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**Abstract:** Although, there are a number of studies published on the topic of spirituality, few include a spiritual intervention. The literature is replete with descriptive studies often relating the presence or absence of spirituality with other study variables including healing. While a limited number of spiritual interventions are described in the literature, little is reported regarding their development. The article describes existing spiritual interventions and in greater depth the conceptual development of the group spiritual intervention designed by this author. SPIRIT© is based on the theoretical and empirical literature on the topic of spirituality, the review of research findings related to existing spirituality interventions, and knowledge of principles of group process from the author's practice. The author describes the potential use of this spiritual intervention as a healing approach.

**Key Words:** Spirituality, Spiritual Intervention, Healing, Spiritual Care, Nursing Intervention, Spiritual Groups

# Development of a Spirituality Intervention to Promote Healing

Spirituality is acknowledged as a dimension of holism. Goddard (1995) stated that "Western society has tripartitioned personhood into distinct biophysical, psychological and spiritual components and then banished the spiritual dimension to relative obscurity" (p. 808). She proposed instead that spirituality be viewed as an integrative energy and a universal human phenomenon. Spirituality has been defined as the search for the discovery of truth, meaning, and a purpose in life (Long, 1997; Taylor & Ferszt, 1990; Tuck, Pullen, & Lynn, 1997). There is support to view spirituality as an integral aspect of the human experience.

Healing is a transformative process which occurs during illness, in addition to the efforts made to treat or eradicate the disease (curing). Persons who suffer from chronic illnesses are the recipients of many biomedical "cure" interventions in our health care system. The author contends that individuals living with chronic diseases such as Human Immunodeficiency Virus (HIV) infection benefit from healing as well as curing. Healing comes from within the person and is related to the human experience of illness (Stuart, Deckro, & Mandel, 1989). Healing not only results in the attenuation of symptoms, but also restores the integrity of the person. Healing enhances one's well-being and delays disease progression (Wirth, 1995). Caring for persons with chronic illness implies that both healing and curing must take place, although it is not necessary that they occur simultaneously.

Nurses have taken a significant role in promoting health and enhancing the healing process since the time of Florence Nightingale (Coward & Reed, 1996). Nightingale described interventions that would place the patient in an environment conducive to natural healing. Healing involves redefining one's physical, social, psychological, and spiritual self (Delisle, 1996). Spirituality is the integration of the physical body, rational mind, emotional psyche, and intuitive spirit (Stuart, Deckro, & Mandel, 1989). According to Haggart (1996), spirituality is essential for healing. It is one of the seven categories of healing proposed by Engebretson (1996). Each person has a right to achieve spiritual healing regardless of his or her belief system, culture, and creed (Long, 1997). As

evidenced in the literature, there is a strong linkage between the conceptual ideas of healing and spirituality.

