

**St. Stephen's College**

SPIRITUAL SELF-CARE:  
AN EXPLORATION OF HOW SPIRITUALITY SHAPES HOLISTIC SELF-  
CARE PRACTICE

by  
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## **Abstract**

The second commandment instructs to “love your neighbor as yourself” (Mark 12:30–31, New International Version); this declaration implies loving the self is a necessary prerequisite of loving others. Self-care is behaviour designed to promote self-love and foster overall health and wellbeing. The benefits of tending to physical and mental health are typically understood. Spiritual self-care, however, is often ambiguously conceived outside of mainstream religious practices. Recent statistics report that more Canadians are aligning with an individualized spirituality as opposed to religion. This growing demographic of individualized spiritual seekers may be interested to learn about the myriad ways to tend to spiritual health beyond religious practices, particularly since research is suggesting that spiritual self-care can assuage many of the afflictions plaguing Western culture today. The field of psychotherapy may also benefit from gaining insight into the ways spiritual self-care can promote holistic health and wellness in both the therapist and the client. This inquiry was designed to explore the ways that four co-researchers conceive of spirituality and practice spiritual self-care as part of a holistic self-care regimen. Interpretive phenomenological analysis methodology was used to explore the ways the co-researchers make meaning of their experiences with spirituality. The findings suggest that engaging in spiritual self-care practices offer unique benefit to promoting overall health and wellness. For this reason, psychotherapists are well served to incorporate spiritual self-care into both personal and professional practice.

*Keywords:* spirituality, self-care, holistic health, spiritual self-care

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## **Chapter One: A Means of “Loving Yourself”**

The second commandment, to “love your neighbor as yourself” (Mark 12:30–31 New International Version [NIV]), presumes that we, as humans, must first love ourselves well in order for us to then love our neighbours well. What is the impact if we do not love ourselves well? Can we authentically provide love to others? Cultural perceptions of self-care appear to be shifting. In light of the considerable deterioration of health and wellness in our culture, there seems to be increasing recognition that we cannot “pour from an empty cup.” This section will review current statistics of Canadian health and wellbeing, state the research question and describe the purpose of the research, define key terms, identify personal and professional connections to the topic of inquiry, suggest relevance for professional practice, connect theological and spiritual themes, and discuss the choice of methodology.

The health of many Canadians is in peril. The Government of Canada (2017) reported chronic diseases contribute to 65% of all deaths annually and that cardiovascular disease, cancer, chronic respiratory disease, and diabetes are taxing the healthcare system. The Canadian Mental Health Association (2013) stated that approximately 50% of the population will have or has had a mental illness by the age of 40. Despite scientific advancements and technological development, human beings have been “fragmented, isolated, broken, parted, and separated from collective and social dimensions, reducing the entire [healthcare] process into a disease-treating protocol” (de Jesus Silva et al., 2009, p. 691). Healthcare should be more than treating disease as health is not exclusively synonymous with the absence of physical and mental disease or infirmity (World Health Organization, n.d.). Healthcare should also be a dynamic, positive, and

proactive promotion of wellness; prevention of disease by actively endorsing good health and practising wellness strategies is key to promoting overall health and wellness. The mental health matrix created by the Ontario Excellence for Child and Youth Mental Health (2016) aptly demonstrated how illness and wellness are not on opposing ends of a singular continuum. Health and wellbeing result from two separate, yet intersecting, continua: illness and wellness (Ontario Excellence for Child and Youth Mental Health, 2016). Though this matrix was created to reflect the complexity of mental health, the dimensions of physical and spiritual health can be understood the same way. The absence of disease does not, alone, generate wellness. Similarly, the presence of illness in one domain does not necessarily determine the status of other aspects of an individual's health, nor the overall wellbeing of an individual. The approach to health should be a dynamic, proactive promotion of wellness, not solely a reactionary plight to escape the symptoms of disease or illness.

Collectively, health is comprised of many dimensions. The term *health* denotes a holistic frame that encompasses physical, mental, spiritual, emotional, and social dimensions (Foster, Keller, McKee, & Ostry, 2011). An increasing body of research suggests the importance of proactively tending to all areas of health. Clarifying how to best support each facet of holistic health is important to cultivating holistic health and wellness (Chan et al., 2014; Ho, Sing, & Wong, 2016; Maté, 2004; Northrup, 2016; Rankin, 2013). Of all three areas, the dimension of health that typically receives the least attention is spiritual health. This omission may be a result of the common perception that spirituality is synonymous with religion or of the ambiguity and complexity of the term spirituality.



