

CHAPTER 1

INTRODUCTION

Background of the study

To date, the incidence of chronic illness is consistently increasing. Many chronic health problems affect people in adulthood are directly related to stress and the modern lifestyle (Nordholm, 1999). Advanced medical and surgical technology have 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 Ministry of Thai Public Health (2006) indicated that the incidence of chronic illnesses in the future will increase. It was emphasized according to death from the death certificate issued in 2005 that the first five leading causes of death were cancer, cardiovascular disease, accident, hypertension and strokes, and pneumonia.

Chronic illness and treatment modalities often lead clients to come to terms with the impacts of suffering on spiritual aspects of their lives as well as the physical, psychological, financial, and social aspects (Hood-Morris, 1996; O'Neill & Kenny, 1998). Peri (1995) stated that persons with AIDS experience great physical and emotional suffering, and resulting in a loss of identity, self-worth, acceptance, and often meaning in life, which causes a disharmony of body, mind and spirit. Woods (1995 cited by Hare, 2000) found that lymphoedema appears to influence, and be affected by a variety of sociological and psychosocial factors. Tobin, Lacey, Meyer and Mortimer (1993) found that the presence of lymphoma could increase psychological effects by serving as a reminder of a cancer diagnosis.

Most chronic illnesses cannot be cured with a simple, effective treatment, and thus they remain incurable (Vliehge, 2000). If at all treatable, they might require complicated technology, which is often very expensive (Phipps, 2003); only a few chronically ill clients can get rid of their illnesses. Therefore, chronically ill clients still struggle and suffer with their illness, as well as from complications from medications and treatments.

When chronically ill clients encounter many impacts, they place emphasis on self-care and whole body fitness from complementary and alternative therapies (CAT) to reduce or alleviate their suffering and may even lead to healing. Their use of complementary and alternative therapies to promote well-being and relieve or alleviate their suffering from illness. They select CAT because they find that CAT is congruent with their own values and beliefs (Quinn, 2000), as well as offering less invasive treatments, not harmful and low risk therapies. In addition, they offer a holistic approach, which emphasizes the integration of the body, mind and spirit, which enables balance and harmony in the individual and makes the individual participate in the restoration of their own health (Keegan, 1998).

Many complementary therapies have been used for thousands of years, focusing on the mind, body and spirit connection (Ignatavicius, Workman & Mishler, 1999). Examples of CAT are relaxation, imagery, biofeedback, prayer, meditation, yoga, humor/laughter, music and art therapy. Dossey (1997) indicates that the purpose of relaxation techniques is to reduce physical, mental and emotional tension. Similarly, Ignatavicius, Workman and Mishler (1999) claimed that the physiological effects of relaxation involve the autonomic, immune, and endocrine systems which are able to enhance healing. However, in Thailand, there are few supporting documentations carried out in this field. Among the few, a study by Kanjanahuttakit,

Prateepananich and Tosayananda (1997) examined the prevalence of alternative medicine utilized for chronic pain in Siriraj hospital found that the most frequent types of alternative treatments used were herbal therapy, traditional massage, magic treatment and acupuncture respectively. In addition, the application of Buddhist rites and rituals such as prayer and meditation was often used to cure mental health problems.

Spirituality is recognized as one aspect of the definition of health by WHO (Kunsongkeit & McCubbin, 2002) and Thai National Health Service as well as the Thai Health Promotion Foundation (Chuaprapaisilp, 2004). Goddard (1995) views spirituality as a major element in produce balancing and harmony of mind, body and spirit. Spirituality plays an important role in health and healing and it has been found to relate significantly to emotional well-being or one's coping ability during chronic illness (Baldacchino & Draper, 2001; Gurklis & Menke, 1988; Miller, 1985b) and terminal or life threatening illness (Miller, 1989). Spirituality involves a deepening connection to oneself (intrapersonal) or to another (interpersonal), to God or a higher power, or to nature (transpersonal) (Reed, 1992). It often produces a deep sense of peace and satisfaction that may facilitate physical, psychological and spiritual healing (Zeckhausen, 2001-online).