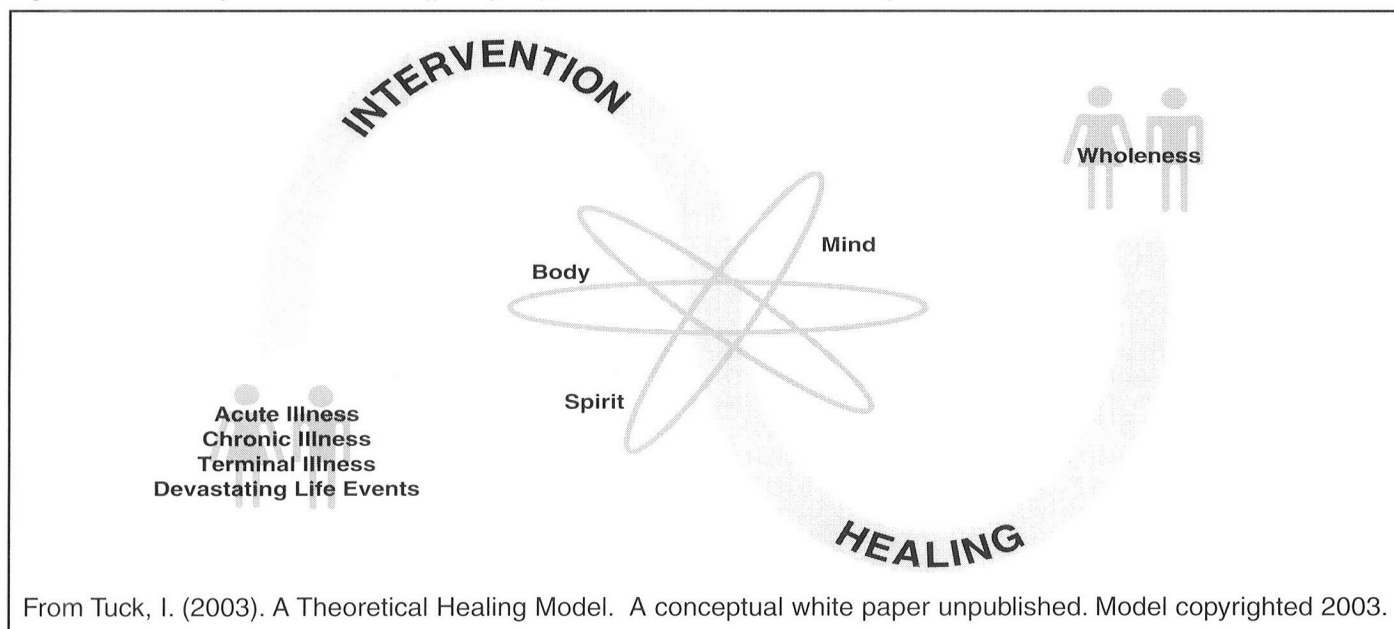
Although spirituality is a critical component of holistic treatment and healing, it is within the past decade that traditional medicine has begun to embrace spirituality and document its contribution to positive health outcomes and wellness (Ellison & Levin, 1998; Kass, Friedman, Lesserman, Caudill, Zuttermeister, & Benson, 1991). The author proposes that spiritual interventions effect healing outcomes and contribute to the overall well-being and wholeness. Figure 1 depicts this process and proposed effect. The author explores literature which describes spirituality as critical to the healing process. The SPIRIT© intervention was designed based on this literature.

## STATUS OF SPIRITUAL INTERVENTIONS REPORTED IN THE LITERATURE

Spirituality as a field of study and area of practice is experiencing enormous growth. From 1980 to 1982, there were 101 publications on the topic and all were focused on religion (Koenig, 2003). The author conducted a similar review of publications listed in CINAHL, Medline/PubMed and PsycINFO for 2002 and 2003 using the keyword of spirituality and found that there were 1,535 publications on the topic. There were 507 additional articles that combined religion and spirituality. A large majority of these publications are conceptual/substantive articles and/or descriptive or exploratory research studies across many disciplines. Further, by using the keyword of spiritual intervention for this same two-year period, the author retrieved only thirty citations, or less than 2% of the existing literature.

The thirty articles are a time-limited sampling of spiritual interventions that were published and indicate a vast array of perspectives. There is a subset of the selected spiritual intervention studies that focused on models of psychotherapy. An example is the Spiritual Self-Schema therapy for HIV-positive drug abusers that promoted a spiritual self view that reduced negative beliefs and behaviors (Marcotte, Avants, & Margolin, 2003) Other therapy focused interventions included religious psychotherapy

Figure 1. A Model of the Process and Effect of a Spiritual Intervention on Healing



(Berry, 2002), forgiveness therapy (Butler, Dahlin & Fife, 2002), positive spirituality (Larimore, Parker & Crowther, 2003), and spiritual dream interpretation. Psychoeducation was a second type of intervention reported in one study and included the distribution of spiritual educational booklets to breast cancer patients (Holt, Kyles, Wichagen, & Casey, 2003).

Another subset of studies included spirituality as the outcome measure for other types of interventions such as the effects of nutritional care (Holder, 2003), screening for spiritual needs (Kub et al., 2003), and hypnosis to improve social and spiritual well-being (Marcus, Elkins, Mott, 2003). Within this group of thirty studies, five were eliminated because they were mislabeled and did not include spiritual interventions although references were made to religion or religiosity. Of the remaining studies, three were of particular interest to the author because they described group focused spiritual interventions that were implemented in studies using more rigorous research designs. While this convenience sample of publications does not have the rigor of a meta-analysis, the findings indicate the scarcity of research on the topic of spiritual interventions. This article has a threefold purpose: to posit reasons for the limited number of studies available that include a spiritual intervention, to review selected spiritual group interventions published in the recent literature and finally, to describe the spiritual intervention developed by the author including its theoretical underpinnings and related findings.

