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Running Head: THEORY OF SPIRITUALITY

Abstract

The purposes of this paper are to share work done by the author toward developing and testing a theory of spirituality within Rogers' nursing model, and to promote discussion among Rogerian scholars in order to further theory development. Major themes found in the nursing literature are compared with a humanist definition of spirituality and examined for theoretical congruence with Rogers' nursing model. Findings from a national study in which spirituality, measured by the Spiritual Orientation Inventory was positively correlated with power measured by the Power as Knowing Participation in Change Tool, and polio survivors manifested greater spirituality than people who had not experienced a disabling or life-threatening event, are presented using Rogers' model. Rogerian scholars are encouraged to consider spirituality a potential of all human beings, and continue to discuss and develop a theory of spirituality that is conceptually consistent with Rogers' dynamic nursing model.

Key words:

Rogers' Framework

Theory

Spirituality

Power

Toward Developing a Theory of Spirituality

The purposes of this paper are to provide the reader a brief overview of the nursing literature on spirituality; share work done by the author toward developing and testing a theory of spirituality within Rogers' nursing model; and promote discussion among Rogerian scholars in order to further theory development.

A review of the nursing literature of the past decade reveals a surge of articles about spirituality and its relevance to nursing and health. In a recent article, Florence Nightingale was described as "one of the greatest spiritual figures of the modern era;" a woman who saw "an ultimate purpose to life, who saw a unity beyond apparent divisions...who looked beyond the illusory world for ultimate truth. . . ." (Calabria, 1990, p. 73). Stuart, Deckro, and Mandle (1989) wrote that "the roles of spirituality and health have been interrelated from the earliest of times" (p. 36), observing that nursing, which developed "to meet the biological, psychosocial, and spiritual needs associated with human illness and suffering" (p. 35), has recently neglected the spiritual dimension. Stoll (1989) related spirituality to nursing in stating that "a person's perception of and experience with the transcendent will in great measure influence how that person views life and copes with life's crises of illness, suffering, and loss" (p. 5). McGlone (1990) suggested that illness in our society is "an opportunity to get in touch with the concerns of our spiritual selves," and that "the path toward health is necessarily a spiritual one" (p. 79).

Spirituality, while not specifically discussed by Rogers, is suggested by her homeodynamic model in which human beings are both unitary and irreducible, continually engaged in mutual process with the environmental field (Rogers, 1990) in a pandimensional universe (Eureka!, 1991). In 1989, a forum of Rogerian scholars initiated a discussion of spirituality within Rogers' model (Malinski, 1989; Rapacz, 1989;

Reeder, 1989). Reeder chose to use the term mysticism rather than spirituality to avoid the appearance of reductionism. She described the mysticism of Tielhard de Chardin and Hildegarde of Bengin as optimistic and dynamic; resonant with Rogers' [pandimensional] world view. Rapacz, who shared Reeder's concern that the term spirituality could suggest dichotomous thinking, wrote that spiritual matters should be explored within the context of patterning. Malinski (1989) described spirituality as "both the existence and experience of interconnectedness of human and environment" (p. 4), later specifying that "integrality is spirituality and as such incorporates mysticism" (Malinski, 1991, p. 55).

According to Soeken (1989), although "an individual's spiritual dimension is an extremely important aspect of his or her whole being" and appropriate for research (p. 355), most of what has been written about spirituality in nursing are "statements of opinion or vignettes of individual experiences" (p. 356). Empirical studies addressing spirituality and illness have typically used definitions and tools which incorporate religious beliefs and practices. The Spiritual Well Being (SWB) scale, developed by Paloutzian and Ellison (1982) as a measure of spiritual quality of life, combines the dimensions of religious well-being and existential well-being to measure SWB (Ellison, 1983). The recently developed Index of Core Spiritual Experience (INSPIRIT) (Kass, Friedman, Leserman, Zuttermeister, & Benson, 1991) instructs participants to answer questions about their "spiritual or religious beliefs and experiences" and to use their own definition of God when answering the questions (p. 210).