For this reason, recent literature has indicated a need to clarify the meaning of spirituality and how individuals can tend to this dimension of their health (Addiss, 2015; Overstreet, 2010). Enhancing an understanding of the meaning of spirituality may motivate investment in practices that can foster health in this dimension of humanity. A recent poll reported that “two-thirds of Canadians are spiritual, while just half say they are religious” (Carlson, 2012, para. 4). In fact, data from 2,500 different sources across 232 countries implicitly project “much of the western world is at the gates of a transformation, leaving behind religion in favour of a more individualized spirituality” (Carlson, 2012, para. 6). Clearly, for many, there is a distinction in their understanding of the two terms. The terms are not necessarily synonymous. Considering that the literature indicates it is critically important for individuals to tend holistically to their health in an effort to promote good health and wellness, differentiation of the two terms is vital. The more thorough an exploration into the ways that individuals understand spirituality, the better informed the approach to nurturing spiritual health will be.

Little research exists about practices used to express spirituality and promote spiritual health, with the exception of traditional expressions often associated with religion (Cassar & Shinebourne, 2012; Seena, Suresh, & Ravindranadan, 2017; White, Peters, & Schim, 2011). Since many Canadians are reporting greater resonance with a sense of being spiritual, but not necessarily religious, further research in this area is needed. All Canadians may benefit from learning more about spiritual self-care practices. Individuals who are not currently addressing this dimension of their health, as well as individuals who align with religious practices, yet are seeking to expand their repertoire,

may find value in expanding conceptions of spirituality and learning more about spiritual self-care practices.

### **Research Question and Purpose of Research**

This inquiry will explore how individuals uniquely understand spirituality and practice spiritual self-care as part of a holistic approach to self-care. Two specific research questions guided this inquiry: What is the meaning of spirituality for those who practice holistic self-care? And how is this understanding of spirituality incorporated into a spiritual self-care practice? In response to the literature suggesting the need to holistically tend to the body, mind, and spirit, the aim of this project is to investigate the ways that the inquiry participants, referred to as co--researchers throughout this thesis, understand spirituality and engage in spiritual self-care practices in an effort to promote overall health and wellness. This inquiry serves to contribute to the holistic health literature for Canadians to better understand the myriad ways spirituality can be understood and the reasons why tending to body, mind, and spirit can actively promote health and wellness.

### **Definition of Key Terms, Summary of Research and Rationale for Inquiry**

The literature has suggested that creating a common understanding of terms is critical. For this reason, the following terms and definitions will be used for the purposes of this inquiry.

**Holistic self-care.** Holistic self-care is an individual's personalized, mindful effort to tend to the multifaceted (physical, mental, and spiritual) dimensions of their humanness.

**Spirituality.** Weathers, McCarthy, and Coffey (2015) defined spirituality as “a way of being in the world in which a person feels a sense of connectedness to self, others, and/or a higher power or nature; a sense of meaning in life; and transcendence beyond self, everyday living, and suffering” (p. 15). This definition will provide a working framework of the term.

**Spiritual self-care practices.** Spiritual self-care practices are the evolving and intentional integration of spiritually informed practices to promote personal health and wellbeing.

### **Personal Connection to the Topic**

My initiation into spiritual self-care began during a very challenging time in my life: trying to balance a full-time professional career while simultaneously managing my initiation into motherhood. In the midst of my angst to manage my varied responsibilities, my partner questioned which hobbies I enjoyed. Hobbies? Never in my frenetic, performance-oriented adult existence had I given myself an opportunity to stop and consider what my hobbies would be, if I ever found time to have any. I had lost a vital connection to who I was and to the universe beyond the confines of my daily, and often monotonous, responsibilities. I had lost a greater sense of meaning and purpose in my life. Unbeknownst to my partner, by asking me what I enjoyed, he had inadvertently uncovered the key to my misery: I did not know! I then realized I had been living in a spiritually deprived manner. At that point in my life, I only did what I felt I needed to, not necessarily what I enjoyed or what brought my life deeper meaning. I began questioning what mattered most to me, what I was interested in, what I wanted to learn more about,

and how I was going to begin integrating these aspects into my life. I began tending to an area of myself that I had consistently dismissed as irrelevant: the spiritual domain.

As I began the quest to tend to my spirit, I started by following my curiosity: the existential domain. My explorations enabled me to develop a spiritual language and, eventually, a spiritual practice. I learned how to clearly articulate my understanding of spirituality and integrate meaningful spiritual practices into my life. Relearning what mattered most to me impelled an investment of my time and energy into channels that better aligned with my true beliefs and values.

This newfound, deeply grounded sense of wholeness and connection was tested when my second daughter, an infant at the time, suddenly became gravely ill. By this time, I had developed a meaningful spiritual self-care practice. Having this anchor guided me through the most challenging chapter of my life to date. Spiritual self-care practices have enhanced my overall health and wellbeing throughout the past 10 years of my life. For this reason, I am eager to learn about the ways spiritual self-care practices are understood, employed, and valued in the lives of others. The ways to assess and address self-care needs continually evolve. By creating dialogue about others' experiences with holistic self-care practices, we can learn ways to supplement our own "self-care toolkits".

