome of situations as Gail points out in how she chose to respond to her illness:

I learned how to be positive from the transplant and I knew that it was mind over matter for whether this drug was going to depress me or whether I was going to get through it. . . . And I made my mind up and I’m sure that that had everything to do with getting better. There’s no doubt in my mind. I’ve watched the people in the hospice who aren’t ready yet and I’ve watched the ones who are and it isn’t everything to do with how sick they are. It’s a lot of mind over matter involved. To a point, I mean you reach the point where your body, organ by organ shuts down, you don’t have much choice then. But to a point it’s just amazing the power of the mind. I think that it’s tied to your faith and things. Faith in something even

if it's just a faith to get better; because it is faith. You don't know what's going to happen. You just believe it's going to happen.

Healing emotions is vital in being able to access an inner source of guidance. Patients have awareness of a connection to the spirit through their experience and they recognize, as Bob identified, "A spiritual energy which is quite powerful" in their lives. As a nurse I want to acknowledge the inner source of guidance that patients recognize in themselves. This has not been easy. Rose makes a very telling observation about her experience with the willingness of others to view healing as multidimensional:

I used to have a fear of talking about this when I first started because I thought everybody would just look at me and say, "Oh, she's mentally ill because she was in a mental hospital." But I realize now that I had to go through that in order to get to where I am today.

I resonated with this comment by Rose. I too had been very cautious about sharing my beliefs when they did not parallel the beliefs of others, particularly in my professional life. Further, although I had spent a great number of years reading about spirituality I did not feel confident to speak about my beliefs within the dominant medical milieu. Like Rose I felt my ideas would be discounted and even though I had read and internally understood a spiritual connection, I had not yet developed the language to speak confidently outside the circle of those who I knew had experienced a similar connection. But like the participants, what I experienced in my own struggle led me to conclude that without doubt there is guidance available from within me.

Once we reconnect with inner strength we can begin to let go of how we want situations to be and to accept the way they are. This allows us to come from a place of inner authority and to make meaning inherent in the experience.

Bob said:

I was expressing things [to friends] and not judging the value of what I was expressing, but simply expressing.

Bob has begun to find that accepting himself changes how he is able to express himself and be connected to others.

Participants described a journey of making meaning through illness. The journey took them through a period of solitude. They developed their inner strength. They learned to trust that strength and let go and experience their emotions. As a result of emotional healing participants also learned that life, even while facing illness or death, has value and purpose and that every struggle is an opportunity to deepen that purpose. What I have identified as emotional healing occurs as a result of resolving repressed emotions.

CHAPTER 5

Bringing the Mountain to Mohammed

Hearing the participants' stories has required that I reflect on my own practice once again. I question how I interact with patients and how my beliefs, which are formed largely from my own experience, cultural and professional backgrounds, affect their healing journey. These participants have gifted me with the stories of their experience and I hope to honour their expert understanding of their own lives through this thesis. Miller (1996) highlights this sentiment, "I also have begun to feel like a steward or caretaker of something very special. As a result, I am constantly asking myself 'Can I do justice to the preciousness of that which is being placed before me?'" (p. 145).

As a nurse I need to be aware of my view on what constitutes healing as suggested by my participants; learn how to actualize a broader scope of healing that incorporates healing from patients' perspectives as well as a biomedical one. I need to give equal importance to both the medical view and the patients in distinguishing a more holistic sense of what health and healing entails. If I listen to patients, not only for the information I want, but for the information that they want to tell me, then I will learn more of what is vital for their healing journey.

The following journal entry describes one of my experiences and how I felt at times in response to the pressures of my work. This in no way is making an excuse for my behavior; it is only intended to highlight how I felt under the pressures of my workload and it highlights my journey of evolution in learning to be a supportive nurse.