Hungelmann, Kenkel-Rossi, Klassen, and Stollenwerk (1985) identified defining characteristics of spiritual well-being from an 18-month grounded theory study of 31 adults aged 65 to 85. Health status of participants, who lived in varied settings, ranged from good to terminally ill. Based on their investigation, Hungelmann et al. described spiritual well-being as "a sense of harmonious interconnectedness between self, others/

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

Defining Spirituality

The term spirituality, although widely used, has different meanings according to the contexts of time, place, and world view. According to Stoll (1989), "descriptions of the spiritual dimension are diverse . . . with little universal consensus" (p. 5). In order for nurses to engage in meaningful dialogue about spirituality, it is necessary to reach consensus on a definition of spirituality. It is also important to clarify the relationship of spirituality to religion. Many authors identify the concept of spirituality with religion or religious practices (Burkhardt, 1989; Emblen & Halstead, 1993), and the terms spirituality and religion have often been used interchangeably in the nursing literature (Harrison, 1993). Current definitions of spirituality represent an attempt to develop a supra-religious definition which expresses the commonalities of varied religious traditions rather than that which is unique to any individual religious institution or expression (G. Moran, personal communication, Feb. 4, 1991). The perspective of this author is that spirituality does not contradict religion, but is a more inclusive phenomenon. Spirituality, which for some individuals may be nurtured by, related to, or expressed through organized religion, for others is not connected with religious beliefs or affiliation (Elkins, Hedstrom, Hughes, Leaf & Saunders, 1988).

According to Elkins et al. (1988), developing "an enlarged definition and understanding of spirituality," and recognizing the "human and universal nature" of spirituality (p. 6), broadens the concept to include both religious and non-religious beliefs and expressions. Elkins et al. described spirituality from a humanistic perspective, synthesizing a definition from the writings of Maslow, Dewey, Frankl,

Buber, and others. Viewing spirituality as "a human phenomenon" that "exists, at least potentially, in all persons" (Elkins et al., 1988, p. 8), they defined spirituality as "a way of being and experiencing that comes about through awareness of a transcendent dimension characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers the Ultimate" (p. 10). Elkins et al. elaborated spirituality as a multidimensional construct with the following nine major dimensions:

1. Transcendent Dimension: Belief in more than that which is seen, that may or may not be belief in God; and belief that personal power is drawn through harmonious contact with this dimension

2. Meaning and Purpose in Life: Deep confidence that one's life has purpose, emerging from a quest for meaning

3. Mission in Life: Sense of responsibility to life; knowing that in "losing one's life" one "finds it"

4. Sacredness of Life: Belief that all life is holy

5. Material Values: Realization that ultimate satisfaction is from spiritual, not material things

6. Altruism: Belief in social justice, and awareness that "no man is an island"

7. Idealism: Commitment to the actualization of positive potential in all aspects of one's life

8. Awareness of the Tragic: Deep awareness of human pain, suffering, and death, and that life has value

9. Fruits of Spirituality: Benefits of spirituality realized in relationships with self, others, nature, and what one perceives as the Ultimate

The definition of spirituality presented by Elkins et al., and the dimensions which explicate it, encompass the ideas of spirituality found in the nursing literature.

Examining a Theory of Spirituality Using Rogers' Model

For this discussion, the author has collapsed the nine dimensions of spirituality identified by Elkins et al. (1988) into four as follows:

1. Feeling confident that life is meaningful, which includes having a sense of mission in life
2. Having a commitment to the actualization of positive potential in all aspects of life, which includes realizing that spiritual values offer more satisfaction than material ones and that spirituality is integral with one's relationship with self and all else
3. Being aware of the interconnectedness of life, which includes being conscious of the tragic and touched by the pain of others
4. Believing that contact with a transcendent dimension is beneficial, which includes feeling that all of life is sacred.

Themes that appeared frequently in definitions and descriptions of spirituality that are congruent with Rogers' model have been grouped into four major dimensions which this author suggests are essential to a definition of spirituality to be used in nursing.