### THE SCARCITY OF SPIRITUAL INTERVENTIONS

As indicated earlier, spirituality is a burgeoning field of study. Although there are a large number of publications in the social science and health related literature on the topic of spirituality, there is a paucity of studies that include spiritual interventions. The author posits several reasons for the dearth of publications on the topic. First of all, there are fewer intervention studies conducted in general due to the cost and complexity of study designs. Secondly, there is no general agreement on the definition of spirituality among investigators. There is a full range of perspectives on the topic. For some, spirituality has been relegated to the secular world with little or no association with organized religion or religious beliefs. Spirituality becomes a form of psychological well-being or a reflection of communion with nature and the

universe. For others, spirituality has been closely aligned to religion and has become indistinguishable in its conceptualization. Spirituality is also defined differently across professional disciplines. This author believes that the lack of consensus in definitions has made it difficult to capture the essence of the phenomenon and to develop interventions.

Thirdly, spirituality is often relegated to a supernatural realm and thought to be well beyond human control. Such a belief supports the view that we can measure the impact or consequence of spirituality but cannot modify its existence or change its course over time. There is a view that spiritual interventions are not within the scope of nursing practice and that only designated professionals such as clergy are allowed to make spiritual interventions. Others believe that spirituality is unalterable and therefore not subject to change in response to an intervention. Researchers that test the effects of spiritual interventions believe the converse is true.

Finally, Tuck, Pullen, & Wallace (2001) proposed that the lack of spiritual interventions was due to nurses' reluctance to provide spiritual care. They found that nurses reported having religious affiliations, high levels of spirituality when measured by the Spiritual Perspective Scale but were reluctant to make spiritual interventions. Barriers cited by nurses were the lack of knowledge and discomfort related to the appropriateness of providing spiritual care. Vance (2001) corroborated these findings and added the lack of time, education and training, confidence, differences in faith between patient and nurse and confusion over the difference between proselytizing and spiritual care as reasons for not providing spiritual interventions. The reasons listed are plausible explanations for the limited number of spiritual interventions.

### A REVIEW OF SELECTED SPIRITUALITY GROUP INTERVENTIONS

While there are barriers to conducting studies that include spiritual interventions, there have been several studies conducted that included a group format including three referred to earlier. Germer (1996) in a study of 17 adult participants in a spiritual awareness group found the predominant themes from the analysis of the group's transcripts were how uncommon it was to discuss spirituality in other settings and how beneficial the group had

been. The findings from this study indicated that learning from others, being able to express difficult emotions concerning spirituality in a supportive atmosphere, and gaining motivation to work on this area of one's life were unanticipated outcomes of the intervention. In an 8-week stress reduction meditation study, Astin (1997) reported decreased physical and psychological symptoms and an increase in the sense of self-control and spiritual awareness among the study's participants. Similarly, a study that included a palliative care group that focused on emotional and spiritual support while using a control group for comparison indicated greater patient satisfaction and lower health care costs in the intervention group (Brumley, Enguidanos, & Cherin, 2003). Levine and Targ (2002) offered a 12-week complementary and alternative medicine support intervention (CAM) that included the use of meditation, affirmation, imagery and rituals. A sample of 191 women with breast cancer was assigned to the CAM group or a combined cognitive-behavioral and group sharing group. The findings indicated that measures of spirituality and spiritual well being accounted for 40% of the variance in functional well being of the study's participants. Targ and Levine (2002) reported that both groups were associated with improved quality of life, decreased depression and anxiety, and increased spiritual well being, however, the CAM group participants had significant differences in Spiritual Integration ( $P=.0001$ ), higher satisfaction and fewer study dropouts ( $P=0.006$ ). Finally, Phillips, Lakin, and Pargament (2002) offered a seven-week semi-structured, spiritual psychoeducational intervention in which participants discussed religious resources, spiritual struggles, forgiveness and hope.

#### THE DEVELOPMENT OF A SPIRITUAL INTERVENTION

The author developed the spiritual intervention, SPIRIT<sup>®</sup>, in 1998 as an eight-week spiritual growth group. The intervention was grounded in the spirituality literature, the findings from previous studies conducted by the author, research supporting the effectiveness of group spiritual interventions and the experience as a group facilitator/therapist. Embedded in the intervention are the concepts inherent in the definitions of spirituality as well as the approaches to enhancing spirituality reported in the literature. The following examples of definitions and approaches were used as basis for the development of the components of the intervention. The bolded text emphasizes major concepts that were incorporated into the design.