Journal entry, Dec. 7, 2003: I had an experience early on in my career as a nurse. It was an experience that helped me to begin to change my practice. I recall working full-time, twelve hour day and night shifts. On

this particular day I was tired, busy and stressed by my workload. I had a “demanding” patient, who was one of twelve patients I was ultimately responsible for with the help of a Licensed Practice Nurse (L.P.N.). I remember snapping in response to a particular patient that “I can’t do everything, and you’ll just have to wait for what you want until I can get to it!” The other ladies in the room became understandably upset with me because of my attitude towards their roommate. I felt badly that I had spoken to this patient in such a rude manner but I was tired and stressed and her request was the straw that broke the camel’s back. I realized in that moment I was not providing a healing environment and that I could not do the kind of job I wanted to do as tired and stressed as I was by sleep deprivation and a huge workload. Shortly after that incident I chose to take a part-time job on the same floor. That incident had a huge impact on knowing my own limits and abilities in giving. I also became more aware of the factors that contribute to my being able to provide a healing relationship which I feel is essential in nursing care. This is the role of professionalism in my opinion. I have never worked full-time since that time because my belief has always been and remains that creating a healing relationship is one of the most important single things a nurse provides for her patient.

While writing this thesis I wondered if I could actually be honest and add such a revealing excerpt for others to read. After reading the participants’ accounts however, sharing this experience from a nurse’s point of view seemed important. First, it is important because in relationship there is both nurse and patients. Each one should be

given equal value. While patients struggle with issues, nurses also struggle though they may be different. Each person's struggles are brought to the interaction and affect what might be communicated. It is prudent to be aware of these factors and how it affects the ability to support patients. Second, participants discussed feeling fearful of talking about their experiences because they felt they would be judged. This was also my feeling in hesitating to include such a revealing piece of my history. The fear I had was that I would be judged and seen as less than professional. Challenging my own ideals of the "perfect nurse" has made this story and experience difficult. Reflecting on participants' stories and, recalling how Rose found that sharing with others gave them permission to "open up," I was able to take the risk that other nurses may have had a similar encounter or at least felt some of the same pressures and feelings. If this was true then it might open the door for other nurses to share their stories with patients. It will certainly allow me to share my stories in the future. Third, as a researcher, omitting certain entries because they might not fit the stereotypical or culturally prescribed view of how a nurse "should" behave would present an inaccurate picture which is both "oversimplified and dishonest" (Ward & Flynn, 1994, p. 35).

Nurses can play a vital role for patients in healing. I am up to the challenge and it will require that I change my interaction with patients to honour their journey of making meaning. In the mid 1800's Florence Nightingale recognized "health as a healing process that originated from within the person and required a carefully designed and facilitative environment to nourish it" (Nightingale, as cited in, Coward & Reed, 1996, p. 277). Nightingale further recognized nurses as healers. It is time to return to some of these early ideas on healing and to learn how to incorporate them within the pressures of modern health care delivery. A nurse has a unique opportunity to assist patients to find

their healing path. As I continue to learn along my own healing journey I will become increasingly able to connect deeply with patients in a way that provides a trusting and caring relationship giving them an opportunity to let go and trust in themselves. As part of the research process, I asked participants to suggest ways that nurses and other health care professionals could support their growth and healing process. Tara explained the ultimate benefit of a healing relationship:

If they [nurses] had a spiritual belief of their own it'll shine through them.

That just shines through. And people will be aware of that, that's something that you can't hide . . . it encourages them to look for further meaning in their experiences, and at that time obviously they would be focused on their health experience but there's further meaning for them.

Tara indicated that if a nurse has a personal interest and values spirituality in the healing process that this can support a patient who is attempting to make meaning of their illness.

Rose echoed this point:

Just come over to me and just take a hold of my hand and say, "look you know, how are you feeling? Let's talk about your feelings" . . . you know. It's better if the nurse ah, like even if you don't want to talk about your own spiritual experience, read about some because there are so many books out there. . . . Show that you really care and you say, tell them about that experience that you know or learned about yourself and just tell the patient, first, tell them, don't ask them but tell them something and then they start to share with you.

