

## CHAPTER 2

### LITERATURE REVIEW

In this study, the literature review was categorized into six parts: (1) overview of chronic illness (2) overview of spirituality (3) spiritual healing methods (4) psychoneuroimmunology (5) hermeneutic phenomenology (6) establishment of trustworthiness.

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### *1. Overview of chronic illness*

The diagnosis of a chronic illness can make a personal crisis for many people (Loveys, 1990). Chronic illnesses are health conditions that result in permanent changes in the level of independence and lifestyle and usually limitations of activities (Lindsey, 1995; Young, 1993). However, many individuals have more than one chronic illness and they have to face a lifetime of hospital appointments, investigative procedures and painful treatments (Pookboonmee, 1998) that make them feel uncomfortable and lack time to be free. Most of them often think about the recurrence of illness all the time ( Loveys, 1990).

#### *1.1 The incidence of chronic illness*

The incidence and prevalence of chronic illnesses have increased since the beginning of the twentieth century (Phipps, 2003). Many chronic health problems affecting people in adulthood are directly related to stress and modern lifestyle (Nordholm, 1999). Advanced medical and surgical technology has extended life expectancy and altered the burden of disease (Smeltzer & Bare, 2000).

In Thailand, chronic illness is the leading cause of death. Data from the Thai Bureau of Health Policy and the Planning Ministry of Thai Public Health (2006) indicated that the incidence of chronic illnesses in the future will increased. It was emphasized that according to death certificate issued in 2004 it was found that the

first five leading causes of death was cancer, cardiovascular disease, accidents, hypertension and stroke, and pneumonia.

### *1.2 Definitions of chronic illness*

There are many definitions of chronic illness from many authors, as follows:

The National Conference on Care of the Long Term Patient in 1954 (Robert, 1954 cited by Lubkin, 1990) defined chronic illness as one being prolonged for 3 months or longer. In another care taking setting the definition is at least 30 days of hospitalization within 1 year.

The Commission on Chronic Illness in 1956 (Mayo, 1956 cited by Ellis & Nowlis, 1994 p. 862) defined chronic illness as “all impairments or deviations from normal which have one or more of the following characteristics are permanent, leave residual disability, require special training of the patient for rehabilitation, may be expected to require a long period of supervision, observation or care.”

However, in the 1980s the definitions of chronic illness became more meaningfully (Donnelly, 1993). The classic one definition was defined by Cluff (1981 cited by Donnelly, 1993) who said that chronic illness was a condition that could not be cured by medical intervention and required a period of time to maintain and reduce signs and symptoms in order to increase the maximum functioning of the individual and his responsibility for self care.

To date, the Robert Wood Johnson Foundation (1996 cited by Smeltzer & Bare, 2000) has defined chronic illnesses as health problems with disabilities that require long-term (more than three months) care in order to maintain one’s health status.

Therefore, from reviewing literature chronic illness is a medical condition or health problem that requires long-term treatment of at least three months to maintain and reduce signs and symptoms in order to increase the maximum functioning of the individual and his responsibility for self-care.

### *1.3 Stages of illness behavior*

According to Potter and Perry (1995 p. 36), they had clarified the stages of illness behavior as follows:

#### Stage 1: Symptom experience

At this first stage, clients face the fact that something is wrong physically but they still do everything by themselves and they have not been diagnosed. In addition, they try to ignore the symptoms that are not serious or life threatening. However, at this stage when the clients know about their physical change, the response is emotional. If symptoms seem serious, they may seek care or ignore the symptoms.

#### Stage 2: Assumption of the sick role

If symptoms became serious, the clients accept the sick role and want confirmation of their illnesses by their families and social groups. In addition, the clients have to know their limitations to do anything that is different from the past. This stage depends on the severity of the illness, degree of disability and period of illness, which may affect emotional changes. Then the clients will seek out and contact a doctor who will put them in touch with health care team to provide them with treatment.

#### Stage 3: Medical care contact

If the symptoms became severe or life threatening, the clients are stimulated to go to a physician and allied professionals for treatment and procedures. The period of

waiting before going to see the physician depends on the severity of illnesses, psychosocial condition and the culture in each area.

#### Stage 4: Dependent client role

In this stage the client relies on professional health services to relieve symptoms. The clients agree with treatment and regimens and protection from stresses that come to their lives. Consequently, in this stage the client can become the dependent role on relatives, friends and society.

#### Stage 5: Recovery and rehabilitation

Finally, the clients agree to recover from their illnesses, responded to seek sufficient help and know how to manage their illnesses. If rehabilitation is not fully successful, long term care will be needed before the clients perform their maximum functioning.

From the five stages of illness behavior, we are able to understand the patient's behavior and perspective and the following attempts to provide safe, effective intervention become easier.

#### *1.4 Impacts of chronic illness on individual*

Each chronically ill individual usually suffers from at least two chronic conditions (Hoffman, Rice & Sung, 1996; Lewis & Collier, 1992). Chronic illness can produce a variety of adverse outcomes including pain and disability, anxiety and depression. The latter reactions may be natural response to physical effects such as pain. Psychological effects such as stress, anxiety or depression, social effects, financial effects and spiritual effects such as powerlessness, loss of self-worth, or loss of meaning in life cause a disharmony of body, mind, and spirit in their lives (Stuart, Deckro & Mandle, 1989). For this reason, people with chronic illnesses have to

contend with and adapt their lives to many impacts and learn to cope with how these impacts will effect or change their lives (Soeken & Carson, 1987).

Potter and Perry (1995 p. 38) pointed out the impact of illness on client as follow:

#### 1. 4.1 Behavior and emotional changes

The clients response to illness or the intensity of illness in different ways depends on the nature of the illness and its severity. Severe illness can lead to aggressive emotional and behavior changes, such as anxiety, shock, denial, anger, and withdrawal. These are common responses to the stress of illness.

1.4.1.1 Anxiety: Anxiety is the most common human response because the clients are unclear about their diagnosis, uncertain about the symptoms and recurrence of the illness. Anxiety can be described as feeling fear, uncertainty and agitation.

1.4.1.2 Shock: Shock arises when the clients know their diagnoses even though the diagnoses may not be severe, but they affect clients' emotions when they first know that they are ill.

1.4.1.3 Denial: Denial is a sign that the client rejects the diagnoses. Denial is one of the ways that clients cope with a stressful situation.

1.4.1.4 Anger: Anger may be toward a health care provider, family members or clients themselves. It also may have effects on clients' social or spiritual dimensions.

1.4.1.5 Withdrawal: Withdrawal take place when the clients want to isolate themselves from others and want to be alone to deal with their illness. Therefore, at this stage family members may also withdraw from the clients.

Research by Al-Hassan and Sager (2002) stated that most myocardial infraction (MI) patients experienced a moderate level of stress, with 20% reporting high stress levels. Moreover, the finding suggested that in the early discharge period patients worried about their social role, interpersonal relationships and personal health, which could make symptoms worse and complicate their future care. Furthermore, Bennet and Connell (1999) claimed that stress in discharged MI patients is adaptation pattern than clients have to face. High levels of anxiety have been found not related to poor health or the severity of MI. In addition, Webb and Riggin (1994) stated that even though MI patients were discharged sooner or later those who had not returned to normal life three months after being discharged reported greater levels of anxiety.

