

## A Nursing Intervention Model for Spiritual/Creative Healing

This article describes an advanced intervention for spiritual healing that evolved from spirit-body healing, a hermeneutic phenomenological research study. The research study examined the lived experience of art and healing with cancer patients in the Arts in Medicine program at Shands Hospital, University of Florida. Max Van Manen's method of researching the lived experience was used in 63 patients over a 4-year period. Healing themes that emerged from the research were (1) go into darkness, (2) go elsewhere, (3) art becomes the turning point, (4) slip through the veil, (5) know the truth and trust the process, (6) embody your spirit, (7) feel the healing energy of love and compassion, and (8) experience transcendence. The intervention we offer allows nurses to apply creativity and guided imagery as advanced therapeutics and to continue to provide the leadership needed for integrating spiritual healing into patient care. It is one that personifies the nursing mission formalized by many hospitals: a commitment to treat the bodies, minds, and spirits of patients to the best of our ability as part of our routine care. The question on how to provide care for the spirit is a growing dynamic research concern and a challenge to caregivers. Many health centers include care of the body, mind, and spirit in their mission statements, and patients and families often request holistic cancer care, but a step-by-step guide for actual implementation is rare. The spirit-body healing method of care derives from a hermeneutic phenomenology research study completed in the Arts in Medicine (AIM) program of a major southeastern teaching hospital.<sup>1</sup> This new look at a historically successful healing paradigm<sup>2</sup> allows patients and families to access spiritual

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resources for healing. This healing method uses a variety of creative techniques for encouraging a patient's artistic expression, which can act as a therapeutic bridge to healing or to acceptance of one's health condition. Nurses do not need to be religious nor consider themselves spiritual to use this method.

It is useful here to define "spirituality" and differentiate it from religion, although both terms are often used interchangeably. Harold G. Koenig, MD, founder of the Center for the Study of Religion/Spirituality and Health at Duke University, uses the phrase "religion/spirituality" to indicate

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the close relationship of the two.<sup>3,4</sup> Spirituality generally refers to a broad set of principles that transcend all religions. For instance, the golden rule, "Do unto others as they would do unto you," is a spiritual tenet recognized as a valid base for interpersonal action by most traditional religions around the world. Religion, in contrast, usually refers to a body of beliefs, traditions, and prescribed set of practices specific to an acknowledged ultimate reality or deity. When spirituality (as a possible factor in healing) was examined in the context of the aforementioned research study, religiosity was considered an aspect of spirituality.

Most cancer patients have had some exposure to the realm of spirituality. They have sought it out, encountered it in popular books, and listened to lectures about spiritual health on television and at seminars. Spiritual cancer care has been written about for many years,<sup>5Y8</sup> and patients understand and often use suggestions and interventions described in this literature without telling healthcare providers.<sup>9</sup> How much richer the experience would be if patients and their nurses could share spiritually oriented interventions such as guided imagery, prayer, meditation,

and relaxation techniques. Although this method has been used primarily with patients in an oncology ward, it can be used effectively with any patients, especially those experiencing a hospital stay as a frightening, painful, or depressing experience.

#### n Spirituality in Healthcare

Spirituality in modern healthcare has finally earned its rightful place in the halls of the best medical centers and universities in the world. The Center for the Study of Religion/Spirituality and Health at Duke University, the Institute for Spirituality and Health at George Washington University, the Spirituality and Health Care at Johns Hopkins Medicine, and the Center for Spirituality and Health at the University of Florida are only a few of the better recognized organizations in the United States. Thousands of papers a year are published about spirituality in healthcare, encompassing a full spectrum of research emphases.