Trish felt that when a nurse talks with her and validates her story she can access her inner resources in healing. “A nurse can foster the patients’ own inner resources by talking to them and getting their life’s story.”

I find it ironic that as health care professionals we often do not have any idea what a patient is experiencing and yet we still put ourselves in the role of the expert. As Ozick (1986) states:

The past has the capacity to imagine us, and we it. Through metaphorical concentration, doctors can imagine what it is to be their patients. Those who have no pain can imagine those who suffer. Those at the center can imagine what it is to be outside. The strong can imagine what it is to be weak. (p. 68)

Tara further talked about how the role of expert affected her:

They think that since they have been trained medically they’re the expert. They know everything and the patient’s knowledge which is a God given knowledge, is sort of swept aside, you know, instead of being recognized and listened to.

Listening was a strong theme that signaled support to these participants. Trish explained, “They have time to sit and listen and care. You can see it. . . . They can see that you’re sick and they care, they really care, you can tell.”

Tara saw listening as most important, “The main thing is to listen, and if a person listens . . . you can receive whatever the person is about.” Bob explained that listening helps the nurse in “understanding the situation and responding to what the patients wanted in that situation.”

Barbara shared her experience of the result when nurses and doctors do not listen:

[Patients] think, Oh, God. I've rubbed this doctor up the wrong way, why are they being so awful to me . . . people learn which doctors to stay away from. They learn the doctors and nurses, and don't come near me! You're just not right; you're not somebody who respects life or anything else. You're just a little pal monger. So trust me, there is something that kicks in for patients, they just know.

As well as listening, the way health care professionals shared information was important to participants. Bob said that in his experience of one doctor:

He was able to talk to people in a way that was very calming. He would talk to people in a way that people would be able to understand him and he would spend a long time explaining procedures. That's really important because when you are going through this whole process, whether it be a healing process, and I believe it is a healing process, if you're going through it, there are times when you don't understand what you're going through. . . . In terms of supporting this whole thing is an understanding of what you're going through.

Tara found it helpful when her self knowledge is respected by nurses:

People need to listen and respect the fact that the patient has an understanding of their own body. And if they don't have an understanding of their own body they haven't reached that point where they are mentally tuned into that. It would be very helpful if the medical profession could contribute to that journey and help a person come to terms with things. To me there wasn't much support for any of that stuff.

Barbara also commented on this point. “But the awful, awful thing is that the patient knows. We, all of us know when our bodies are going. I’ve begun to feel it, I know it, and the body shuts down. The mind shuts down.” Both Tara and Barbara recognized a need for health care professionals to recognize the expert within the patient. As Motyka, Motyka & Wsolek (1997) suggest from their research, “Nurses in contact with patients, in the vast majority of cases place themselves in a position of authority. In some situations it may be beneficial but in others it may seriously hinder the contact” (p. 911).

Participants come to know their own bodies through the process of making meaning and understand what is needed to heal better than anyone else. As Barbara pointed out, the tragedy of nurses and doctors undervaluing the patient as expert of their own body means that, “Here is this poor person knowing they’re dying entirely on their own because nobody can say “it’s okay, we’re here with you and we’ll be with you to the end and beyond.”

Other cues that supported participants’ healing process were non verbal such as tone of voice, positive attitude, smiles, and touch. Tara said, “Touch is very, very healing and very, very therapeutic.” Gail echoed Tara’s thoughts, “The tone of their voice. The smile on their face, or the lack of it. The way they touch you. You can see concern and you see when it’s not.”

The final question asked of participants was how a nurse could foster the patients’ inner resource potential in the healing process. Participants said they want nurses to have an understanding, or at least a willingness to acknowledge, that patients have inner resources and strength, that they value in their healing process, and they want an opportunity to talk about it. Several participants stated that nurses need to have some

understanding of patients' situations and this understanding comes from their own experience of healing. Participants found that it was important for nurses to identify with their experience as Bob explained, "[My doctor] also had a heart attack so he's in a position to very much understand what the process is with having the heart attack."