The first major manifestation of spirituality is feeling confident that life is meaningful. Rogers (1970) stated, "In the process of evolution, man's search for meaning takes on new dimensions" (p. 93). Elkins et al. (1988) described the spiritual person as "one who has known the quest for meaning and purpose and has emerged . . . with confidence that life is deeply meaningful and that one's own existence has purpose" (p. 11). Others have viewed spirituality as a quest for, or source of, meaning in one's life (Shafranske & Gorsuch, 1983; Stoll, 1989; Stuart et al., 1989). The spiritual person has been described as having a sense of responsibility to life (Elkins et al., 1988). Frankl (1984), identifying the search for meaning as a basic human need, observed that although it is not necessary for people to suffer to find meaning, suffering may provide the opportunity to grow spiritually. Carson (1989) differentiated spiritual development from religious development, identifying growth in spirituality as a "dynamic

process in which an individual becomes increasingly aware of the meaning, purpose, and values in life" (p. 26). Summarizing the nursing literature, Stoll (1989) described spirituality as bringing meaning and purpose to one's life.

The second major manifestation of spirituality is its effect upon an individual and that person's becoming, the commitment "to the actualization of positive potential in all aspects of life" (Elkins et al., 1988, p. 11). Rogers (1990) views human beings as energy fields "different from the sum of their parts" (p. 6), actualizing potentials in the process of becoming. Reeder (1989) described "an evolution toward the maximization of all creative potential reflective and aware of itself" (p. 2). C. Rogers (1980) considered the actualizing tendency a characteristic of organic life representing an "underlying flow of movement toward constructive fulfillment of its inherent possibilities" (p. 117). Maslow (1971), who viewed life as an ongoing process of choices, described movement toward self-actualization as making the "growth choice instead of the fear choice" many times (p. 44), and stated that spirituality provides what one can grow toward (Maslow, 1964). Stoll (1989) described spirituality in terms of movement: ebbing and flowing . . . "sometimes in an even flow, sometimes, in trickles, and infrequently in tumultuous 'peak experiences' toward the fulfillment of one's life" (p. 21).

The third major manifestation of spirituality is feeling a sense of interconnectedness with other living things. According to Rogers (1990), human beings are energy fields integral with environmental fields, engaged in a continuous, mutual process of change. Writing from a Rogerian perspective, Malinski (1991) referred to spirituality as both the existence of and the experience of integrality, which manifests itself as increased awareness of the interconnectedness of people and environment; and Reeder (1989) described an "integral view of human life and the cosmos" (p. 2). A sense of interconnectedness may also be manifest as commitment to altruistic love and action (Elkins et al., 1988), and love and forgiveness toward others (Hungelmann et al.,

1985; Stoll, 1989). Elkins et al. identified altruism as an expression of spirituality, describing it as being touched by the pain and suffering of others, and having a strong sense of social justice. Banks, Poehler and Russell (1984) reported that a "sense of selflessness and a feeling for others; a willingness to do more for others than for yourself" (p. 17) is a very important component of the spiritual dimension. Carson (1989) referred to spiritual development as including service, while others have associated spirituality with love, caring, wisdom, imagination, forgiveness, and compassion, all qualities which are components of caring for others (Dossey, 1989; Krieger, 1981; Reed, 1992; Rew, 1989; Stuart et al., 1989).

The fourth major manifestation of spirituality is a sense of beneficial connectedness with a transcendent dimension or Being. Rogers, who speculated that human field patterning continues after death (Malinski, 1986, p. 14), described reality as "pandimensional; an infinite domain without limit" (Eureka!, 1991). Elkins et al. (1988) noted that although the content of belief about life's transcendent dimension will vary from a psychological view of "a natural extension of the conscious self into the regions of the unconscious . . .," to faith in a personal God, contact with this unseen world is always perceived as beneficial (p. 10). Elkins et al. observed that some people experience this dimension through peak experiences. Spirituality has also been described as a trusting or harmonious relationship with a transcendent dimension or Ultimate Other (Hungelmann et al., 1985; Stoll, 1989), and as including a "deep sense of belonging, of wholeness, of connectedness, and of openness to the infinite" (Shafranske & Gorsuch, 1984, p. 245). Donnelly and Sutterley (1989) stated that to be spiritual is to be "connected--to the inner self, to others, or to a transcendent being or energy" (p. vi). The National Interfaith Coalition on Aging (1975) echoed these themes, describing spirituality as the relationship with self, others, and "the Ultimate Other which exists throughout and beyond time and space".