Carson, Socken, Shanty and Terry (1985) claimed that people with AIDS experience great physical and emotional suffering. They experience depression, anxiety, fear, isolation and hopelessness.

Lambert and Lambert (1987) stated that uncertainty is a major factor influence the human response to illness and treatment. Uncertainty can increase stress that in turn has a bad effect on adaptation.

Landmark and Wahl (2002) studied the experience of living with breast cancer in 10 women by using grounded theory. They found that the women's awareness of living with breast cancer affected them in relation to emotional reaction, bodily physical changes, meaningful activities and their social network.

#### 1.4.2 Impact on body image

Some illnesses bring about changes in physical appearance. The severity of changes indicates the ability of clients to adapt with the changes of body image. Some

physical appearance changes affect the economic status of the family and change their life style. Therefore, clients have to adapt on their own to survive with this problem.

#### 1.4.3 Impact on self-concept

Self-concept influences all aspects of a human being. It depends in part on body image and roles but includes other aspects of psychology and spirituality. One's self-concept is important in relationships with family members. If one's self-concept changes because of illness, a person may no longer meet family expectations, and that can lead to tension or conflict.

#### 1.4.4 Impact on spirituality

Clients with newly diagnosed or exacerbated chronic illness experience tremendous life changes and are at particular risk from spiritual distress. Chronic illness forces the client's physical and emotional coping abilities and might also deplete spiritual reserves (Soeken & Carson, 1986). Exacerbated or new onset s of chronic illness can result in the need to adapt to life changes, family role adjustments, financial concerns, loneliness, body image changes, self-esteem problems, powerlessness, hopelessness, pain, grief, and chronic sorrow (Lubkin, 1990). Questions such as "Why me?" "Why did God allow this to happen?" "Why did God do this to me?" "What is the use in living?" and others may be asked. Anger and guilt over the disorganization and disruption of life may be experienced. According to Michael (1996), frustration, anger, sadness, discouragement, and guilt are some of the feelings that result from losses and changes in chronically ill clients. Sadly, unsupportive healthcare professionals were perceived as contributing to feelings of loss.



## *2. Overview of spirituality*

A review of the nursing literature of the past decade indicates about spirituality and its relevance to nursing and health. 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 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). Nursing has acknowledged that spirituality is an essential component of the human condition and an important factor in health, yet nursing research in the area of spirituality has been limited (Burkhardt, 1994). Craven and Hirnle (2003) stated that nurses have opportunity to contribute to and participate in any client’s spiritual health by promoting spiritual well-being and providing the climate for spiritual healing.

### *2.1 Definitions of spirituality*

The term spirituality, however, it has been widely used with different meanings and in different ways by different authors (Burkhardt, 1989). Various authors have attempted to define spirituality (Sterling-Fisher, 1998), however, the nursing literature points out that there is no universally accepted definition of the meaning of spirituality in the context of nursing. The ways in which each person expresses spirituality depends on background, family, society, culture and particular religion (Craven & Hirnle, 2003). Therefore, Gibson (1991) points out that when a

concept lacks clear definition then each person defines it within the context of his or her personal life to give it meaning.

In the current literature, the usage of spirituality and spiritual dimensions is interchangeable (Burkhardt, 1989). The word spirituality derives from the Latin word “*spiritus*”, which refers to breath, air or wind (O’Neill & Kenny, 1998). Hicks (1999) points out that spirituality is defined as the dynamic principles developed through out the lifespan that guide a person’s view of the world which influence his or her interpretation of a higher power, hope, morals, loss, faith, love and trust and provide structure and meaning to everyday activities. Other definitions of spirituality according to Soeken and Carson (1986) defined spirituality as a belief that relates the person to the world and gives meaning to existence. This belief can be expressed through religious activities such as prayer and worship services. The quest for meaning and purpose in life is the definition of spirituality presented by Burkhardt and Nagai-Jacobson (1985). Spirituality involves a deepening connection to oneself or to other, to God or a higher power, or to nature. For this reason, it often produces a deep sense of peace and satisfaction that may facilitate physical healing (Zeckhausen, 2001).

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 nursing literature (Harrison, 1993). Spirituality provides a sense of meaning and purpose, enables transcendence, and empowers individuals to be whole and live life fully (Fehring, Miller & Shaw, 1997). On the other hand, religion is a term used for an organized system of beliefs, practices, and forms of worship (Emblen, 1992). However, spirituality is more than religion and may or may not incorporate religious rituals, behaviors, or association

with religious organizations (Oldnall, 1996; Peri, 1995). Most individuals express their spirituality through their religion and religious practices and behaviors (Fehring, Miller & Shaw, 1997). Reed (1987) stated that spirituality includes praying, reading spiritual material, talking to friends and family about spiritual matters, seeking forgiveness, seeking spiritual guidance, worshiping, finding purpose and meaning in life, sharing the joys of living according to spiritual beliefs and expressing relatedness to transcendent dimension or something greater than oneself. Some evidence suggests that religion or spirituality assists individuals in coping with acute or chronic illness and death (Hermann, 2001).

The various definitions of spirituality can be synthesized into the following definition according to Relf (1997) spirituality encompasses hope, faith, self transcendence; a will or desire to live, the identification of meaning, purpose, and fulfillment in life; the recognition of mortality; a relationship with a higher power, higher being or ultimate; and the maintenance of interpersonal and intrapersonal relationships. Sterling-Fisher (1998) adds that even though we are provided with these definitions of spirituality, we must not forget that spirituality is always defined in our own terms.

The literature review suggests that meaning and purpose in life, connectedness, inner strength, self-transcendence and belief are important components of spirituality. Therefore, in this study spirituality categorizes into three dimensions 1) connectedness to religious belief 2) a relationship with meaning, purpose and fulfillment in life 3) a relationship with a higher power, higher being or ultimate.

## *2.2 Spiritual well-being*

Ellison (1983) offered that spiritual well-being is not a state but an indication of the presence of spiritual health in a person. Thus spiritual well-being is defined as behavioral expressions of spiritual health such as feeling life is a positive experience, feeling fulfilled and satisfied with life, feeling a sense of inner harmony (Harrison, 1993). Spiritual well-being leads to the actualization of one's ultimate purpose: to acquire universal virtues and to benefit humankind (Hood Morris, 1996). Some studies have focused on determining characteristics of the spiritual dimension and describing the experience of spiritual well-being (Burkhardt, 1994).

Relatively, many empirical studies, to date, have been conducted to support the notion that spirituality has a positive effect on health and recovery from illness.

Coward's (1989) phenomenologic study of the lived experience of self-transcendence in women with advanced breast cancer pointed out that maintaining a purpose or meaning in life has been identified as an important aspect of self-transcendence and spiritual well-being.

Fehring, Miller and Shaw (1997) studied spiritual well being, religiosity, hope, depression, and other mood states in elderly people coping with cancer among 100 elderly people with a diagnosis of cancer. The study found that intrinsic religiosity and spiritual well-being are associated with hope and positive mood states in elderly people coping with cancer.