Certainly, longevity is a priority. Koenig and colleagues<sup>4</sup> found that 22.9% of participants who attended religious services once a week or more died compared with 37.4% among those who attended services less than once a week. Koenig et al also demonstrated that depressed patients with higher intrinsic religiosity scores had 70% more rapid remissions than did patients with lower scores, and Helm et al<sup>10</sup> found that lack of private religious activity continued to predict a 47% greater risk of dying. Thus, many aspects of improved health through religious belief and practice have been researched extensively—religion and coping, religion and immune function, and religion and length of hospital stay, to name a few. Although a variety of studies suggest that improved mental/physical health and extended longevity may be significantly correlated with religiosity, for people who are not religious, the spirit-body method of healing can help fill this gap. At the same time, it provides an opportunity for nurses to expand their professional toolbox and use interventions for improving the “spiritual fitness” of their patients.<sup>11</sup> As the following sections demonstrate, this can be accomplished through a variety of artistic methods.

#### Arts in Medicine

Arts in Medicine has been a topic of research for the last decade, with much focus on art at the bedside and art in the environment. General reviews<sup>12-14</sup> describe the history, rationale, research foci, and related programs, whereas specific research on healing illness with art provide the degree of measurable physiological effects and outcomes.<sup>15,16</sup> The modalities of AIM programs, in particular, have been implemented and thoroughly described and evaluated,<sup>2,17</sup> including dance,<sup>18</sup> drama,<sup>19</sup> music,<sup>20,21</sup> poetry/writing,<sup>22,23</sup> storytelling,<sup>24,25</sup> visual arts,<sup>26,27</sup> and the link between art and spirituality.<sup>1,8,28</sup>

#### Background of the AIM Program Emphasizing Nurse Involvement

The AIM program was created in 1991 in response to the perceived needs of caregivers to rehumanize medicine, that is, to offer nurses alternative methods for inspiring hope, creating intimacy, and giving more control of the healing process to critically ill patients. Arts in Medicine is currently a 16-year-old program with a history of hundreds of artists in 15 units working intimately with patients with cancer, diabetes, and many other illnesses. Nurses were responsible for providing artist referrals to their patients and liaison services between artists, patients, and families. The initial development of an art program on the bone marrow transplant (BMT) unit in 1993 had the primary goal of reducing morbidity and improving the recovery time, mood, behavior, compliance, and quality of life of young people during their admission for BMT. The secondary goal was to achieve more cost-effective healthcare delivery. Goals beyond these included support for families and enhanced nurturing/ care by nurses and artists in residence.

According to patients and families, the program created a “hospital with heart.”

The AIM program continues to steadily beat with the help of several nurses/liaisons and artists in residence: poets, painters, dancers, storytellers, musicians, and many others. Nurses/liaisons enter the rooms of patients with cancer and other illnesses and make art with them. The artists

play music, dance, draw, and sculpt. The patients play music, dance, draw, and sculpt. They write poetry, tell stories, and even dress as clowns. Sometimes, they watch as artists perform; other times, they make art alongside the nurse during a performance. Patients are brought from their rooms to see an artist or to make their own art, and families and staff stop by to observe, applaud, encourage, and appreciate. Laughter, applause, singing, and music drift through the sterile corridors, drawing more and more people toward the transformational power of creative healing.<sup>14</sup>

Nurses played a major role. They were instrumental in creating new environments by hanging their own and the

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patients' art in highly visible places. Nurses created small studio spaces in their units and gathered patients and families to make art together. They participated in building "healing ceilings and walls[ of beautifully painted tiles made by patients, families, and staff, all of whom were dealing with cancer in the treatment programs. Nurses invited dancers to dance in children's rooms in the unit with the patients and families, even at times when death was imminent.

A by-product of a program like this is its tendency to invigorate and buoy the spirits of people who nurse patients who are chronically or terminally ill. There is an invitation for nurses, physicians, and hospital staff to become artists themselves, transforming the formal, sterile, and conventional environment into a livelier, personal culture replete with expressions of their own fears, grief, helplessness, frustrations, hopes, memories, and insights. It starts with the simple act of inviting patients to make art in the hospital—something very different begins to happen naturally, something easy and spontaneous.