### **Professional Connection to the Topic**

As I began my role as a guidance counsellor in a high school and completed my graduate-training internship at a community-counselling agency, I engaged in dialogue with individuals of all ages about the ways they cared for themselves. Regardless of the concern that initially brought the individual into the counselling office, we would begin our work together by discussing the client's values, beliefs, and the ways that they

engaged in self-care. Many individuals struggled to articulate their core beliefs, their primary values, and a clear understanding of how to care holistically for their body, mind, and spirit. When clients were encouraged to explore their own unique conception of spirituality and the myriad ways in which they could tend to this dimension of their wellbeing, many of them began enthusiastically exploring ways to establish a holistic self-care routine that integrated nourishment of their bodies, minds, and spirits. Many individuals reported that clarifying their values and beliefs and developing a holistic self-care practice empowered them to create a stronger foundation for growth and transformation. Many reported that their enhanced sense of connection to themselves and to the greater world around them generated a newfound sense of groundedness.

These experiences, in addition to my personal experience of integrating holistic self-care practices into my own life, fuelled my curiosity about the ways in which individuals can conceptualize the spiritual dimension, care for this sacred aspect of their human-hood, and benefit from tending to this often-neglected facet of holistic health.

### **Relevance for Professional Psychotherapeutic Practice**

Spiritual self-care can easily be integrated into many therapeutic orientations. Assessing and addressing the ways that individuals care for themselves applies globally to counselling practice. Though any counselling approach could integrate a spiritual lens, spiritual self-care may best align with an existential-integrative theoretical orientation. This approach is “a confluence of artistic, philosophical, and clinical disciplines that employ what might roughly be called a phenomenological method of arriving at an understanding of human existence” (Schneider, 2008, p. 5). Existential-integrative psychology creatively explores human needs; the aim of this theoretical orientation to

therapy is to articulate that which is central and vital to human experience. These shared foundation structures are based on the subjective and intersubjective investigations of phenomenology (Schneider, 2008).

### **Theological and Spiritual Themes**

Scripture instructs us to “love your neighbor as yourself,” which suggests that humans must love themselves well first if they are to love others well. This inquiry explores whether many of us are truly loving ourselves holistically: body, mind, and spirit. As another biblical verse states, “Remember this, whoever sows sparingly will also reap sparingly. And whoever sows generously will also reap generously” (2 Cor. 9:6, NIV). This verse speaks to the character or genuine motivation of the one who is offering or engaging in the act of giving. Although it may be true that if humans are misers in the realm of offering service to others, they may reap a minimal return from those around us. Perhaps this verse also speaks to the necessity of loving ourselves well prior to offering love to others. When individuals give generously to themselves first, they reap the bounty, which then grounds them in their ability to give deeply, humbly, generously to others without the ulterior motivation of “giving to get.”

One potential argument against the practice of self-care is the belief that tending to one’s needs is exclusively self-focused and self-serving. Self-care can sometimes be inaccurately perceived as navel-gazing, self-absorption, or narcissism. Some may even understand self-care to mean spending time, money, and attention on oneself to the detriment of those around them (McBride, 2013). However, Hamman (as cited in Fuller, 2018), a pastoral theologian, defined self-care as a “commitment to your optimal health and wellbeing for your own sake, for those who love and care about you, and in the

service of God's kingdom" (p. 9). This definition emphasized that self-care is not exclusively self-serving. Hamman suggested that the act of self-care not only supports the health of the individual but also the health of the individual's relationships and community. Similarly, McBride (2013) noted that self-care is about "seeking and nurturing internal validation, and learning self-compassion" (para. 2) so that people do not project their feelings onto others, act badly, or cause problems in relationships.

In some cases, religious communities may find the concept of self-care to be theologically problematic: Christian ideals of selflessness and self-sacrifice have been reinforced by interpretations of scripture (Fuller, 2018). The essence of this theological concern rests on the risk that self-care will lead to self-centred, sinful, prideful, destructive behaviour that will inevitably separate the individual from others, community, and God. This perception, however, consists of two faulty assumptions: (a) all humans are prone to use self-care as an excuse for self-indulgence, and (b) self-care pits an individual against community (Fuller, 2018). Fuller (2018) has asked whether these assumptions are based primarily on the masculine experience. She suggested, "Christian ideals of selflessness and self-sacrifice have disproportionately been applied to women and have been used to discourage women from claiming space for self-care that they may desperately need" (Fuller, 2018, p. 8). Differences in social location and lived experiences may suggest that not everyone is tempted by selfishness. In fact, Fuller asserted that some individuals may be at risk of paying too little attention to the self, thereby jeopardizing their own wellbeing (p. 11).