According to Reed (1992) spirituality is **intrapersonal**, **interpersonal**, and **transpersonal** connectedness. A major component of spirituality is spiritual relationships with self, others, and a higher power. Reed (1992, p.350) continued: "Spirituality refers to the propensity to make meaning through a sense of relatedness to dimensions that **transcend** the self in such a way that **empowers** and does not devalue the individual. This relatedness may be **experienced intrapersonally** (as a connectedness within oneself), **interpersonally** (in the context of others and the natural environment), and **transpersonally** (referring to a sense of relatedness to the unseen, God, or power greater than the self and ordinary resources)."

Narayanasamy (1999, pp. 274-275) believed that spirituality "is rooted in an **awareness** which is part of the biological make up of the human species. Spirituality is therefore **present** in all individuals and it may **manifest** as inner peace and strength derived from perceived relationship with a Transcendent God/an Ultimate Reality, or whatever an individual values as supreme. The spiritual dimension **evokes feelings** which demonstrate the existence of love, faith, hope, trust, awe, and inspirations; therein **providing meaning** and a reason for existence." Harrison & Burnard (1993) stated that spirituality is uniquely **experienced and interpreted** by each person and each person provides a unique perception of his/her own spirituality. The **expression** of spirituality plays an important role in its development. Spirituality is expressed and experienced in the context of caring connections with oneself, nature and God (Burkhardt & Nagai-

Jacobson, 1985).

As the basis for this intervention, spirituality is defined as "the essence of an individual and is expressed in the outward manifestations of thoughts, feelings and behaviors that allows meaning making, peace, hope and connectedness with self, others, nature, and God or higher power" (Tuck, 1998, p.1). Spirituality is experienced through knowing, apprehending, sensing, exploring, sharing, and transcending. The theoretical underpinning of the spiritual intervention is an integrative framework that is based on the premises and assumptions of symbolic interactionism (Blumer, 1969), phenomenology (Husserl, 1970; Schultz, 1962, 1964, 1970), existentialism (Sartre, 1953) and social learning theory (Bandura, 1977; Grusec, 1992). The core assumptions that underpin the spiritual intervention are:

1. Individuals are holistic with social, psychological/emotional, cultural, physical and spiritual dimensions.
2. There are secular and non-secular views of spirituality expressed in a variety of ways.
3. Religiousness may be an expression of spirituality that is related to a specific faith community.
4. Spirituality emerges into conscious awareness through reflecting, sensing, sharing, meditating, being open and exploring, attending, apprehending or some type of introspective activity.
5. An individual's inner exploration defines the nature of his/her spiritual beliefs.
6. The apprehension of the spirit is personal and may not always be reflected in words.
7. Sharing in a communal way deepens the understanding of spirituality.
8. Spirituality is an integrative energy that enhances well-being that involves all aspects of the body, mind and spirit.
9. Spirituality is the intention to make meaning and connections of one's experiences.
10. Spirituality allows one to transcend pain and suffering.
11. Awareness of spirituality is heightened through sharing of the experience with others.

The findings from the author's previous studies supported the development of the intervention. For instance, in an early study, references to spirituality were making meaning of devastating experiences and developing a relationship with a higher power (Tuck, Dumont, Evans, & Shupe, 1997). The findings of more recent studies described the frequency and types of spiritual interventions provided by mental health and parish nurses (Tuck, Pullen & Lynn, 1997; Tuck, Pullen, & Wallace, 2001; Tuck, Wallace & Pullen, 2001). These studies described the nature of spirituality and affirmed the requirement to provide spiritual interventions as part of nursing care.

The intervention is designed for the personal exploration and communal sharing of spirituality. The SPIRIT<sup>®</sup> intervention allows the participant to explore his/her spiritual self and become aware of the meaning and expression of spirituality. The SPIRIT<sup>®</sup> intervention requires that the participants meet in a group once a week for 90 minutes (20 minutes for reflection and 70 minutes engaged in the structured activities that are designed to facilitate understanding and appreciation of spirituality). The group session begins and ends with quiet time spent in reflection and contemplation with selected music in the background. The facilitator leads the activity for the session which may include selected readings with discussion, listening to nature sounds, viewing of video clips, or creative expression through art. The intervention consists of reflective, contemplative, creative, interactional, revealing, and exploratory techniques. Each session is designed to explore an aspect of spirituality and includes the intellectual process of knowing or apprehending spirituality; the experiential component of interconnecting one's spirit with self, others, nature, God or a higher power; and an appreciation of the multi-sensory experience of spirituality. The facilitator articulates the

intent of each activity by encouraging discussion of the relevance to spirituality and is guided by written protocols and an instruction manual.