Tara echoed this in wanting health care practitioners to:

Put yourself in the patient's position. Lots of times practitioners have never been ill. They have no idea what it's like to be ill, they have no skills, nothing to compare it to. They have no concept of what the patients are experiencing. As a result of that there is a whole gap between you, you can't connect.

As Thorne (1999) points out:

While we pay lip service to the notion of caring for unique individuals, much of our disciplinary research has taken us along the path of the psychosocial and behavioral sciences, attaching selected theoretical concepts to certain disease conditions and then assuming that they represent the way individuals feel about their situations. In so doing, we have created a standardized or "textbook" way of understanding meaning within illness. (p. 398)

With such a possibility, I want to be cautious of thinking I understand what a patient is experiencing.

As patients can sense when nurses truly understand the healing journey through sharing their own stories and through non verbal cues, patients are more willing to discuss their experience. As O'Connor (2001) suggests, "The nurse provides the best

spiritual care where he or she is aware of his or her own religious or spiritual frame of reference” (p. 39). Rose talked about how she would feel supported:

Very gently talk to the patient and perhaps tell them a story, a personal story of a spiritual experience that they, the nurse, whatever had. And then ask the patient of a personal experience that they had experienced. If the nurse can’t recall one of her own or his own, then they should perhaps read of one and start that way talking to patients. [My friends at the church] . . . all opened up and told me, and I ‘m sure that 99% of us have had them but are afraid to talk about them because nearly all of them said, “I’ve never told anybody this before,” but they trusted me because I had opened up to them.

Tara expressed a similar sentiment:

The nurse would have to believe that the person had some control over what happened to their health and had the inner ability to heal them. If the nurse doesn’t have that spiritual awakening then they certainly can’t foster it in a patient. . . . and [the patient] needs to be encouraged realizing they have inner strength.

Barbara talked about nurses giving information about how to heal the body:

I think nurses could tell patients that the body is the most marvelous healing machine in the universe. That the body is designed to be well and it is going to do everything in its power to be well. And all the patient needs to do is work underneath that – rest the body, feed the body, love the body. . . . But I think if nurses do emphasize to patients that this marvelous organism is designed to work, designed to live and if you help

it, it will do its job. . . . You've really got to respect that it's the most amazing machine and you've got to help it. I really think the nurses need to emphasize that a bit more to patients.

Trish and Bob both suggested that offering information helps to foster patients' inner resource potential which can be accomplished through nurses who provide individualized teaching based on needs of patients.

Gail added a further dimension to the way in which nurses could offer information:

[Nurses] would give a little more acknowledgement. I had that especially with one nurse who after the transplant, she would always say, "You're doing so well, I can't believe how well you're doing." . . . Made me feel stronger. It made me feel like I could take on the world. It made me feel special; it made me feel like I was doing something bigger than anybody else. I guess, you know, wasn't this neat that I could do so well? It pushed me. I was pushing myself. But that really helped because I've never forgotten her saying those things.

Gail discussed her near death experience with a psychologist and the effects of his response:

This is just something that should just never, ever have happened. And it altered a lot of things for me, not for the better. And I'm very angry at this person for what happened. Remember I told you about my life/death experience and how vivid it was and that I talked with somebody about it right away? Well I talked with him more than once and the second time that we were talking about it he said, (and to me this was the most

spiritual, most important thing that had ever happened to me). . . . “You realize you were probably just hallucinating?” I could have shot him! Later I got mad that he said that because in the back of my head now there’s always this little niggling doubt and you know what? I don’t care if he was right he should not have done that! That was wrong! And it did damage to me. I actually cried about that one because it really, really hurt me and it harmed some of the positives that I had gained. He’s supposed to be there to help me, to validate me. Shame on him, shame on him! I think as a nurse you probably hear peoples’ stories too. I certainly do at the hospice. And I hope you would never consider doing something like that. I don’t have to believe somebody to validate them. If there is something that is helping them [patients] and they believe it, good for them. Anyway, who says they are not right?