The intention behind this inquiry into spiritual self-care practices relates to Clark and Olson's (2000) definition of spirituality as "an experience of being in relationship

with . . . God, self, others, nature” (p. 21). This inquiry seeks to understand individual conceptions of spirituality and the ways in which these conceptions shape an individualized approach to spiritual self-care. This inquiry seeks to promote discussion beyond the confines of a particular theology and to explore a larger framework of the ways in which spirituality and spiritual self-care practices inform and transform health and wellness. As Chittister (2015) suggested in her discussion of her work *Scarred by Struggle, Transformed by Hope*, a relationship to self-care can provide the framework and strategies that enable individuals to commit to the suffering inherent in life in ways that transform them to, as she articulated in a video, “finally become totally human” (Chittister, as cited in 30GoodMinutes, 2015). It is through this fire of struggle, Chittister suggested, that human beings develop the depth of perception and scope of experience that enables them to truly learn how to love themselves well, which then provides the capacity to serve those around them with the generosity of spirit and the open-palmed offering of love that scripture endorses.

### **Choice of Methodology**

For the purposes of this inquiry, interpretative phenomenological analysis (IPA) has been selected. The IPA method of inquiry seeks to explore the daily phenomena that often impacts humans on an unconscious level. This approach specifically seeks to study the meanings that people attribute to such phenomena; “people are physical/psychological entities that do things in the world, reflect on what they do, and their actions have meaningful, existential consequences” (Smith, Flowers, & Larkin, 2009, p. 34). By making the unconscious conscious, IPA compliments the overarching



goal of this inquiry to better understand the ways that individuals make meaning of spirituality and the ways that spiritual self-care practices nurture spiritual health.

An inquiry into spiritual self-care, as a means of “loving yourself” well, serves to explore how conceptions of spirituality can nurture practices that promote spiritual health. This chapter reviewed the research question and purpose of this research, the definition of key terms, a summary of research, an explanation of my personal and professional connection to the topic, relevance for professional practice, theological and spiritual themes, and the choice of methodology. This thesis includes a literature review that describes concepts and factors of care and spiritual self-care practices, an explanation of IPA methodology and its use in this project, the findings and discussion, and, finally, the summary and conclusion.

## Chapter Two: Literature Review

Concepts of care and ways of promoting health and wellness have shifted throughout history. Recently, there has been increasing interest in the importance of holistic (body, mind, and, spirit) self-care in regards to promoting health and wellness. The intent of this inquiry is to learn more about the ways that individuals practice spiritual self-care as part of a holistic, integrative approach to tending to health and wellness. I reviewed literature to investigate the ways that historical and modern conceptions of holistic care relate to spirituality. The review is organized in the following categories: (a) historical conceptions of care: mythology, philosophy, psychology, and nursing; (b) modern conceptions of care: self-care and holistic self-care; (c) modern conceptions of spirituality: spirituality, spiritual health, spiritual self-care, and spiritual self-care practices; (d) factors that enable self-care; (e) the impact of self-care; and, in summary, (f) the rationale for this inquiry.

I retrieved the literature using the following databases: EBSCO, Alt HealthWatch, SocINDEX, Routledge (Taylor & Francis Group), and Academic Search Complete. The key words employed include the following: care, holistic health, self-care, spirituality, spiritual health, and spiritual self-care. Motivation, self-compassion, mindfulness, and yoga were also included as key words searching for related literature. All online articles, with the exception of two articles, one published by *The American Journal of Nursing* in 1979 on self-care and one published in 1992 by the *Journal for the Scientific Study of Religion* on religious privatism, were published between 2000 and present day. Later, I added older, related references to the literature review to supplement the information

gathered. One limitation to the literature search was that all articles I included in the review were published in the English language.

### **Historical Conceptions of Care**

The notion of care has been understood in various domains throughout history. Historical conceptions of care in this review include an exploration of the ways that mythology, philosophy, and the disciplines of psychology and nursing have conceived of care.

**Mythological, philosophical, and disciplinary roots.** This section investigates the origins of the concept of care as it relates to selected topics within Greek mythology, within philosophy, and within the roots of some professional disciplines, such as psychology and nursing. The significant role that the concept of care plays in generating health and wellness has evolved over time in the following ways.