The intervention supports both secular and religious views of spirituality in a group format. An initial session provides the groundwork for the work in the group and allows the facilitator to gauge the level of religiousness present among the members and the diversity of religious beliefs. Participants who view themselves as religious, defined as having beliefs and practices related to organized religion, can find meaning in the group as well as those who describe their experiences as spiritual or existential. The assignment to audiotape journal entries facilitates increased awareness and the integration of spirituality into daily life. There is no requirement of previous religious or spiritual experience for participation in the group. Treatment integrity for the intervention is insured through standardized sequence of content and group activities precisely detailed in the Intervention Operations Manual (IOM). Group facilitators are trained in a standardized approach that assures integrity of the intervention. At the conclusion of the spirituality intervention, it is expected that participants will have increased conscious awareness of spirituality, increased understanding and appreciation of one's spirit, and increased integration of spirituality in everyday activities.

### THE IMPLEMENTATION OF SPIRITUAL INTERVENTION

The intervention has been implemented in three studies. The detailed findings of these studies are reported elsewhere (Tuck, McCain, and Elswick, 2001; Tuck, 2004; Tuck, McCain, Elswick, Cobb, Gray and Walter, 2004). Three versions of SPIRIT<sup>®</sup> have been implemented. The original 8-week intervention was expanded to 10 weeks based on the qualitative findings, and a six-week version was developed as a health promotion and stress reduction activity for healthy community dwelling adults. Sessions have been added or deleted, however the content thought to be essential remains in each intervention, and intervention protocols are identical in format.

An initial study explored the relationships between spirituality and psychosocial variables. Spirituality was measured with three instruments in a sample of 52 persons living with HIV/AIDS. The results indicated positive relationships between spirituality and social support, appraisal focused coping and the emotional, social, physical and functional well-being and total quality of life and negative relationships as predicted between spirituality and uncertainty and emotion-focused coping (Tuck, McCain, and Elswick, 2001). A subset of the sample in the larger study (#R01 NR04395, McCain, PI) enrolled in cognitive-behavioral stress management and social support interventions and a control group were matched with participants in a pilot study enrolled in SPIRIT-8<sup>®</sup> to explore psychosocial and psychoneuroimmunological (PNI) measures (N=28). This limited sample yielded evidence of trends in the direction of significant effects for the spirituality group on psychosocial measures and no effects on the PNI measures (Tuck, et al., 2002).

Based on these initial findings, a clinical trial with two interventions (SPIRIT-10<sup>®</sup> and Tai Chi) and a wait-control group was conducted to further test the hypotheses and confirm the earlier findings (#R01 A100331, McCain, PI). Data from 66 men and women enrolled in SPIRIT-10<sup>®</sup> are currently being analyzed (Tuck, et al., 2004). Pre-and post-intervention comparisons indicate that the spirituality subgroup had higher overall quality of life scores ( $p=0.01$ ), and SPIRIT-10<sup>®</sup> accounts for improvements in psychosocial functioning. The final study conducted with 28 healthy adults enrolled in SPIRIT-6<sup>®</sup> indicated that participants experienced a significant decrease in perceived stress and increased spiritual perspective scores at three data collection points over a three-month period (at pre- and post-intervention and 6-week follow-up). Participants remain

enrolled in the studies testing SPIRIT-10<sup>®</sup> and SPIRIT-6<sup>®</sup> for one year allowing measurement of long-term effects.

In summary, the findings from each of these studies indicated that the SPIRIT<sup>®</sup> intervention produced positive effects in the expected directions when used with two adult populations. Further testing of the intervention with other populations has been proposed.

### RELEVANCE TO HEALING

Spirituality is the integrative force for existence of the whole and a critical factor in the healing process. There is empirical evidence that spirituality has positive effects on physical, psychological and spiritual well-being and quality of life. The conceptual and empirical literature also supports the significance of spirituality as a key component of healing. The SPIRIT<sup>®</sup> intervention was grounded in this literature, and there are empirical findings that support its effect on several health outcomes. Acknowledging one's spirituality appears to have a positive effect on one's health. Healing is not given to the person but the locus of healing is within the individual (Nightingale, 1969). Interventions are designed to facilitate the self-healing capacity of the individual (Quinn, 1989, 1997; Watson, 1985). SPIRIT<sup>®</sup> is designed as a group facilitated self-healing experience.