n The Spirit-Body Healing Research Study

A study on art as a way of healing<sup>29</sup> was conducted at Shands Hospital in 2003 through its AIM program.<sup>1</sup> The objective of the study was to thoroughly elucidate how art can heal (the process) and to record healing themes that emerged from the patients' own experiences. Van Manen's<sup>30</sup> method of researching the lived experience was used in 63 patients over a 4-year period. His method involves understanding the unique experiences of patients in their private worlds. The inquiry focuses on what actually happens when patients make art, what they do, what they feel, and what they think. The method includes taped interviews with nurses, artists, and patients who articulate their lived experience in art and healing—the observations of nurses engaged in the method with patients, examination of patients' journal writings, the creative process of the artists, and the creative healing process of patients. Interpretation of data relied on Van Manen's method of "writing as inquiry," which involved writing and rewriting the participants' verbal stories to illuminate/ elucidate the essential themes of creating art as a healing process. Eight central themes emerged: go into darkness, go elsewhere, art becomes the turning point, slip through the veil, know the truth and trust the process, embody your spirit, feel the healing energy of love and compassion, and experience transcendence.

Study findings suggest that the process of creating art could launch spiritual experiences perceived as healing by both the patients and their families. Art became a doorway to the spirit. Thus, the study elucidated the naturally occurring paths of spiritual healing in a hospital setting with patients, many of whom were close to death. These data provided groundwork for the development of a method that nurses can use to encourage patients to access the positive effects of spirituality and healing without relying on a particular religious doctrine or belief system. It can also be used by artists, physicians, assistants, or trained chaplains.

## Overview of the Method

The emphasis of spirit-body healing as a nursing intervention is based on the relationship between a nurse and a patient. Nurses simply supply the encouragement and materials then let the patients do the rest. It is about being fully present for the patients, observing and listening to them intently their needs and stories; assisting (holding patients' hands and dancing to the music to increase mobility and helping them get out of bed); promoting (encouraging artistic expression by offering a variety of art supplies or guided imagery tapes); and praising (acknowledging and complimenting the patients' artistic efforts or hanging visual art on the walls). It is all about encouraging patients to allow their own unique ways of expressing themselves emerge and appreciating their efforts. These activities create new, dynamic opportunities for authentic connection. The method is a compassionate, enthusiastic, and creative approach for promoting spiritual experiences that have been shown to enhance physical, mental, and emotional health.<sup>1</sup> The AIM program has demonstrated feasibility for implementation: nurses actively participate in their patients' creative processes. The intervention's true effectiveness is based primarily on how well patients and families accept it, and this largely depends on the level of nurses' commitment to facilitate these kinds of creative endeavors.

Spiritual expression during illness is crucial to attitude, symptom relief, and survival.<sup>10</sup> The method fits into the already established nursing routines of cancer care not as a substitute but as a complement and can be used effectively with any patient, especially one who may be experiencing a hospital stay as a painful, frightening, sad, and depressing experience. When the patient experiences spiritual transcendence as part of cancer care, the perception of illness is changed and spiritual healing takes place. When this becomes a part of routine cancer nursing care, nurses become more than the sum of their various protocols and practices; they become a memorable and precious part of the lives of the patients and their families. The relationships between nurse and patient, nurse and family, and patient and family are deeply enhanced, and healing is optimized.

The intervention is implemented as an ongoing structured process, one driven almost completely by the patient. Whatever the art intervention, patients can choose to participate or watch. For example, a music CD can be played for them, and they can sing, choose a different song, or simply listen. With visual arts, they can make a collage or have a friend or a family member make a collage with them. With dance, they can ask for a favorite dance and watch it on video or do it in bed. With journals, they can write their life stories or have a friend or a family member do it. For example, a granddaughter can write her grandmother's oral history. They can even have the nurse, friend, or family member make them a journal with family pictures and transcribe their personal story. The idea is to encourage openness and creativity during illness. E26 n Cancer Nursing™, Vol. 31, No. 3, 2008 Copyright © 2008 Lippincott Williams & Wilkins. Unauthorized reproduction of this article is prohibited.

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## Spirit-Body Healing Interventions

### THE INVITATION

Initially, nurses invite patients to tap into their own creative resources, reconnecting to something they have felt most passionate about. The nurse invites them to have family or friends bring in art supplies and to make creativity part of the healing process. As the process progresses and deepens, the nurse acknowledges areas of brightness and patient-defined spiritual content.