Testing a Theory of Spirituality Using Rogers' Model

Theory is derived within nursing models, then tested through research. After concluding that Elkins et al.'s definition of spirituality is conceptually congruent with Rogers' model, the author conducted a descriptive study of the relationship of spirituality to power, a theory derived by Barrett (1983) within Rogers' model (Smith, 1992). Manifestations of power and spirituality, conceptualized as indicators of human field change, were compared in people who had survived polio and in people who had not had polio or any other disabling or life-threatening illness.

As described by Rogers (1990), people are continuously engaged with the environment in the mutual process of change, actualizing some of an infinite number of potentials in the process of becoming. Barrett (1983) developed a theory of power from Rogers' model that people are able to actively participate in the process of change by choosing which potentials to actualize. Elkins et al. (1988) described highly spiritual people as finding meaning in life, experiencing themselves as interconnected with other living things, including a transcendent dimension or Being, and committed to actualizing positive potentials in life. The investigator hypothesized that power, defined as "the capacity to participate knowingly in the nature of change characterizing the continuous patterning of the human and environmental fields" (Barrett, 1983, p. 50), would be positively correlated with spirituality, an indicator of pattern change defined as "a way of being and experiencing that comes about through awareness of a transcendent dimension characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the Ultimate" (Elkins et al., 1988, p. 10).

Measurement instruments used were Elkins' (1988) Spiritual Orientation Inventory (SOI), an 85-item inventory developed to better understand spirituality in people independent of affiliation with a traditional religion (Cronbach's $\alpha = .98$), and Barrett's (1987) Power as Knowing Participation in Change Tool (PKPCT) (Cronbach's

alpha = .97). Power and spirituality were found to be positively related ($r = .34$, $p < .005$), explaining 12% of the variance in a national sample of men and women born prior to 1960 who had achieved a minimum of a high school education ($N = 252$). Effect size was medium, and power $> .80$. The statistically significant correlation between the constructs of power and spirituality supports Barrett's (1983) theory that people, who have the capacity to knowingly participate in change, also have the ability to change the nature of their participation. The findings also support this author's contention that as people grow more aware of a transcendent dimension or Being, the nature of their participation increasingly manifests in the actualization of potentials congruent with identifiable spiritual values. The relationship identified between power and spirituality in this study offers beginning empirical support for a theory of spirituality in Rogers' nursing model.

The idea that spirituality is related to health was also tested in this study, with manifestations of spirituality and power in polio survivors ($n = 172$) compared with those of people who had not had polio or a similar or life-threatening illness ($n = 80$) (Smith, 1992). Various health-related factors have been cited in the literature as contributing to spirituality, including adversity (Maslow, 1971), crisis (Hall, 1986; Harris, 1989), chronic illness (O'Brien, 1982), terminal illness (Hungelmann et al., 1985; Reed, 1987), and disabling diseases including polio (Bozarth, 1987; Roche, 1989; Vash, 1981). Rogers (1970) wrote, "The all-too-common perception of [human beings] as predominantly subjected to multiple negative environmental influences with pathological outcomes denies [their] unity with nature and [their] evolutionary becoming" (p. 85). Harris (1989) related an awakening of spirituality to "marker" events (p. 13), crises in which deepened awareness is associated with increased vulnerability, and Frankl (1984) observed that difficult situations often provide a person with ". . . the opportunity to grow spiritually beyond himself" (p. 93).

According to Rogers (1970, 1990), change is characterized by increasing diversity, and field patterns that are diverse evolve more rapidly than those that are less diverse. Polio survivors are people who have participated in change through rehabilitation, and manifested increasing diversity by finding innovative and creative ways to live meaningful lives (Laurie, Headley, & Mudrovic, 1989). Some polio survivors have been described as transcending disability (Vash, 1981) and showing interest in spirituality related to the polio experience (Bozarth, 1987). The investigator hypothesized that polio survivors, selected as exemplars of people who have survived an unexpected, life-threatening event, would manifest greater power and spirituality than people who had not had polio or any other life-threatening experience. Data showed that the two groups were statistically similar in power ($t = .44$, $df = 250$, $p = .33$), and that polio survivors manifested significantly greater spirituality ($t = 3.79$, $df = 250$, $p = .001$).