Ferrell, Grant, Funk, Otis-Green and Garcia (1998) found that spiritual well being among 296 patients they studied most often involved feeling of hopefulness, a sense of purpose, prayer or meditation, and attendance at church or temple.

Landis (1996) studied uncertainty, spiritual well being and psychosocial adjustment to chronic illness among 94 persons with diabetes mellitus. The findings

suggest that spiritual well being may be an important internal resource for persons forced to adjust to uncertainty related to long-term health problems such as diabetes mellitus.

Lundberg & Trichorb (2001) studied Thai Buddhist patients with cancer undergoing radiation therapy 90 male and 89 female Thai Buddhist patients with cancer undergoing radiation therapy at Bangkok hospital outpatients radiation therapy clinic were subjected to a questionnaire study. The study found that the most common ways of coping with radiation therapy for both genders were 'rest,' 'talk with family/ friends,' 'visit doctor,' and meditate.' This showed that Thais patients tried to be relaxed when they faced serious conditions. Having a peaceful mind refers to a quiet state of mind that come from relaxation and the practice of meditation, a happy state of mind after performing meritorious acts, and the ability to feel satisfaction in life which related to their religion and culture.

McMillan & Weitzner's (2000) study of end-stage patients with cancer also found that patients placed great emphasis on religion and spirituality. In addition, when asked what helped them to maintain their quality of life, patients most often chose 'relationship with God' from 28 choices.

Miller (1985) found negative relations between loneliness, feelings of hopelessness, and separation with spiritual well-being among a group of healthy adults and among a group of adults with rheumatoid arthritis. However, the chronically ill group had a significantly higher spiritual well-being score than did the healthy group, suggesting that spiritual well-being may be an important resource for those coping with chronic illness.

Miller (2000) found that enhancing one's spirituality through prayer and faith was the second most frequently used strategy among 56 individuals coping with a variety of chronic illnesses.

In contrast, King, Speck and Thomas (1994) found that while more than half of persons with a chronic illness reported a strong belief in God, the strength of spiritual belief was not associated with psychological or social factors or with medical diagnosis. In addition, Sellers (1998) found that among a sample of 174 graduate students, there was no relationship between religiosity or church attendance and the frequency or severity of physical illness.

### *3. Spiritual healing methods*

Spirituality is an important aspect of wellness (Wright, 1998) and it can be a source of personal self-esteem, a coping resource for people with illness (Fehring, Miller & Shaw, 1997). Potter & Perry (2001) identify that a person's health depends on a balance of physical, psychological, sociological, cultural, developmental and spiritual factors. Georgesén & Dungan (1996) a human being consists of three dimensions (body, mind and spirit) and that a person integrates his or her experiences into those dimensions to maintain harmony. Wright (1998) pointed that our spiritual dimension is a major healing force; it can make the difference between life and death, wellness and illness (Dossey, Keegan, Guzzetta & Kolkmeier, 1995). Moreover, Riley et al. (1998) claimed that spirituality has a positive influence on physical health and recovery from chronic illness or disability. Similarly, Snyder (2003) states that spirituality positively correlates with physical and mental health, decreasing a variety of diseases. In addition, positive effects have been shown in patients with cardiovascular disease, hypertension, cancer and colitis.

The word 'healing' is defined as a sense of well being that is derived from an intensified awareness of wholeness and integration among all dimensions of one's being (Coward & Reed, 1996). Additionally, Keegan (2001) claims that healing wants to move from pain, discomfort, disease, and / or sorrow into a dimension of acceptance, understanding and/ or transformation. Therefore, this incident may incorporate awareness of facts or truth and perceptions thought or spiritual experience.

Kleinman, Eisenberg & Good (1978 cited by Coward & Reed, 1996) described healing as associated with the human experience of illness, whereas, curing was associated with the biomedical recognition and treatment of disease. Fontaine (2000) states that biomedicine views a person as a physical body with the mind and spirit being separate. Spirituality is a powerful medicine that is able to eliminate some infectious diseases such as smallpox and polio; moreover, it is effective in emergencies, traumatic injuries, surgeries and infectious diseases. In these situations, treatment is fast and aggressive with a desire to take responsibility for cure but it does not treat everything and it is not suitable for long-term illnesses such as arthritis, heart disease, hypertension, cancer, diabetes, AIDS, chronic renal failure or chronic pain (Fontaine, 2000). Consequently, the idea of healing comes from within the person rather than from an external source (Coward & Reed, 1996). However, the actual mechanism of healing (Keegan, 2001) and the relationship between spirituality and healing is not completely understood (Potter & Perry, 2001). As this reason, it is the individual's intrinsic spirit that seems to be the factor in healing (Potter & Perry, 2001).

Keegan (2001) states that healing can occur in a variety of ways. Some believe it is spirituality while others reject this idea of spirituality. In addition, Keegan (2001)

describes that belief systems arise from one's culture, philosophy and worldview. Therefore, a number of types of healing have been described, including:

1. Energy medicine and aura fields. This practice has been intertwined with the belief in Oriental meridian theories and the Indian science of chakras, energy and auras based on the belief that an energy field surround the physical body. A practitioner moves the energy through the aura field altering those fields that surround the patient's body. The aim of this practice is to open blocked channels so that the patient is able to rearrange his unbalanced energy system.

2. Faith healing. Based on prayer and religious faith. Healing within this domain occurs because the faith of the client responds to the mysterious power of the divine (e.g. charismatics).

3. Hypnotism. In this method it is believed that people in hypnotic state can be guided by the power of suggestion. Suggestion is used by hypnotists to control pain, alter functions, and change lifestyle habits. This is a popular method for smoking cessation and behavior alteration.

4. Mesmerism. This system was founded on the expectation that in each person there exists a vital fluid, the free circulation of which results in a state of health and the obstruction of which effects disease. It was believed that this vital fluid could be transmitted to another at will if the recipient was willing to receive it; in addition, the movement of the fluid in the recipient provided therapeutic action.

5. Metaphysical or mental healing. Healers following Christian Science and related systems believe in the nonreality of matter. They suppose that our bodies are not real and that, consequently, there is no such thing as disease. They feel that the expression of illness and disease is solely a deviation of the mind.



6. Mind cures. Healing in this field relates to the idea that the diseases of the body are caused by an abnormal or confused condition of the mind. Therefore, clients practicing this method attempt to change their mental states (e.g. scientology).

7. Spiritualism. Historically this system was derived from the belief that spirits of the dead could act directly, or indirectly through a medium, to heal a patient. Currently, spiritualism has the belief that the source of healing is directly from the Holy Spirit or some greater source flowing into and through the body. These notions question whether healing occurs from the re-forming of the molecular structure or from an infusion of light into the cellular substance (e.g. as in shamanism).

However, spiritual healing methods, consisting of popular complementary and alternative therapies (Abbot, Harkness, Stevinson, Marshall, Conn & Ernst, 2001), are presented through three dimensions of spirituality which are categorized as follows: 1) connectedness to religious belief 2) a relationship with meaning, purpose and fulfillment in life 3) a relationship with a higher power, higher being or ultimate. A number of skills or strategies enhance spiritual well being and reduce suffering through a variety of methods such as Buddhist teachings, meditation and prayer, yoga, taichi / qigong, pranic practice, universal energy, johrei and modified macrobiotic.