### ACTIVE LISTENING

One powerful method of nurturing a caring relationship with patients is simply to encourage them to talk and then actively listen to what they say. The goal is connection and friendship.

Active listening is an invaluable therapeutic skill in helping nurses bond with patients and find out how they really feel. To actively listen, a nurse might say, "Tell me how things are for you, [ then respond to the content by focusing on feeling words (ie, scared, sad, exhausted, etc) and paraphrasing what was said, with an emphasis on the associated feelings. For example, if a patient said:

I'm just frustrated. I thought if I worked really hard at the therapy, I'd be able to walk on my own by now, but I still have to have someone help me do every little thing. I've always been an independent person. It's just hard.

The nurse might respond:

It sounds like you expected to recover a lot faster. It's very hard, very frustrating when you've always been so independent.

The paraphrase reflects content and meaning. It demonstrates to the patient, in a way normal conversation may not, that the nurse has truly heard what was said. It is a way of honoring the patients in their deep inner selves. For example, if a nurse responds with "You just said some important things; let's see if I understand[ and then paraphrases the message's content with an emphasis on the attached feelings, the patient will feel heard. A patient who feels heard will be much more likely to trust the nurse and feel respected and validated. Thus, a bond is created, sometimes in less than a few minutes.

#### GUIDED IMAGERY

Guided imagery is one of the oldest and most powerful body- mind tools. It derives from all religions and has been used for cancer and heart disease at medical centers all over the world. 31,32 Recent research by Diane Tusek suggests that guided imagery reduces hospital stays after surgery.<sup>33</sup>

Typically, patients are more likely to engage in making art after they had experienced guided imagery because it helps them focus inward on their own metaphorical and spiritual worlds.<sup>8</sup> It helps them get out of their heads and into their bodies. Guided imagery follows a simple form: (1) abdominal breathing, (2) relaxation, (3) deepening, (4) introduction of a subject and content, (5) pauses of silence to engage in the

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content and make it an individual creation, (6) return to the immediate present and grounding, and (7) instruction for carrying the experience forward.<sup>8,33,34</sup> It can be conducted by having patients listen to audiotapes or by having nurses read the directions. It can be implemented easily in a variety of clinical settings and be done in as short as 5 minutes or as long as 20 minutes, depending on the situation.

#### MAKING ART: A PATIENT-DRIVEN PROCESS

In the next phase, patients make art and choose whatever medium that resonated with them (visual arts, journals, music, dance, etc). They are offered a variety of materials and are given no specific instructions. For example, to make poetry, the instructions might have been "Do it from your heart. No one has your work. No rules.[ Nurses talk with patients about the artist that lives inside every human being and about how the inner critic (negative judge) can be silenced or released (patients can imagine the inner critic going into another room or being put in a box). The art kit. A nurse can put together an art kit for the unit, and each patient can be given materials for making collages and doing a self-portrait journal. Art tools might include a visual life story journal book, visual arts, and drawing materials such as paper and water color painting kits. Music could include CDs and a CD player or voice recorder.

The home art studio. When patients go home, they can be encouraged to make an art studio in their homes and continue the creative process.

### The Nurse as a Creative Facilitator

Usually, after such an encouraging preparation, patients' creative processes emerge naturally and spontaneously. Nurses continue to act as encouragers and advocates for the patients' authentic voices and artistic efforts.<sup>35</sup> Patients, however, drove the process. Some nurses made art, prayed, played music, and wrote journals right along with their patients. However, the nurse's most important role is to actively listen and be deeply engaged with the patient at whatever level the patient is comfortable. If the patient is too ill, the nurse, a family member, a friend, or a volunteer artist can make art while the patient directs the process and/or suggests the content. The content may begin with the patient's immediate experience, any other significant life experiences, powerful memories, incidents, or abstract expressions of emotion. The nurse acknowledges and admires the art, notices spiritual content, and encourages the patient to let it deepen and progress. Much more than recreational or decorative art making, this process is characterized by profound change and has a deliberate goal of spiritual transformation.

