

Struggling With Paradoxes: The Process of Spiritual Development in Women With Cancer

Marilyn Tuls Halstead, RN, PhD, AOCN®, and Margaret Hull, PhD, RN

Purpose/Objectives: To examine the process of spiritual development in women diagnosed with cancer within five years of initial treatment.

Design: Exploratory, qualitative.

Setting: Outpatients in the mid-central and southwestern United States.

Sample: 10 Caucasian women, ages 45–70, who completed initial treatment, were not undergoing treatment for recurrence, and were within five years of diagnosis for breast or ovarian cancer or non-Hodgkin's lymphoma.

Methods: Data collected during two semistructured interviews, coded and analyzed using grounded theory techniques. Frame of reference—symbolic interactionism.

Main Research Variables: Developmental processes of spirituality; responses to diagnosis, treatment, and survival of cancer.

Findings: Diagnosis of cancer threatened the meaning of the women's lives, resulting in a sense of disintegration. This problem was resolved through the basic social psychological process of Struggling With Paradoxes, a three-phase process of Deciphering the Meaning of Cancer for Me, Recognizing Human Limitations, and Learning to Live with Uncertainty. In phase I, the paradoxes focused on the possibility of death, distress, vulnerability, and maintaining connection. In phase II, the paradoxes involved confronting death, asking difficult questions, and letting go of ultimate control of their lives. In phase III, the paradoxes centered on uncertainty, redefining meaning, and identifying spiritual growth. Reintegration occurred over time, although when threatened by the possibility of recurrence, disintegration resurfaced for a time.

Conclusions: Findings emphasize not only the importance of spirituality, but also that spiritual experience is individualized and developmental in nature. Spiritual growth occurs over time following the diagnosis of cancer and is not necessarily related to age.

Implications for Nursing Practice: Spiritual concerns may be painful for patients to address; spiritual caregiving requires an acknowledgment of need by the woman with cancer and a caring, sensitive caregiver. Nurses should be aware of the phases of spiritual development so that interventions can be designed to address individual needs that may vary over time.

Key Points . . .

- ▶ Spiritual concerns are identified and differentiated according to individual life context (i.e., existential concerns).
- ▶ Both spiritual mentors and negative models of spirituality strongly affect spiritual interpretation.
- ▶ Spiritual growth may follow a period of painful questioning and letting go of control over some aspects of life.
- ▶ Spiritual caregiving requires acknowledgment of need by the person with cancer and a caring, sensitive caregiver.

of self and others that enables one to coherently face life's challenges (Fowler, 1981; Goldberg, 1998; Kass, 1996; McSherry & Draper, 1998).

The holistic framework of nursing encourages nurses to incorporate care of the human spirit into their practice (Chilton, 1998; O'Brien, 1999). Yet, many nurses are uncomfortable providing this type of care (Taylor, Amenta, & Highfield, 1995). This disquieting feeling is related to the continuing debate about the differences between spirituality and religion.

Spirituality is a life-long developmental process. It has unique, individual connotations but does not develop in isolation; rather, spiritual development depends on relationships and community nurturance (Fowler, 1981; Goldberg, 1998). Although universal consensus about a precise definition of spirituality does not exist (Emblen, 1992; McSherry & Draper, 1998), commonalities among the various definitions can be discovered, including ways to find connectedness, direction, transcendence, meaning, and purpose (Goldberg; McSherry & Draper; Taylor, 2000). For some individuals, religion is part of spiritual practice. Religion provides a way to express beliefs, attitudes, and patterns of behavior related to the supernatural that includes a community of others with similar beliefs (Mickley, Carson, & Soeken, 1995; Pargament, 1997). Spirituality involves many aspects of life that people value highly (e.g., meaning in life, a sense

In clinical practice, nurses observe women with cancer facing challenges associated with diagnosis, treatment, and survival. Strength, stamina, courage, hope, and support are necessary ingredients of successful adaptation. Healthy spirituality allows for enhancement of these qualities and may provide a sense of meaning and self-integration (Aldwin, 1994; Bay, 1997; Pargament, 1997). Healthy spirituality provides connectedness with various elements

Marilyn Tuls Halstead, RN, PhD, AOCN®, is an assistant professor in the department of nursing at Towson University in Towson, MD, and Margaret Hull, PhD, RN, is a nurse coordinator in the office of protocol and data management at the Greenbaum Cancer Center in Baltimore, MD, and an education coordinator for the palliative care project in the School of Medicine at the University of Maryland. (Submitted November 1999. Accepted for publication December 30, 2000.)