### REFERENCES

- Astin, J. A. (1997). Stress reduction through mindfulness meditation: Effects on psychological symptomatology, sense of control and spiritual experiences. *Psychotherapy and Psychosomatics*, 66(2), 97-106.
- Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.
- Berry, D. (2002) Does religious psychotherapy improve anxiety and depression in religious adults? A review of randomized controlled studies. *International Journal of Psychiatric Nursing Research*, 8(1), 875-890.
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice Hall.
- Brumley, R.D., Enguidanos, S., & Cherin, D.A. (2003). Effectiveness of a home-based palliative care program for end-of-life. *Journal of Palliative Medicine*, 6(5), 715-724.
- Butler, M.H., Dahlin, S.K., & Fife, S.T. (2002). Linguaging factors affecting client's acceptance of forgiveness intervention in marital therapy. *Journal of Marital Family Therapy*, 28(3), 285-298.
- Burkhardt, M. & Nagai - Jacobson, M. (1985). Dealing with spiritual concerns of clients in community. *Journal of Community Health Nursing*, 2, 191-198.
- Coward, D. D., & Reed, P. G. (1996). Self-transcendence: A resource for healing at the end of life. *Issues in Mental Health Nursing*, 17(3), 275-288.
- Delisle, I. (1996). Living better and longer: A holistic approach to health. *Canadian Nurse*, 92(1), 37-40.
- Ellison, C. G., & Levin, J. S. (1998). The religion-health connection: Evidence, theory and future directions. *Health Education and Behavior*, 25(6), 700-720.
- Engbretson, J. (1996). Comparison of nurses and alternative healers. *Image: Journal of Nursing Scholarship*, 28(2), 95-99.
- Germer, V. (1996). Psychiatric patients' experience of spirituality in a group setting. *Image: Journal of Nursing Scholarship*, 28(3), 279.
- Goddard, N. (1995). Spirituality as Integrative Energy: A philosophical analysis as requisite precursor to holistic nursing practice. *Journal of Advance Nursing*, 22, 808-815.
- Grusec, J.E. (1992). Social learning theory and developmental psychology: The legacies of Robert Sears and Albert Bandura. *Developmental Psychology*, 28(5), 776-786.
- Haggart, M. (1996). Nursing the soul. *Complementary Therapies in Nurse Midwifery*, 2(1), 17-20.