### n Emergent Themes of Spirit-Body Healing

The method is based on 8 themes that emerged from the research. Because they are based on the lived experience of patients,<sup>30</sup> incorporating these themes into nursing interventions may facilitate more effective healing. The themes provide a scaffold for nurses to use as practice, with each being seen as a step or stage in a healing process. These moments of connection with the patients' creative and spiritual lives are a precious addition to nursing care.

#### Theme 1: Go Into Darkness

Going into pain and darkness  
Vhonoring suffering, facing it, bringing it out  
Vis crucial to healing.  
Being present and going into the depths of the soul are the tasks of this step. Every cancer patient does this automatically. Diagnosis, treatment, and fear of outcomes bring up pain and darkness for each patient each day. This method encourages patients to acknowledge pain and darkness to bring them out into the open and creatively express everything associated with them.

#### THE INTERVENTION

Nurses encourage patients to tell them (or other loved ones) the story of their pain. While patients are telling their stories, nurses ask them to make the images rich with detail so that listeners can see and feel these images. Next, patients are encouraged to be creative with the story of their darkness, and materials are provided for them to write, paint, draw, sculpt, record, or dance the story. Nurses can help them move from linear to metaphorical thought by choosing colors that symbolize feelings. Patients sometimes write a poem that captures the essence of how darkness is for them, describing it as a first step to healing.

The following excerpt is taken (with permission) from a cancer patient who participated in the study.

An artist asked me to make a sculpture on my experience of cancer. Make art out of cancer? Snatch meaning from the jaws of meaninglessness? We had many conversations. The point of departure for this sculpture was a memory. I was lying in the bed in a cloud of pain a few days after surgery for an adenoid cystic carcinoma of the ear canal, a rare neoplasm. I was drawn up into the cloud as it opened into a tunnel, leaving the noise of the hospital behind. The pain dropped away and I had the strongest sense of peace of my mother's presence. I had a choice to make. Do I accept or do I struggle? The choice was a totally free one. I felt reassured that either choice was suitable for me. Struggle was the one I chose. I drifted back down the cloud's tunnel. The hospital chatter and the bedside pain reemerged.

#### Theme 2: Go Elsewhere

Patients will naturally seek to move away from pain toward healing.<sup>8</sup> Patients are encouraged to go deeper into the self, creating a sacred space where they become the “witness who can see, [one removed from the suffering. “Elsewhere[ develops into the discovery of freedom from the thoughts and feelings that are difficult to control, for example, fear of death, pain, medical procedures, and abandonment.

#### THE INTERVENTION

Patient response to entering this next level of self-discovery will vary greatly. Nature, thankfully, can be a great ally here. Conscious contact with nature seems to help energize patients’ spiritual lives. This was an important nurse-initiated step toward helping patients move from pain and fear into self-discovery and healing.

The following excerpt describes 1 patient’s creative process of moving away from pain and fear into “elsewhere[va world in which she could recreate herself as a powerful being, a being who could protect her like no one else could.

“Elsewhere[ for me was a beautiful place, it was like a Ferris wheel. It was a circus type of atmosphere where there were horses and animals. It was kind of like being my own character, being able to protect others. I felt like it was real important to protect others, probably because I did not feel protected myself.

I would draw myself and I would be on a powerful horse. Or I would have lions that would lay down and be my powerful protectors being with me. I could climb and I could fly. In my real life, too, I would climb trees and I would stay up there and imagine myself being able to fly away. My drawings made a place for me to work out my problems and the dynamics within my family.

There was a lot of anger and a lot of acting out on my part. Creativity gave me the place where I could make my characters work to create balance. Art gave me the opportunity to be right and then forgive myself for being wrong.