### *3.1 Buddhist teachings*

Buddhism is the principle religion in Thailand. More than 90% of Thais are Buddhists. The daily lives of Thais are strongly influenced by religion. Buddhism is not only a religion but also a science of living. Chanchamnong (2003) stated that Buddhism always aims to expounding the ultimate universal truth about human life with a view to liberation and the process of spiritual freedom. The Buddha taught us to manage our way of life in the middle path, to recognize things as “they really are”,

to try to eliminate “me” and “mine”, to cultivate love and compassion among living beings, especially in the present insular society of materialism. The ultimate goal of practicing Buddhism is to be free from human suffering arising from the cycle of birth and rebirth. This suffering is inherent in birth, ageing, pain and death. This suffering can end by gaining wisdom through meditation. By practicing meditation people can purify and calm their minds. With a peaceful and purified mind people can see things as they really are and the universal laws. So people can attain “nirvana”, a state of liberation and freedom from suffering. Buddhism is a religion of self-help. It has come into existence as a result of life. The Buddha discovered a way that produced a clear, calm, centered state of intuitive wisdom and insight into life. With a peaceful and purified mind people can see and understand the real nature of existence (the truth) and the universal laws (Chanchamnong, 2003; Payutto, 1999) as follows:

### *3.1.1 The Four Noble Truths*

The Buddha’s Four Noble Truths explore human suffering (Chanchamnong, 2003). They consist of Dukkha as the reality and universality of suffering. Suffering has many causes such as loss, sickness, pain, failure, and the impermanence of pleasure. Samudaya is the cause of suffering. It is the desire to have and control things. It can take many forms such as craving for sensual pleasures, the desire for fame, the desire to avoid unpleasantness such as fear, anger or jealousy. Nirodha is suffering ceases with the final liberation of Nirvana. The mind experiences complete freedom, liberation and non-attachment. Megga is the eightfold path leading to the cessation of suffering.

### *3.1.2 The Noble Eightfold Path*

The Noble Eightfold Path or the middle way (Chanchamnong, 2003; Payutto, 1999) is a way of life aimed at achieving the final goal, which is to end the inadequacy or suffering of life. It consists of eight components, which may be summed up in three stages of training namely:

Sila Sikkha or Training in Morality, which includes Right Speech, Right Action and Right Livelihood. In general, this means that whatever we say or do, we must say or do in the right way. This also applies to our livelihood. We must reject the wrong means of livelihood and live by right ones. If we do not yet have a means of livelihood, for instance, if we are students depending on the support of our benefactors, we must spend the money given us properly and not squander it extravagantly. We must learn to control ourselves and refrain from spending it wrongly or improperly on our friends and ourselves.

Samadhi Sikkha or Mental Training, which includes Right Effort, Right Mindfulness and Right Concentration. Generally speaking, the subject of the mind is very important. We must study and train our minds. It is not really difficult to do so if only we can get started. For instance, we can begin developing diligence, train ourselves in mindfulness and cultivate our memories by focusing our minds on what is beneficial and by practicing concentration. Such training can be applied to our studies, since it requires diligence and proper use of our memory and powers of concentration.

Punna Sikkha or Training in Wisdom, which includes Right Understanding and Right Intention. Generally speaking, man succeeds in his own development through insight by means of which he makes right decisions. Right intention means right deliberation, and right understanding leads to right decisions. Students in the

various fields of study all aim at acquiring wisdom in order to enable them to deliberate rightly and arrive at correct decisions in accordance with reason and reality.

The training in wisdom should, in particular, include the knowledge of Tri-lakkhana or the Three Characteristics of Existence and the practice of Brahma-Vihara or the Four Sublime States of Consciousness.

Tri-lakkhana or the Three Characteristics of Existence are: all Sankhara or phenomenal things are subject to Anicca or impermanence, Dukkha or suffering and Anatta or non-self, which are the three characteristics of existence. Anicca (impermanence) means transience. Everything that has come into existence will eventually have to pass away. Everything exists only temporarily. Dukkha (suffering) consists of continual change. All things are subject to incessant and continual decay. Their owners consequently have to suffer just as much as the things they possess. For instance, one falls ill when one's body is out of order. Anatta (non-self) means void of reality or self-existence. Anatta may be explained in three stages as follows:

- Not to be too self-centered. Otherwise one would become selfish and would be actuated only by self-interest and would not know oneself in the light of truth. For instance, being too egoistic, one would believe.

- We cannot give orders to anything, including our bodies and minds, to remain unchanged according to our wishes. For instance, we could not order our bodies to remain always young and attractive and our minds always happy and alert.

- One who has practiced and attained to the highest level of knowledge will discover that all things including one's own body and mind are devoid of self; or, as the Buddhist proverb puts it: "one becomes non-existent to oneself." Some people with great insight have no attachment to anything at all in the world. Nevertheless,

during their lifetime, they are able to conduct themselves in the right manner (without defilement) appropriate to the place and circumstances in which they live.

### *3.1.3 The Five Precepts*

This is the Buddha's body of teachings, which refer, or represent, the truths already existing in the world, thus consisting of what is good, what is evil and what is neutral. Whatever is good or meritorious leads its followers to happiness and prosperity, whereas whatever is evil or unwholesome is sure to bring about misery and ills. Hence his teachings to do good and avoid evil. There is, in a sense, manners of doing good, called Sila or Precepts. These imply what is to be avoided, being negative in nature. In fact, the precepts constitute the first step in the path, of which the main five are: (1) no killing - Respect for life (2) no stealing - respect for others' property (3) no sexual misconduct - respect for our pure nature (4) no lying - respect for honesty (5) no intoxicants - respect for a clear mind (Chanchamnong, 2003). These practices are characteristics of honest, respectable persons. They are all conducive to the happiness and peace of people in general. Even one of them such as the fifth, i.e. the one concerning habit-forming drugs, as long as it is strictly observed, is sure to bring about far more peace and bliss than at present.

### *3.1.4 The Doctrine of Dependent Origination*

This is one of the cardinal discoveries of the Buddha during enlightenment (Chanchamnong, 2003). It is presented as a list of twelve bases which are causally linked to each other. Since the links form a close circle we can break into the chain at any point. The order in the traditional list is as follows: (1) Ignorance, (2) Volitional formations, (3) consciousness, (4) mind - and form, (5) sense-bases, (6) contact, (7) feeling, (8) craving, (9) clinging, (10) becoming, (11) birth, and (12) old-age and death.

There are various ways of interpreting this chain. The traditional interpretation of this is that it represents three phases often interpreted as lifetime. The first (the past) is comprised of links 1 and 2; the second (the present) of links 3 to 10, and the third (the future) of links 11 and 12. In the ongoing process what is the present becomes the past and what is the future becomes the present.