**Concepts of care in mythology.** Origins of the concept of care can be traced back to the Graeco–Roman “Myth of Care” in the second century Latin collection of myths edited by Hyginus (Reich, 1995). The “Myth of Care” describes how a human being, made from the earth and animated by the breath of the divine, is an integrated presence, tended to by a character named Care (Reich, 1995). The myth describes how Care molds the first human using mud from the riverbed. After Jupiter grants a request to infuse the mud form with the spirit of life, the two characters, Jupiter and Care, begin arguing over whom to name the creation after. The discussion is further complicated when the character Terra (the earth) suggests that the creation should be named after the one who offered of its own body to provide the material for the human form, Terra. The myth explains that Saturn, the judge, decrees that Care’s creation would be named homos

(Latin for human being), which means “made from humus” (earth). Saturn also declares that Jupiter will take back the spirit of life at time of death, at which time the physical form will be returned to Terra. Saturn grants Care the responsibility to hold the being as long as it lives (Reich, 1995). The “Myth of Care” offers valuable insight into the fundamental significance of care to human existence; in essence, care is the glue that forms a cohesive, whole, human being throughout their life on earth. When a human being dies, the cosmos take back the gift of breath and the gift of the human body is returned to nourish the soil. During the precious time between conception and death, Care has been tasked with nurturing this awe-inspiring, sacred marriage of earth animated by the cosmos.

Two meanings of *care* emerged from The Tradition of Care of the Soul (*Cura Animarium*), an ancient Christian tradition of pastoral care: (a) burdened with care (which connotes worries, anxieties, troubles), and (b) providing for the welfare of self and another, which implies a more positive view of attentive consciousness or devotion (Reich, 1995). The Tradition of Care of the Soul (*Cura Animarium*) acknowledged the challenges that life presents and suggested that people can tend to these challenges by supporting themselves and each other, which can, therefore, balm the sting of the burdens that life serves (Escudero, 2013; Reich, 1995). The Care of the Soul tradition advised that, in terms of the hierarchy of human values (specifically, what human beings choose to care about), the value of caring for the human spirit should be preeminent when individuals consciously accept responsibility to design their life (Escudero, 2013; Reich, 1995). Both mythology and The Tradition of the Care of Soul have informed an understanding of the crucial importance of care for centuries.

**Concepts of care in philosophy and existentialism.** Through the ages, several philosophers have addressed spiritual care and the need to tend to the dimensions of life beyond the material and physical realm. Socrates warned against caring for the human body and finances more than for the soul's welfare (Reich, 1995). German philosopher, Martin Heidegger (as cited in Escudero, 2013; Leonard, 1994; Reich, 1995; Rennie, 2006), coined the term *Dasein*, which translates to "being there." He speculated that care is an integral part of the basic structure of the human self, *Dasein*. Heidegger (as cited in Reich, 1995) also suggested that often *Dasein* is lost in the inauthentic, unreflective ways that humans often live their everyday lives. He suggested that care offers a means for generating unity, authenticity, and the totality of self. Reich (1995) stated that Heidegger's notion of *Dasein* enables people to create meaning from the threat of insignificance and inauthenticity. Heidegger asserted that when they begin to understand and care about themselves-in-the-world, they develop a deeper sense of connection with what they can and cannot do. Care assists in developing an understanding of identity, a core conception of the human self, as an integrated being, which is necessary for authenticity, good health, and overall wellbeing (de Jesus Silva et al., 2009; Escudero, 2013; Karban, 2017; Reich, 1995; Rennie, 2006; von Herrmann, 2005).

Heidegger, Kierkegaard, Sartre, and Foucault are associated with the existential philosophical movement that emphasized an individual's responsibility for self-exploration and development, as well as the need for individuals to search for and create their own identities and meaning (Goldhill, 2018; New Dictionary of the History of Ideas, 2005). Sartre (1946) stated, "There is no other universe except the human universe, universe of human subjectivity" (para. 33). Human existence is understood through an

individualized lens (Goldhill, 2018; Sartre, 1946). In response to the fundamental question about how shall one live, Kierkegaard (as cited in Reich, 1995) suggested that care is the impetus for a self-reflecting individual to act with resolute moral purpose. He suggested that it is up to humans to work to fulfil their needs, and by doing so (or not) their life would be renewed by nurture or decayed by worry. Like Heidegger, Kierkegaard also suggested that it is ultimately up to each human being to mindfully foster and integrate care into one's existence (de Jesus Silva et al., 2009; Reich, 1995). Kierkegaard, the father of existentialism, is known for his philosophy of the “concerned thinker” (Reich, 1995). Kierkegaard (as cited in Hall, 1984) referred to subjectivity as “human existence as it is ‘lived’ from the inside rather than observed or thought about from the outside—our ‘first-personal’ rather than ‘third-personal’ sense of what it is to be a particular human being” (p. 179). Kierkegaard postulated that the human self has two opposed sets of needs: (a) needs for the finite and (b) needs for the infinite. He suggested that all needs must be satisfied to meet the demands of humanity (as cited in Hall, 1984). Existential philosophy prompts human beings to reflect on the core needs for human existence in an effort to cultivate a sense of identity and meaning.