#### Theme 3: Art Becomes the Turning Point

The turning point is about making art, allowing the freedom of expression to emerge in a medium that becomes available for the patient’s reflection. It also provides the opportunity for a relationship with the nurse, which allows the experience of transpersonal caring.<sup>35</sup>

#### THE INTERVENTION

The next step is to facilitate patients to go deeper into the creative process. When they do activities to illuminate the spirit, they open up. The activity could be making art, walking in the hospital garden, praying, or imagining an inner journey. As they engage in artistic activities, the process will allow them to see deeply and change. These images will be from their own lives.

The turning point is the place of deepening. A patient made 72 pieces of art in a series when he was in the BMT unit after repeated encouragement and praise throughout his extended stay. His nurse prodded him gently, asked to see his first pieces, and hung them in the room. A series is usually so engaging for patients that they become immersed in discovering their own stories.

For this man, art became a vehicle of self-discovery, changing the nature of his hospital stay from one of suffering to a vital engagement with the staff, patients, and family members.

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Here is what he said after finishing one of the last pieces of his work:

When I painted the bridge across the water, I realized for the first time I would make it to the other side.

#### Theme 4: Slip Through the Veil

Slipping through the veil is going “elsewhere[ more deeply. The creative process fully engages them, and patients become larger than their personalities and worries, connecting with that deep part of themselves that loves life.

## THE INTERVENTION

This step cannot be prescribed; it is an inner experience. It takes place naturally when a person makes art. This is a crucial point where the nurse shows faith in the patient's ability to move deeper within the self. Patients have described this stage or step as suddenly finding themselves within their own bodies in a place of spaciousness. They described a dream of God and a sense of weightlessness and freedom. Many described slipping through the veil of ordinary consciousness into a spiritual realm where they glimpsed angels and light or reconnected with loved ones.

I was undergoing a mastectomy for breast cancer. It was difficult to find something positive from the experience. It had been an extremely difficult ordeal. I had nothing good to say except I was alive. I struggled for years. One day I was on my morning walk. I looked up and saw a light beam coming down out of the sky. Its outlines were clear and beautiful. It was what I had heard my mother call "heaven's light." Then I realized that my health depended on my ability to transform my experience of breast cancer to something positive. I received that thought like a light beam. The thought itself was outlined in light.

### Theme 5: Know the Truth and Trust the Process

In this step, people may have a sudden insight of their artistic process as a way of revealing truth. They may have a sudden insight that they will get well. If they feel better, it is simple, it is working. They derive trust from their own imagery and how it makes them feel.

## THE INTERVENTION

Nurses can help patients understand that they are in the flow of a process, the process is spiritually healing, and they do not need to be afraid of surrendering to it. Trust grows as patients experience the power of their own creativity.

### Theme 6: Embody Your Spirit

## THE INTERVENTION

Embodiment of the spirit is about merging. It is about letting images of healing appear. This cannot be forced. If the

patient is spontaneously in this stage, the nurse can reinforce feelings that help patients see themselves as strong, beautiful, powerful, or healed.

### Theme 7: Feel the Healing Energy of Love and Compassion

Patients are often hard on themselves when they need gentleness and nurturing. Sometimes, when patients are the most depressed, fearful, and in pain, they vacillate between anger and inappropriate feelings of guilt and shame. They may lash out at staff or family members while inwardly feeling terror or self-loathing. The proposed method helps patients feel compassion for themselves. They can go to a place where they restore or "re-story" their lives through compassion and love.

## THE INTERVENTION

Nurses can encourage patients to become compassionate for themselves by seeing themselves from a distance, from a kind stranger's eyes. They can help patients observe themselves this way, as outer witnesses, and verbalize what they see: "She's suffering, she's afraid, and she needs comforting, not criticism." In such moments of witnessing, patients often see what they need to heal. When they see themselves with compassion, they can tend to their bodies as sacred vessels and to their emotions as natural forces that move through them. They can honor intuition and insights.

In this stage, nurses help patients pay attention to their bodies. If they can feel the healing energy as buzzing or vibration, nurses can point it out and encourage it. It is about continuing to cultivate feelings of compassion and letting go of judgment and negative thoughts. Guided imagery will help patients imagine their heart being open and can also promote relaxation, calmness, and joy.