### *3.1.5 The Law of Karma*

In Buddhist teaching, the Law of karma is the accumulation of effects from good and bad causes that people bring with them from their former lives, as well as from the good and bad causes people have done in this lifetime, which shapes their future (Chanchamnong, 2003; Payutto, 1999). Karma is a Sanskrit word that means 'action'. Karma is created by actions, thoughts, words and deeds, and manifests itself in people's appearance, behavior, attitudes, good and bad fortune, where they are born or live. Buddhism does not consider one's karma or destiny to be fixed; since human's minds change from moment to moment, even the habitual and destructive tendencies people all possess to varying degrees can be altered. In other words, Buddhism teaches that individuals have within themselves the potential to change their own karma. All that people do in one lifetime affects the negative and positive balance of their karma. For example, if they are born poor in this lifetime and spend their life giving to others whatever they can give, they are making causes to change the negative karma of being poor. On the other hand, if they spend their life envying, hating, or even stealing from others, they are adding to their negative balance of karma.

### *3.2 Meditation and prayer*

Meditation is a state of consciousness and an experience of the mind in which one tries to achieve awareness without thought. It also entails paying nonjudgmental,

moment-to-moment attention to bringing about changes in perception and cognition (Cline, 2003). There are a variety of meditation approaches in many cultures from around the world, with many coming to the west from eastern traditions (Harmon & Myers, 1999). Meditation may be viewed as a technique of focused attention where an individual concentrates his or her awareness upon an object, sound, thought, prayer, or movement (Shapiro, 1982 cited by Harmon & Myers, 1999). Cline (2003) emphasizes that Transcendental Meditation (TM) uses mantras, sounds, short words or phrases repeated in the mind to help subdue the many thought processes of the mind. It is not a withdrawing from the world, but rather a way of being more aware because one cannot think about breathing and other things at the same time. Varying states of consciousness include waking time (active thinking and doing), sleeping time (conscious mind not aware), dreaming time (a middle state of which people are sometimes aware), and pure awareness (a moving of the mind from activity into the relaxed, alert silence of the meditative state) (Fugh-Berman, 1997).

Research by Narkdee (2001), in Thailand, studies the impacts of meditation on spirituality. After a session, the participants showed a higher score on the spiritual aspect ( $p < 0.05$ ). Furthermore, qualitative data showed that meditation could produce improvements in one's spiritual health perception, and higher confidence in living within the community.

Prayer is defined in literature in various ways. In 1963, James' definition provides a comprehensive understanding by describing prayer as "every kind of inward communion or conversation with the power recognized as divine." (Meraviglia, 2002). The nature of prayer differs depending on one's spiritual beliefs. There have been many forms of prayer according to Dossey (1993) who suggested that forms of prayer include petition (asking for something for one's self),

intercession (asking for something for someone else), confession, lamentation, adoration, invocation, and thanksgiving. Levin (1996 cited by Harmon & Myers, 1999) describes four independent dimensions of prayer; these include ritual or recitation, conversational or colloquial, petitionary or intercessory, and meditative prayer. As petitionary and intercessory prayers involve requests for the fulfillment of spiritual or material needs, such as healing, they would be expected to be the most used for health related problems.

Prayer has been used by patients as a direct action coping strategy to help manage stress associated with illness and health care (Marmon & Myers, 1999).

Research by Harris, Gowda, Kolb, Strychacz, Vacek, Jones, Forker, O'Keefe and Mccallister (1999) attempted to determine whether remote, intercessory prayer on behalf of hospitalized cardiac patients would reduce the incidence of adverse events and length of stay. A double blind, controlled environment study was conducted involving 999 patients over 50 weeks. Patients were randomly assigned at admission to receive simply the standard care. Patient names were given to teams in the prayer group who prayed for them daily for 4 weeks. The prayer group did not know and never met the patients. On a retrospective chart review it was found that the prayer group showed a statistically significant beneficial effect in their coronary care unit course scores that reflected adverse events during hospitalization. No differences in length of stay were found.

### 3.3 *Yoga*

The word yoga is derived from the root “*yuj*,” which means to bind or yoke (Sakulsak, 2002). This also means applying oneself to a goal or directing one's personal concentration. Yoga teaches basic principles of spiritual, mental, and physical energies to promote health and wellness (Cline, 2003). Cline (2003) points



out that yoga is based on the Hindu principle of mind-body unity; a chronically restless or agitated mind will result in poor health and decreased mental clarity. Yoga was originally developed as part of a spiritual belief system focused on achieving a higher state of consciousness (Sakulsak, 2002). Individuals who practice yoga claim that it leads to a state of physical health, relaxation, happiness, peace, and tranquility. Moreover, Cline (2003) claimed that yoga played an important role in caring for people's health and curing their disease and illnesses. The four main aspects to develop higher consciousness, to achieve the ultimate of yoga practice are 1) Poses (asana) aimed at improving the blood circulation and functioning of specific organs in the body 2) Breathing (pranayama) an effective tool to calm, energize, harmonize and tranquillize the body and mind 3) Sound (mantras) a compilation of sacred words of power, and hymns with mystical meanings and effect 4) Samadhi (meditation) which trains the mind to be calm, centred, relaxed and detached. Samadhi is the attainment of infinite peace (Anchalisanakasa, 2004). Furthermore, practicing yoga in order to achieve a goal, the person has to integrate the yogasutra into his life. This consists of eight steps: 1) Yamas - Ethical behavior, truth, non-violence, non-stealing, non-covetousness 2) Niyamas - Self discipline, purity, surrender of ego 3) Asanas - Bodily Postures 4) Pranayama - Breathing and control of the vital breath force 5) Pratyahara - Turning inward, releasing the ego & senses 6) Dhyana - Concentration of the mind 7) Dhyana - Meditation 8) Samadi - Transcendence the ultimate goal of the eightfold path of practice. These eight steps of yoga indicate a logical pathway that leads to the attainment of physical, ethical, emotional, and psycho-spiritual health. Yoga does not seek to change the individual; rather, it allows the natural state of total health and integration in each of us to become a reality which is according to the eight fold path of Buddhist teachings.

Regular yoga practice is used to relieve anxiety, stress, and pain, treat addictions and migraines, enhance spatial memory; and increase auditory and visual perceptions (Kuhn, 1999). Yoga strives to increase self-awareness on both the physical and psychological levels. Persons learn to induce relaxation and use the technique to help counter feeling of helplessness and depression leading to an engendering of awareness (Trefny, 2000). Additionally practitioner can increase self-knowledge, especially of a spiritual sort pertaining to grasping something about the nature of the self (Nagarathna, Nagendra & Monro, 1995).

Research by, Schell, Allolio and Schonecke (1994) recruited young healthy female volunteers to see the effects of yoga practice on them. The yoga study group showed indications of lower heart rate compared to the control group who were recorded in a comfortable reading position. These change, found to be of statistical significance, only applied during the yoga practicing sessions. Examination of blood pressure in the same study revealed no significant changes.