Existential philosopher Michel Foucault understood that care of the self equates to the art of existence; he believed that the ways people care for themselves enables their ability to transform “into states of happiness, purity, wisdom, perfection, and immortality” (as cited in de Jesus Silva et al., 2009, p. 693). Self-care improves quality of life. Ancient Greeks understood self-care practices as the principle of *Epimeleisthai Sautou*: “Take care of yourself, care about yourself, worry about yourself, and attend to yourself” (de Jesus Silva et al., 2009, p. 693). The foundation of this principle rests on the

ability to recognize that an individual values and is able to care for the self only after an awareness of the right to live and an awareness of the current lifestyle is recognized. Though this may be a paradigm shift in terms of conceptualizing the importance of care, de Jesus Silva et al. (2009) suggested that one must care for the self before caring for others since caring for oneself well is the only single way to relate well to others and take care of anyone else.

Similarly, philosopher Milton Mayeroff (1971; as cited in Nowak-Fabrykowski & Caldwell, 2003) asserted that by caring for self and the other, people support one another's growth. According to Mayeroff, this notion of a mutually beneficial relationship of care entails devotion, trust, patience, humility, honesty, knowing the other, respect, the primacy of process, hope, and courage (as cited in de Jesus Silva et al., 2009). Many philosophers have noted that caring for the soul fosters self-reflective discernment of values and identity, which then generates into a vibrant life full of potential for people to care for themselves and those around them well (Karban, 2017; Mayeroff, 1971; Rabinowitz, Good, & Cozad, 1989; von Herrmann, 2005).

**Concepts of care in psychological and nursing disciplines.** Theories of human caring have shaped the fields of psychology and nursing (Blasdell, 2017; Caranto, 2015; Clark, 2016; Keddy, 2011; Rabinowitz et al., 1989). This section considers psychology and nursing conceptions of care together and then separately.

Transpersonal psychology focuses on caring for a deeper sense of self and has shaped the foundation of Watson's theory of care (as cited in Blasdell, 2017, & Clark, 2016). Watson's theory viewed "caring science as sacred science" (as cited in Smith & Parker, 2015, p. 323). She identified 10 carative factors which include the formation of a

humanistic-altruistic system of values; cultivating faith-hope; sensitivity to self and others; developing helping, trusting, caring relationships; promoting and accepting the expression of positive and negative feelings; creatively solving problems; transpersonal teaching; supportive and protective environments (mentally, physically, societally, and spiritually); and gratifying human needs (as cited in Smith & Parker, 2015, p. 324). These factors were stated to be the core aspects of nursing in Smith and Parker (2015), who stated the following:

Potentiate therapeutic healing processes and relationships—they affect the one caring and the one being cared for. . . . Carative is that deeper and larger dimension of nursing that goes beyond the “trim” of changing times, setting, procedures, functional tasks, specialized focus around disease, and treatment and technology. (p. 324)

Similarly, Caranto (2015) depicted the pivotal role that Roach played in the study of care in the field of nursing. The act of care, she says, is the “human mode of being” (Caranto, 2015, p. 1); her investigation into the science of caring enabled her to develop a theory to reflect the true nature of caring. Roach’s theory asserted six attributes of caring: compassion, competence, confidence, conscience, commitment, and comportment (as cited in Caranto, 2015). Compassion is described as the vested interest in seeking to understand another’s experience for purposes of trying to better support the individual; competence relates to the technical skill of the person offering care; and the attribute of confidence creates trust that the care being offered is reliable, honest, and genuine. Conscience describes the quality of ensuring that the care offered is rooted in the recipient’s best interest and honours the recipient’s values, morals, and beliefs.



Commitment refers to the sustained quality of “showing up” and offering an authentic, consistent, mindful presence, which builds a committed bond between caregiver and recipient. The final attribute of comportment signifies the significance of the respectful and truthful, and in some cases professional, presence of the caregiver (Roach, as cited in Caranto, 2015). These attributes can be applied to the fields of both psychology and nursing.

Philosophical notions of care have informed the field of psychology. Psychologist Rollo May (as cited in Keddy, 2011) aligned with Heidegger’s view of care to inform humanistic psychology and existential analysis. May (as cited in de Jesus Silva et al., 2009, and Rabinowitz et al., 1989) understood care to be an antidote to apathy and a refusal to accept emptiness. He also suggested that psychotherapy should focus on the deeper aspects of “being.” This approach assumes that care of self psychologically precedes care of another because an understanding of human existence is a necessary source of identification of and empathy for another’s suffering (de Jesus Silva et al., 2009).