These participants show us how detrimental it can be for patients when their experiences and feelings are not validated by health care professionals. While participants want to discuss their experience, as previously cited, Rose became cautious about talking about her experience for fear of how she might be perceived.

Health care professionals are exposed to many difficult emotional situations in their day to day duty of caring for the ill. These situations elicit emotions in me and in order to be “professional” I have often hidden my feelings and in the process invalidated patients’ experiences. There is a need for further “nurse training in the field of therapeutic communication and improving their ability to show empathy when faced with patients’ feelings” (Motyka, Motyka, & Wsolek, 1997, p. 912). Although nurses do get basic training in interpersonal communication, there is no formal mentoring for students after

this training. Basically, nurses are left to learn the skills on their own. I found this to be difficult with all the other demands of providing care. However, as participants suggest, nurses who go one step further and work on our own healing journey can better understand the journey of healing that faces or has been faced by patients.

A healing relationship can give patients an opportunity to release their emotions in a safe place and as a result to relax and let go so that they can access their inner resources for spiritual guidance. A healing relationship requires a type of communication that shows respect to a patient and communicates a belief in self ability. Chalmers Clark (1986) calls this reflective communication which “provides a sounding board against which clients learn to be more independent while experiencing a sense of caring, closeness, and help in clarifying their thoughts and feelings, expanding their consciousness and wholeness as people, and working out their own solutions” (p. 61).

EPILOGUE

I realize that I have learned a great deal from patients about what makes a good nurse. Researching the lived experiences of others who have made meaning through illness is the gift that patients and participants have given me. They have enhanced my own healing journey by having the courage to share their lives and experiences; shown me the important elements of their life as they journey through illness; suggested other ways of being that honour and support their capacity for making meaning so that they are able to develop their inner strength in the healing journey.

Writing this thesis has been a meaningful experience. I have learned how to develop and trust my inner strength in dealing with adverse life situations. I have learned how to approach these situations by accessing my inner authority first and using external authority as an adjunct. Prior to my own journey I would have been more likely to have looked to an external authority for the answers. As a result of struggling with fear of the unknown, I have learned to trust my inner authority. I now realize that answers are within me. When I finally let go the universe opens its arms to show me a path that honours my unique purpose. This is a path of continual learning.

This thesis journey is really only the starting point. It demonstrates that there is a path of meaning-making through illness. This path can be accessed not only through the struggle of illness but also through any inner struggle. Awareness of this path gives me a way of being and a way of approaching those situations in my life that challenge me in significant ways. From here, the journey of my life continues as I seek meaning and purpose in all situations.

Professionally this begins a new journey as well. Participants confirmed through this research that there is indeed a healing journey of meaning-making through illness.

They have also suggested ways that nurses and other health care professionals can support them. It is my job as a nurse now to learn how to honour the journeys of my patients. This research provides me with an alternate perspective on healing. I realize that healing myself through struggling with painful emotions, I have been able to better understand healing shared by the participants, and ultimately to learn to better understand and support patients to heal.

As participants noted, if nurses lack a healing journey of their own it will be difficult for them to foster such meaning-making in patients. I want to recognize that meaning-making is possible and likely when a patient is faced with illness. Additionally, I want to provide an atmosphere that alleviates the fear that patients feel about disclosing their experiences.

To be a nurse was my dream from a very young age. It began when I witnessed nurses caring for my father as he recovered from back surgery. I was so in awe of their presence and what they offered to my father. Now in the role of nurse I realize the kind of dedication and caring that is involved in helping patients deal with illness. I have a deeper understanding of what it means to be dedicated and caring and I recognize that patients are looking for emotional caring as well as caring for their body. If I fail to provide an opening for the needs of their spirit then I have failed to honour their mind, body, and spirit in their healing.