#### *3.4 Taichi / qigong*

Taichi (T'ai ch'uan) is a Chinese martial art that is practiced widely for its reputed health benefits (Sakulsak, 2002). Taichi literally means "supreme ultimate," whereas chuan means "first." Farrell, Marr-Ross and Sehgal, (1999) identified that the practice of taichi involves a sequence of movements, or forms, that require the whole body to move in a coordinated fashion, including the trunk, extremities, and breathing, sometimes defined as "moving meditation." More people practice taichi today for its reputed health benefits, rather than to learn a martial art. Practitioners of taichi state that performing the movements stimulates chi and promotes its flow throughout the body, thereby preventing or curing disease and promoting longevity

(Khurthong, 1984 ). Practicing taichi, the person learns to be aware of connecting with universal and earth energies, balancing energies within the body, and maintaining equilibrium with the yang and yin (opposing forces in nature eg, positive and negative, light and dark, male and female) (Farrell, Marr-Ross & Sehgal, 1999). Taichi is a powerful centering activity and may precede meditation, prayer or mental or physical activity. Taichi can help with most stress related problems, anxiety, restlessness, problem solving, and sleep, and it can enhance socialization, serenity, and self awareness (Kuhn, 1999; Fetrow & Avila, 2001).

### *3.5 Pranic practice*

Prana or ki is that life energy which keeps the body alive and healthy (Anandamitra, 2000). Pranic practice is an important component of breath control to manage stress and increase energy. Prana is an auto energizing force that creates a magnetic field in the form of the universe (Worrapongpichete, 1999). The control of breath can harmonize the flow of prana to the higher chakras. Those who practice systematic and deep breathing can feel the tremendous vitalizing effect of the absorption of prana. In addition, breathing techniques produce a sense of equilibrium, rebalancing and slowing down the physical body resulting in calmness both of body and mind (Anandamitra, 2000). This calmness leads to the reduction of sympathetic activity resulting in blood pressure, heartbeat, and respiratory rate reduction (Nagarathna, Nagendra & Monro, 1995).

### *3.6 Universal energy*

Universal energy healing is based on the concepts that the body can be attuned to channel and use a specific energy for healing. Universal energy is a natural field energy of the cosmic from the sun and earth's magnetic fields. A basic concept in

universal energy is the existence of an energy system in the body called the charka system (Oschman, 2000). The body has seven major chakras (whirling, coneshaped vortexes of energy located along the spiral column) and many minor ones. A disruption in the flow of this energy results in disease. The seven major charkas are the root (coccygeal area), sacral (symphysis pubis area), solar plexus (midabdomen below the sternum), heart (between the breasts), throat (base of the throat), third eye (between the eyebrows), and crown (top of the head). Through these chakras, universal life energy flows in and out of the body. Each major chakra is associated with a gland of the body and its physical and psychological functions. Each chakra also possesses an associated vibrational frequency with a corresponding color and sound that combines to emit electromagnetic field (Kuhn, 1999). These electromagnetic fields blend together to make the human energy field, known as the human aura. Brennan (1987) expressed that the human aura is composed of seven layers, each of which is associated with function and color. Some people are able to see one or more of the auric layers. Because disease is the state of unbalanced, blocked or stagnant energy flow that manifests in the physical body, the goal of energy therapies is to restore balance to the energy system. It promotes total relaxation, which enhances the body's ability to recover from stress, injury, and disease, enhances emotional release and reduces pain (Cline, 2003).

### *3.7 Johrei*

Johrei is a Japanese pranic healing, a kind of energy life force. This life force is drawn from the sun, air, and earth, which are primary sources and also from secondary sources like water to heal physical ailments and emotional imbalances and also helps the body to maintain good health (Wikipedia, 2007). The healing is to cleanse or release karma. Karma consists of a negative or destructive habits, patterns,

thought-forms or blockages that prevent self from self-realization. But people can get divine energy from God and had "giving Light" (energy) through the healer's palm. This method is easy to practice and successful for cleansing or releasing suffering resulting from sins in past existences. This form of healing manipulates, restores and balances the flow of energy which can solve emotional or spiritual problems rather than treat a specific physical problem (Saratat, 2006).

The Johrei Foundation (2007) stated that johrei focuses on the energy in a silent prayer, opening oneself to universal energy for purifying one in spirit, mind and body. The energy is directed towards the forehead, upper chest and abdominal area from the front for five to ten minutes. One can face the opposite direction for about another fifteen minutes. The energy is directed from the top of the head to the center of the head and down the spine, then to back of the head and on to the left, then right shoulders. The process continues down the back concentrating on the spiritual body that corresponds to the heart, stomach, left and right kidney and lower back areas of the physical body. The divine light focused on spiritual body of an individual dispels clouds or negativity, from the spiritual body and raises the spiritual vibration, thereby causing reactions in the spiritual, mental and physical bodies. Through the process, the spirit is uplifted and the divine nature unfolds itself more and more, causing the finest spiritual qualities of the individual to come to the fore. The mind is properly focused, relieving it from confusion. When clouds are dispelled from the spiritual body, toxins in the physical body dissolve and are eliminated to a large extent. Pain and discomfort felt by the individual as part of the purifying process and johrei accelerates this process, bringing it to an end more quickly than it would terminate otherwise.

### *3.8 Modified macrobiotics*

Macrobiotic is a way of life based on the Oriental philosophy (Bhumisawasdi, Vanna & Surinpang, 2006) started by a Japanese gentleman, George Ohsawa as an integrated concept based on the following theories: (1) the yin – yang theory of Chinese medicine (2) the five elemental transformation theory of Chinese Medicine (3) biological atomic transmutation theory by Mr. L. Kervan and Mr. George Ohsawa that suggests that: “ Elements transmuted to other elements in the biological body....” and that “ atom is not stable once it changes”.

In Thailand, the popularity of natural therapy, especially modified macrobiotics called “Cheewajit” was introduced by Dr. Satis Intarakamhang. A modified macrobiotics is popularized in the context of heightened awareness of cancer in Thai society and help fulfilling the missing human dimension of current modern cancer treatment (Intarakamhang, 2006). A modified macrobiotics involves the harmonizing of mind and body. The concept entails a return to nature and natural conditions and concerns to live and fight the disease in harmony with nature. The process is concerned with inner well-being by using natural herbal food or healthy food, rejuvenating concoction (RC), stick dance exercise as well as a calm mind, and living close to and harmony with nature. The goal of this modified macrobiotic process is a peaceful mind; and when we gain that we will attain wisdom and contentment. The process has five principles: (1) return to nature (2) sufficiency (3) the well - being of mind and body (4) compassion and love for fellow human beings, and (5) create a just society.

### *4. Psychoneuroimmunology (PNI)*

There is a new field emerging in medicine. It brings together knowledge from multiple fields of study in endocrinology, immunology, neurology and other fields. Psychoneuroimmunology was provided in 1975 by Dr. Ader, director of the division of behavioral and psychosocial medicine at New York's University of Rochester (Quinlan, 2003). Dr. Ader believes that there is a link between what we think (our state of mind) and our health and our ability to heal ourselves.

Psychoneuroimmunology is a scientific field of study of the mind and body connection which explores the interaction between emotions, central nervous system (CNS), the endocrine (hormone) system and immune system through hypothalamus-pituitary-adrenal pathways and implication of these linkages for physical health (Snyder, 2003). Obviously, it has been known that emotional factors are related to physical diseases, that stress, negative thought and psychological distress can suppress the immune system. The "Stress Response", described by Hans Selye (Schwecke, 2003), still offers one of the best illustrations of the mind and body connection. The Stress Response, which is called the "Fight or Flight Reaction", results in a chain of events that occur in the body when a person experiences something that they perceive to be threatening or challenging.