Psychologist Erik Erikson’s human development theory of psychosocial development was influenced by Heidegger’s notion of care; the “existential-religious character of his theory, however, is not generally acknowledged” (Zock, 2018, p. 439). In Erikson’s seventh psychosocial stage of development, adulthood, the developmental crisis faced by human beings is one of generativity versus stagnation, or self-absorption, and the basic strength or virtue that arises from this struggle is care (as cited in Bingaman, 2006, Capps, 2011, and Zock, 2018). Generativity is concerned with establishing and guiding the next generation in terms of procreativity, productivity, and

creativity. Self-absorption, on the other hand, is understood as stagnation and a potential core pathology that spurs regression and a need for pseudo intimacy (de Jesus Silva et al., 2009). Erikson (as cited in Capps, 2011) described the basic strength or virtue that arises from this developmental struggle is care, a “concrete concern for what has been generated by love, necessity, or accident” (p. 273). Existential psychologist Yalom (1980) described four “ultimate concerns” that human beings must face: death, isolation, loss of freedom, and meaninglessness. By consciously tending to these concerns, he suggested that people are prompted to reflect on their core human needs, which cultivates a sense of identity and meaning (Yalom, 1980). The field of psychology suggests that care of self can combat apathy and generate the development of compassion, which is necessary for effectively supporting one another.

Care is fundamental in the field of nursing. Nursing theorist, Dorothy Orem, a registered nurse, created the self-care deficit theory, which postulated that the acquired skills of self-care activity are universal requirements for all human beings and contribute to wellbeing (de Jesus Silva et al., 2009). According to de Jesus Silva et al. (2009), the theory asserted, “The requirements represent the type of human actions which supply us with the necessary internal and external conditions to maintain the structure and activity to support the development and human aging processes” (p. 692). This theory helped develop an understanding of paradigms of self-care.

Two major paradigms shape the ways that the role of care in the nursing profession is understood: the totality and the simultaneity paradigms. The totality paradigm conceives of health as being the proper function of the body, which can be measured and observed, attained, and modified to adapt to pathology or stress in

environment. Within this paradigm, nursing is seen as a modality to modify and teach behaviours that will properly orient people towards health and wellness (de Jesus Silva et al., 2009). De Jesus Silva et al. (2009) asserted that the supremacy of nursing over the general public's own bodily knowledge is a response to the Cartesian model, which promotes the idea that an external authority is needed to teach humans to be oriented towards health. This model is the foundation of medical knowledge, and in this view, humans are seen as a summative entity, fundamentally fragmented and needing to adapt to the environment (de Jesus Silva et al., 2009). The simultaneity paradigm, however, reflects more of an existential and phenomenological understanding of human beings. This paradigm conceives of humans as integrative beings who are more than the sum of their parts; it conceptualizes humans as "open agents" (de Jesus Silva et al., 2009, p. 694) who are capable of transforming themselves and their experiences of the world through interactions with the environment. Within this framework, human beings are able to thrive beyond merely adapting to the environment and actually transforming it (de Jesus Silva et al., 2009).

Health cannot wholly be defined by others, a professional field, or scientific theories when it is recognized as something that an individual lives, a process of becoming that is meaningful solely based on each person's perspective (de Jesus Silva et al., 2009). As such, de Jesus Silva et al. (2009) suggested that healthcare plans should be reflective, complex, and person-directed pursuits designed to comprehend one's own health standards and improve one's own quality of life. These healthcare plans should consider ways to best take care of the self that are most meaningful to the individual (de Jesus Silva et al., 2009).

Dorothea Orem developed a series of nursing theories in an attempt to define the whys, wherefores, and hows of individuals needing care (as cited in de Jesus Silva et al., 2009). Orem (as cited in de Jesus Silva et al., 2009) postulated that self-care activity, which she noted was an acquired ability, “regulate vital processes, keep and promote organism integrity and development, and contribute to wellbeing” (p. 692). Acquired self-care skills—universal requirements for all human beings—can assist individuals in creating individualized conceptions of health and wellness practices that can be supported by the field of nursing (de Jesus Silva et al., 2009; Orem, Taylor, & Renpenning, 2001; White, Peters, & Schim, 2011). Concepts of care are fundamental aspects of both psychology and nursing.

### **Modern Conceptions of Care**

Conceptions of care have evolved over time. This review includes an exploration of modern conceptions of care by investigating conceptions of self-care and holistic self-care.