The following excerpt is about a woman who had been sick for months with ovarian cancer. In addition to her chemotherapy, she had done everything she could think of to get well. She tells us her story:

I would awaken to pain. I thought sometimes I could not stand it. Sometimes the pain would come and build and I would think that I would have to kill myself. After one episode that was particularly dark, I thought what can I do? I called my friends and asked them for help. They came and brought candles, things that smelled good. I lay on the couch, in so much pain I could hardly move. My friends put candles in a circle around me, along with flowers and some treasured objects. They began to sing softly. One of them told me to invite my pain into the room. I drifted off and came back and drifted off again. I could see my pain, far away, standing alone in the center of a huge expanded space. It

started walking away and got smaller and smaller until I could not see it anymore.

When the candles were lit, I felt something come up into my body from below. I felt an energy come up into

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me that shocked and startled me. I started shaking and vibrating. For a moment I saw myself from above. I was lying on the floor and I saw my friends holding me as I shook. I felt an enormous buzzing coming from the base of my spine and felt heat rising within me. I stopped shaking and the heat and vibration rose up to where my uterus had been. I received a message like a thought or idea. "You are giving birth to yourself. You are giving birth to your new self.[ I felt the enormous energy of the primordial fire within me, cleansing me and purifying me. I started crying. I felt no pain.

Theme 8: Experience Transcendence

Transcendence, in this research study, happened when participants were able to fully articulate the lived experience of art as healing. The essence of healing was the lived experience of transcendence, an experience of authenticity, interconnectedness, and luminosity. It was about being open to momentary, peak spiritual experiences, which may be fleeting or cultivated for longer periods. Typically, this theme emerged as a pinnacle of healing in a process of self-reflection, whether death was imminent or not.

THE INTERVENTION

Nurses encourage patients and family members who are experiencing feelings of oneness and interconnectedness to stay with the feelings and allow them to deepen. In this step, patients often glimpse angels or experience the power of the universe or God. This happens more often when a patient is close to death. Nurses can be fully aware of this and encourage immersion in another dimension, one of great power and beauty. Many times, when working with patients close to death, nurses can see immense healing take place. When patients and loved ones know that death is imminent, sometimes, all the love they feel for each other is communicated in a silent moment that transcends space and time.

The following excerpt from a patient with cancer illustrates such a moment:

I heard and thought at once, "There is no death, only life everlasting.[ The presence came from within me and outside of me at once. It came from everywhere, it seemed to me that it had been there forever. It was speaking directly to me. I knew that it was God speaking. I understood it deeper than my bones.

Again it said, "There is no death, only life everlasting,[ and I knew for the first time what it meant. I knew that whatever I was, and my wife was, and my children were, was not something that ended or went away, that I was simply here forever and as the sun rose, I saw

my own death as something as natural as the sun rising across the soft valley behind the mountains of green.

I knew then that my death would not stop me from being who I was in my essence and who I would be, forever. I opened my eyes and my wife was standing next to me. She was looking at me with so much love and I said to her, "My love, there is no death, only life." And I felt her soft touch and knew I would always feel it and she would always feel mine.

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Spirit-Body Healing: Implications for Practice

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Most participants in this research study were cancer patients, not monks, not gurus, not priests. Yet they experienced spiritual events and mystical happenings as powerful as in any religious practice. With research studies demonstrating that spirituality is related to positive outcomes in mental and physical health,<sup>3,4,10,29</sup> promoting spiritual experiences for patients needs to be considered an advanced therapeutic technique for helping them heal or cope with illness.

Common to all stories in this research study was a moment of spiritual union, a communion of body and soul, and an essential congruence of self and spirit culminating in a level, degree, or category of healing.<sup>1</sup> Each person had an altered-state occurrence in which time and space changed, and the world was experienced in a new way. The intervention, from its initial focus on building a collaborative relationship with patients, is geared toward facilitating a progression of acts that ultimately lead to this kind of peak epiphany. Nurses can help patients accept it when it comes, claim it without fear, and make it part of their own story.

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