Spiritual healing methods are one of complementary and alternative therapies which focus on mind-body-spirit connection (Ignatavicius, 2002). Spiritual healing methods enhance the mind's ability to affect bodily function (Snyder, 2003). In particular, spiritual healing has been used among people whose health status or condition is not curable or reversible. Keegan (2001) claims that spiritual healing methods attempt to restore the balance in the mind and body, and balance the state of

physical, mental and social well-being thus promoting health, relaxation and peace of mind.

The skills that enhance spiritual well-being (Snyder, 2003) and that aim to heal may be expanded through connection to oneself (intrapersonal) or to another (interpersonal), to God or a higher power, or to nature (transpersonal) (Reed, 1992). Spiritual healing is enhanced through a variety of methods such as art therapy, music therapy, dance therapy, guided imagery, meditation, yoga, taichi, prayer, hypnotherapy, relaxation techniques and beliefs in a Supreme Power or Higher Being. Many studies have been conducted to assess the effects of spiritual healing methods. Research by Narkdee (2001), in Thailand, indicated the impacts of meditation on the spiritual aspect. After the session, the participants showed higher score in the spiritual aspect ($p < 0.05$). She also indicated that qualitative data showed that meditation can produce improvements in spiritual health perception, and higher confidence in living within the community. In international studies, Maraviglia (2002) reviewed many cancers reports indicating that prayer is a valuable internal resource, which can alleviate the effect of cancer. Moreover, persons who are terminally ill, although not cured, may experience healing. According to Levine (1987 cited by Coward & Reed, 1996), in his work on healing in terminally ill clients, there were many levels moving toward healing and a willingness to accept their conditions and learning how to cope with their life and death in a peaceful way, as well as helping dying patients gain relief from physical and emotional pain, grief and guilty feelings.

However, previous research studies emphasizing the effects of using spiritual healing still show a lack of a body of knowledge in methods for using spiritual healing methods. Thus, the researcher is interested in studying of real life experience

of using spiritual healing methods to gain understanding about the methods from successful previous users that can then be applied to other chronically ill clients.

In order to gain in-depth understanding the lived experience of people with chronic illness in using spiritual healing methods was researched. A qualitative research was employed for this study. The qualitative research facilitated exploration of the methods of using spiritual healing methods that have been used successfully in daily life. The qualitative research method, suitable for this study, is hermeneutic phenomenology because it places emphasis on everyday practices (*Dasein*) of successful previous users of spiritual healing methods.

Objective of research

The objective of the study is to describe and explain the lived experience of chronically ill clients using spiritual healing methods.

Research questions

1. What do chronically ill clients perceive the meaning of “spirituality”?
2. What kinds of spiritual healing methods did the chronically ill clients use to heal their illnesses?
3. What were the outcomes of using spiritual healing methods?

Conceptual framework

This study employed hermeneutic phenomenology as the methodological research framework. The concept of chronic illness and spiritual healing methods were used as the conceptual framework. The interview guide was developed based on literature review for data collection. However, the researcher would not use these frameworks to control the process of this study.

Definition of terms

For the purpose of this study, the following terms are defined:

Chronically ill clients refers to persons who were over 18 years of age and had experienced suffering from long term illnesses such as cancer, hypertension, diabetes or HIV/AIDS etc. for at least 3 months and used spiritual healing methods to alleviate or reduce their suffering.

Spiritual healing methods refers to skills or activities that chronically ill clients used to manage their suffering or spiritual distress caused by chronic illness. The methods included meditation, yoga, taichi, prayer and energy healing and the chronically ill clients had perceived that at least one of them as part of their daily life and heal their spirit.

Significance of the research

The results of this research study will provide several benefits including:

1. For chronically ill clients, the findings can help gain a better understanding about lived experience in using spiritual healing methods in order to help chronically ill clients in maintaining spiritual well-being.

2. For nursing education, the research findings will be a source of knowledge, specifically to help nurses and students gain understanding of the power of spiritual healing methods that can help heal the whole person.

3. For nursing practice, the findings can bring a new level of understanding about spirituality and the experience of chronically ill clients who arrive at the point at which they see chronic illness as part of their life.

4. For nursing research, the research findings will be used as a baseline data for further research related to chronically ill clients using spiritual healing methods.