- Harrison, J. & Burnard, P. (1993). *Spiritual and nursing practice*. Avebury: Aldershot.
- Holder, H. (2003). Nursing management of nutrition in cancer and palliative care. *British Journal of Nursing*, 12(11), 667-668,670,672-674.
- Holt, C.L., Kyles, A., Wichagen, T., Casey, C. (2003). Development of a spiritually based breast cancer educational booklet for African American women. *Cancer Control*, 10(5), 37-44.
- Husserl, E. (1970). *Logical investigation*. Atlantic Highlands, NJ: Humanities Press.
- Kass, J. D., Friedman, R., Lesserman, J., Caudill, M., Zuttermeister, P. C., & Benson, H. (1991). An inventory of positive psychological attributes with potential relevance to health outcomes: Validation and preliminary testing. *Behavioral Medicine*, 17(3), 121-129.
- Koenig, H. (2003, April). Overview of the relationship between spirituality and mental health. Paper presented at the Conference on Integrating Research on Spirituality and Health and Well-being in Service Delivery, Bethesda, MD.
- Kub, J.E., Nolan, M.T., Hughes, M.T., Terry, P.B., Sulmasy, D.P., Astrwo, A., et al. (2003). Religious importance and practices with patients with a life threatening illness: Implications of screening protocols. *Applied Nursing Research*, 16(3), 196-200.
- Larimore, W.L., Parker, M. & Crowther, M. (2002). Should clinicians incorporate positive spirituality into their practices? What does the evidence say? *Annals of Behavioral Medicine*, 24(2), 156.
- Levine, E. & Targ, E. (2002). Spiritual correlates of functional well-being in women with breast cancer. *Integrative Cancer Therapy*, 1(2), 166-174.
- Long, A. (1997). Nursing: A spiritual perspective. *Nursing Ethics*, 4(6), 496-510.
- Marcus, J., Elkins, G. & Mott, E. (2003). A model of hypnotic intervention for palliative care. *Advances in Mind Body Medicine*, 19(2), 24-27.
- Marcotte, D., Avants, S.K. & Margolin, A. (2003). Spiritual self-schema therapy, drug abuse and HIV. *Journal of Psychoactive Drugs*, 35(3), 389-391.
- Narayanasamy, A. (1999). ASSET: A model for actioning spirituality and spiritual care education and training in nursing. *Nurse Education Today*, 19, 274-285.
- Nightingale, F. (1969) *Notes on Nursing: What it is and what it is not*. London: Harrison, [1859]; New York: D. Appleton, 1860. Reprint New York, Dover, 1969.
- Phillips, R.E., Lakin, R. & Pargament, K.I. (2002). Development and implementation of a spiritual issues psychoeducational group for those with serious mental illness. *Community Mental Health Journal*, 38(6), 487-495.
- Quinn, J.F. (1989). On healing, wholeness and the haelan effect. *Nursing and Health Care*, 10(10), 553-556.
- Quinn, J. F. (1997). Healing: A model for an integrative health care system. *Advance Practice Nursing Quarterly*, 3(1), 1-7.
- Reed, P.G. (1992). An emerging paradigm for the investigation of spirituality in nursing. *Research in Nursing & Health*, 15(5), 349-357.
- Sartre, J. (1953). *Existential Psychoanalysis*. Oxford, England: Philosophical Library.
- Schultz, A. (1962). *The problem of social reality*. The Hague: Martinus Nijhoff.
- Schultz, A. (1964). *Studies in social theory*. The Hague: Martinus Nijhoff.
- Schultz, A. (1970). *On phenomenology and social relations*. Chicago: University of Chicago Press.
- Stuart, E. M., Deckro, J. P., & Mandle, C. L. (1989). Spirituality in health and healing: A clinical program. *Holistic Nursing Practice*, 3(3), 35-46.
- Targ, E.E. & Levine, E.G. (2002). The efficacy of a mind-body-spirit group for women with breast cancer: A randomized controlled trial. *General Hospital Psychiatry*, 24(4), 238-248.
- Taylor, P. P., & Ferszt, G. G. (1990). Spiritual healing. *Holistic Nursing Practice*, 4(4), 32-38.
- Tuck, I. (1998). *Spiritual Growth Groups: Intervention Operations Manual*. Richmond, VA: Author.
- Tuck, I. (2004). *Testing of a Spiritual Intervention*. Manuscript in preparation.
- Tuck, I., Dumont, P., Evans, G., & Shupe, J. (1997). The experience of caring for an adult child with schizophrenia. *Archives of Psychiatric Nursing*, 11(3), 118-125.
- Tuck, I., McCain, N. L., & Elswick, R. K. (2001). Spirituality and psychosocial factors in persons living with HIV. *Journal of Advanced Nursing*, 33(6), 776-783.
- Tuck, I., McCain, N., Elswick, R.K., & Baliko, B. (2002). *The effects of psychosocial/spiritual interventions on the health of persons living with HIV*. Unpublished Manuscript.
- Tuck, I., McCain, N., Elswick, R.K., Cobb, R., Gray, D., & Walters, J. (2004). *Spiritual interventions with persons living with HIV*. Manuscript in preparation.
- Tuck, I., McCain, N., Gray, D., Elswick, R.K., Cobb, R., & Walters, J. (2004). *Psychosocial and Physiological Impact of Novel Spirituality Intervention Among Persons with HIV Disease*. (Under review).
- Tuck, I., Pullen, L., & Lynn, C. (1997). Spiritual interventions provided by mental health nurses. *Western Journal of Nursing Research*, 19(3), 351-363.
- Tuck, I., Pullen, L. & Wallace, D. (2001). A comparative study of the spiritual perspectives and interventions of mental health and parish nurses. *Issues in Mental Health Nursing*, 22: 593-605.
- Tuck, I., Wallace, D. & Pullen, L. (2001). Spirituality and spiritual care provided by parish nurses. *Western Journal of Nursing Research*, 23(5), 441-453.
- Vance, D.L. (2001). Nurses' attitudes towards spirituality and patient care. *MedSurg Nursing*, 10(5), 264-270.
- Watson, J. (1985). *Nursing: Human science and human care. A theory of nursing*. Norwalk, Connecticut: Appleton-Century-Croft.
- Wirth, D. P. (1995). The significance of belief and expectancy within the spiritual healing encounter. *Social Science and Medicine*, 41(2), 249-260.

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