Power (2003) stresses that when the hypothalamus gets a message from cortical centers that there is a threat, it acts on the adrenal glands through the sympathetic nerves and indirectly through the pituitary gland via the blood stream, causing the adrenals to release corticosteroids, epinephrine, and norepinephrine. Corticosteroids perform a variety of functions. They have anti-inflammatory effects, raise blood sugar, inhibit allergic reactions, mobilize fat and prepare the body by acting on the heart, blood vessels and back again on the brain. Therefore, the stress responses have shown a negative impact on immune function associated with

decreases in natural killer cells, T & B lymphocytes, and helper T- cells. When these impacts happen, immune functions are weakened and they induce the adrenal glands to become exhausted, leading to symptoms of weakness, dizziness, tiredness, headaches, memory problems, allergies and even more serious illness (Bilkis & Mark, 1998).

However, when a person encounters stressful events, he tries to adapt or restore his mind and emotions to be more balanced thus and increasing resistance to disease or influencing recovery. The balance is kept as long as the immune system is functioning optimally. The immune cells, called lymphocytes (white blood cells) are the keys to the immune system, which are produced in the bone marrow of long bones. Some of these cells are known as stem cells. They will migrate to the thymus where they multiply and are known as T cells. Those cells that remain in the bone marrow mature to become B cells. Moreover, natural killer (NK) cells attack and destroy cells which are mutated or abnormal and that are produced by the organism. It is action which prevents most people contracting cancer or other immune deficient problems such as AIDS.

In the last decade, Herbert Benson (1974 cited by Bilkis & Mark, 1998), a Harvard cardiologist, began reporting on the Relaxation Response. He discovered this response while studying the physiological changes such as heart rate, breathing rate, blood pressure, oxygen consumption, carbon dioxide production and serum lactic acid levels all of which decrease in people practicing transcendental meditation. Similar physiological responses have been found to occur with other techniques such as hypnosis, progressive muscular relaxation, and autogenic training. The relaxation responses also involve communication between the brain and other body systems, through the hypothalamus. The relaxation response has been found to counter many



of the negative physiological effects of stress and to enhance immune system functioning and the body's capacity for healing (Power, 2003). Snyder (2003) claims that virtually all of the strategies described under mind-body therapies can be effectively used as part of a stress management program. These include prayer, meditation, yoga, group therapy, art and color therapy, music therapy, biofeedback and many others.

Previous research studies reported immune function enhanced the effects of positive emotion associated with relaxation and positive imagery, according to Kiecolt-Glaser, Glaser, Willinger and colleagues (1985 cited by Nguyen, 1991), they found that relaxation and guide imagery techniques produced a significant increase in NK cell activity among older subjects. They reported the enhancement of immunocompetence in a geriatric population of 45 subjects given relaxation training 3 times a week, social contact, or no contact. At the end of the intervention, the relaxation group showed a significant increase in NK activity and a decrease in antibody titers to the herpes simplex virus, both signs of enhanced cellular immunity.

##### *5. Hermeneutic phenomenology*

In recent years the amount of qualitative research published by nurses has been increasing greatly (Pauvilai, 2001). In the past many researchers had done a lot on quantitative research that had focused on measuring in statistics and trying to control variables in each part of a human being (Marcus & Liehr, 1998). In contrast, qualitative studies have focused on the wholeness of the human being and experiences that he or she have had. These are very complex, and can be studied and understood only by using quantitative approaches (Bailey & Tilley, 2002; Marcus & Liehr, 1998). For this reason, a variety of qualitative research methodologies have been growing are

include phenomenology, ethnography, grounded theory, and hermeneutic phenomenology (Tuck, 1995 ).

### *5.1 Definition of hermeneutic phenomenology*

The word hermeneutic comes from the Greek word '*hermeneia* '; it means 'to interpret.' In addition, the word phenomenology comes from two Greek words: *phainomenon* means 'appearance' and another *logos* mean 'reason' (Walters, 1995). Consequently, Thompson (1990) stressed that hermeneutic phenomenology emphasized a philosophy that supports an interpretation of people through research methods that focus on meaning and understanding in context. Heidegger tried to explore and understand human experience and the nature of existence in this world. Accordingly, hermeneutic phenomenology is an investigation that explains and gives the meaning of human lives, unfolding phenomenon and analyzing the framework the existence (Polit, Beck & Hungler, 2001).

### *5.2 Background of phenomenology study*

The study of phenomenology has first developed in the late nineteenth century until the beginning of the twentieth centuries (Thompson, 1990) according to Spiegelberg (1960 cited by Cohen, 1987) the idea of phenomenology has been divided into three phases: the preparation phase, the German phase and the French phase, as follows:

The first phase was the stage of fundamentals or the preparatory phase where philosophers played important roles. Bentano (1838-1917), pioneered the concept of phenomenological studies in his written work which was a clear understanding about the concept of gaining knowledge by true intentions (Suwannarong, 2002).

The second phase was the German phase that was led by Edmund Husserl (1859-1938) and Martin Heidegger (1889-1976).

Edmund Husserl (1849-1938) is the father of phenomenology (Cohen, 1987; Hopkinson, 1999). He was also a German philosopher (Koch, 1995) and a mathematician who was concerned with discovering reality (Hopkinson, 1999). Phenomenology is the study of lived experience or the life world of a subject, or descriptive phenomenology which emphasizes descriptions of the meaning of human experience (Polit, Beck & Hungler, 2001) and reality in the life world (Koch, 1995). For Husserl, this thought was a way of knowing the true meaning of phenomena through the consciousness of the subject, therefore, Husserl focused on the epistemological question of the relationship between researcher and participant. He emphasized the concept of phenomenological reduction or bracketing that means the researcher has to eliminate the knowledge and background, any belief or preconceived notion about the phenomenon under study (Mitchell & Cody, 1993). Koch (1995) identified that Husserl viewed intentionality and essences as key to our understanding of phenomenology. Husserl claimed that intentionality came about when the mind was directed toward objects of study; in addition, conscious awareness was the point that built the knowledge of reality. Moreover, essences consisted of the consciousness and perception of the human world that made the subject or and experience view the phenomena under study as the nature of reality.

The phenomenology of Edmund Husserl focused on a description of the lived world that conceptualized people as detached subjects existing in a world of objects and bracketing (Dreyfus, 1987 cited by Walters, 1995). In contrast the phenomenology of Martin Heidegger emerged and was based on an existential perspective which considered that “an understanding of the person cannot occur in isolation from the person’s world” (Walters, 1995 p. 792). Heidegger resisted the epistemological of Husserlian phenomenology. He claimed that a human being cannot

deny or bracket the history that they live in the world (Mitchell & Cody, 1993). Therefore, Heidegger moved from Husserl's epistemology to Heidegger's ontology.