I offer a personal story to demonstrate that honouring the meaning-making journey for patients is essential:

Journal Entry, Feb/04: A young woman in her 40's was in hospital diagnosed with cancer. I met Hanna after her surgery when she was almost ready for discharge. I went into her room to give her care

(physical) in preparation for her discharge. She was visibly anxious so I began by giving her a description of what I would be doing. I began to move things in the room so that I could approach her bed more easily. Hanna began to talk about her disbelief about the cancer and wondered how this could possibly be happening to her at such a young age. She talked about her lifestyle and prided herself in the healthy behaviors of her day-to-day life. I sensed in my soul that I could not go on with my physical care at that time. So I motioned to her that I would sit on her bed. We talked for almost an hour. (A shocking amount of time for a nurse to spend talking!) Hanna talked mostly about her disbelief that this could be happening to her. This was about the time that I was reading the participants' interviews in depth and I remembered that participants had said that telling the patient a story of their own experience with spirituality was helpful to them. I wasn't sure how to start. I didn't know Hanna except for this one brief contact so I didn't know if she would be interested in this kind of information, nor was I sure I would be able to share with her in a way that was helpful. In spite of my misgivings, I wanted to put the data to work. I began by empathizing with her about the situation. Because she and I are the same age I could genuinely identify with how it might feel to be fearful of facing death. There seemed a time when just sharing my beliefs about the universe fit in our conversation. I don't recall exactly what I said, but in testing the waters I expressed my belief that the universe sometimes sends us struggles that we don't understand, but we can try to find the meaning in the situation. That

comment seemed to open up our conversation. We discussed how an illness like cancer is such a difficult disease to come to terms with. The direction of our conversation changed then and we talked honestly and openly. When we were wrapping up our conversation, Hanna thanked me and said, "Thank you for being so present for me." I felt prickles up my spine when Hanna said those words. I realized that we had made a connection and it was a connection that allowed me to share my experiences about spiritual healing with her in a way that helped her to access her inner authority. I also realized that I was able to use what I have learned from the researching of this thesis.

For me, this story illustrates a beginning to my understanding of how to put into action suggestions shared by my participants in future encounters with my patients. In closing, the following quote speaks to my challenge:

Let us not underestimate how hard it is to be compassionate. Compassion is hard because it requires the inner disposition to go with others to the place where they are weak, vulnerable, lonely and broken. But this is not our spontaneous response to suffering. What we desire most is to do away with suffering by fleeing from it or finding a quick cure for it. . . . And so we ignore our greatest gift, which is our ability to enter into solidarity with those who suffer. (Nouwen, 1981, p. 34)

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APPENDIX A

Newspaper Ad

The Potential for Spiritual Growth In Dis-ease: A Journey of Meaning-Making

UVic research study needs adults
who have developed increased
self awareness through illness.
Call Donna Tait (250) 478-8191.

Note: After the interview process, the title of the thesis changed.

APPENDIX B

Brief Account of My story to share with participants

A few years ago I experienced some physical health symptoms that I felt coincided with recent events in my life. I knew that if I could understand my situation more deeply that I had a chance of resolving my health problems. My personal belief system has always steered me towards trying to understand the meaning behind events in my life. I have also always been interested in a spiritual understanding and have had a belief for as long as I can remember that each life has both purpose and meaning.

My experience was an internal quest for meaning. I was motivated by my situation which brought great emotional pain. I was motivated to find this meaning, and as a result of the internal struggle I resolved the physical symptoms I was experiencing.

I am interested in your experience of personal struggle and how this helped you to transform your life.

APPENDIX C

Interview Questions

1. How would you describe your personal process of making new meaning in your life through the experience of living with illness?
2. How did the experience with your illness contribute to a change/growth/transformation in your life?
3. What cues/signals or other behaviors would suggest to you that nurses and other health care providers support your growth and healing process?
4. How would you suggest a nurse foster the patients' own inner resource potential in the healing process?
5. Would you like to add anything that would help health care professionals better understand your transformation and/or your healing process?