The finding that polio survivors manifest greater spirituality than people who have not had polio supports the idea that for these participants polio was a "difficult situation," "typically perceived as negative;" a "marker event" related to shifting patterns in life associated with increased awareness and changed perspectives. The statistically significant relationship between surviving polio and manifesting greater spirituality offers further empirical support for a beginning theory of spirituality within Rogers' nursing model.

Discussion

The building blocks of open systems: human and environmental energy fields, openness, pattern, and pandimensionality, form the background for theories derived and tested within Rogers' nursing model. Rogers' (1990) three homeodynamic principles postulate the nature of change in human and environmental fields: integrality, "continuous, mutual process"; resonancy, "continuous change from lower to higher

frequency wave patterns"; and helicy, "continuous innovative, unpredictable increasing diversity" (p. 8). Theories, such as the developing theory of spirituality, are derived from Rogers' model as a whole. Malinski (1991) proposed that within Rogers' model, spirituality is the existence and the experience of integrality, "the continuous mutual process of human and environmental fields, whereby person and environment are a unitary whole" (p. 55). Manifestations of integrality/spirituality proposed by Malinski (1991) include reverence for life, compassion, a commitment to heal, and the "unfoldment of human potential" (p. 58), which are comparable to Elkins et al.'s (1988) concepts of sacredness of life, altruism, and idealism. This author believes that spirituality derives from Rogers' nursing model as a whole, and suggests expansion of Malinski's definition to include spirituality as helicy, choosing to actualize potentials that enhance what is perceived as beneficial interconnectedness with all life including a transcendent dimension or Being; and spirituality as resonancy, developing higher frequency patterning manifested as greater awareness of pandimensionality.

Within Rogers' dynamic model, Rogerian scholars knowingly participate in the process of change, engaging in mutual process to create new theories and visions of the conceptual framework. Beliefs and assumptions inherent within Rogers' model have implications for sharing the concept of spirituality, which is of interest not only to nursing, but also to many other disciplines. The author suggests that it is time to explore the issue that ". . . theories deriving from a Science of Unitary Human Beings are specific to nursing just as theories deriving from biology are specific to biological phenomena . . ." (Rogers, 1990, p. 6), which seems inconsistent with a universe of open systems. Perhaps the assumption of separateness of scientific disciplines, a legacy of modern Western science, is theoretically inconsistent with Rogers' science as it evolves; and it is time to consider adopting the view of complementary science based

on "an ontological assumption of oneness, wholeness, interconnectedness of everything. . ." (Harman, 1990, p. 8).

Conclusion

The concept of spirituality as a way of being or experiencing that can exist independent of religion has not previously been studied in nursing, nor has a theory of spirituality previously been studied using Rogers' model. Elkins et al.'s (1988) humanist conceptualization of spirituality has been compared with the nursing literature and with Rogers' nursing model. Examples of conceptual congruence between Rogers and Elkins et al.'s definition of spirituality include the perception that human beings are continually evolving and seeking meaning (Elkins, 1988; Maslow, 1964; Rogers, 1970); engaged in continual, mutual process with other living things including a transcendent dimension or Being (Elkins et al., 1988; Rogers, 1990); and actualizing potentials in the process of becoming (C. Rogers, 1980; Rogers, 1970) which in Elkins et al.'s definition of spirituality is described as having a commitment to actualize potentials valued as positive in life.

Empirical support has been demonstrated for a positive relationship between spirituality and power. This investigator suggests that spirituality grows through continual, mutual process when individuals make choices to actualize potentials which reflect a sense of meaning in life, interconnectedness with all living things, and awareness of a transcendent dimension or Being.

This work is offered as a stimulus toward a dialogue among Rogerian scholars. Rogerian scholars are encouraged to consider spirituality as a human potential, compare the perspectives of Western spirituality with those of Eastern philosophies and Native American traditions, and engage in the process of deriving a theory of spirituality that is wholly consistent with Rogers' nursing model.

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