Heidegger (1889-1976) was a German and a student of Husserl (Annells, 1996; Phengjard, Annet, Swangen & Sep, 2002). He was the one who considered developed (Annells, 1996), reinterpreted and followed closely in the steps of Husserlian phenomenology (Hopkinson, 1999; Streubert & Carpenter, 1999). Heidegger thought that Husserl did not adequately address the question of existence; therefore, he disagreed with Husserl's idea of bracketing as well (Phengjard, 2001). While Husserl focused on understanding being or phenomena, Heidegger moved to the ontological question of the nature of reality and being in the world (*Dasein*) (Mitchell & Cody, 1993). In addition, Heidegger's idea was based on existential perspective which considered that an understanding of the person could not be separated from the person's world or historical lived experience (Walters, 1995). Koch (1995) identified that Heidegger emphasized the historically of understanding and a person's background or the history which was based on what culture a person was born into as ways of understanding the world. Pre-understanding is a term need by Heidegger to describe the meaning and organization of a culture. All beings come to any situation with their own pre – understanding. This is part of our background and how we understand the world around us. We cannot eliminate, or bracket it. It is a part of us (Walters, 1995; Koch, 1995).

The third phase was the French phase. Phenomenology moved from Germany to France and influenced French philosophers (Cohen, 1987). This era is one of changeable phenomenology. The primary concepts developed during this era were appearance and being in the world (Streubert & Carpenter, 1999). Furthermore, the basis of these concepts are that all acts come from the grounds of perception and lived

experience. For this reason, humans have special individual characteristics and can express themselves (Cohen, 1987). This can show individual perception in each situation (Merleau-Pontry, 1963 cited by Cohen, 1987). Gardamer (1976 cited by Parse, 2001) believes as Heidegger did that hermeneutics describe the understanding of human existence. Gardamer claimed that the interaction between a person and his environment is unavoidable and steady (Flieming & Robb, 2003). Moreover, he stated that experiences give meaning to life (Steeves & Kahn, 1987) that means meaning becomes a part of their being. The hermeneutic circle was a famous idea of Gardamer's meaning the circle of "understanding, prejudice, linguisticity of understanding, historicity, the fusion of horizons and lived experience are of significance" (Annells, 1996 p. 707). Hermeneutic circle of understanding refers to a circle movement, an ever expanding circle of understanding and interpretation (Gardamer, 1997). He expresses that we approach a topic with some pre-conceptions, or a projection, and this projection is then examined and revised in the face of what "things themselves" reveal to us, and we return to a further exploration in the light of this new understanding. in addition, the topic is understood by viewing "the whole in term of the detail and the detail in terms of the whole". This dynamic movement of understanding from projection to to new projection, and from whole to part to whole, constitutes the hermeneutic circle of understanding and interpretation.

The fusion of horizons refers to the process of understanding (Gadamer, 1997). Horizon is the field of vision, which includes and comprises everything that can be seen from one perspective. Gadamer (1997) stated that horizon of present is in continuous development, understanding of the informants and researcher will merge into a new understanding. therefore, the research should understand how personal

feelings and experiences affect the research, then integrate this understanding into the study.

The above descriptions applied to the study of lived experience of chronically ill clients using spiritual healing methods should be studied from the previous successful experience and perceptions of the clients and to find the answer to “what is meant by living with chronic illness using spiritual healing methods?”. Everyday life experiences of an individual’s own understanding and perception through in-depth interviews should be studied. In order to obtain the lived experiences of chronically ill clients using

spiritual healing methods in this study the researcher needed to attempt to interpret and understand, not observe and explain. The particular philosophy that facilitates this study is hermeneutic phenomenology, which is a methodology that acknowledges, and values the meanings informants ascribe to their own existence (Taylor, 1993). It is suitable for this study because the goal of hermeneutic phenomenological research is to understand human experience from the individual’s perspective as wholeness (Dickson, 1995; Puavilai, 2001), in addition, focus on the interpretation of meaning of lived experience of chronically ill clients using spiritual healing methods. Therefore, the researcher had to understand the “real life” experience (Reed, 1992) and meaning of experienced or event that occurred clearly (Puavilai, 2001; Tuck, 1995) and this approach seeks to identify the meaning of situation that occur for individuals (Webb, 2003).

#### *6. Establishment of Trustworthiness*

Trustworthiness is established using the guideline of Lincoln and Guba (1985). In qualitative research, trustworthiness (or methodological rigor) is an

important step because it will relate to how the researcher is able to convince readers to trust the finding of the study. Lincoln and Guba (1985) introduced four criteria for the trustworthiness of qualitative study and it will be used as guidelines to determine the trustworthiness of the study. They consist of credibility, dependability, transferability and confirmability.

6.1 Credibility or internal validity refers to how truthful data findings are. Internal validity refers to how credible qualitative research is when it presents true descriptions of informants' experiences. In this study it was achieved by triangulation, and member checking.

6.1.1 The triangulation technique was used to solve the quantitative/qualitative debate (Cecily, 1996). Triangulation refers to an approach in research that uses a combination of more than one research strategy in a single investigation (Streubert & Carpenter, 1999). In general the researcher uses the triangulation to increase the information that is obtained from informants and to develop holistic view of their world (Fielding & Fielding, 1986 cited by Nilmanat, 2001). It leads to data trustworthiness. Triangulation recognizes the two goals of the research are "confirmation and completeness of data" (Cecily, 1996 p.1). Cecily (1996) stated that confirmation occurs when a researcher compares and contrasts the information from different points. When new data is obtained from each informant it may help the researcher to describe how the finding occurred under different circumstances and it assists them to confirm the validity of the findings (Streubert & Carpenter, 1999).

6.1.2 Member checking: Member checks were used continuously in the process of interviewing. A transcript, a summary of each interview was given to the

informants to check their respondents during the following interviews. It gave more explanation of their experiences for the researcher.

6.2 Dependability or reliability refers to how a researcher can be sure that her findings are consistent and repeatable. The researcher has to leave a clear decision trail concerning the study from its beginning to its end. The researcher as an instrument had to ensure that all records and notes were properly and accurately filed and coded to ease reporting problems. The researcher maintained the reports as close as she could to the informant's word, and maintained the metaphors used by informants.

6.3 Transferability or external validity refers to how applicable or generalizable which will be concerned with whether the findings of the study were with other people's experiences in a similar condition. Thick description that included the explanation of the informants' backgrounds, the process of data collection and sufficient and relevant contextual information of lived experience of chronically ill clients using spiritual healing methods were used to provide enough information of phenomena under this study, so readers would be able to decide how their situations like this research situation, therefore, findings in this study were used to make decisions regarding transferability in readers' situations which were similar to those experienced by informants in research.

6.4 Confirmability or objectivity refers to how neutral the findings are in terms of whether they are reflective of the informants and the inquiry and not a product of the researcher's biases and prejudices according to Lincoln and Guba (1985). It refers to the finding themselves, not to the subjective or objective attitude of the researcher. Because a researcher may not be able to put aside all her own beliefs, biases and feeling about the phenomena under study. However her knowledge and beliefs were



used to help her ask the questions during interviews for deeper understanding and clarification of answers of informants. The researcher also consulted advisors who were experts in spirituality to review the data.