**Self-care.** Self-care has been described as intentional, self-initiated behaviour designed to rejuvenate, renew, and revitalize for the purpose of promoting good health and general wellbeing (Fuller, 2018; Mills, Wand, & Fraser, 2018). Orem (as cited in White et al., 2011), founder of the self-care deficit nursing theory, suggested that self-care is the personal care that individuals require each day to regulate their own functioning and development (p. 50). This ongoing attention to one’s own health and development is a critical component of understanding the benefits of true self-care. Sometimes self-care can be confused with rewarding oneself with luxurious spa packages, indulging in food and/or beverages, and so on. Fuller (2018) distinguished true

self-care from rewards: “[Self-care] is not simply a quick release valve to be used as a reward after a period of prolonged stress” (Fuller, 2018, p. 16). Though there is nothing inherently wrong with rewards, self-care can be understood as intentional, proactive, sustained practices aimed at cultivating health and wellness. Fuller (2018) suggested that Christian ideals of selflessness and self-sacrifice have disproportionately been applied to women and have actively been used to discourage women from claiming their rightful ability to create time for self-care. The literature also suggests that to offer healthcare to others in the community, human beings must first ground themselves in self-care, which can foster self-love.

Sometimes the idea of self-care is undermined in Western culture. Though busyness, stigma, self-criticism, and lack of self-worth all undermine the implementation of self-care practices, recognizing the importance of, prioritizing, adopting a preventative approach, and normalizing self-care will serve to redefine the ways that people understand this practice (Balzer Riley, 2003; Mills et al., 2018). Research also suggests that self-care is not static; the practice of self-care requires flexibility, creativity, and daily customization (Drick, 2016). In a culture that often shames individuals for tending to their needs, self-care is a courageous, counter-cultural, and perhaps counterintuitive practice that actually serves to enhance the practitioner’s wellbeing and the wellbeing of others (Drick, 2016; Mills et al., 2018). When individuals cultivate wellness, they are able to make better decisions, make fewer mistakes, and are more inclined to practice mindful awareness and enjoy life (Drick, 2016). The literature also suggests that failing to practice adequate self-care may not only lead to “acting out” (Fuller, 2018, p. 15) in destructive ways, but it may also be detrimental to human relationships and the greater

community. Individuals develop their own self-care abilities for “living the good and healthful life, for preventing disease, for managing their dis-ease and disease, for assessing and intervening in health and illness, and for using the health care system as and when they need to” (Norris, 1979, p. 486). The literature strongly suggests that self-care behaviours are necessary to meet the requisites for healthy living (White et al., 2011).

**Holistic self-care.** Collectively, health is comprised of many dimensions. Physical, mental, spiritual, emotional, and social dimensions all factor into a holistic conception of health (Foster et al., 2011)). Western culture tends to emphasize the ways in which individuals can care for themselves physically and socially; however, there has been a growing interest in learning more about the ways in which mental, emotional, and spiritual self-care can improve overall health and wellness (Chan et al., 2014; Ho et al., 2016; Maté, 2004; Northrup, 2016). Maté (2004) stated,

Many people have done psychological work without ever opening to their own spiritual needs, while others only spiritually, without realizing the importance of finding and developing the personal self. Health rests on three pillars: body, psyche, and spiritual connection. To ignore any of them is to invite imbalance and dis-ease. (p. 281)

Each pillar of health, each dimension of humanness, will interact with and impact an individual’s overall health. Wellness models based on recent research emphasize the integrated relationship between spirituality, mental health, and physical health as playing an equally vital role in the wellbeing of an individual (Brown, 2008; Carmody et al., 2008). Gaining an appreciation of the ways in which all aspects of health interact with

one another is critically important. Some literature in the field of epigenetics has recently shown that thoughts can directly impact health because an individual's beliefs influence gene expression (Northrup, 2016). Science is beginning to uncover the ways in which repressing and dissociating from emotions confuses a person's inherent physiological defences to such a degree that these built-in defences go awry and actually destroy rather than preserve health (Maté, 2004). As a result of this growing understanding of the ways one aspect of health can impact other areas, the scientific community has taken a closer look at integrative approaches to health and wellbeing that emphasize the importance of holistic care for the body, mind, and spirit (Chan et al., 2014; Ho et al., 2016).

Research on wellbeing has undergone two main changes: (a) a growing emphasis on interconnectedness of body, mind, and spirit means a person's total wellbeing does not depend on any single domain (either physical, emotional, or spiritual), nor is it a simple sum of all domains, and (b) spirituality is increasingly differentiated from religiosity and viewed as embodying fundamental values, beliefs, and meanings of life (Chan et al., 2014). Western culture's current tendency to focus on tending to physical, social, and mental health does not address what some see as the bedrock of health and wellness from which these other dimensions are rooted. Rankin (2013) stated,

Most wellness models teach that the body is the foundation for everything in life, that without a healthy body, everything else suffers. But we've gotten it all backwards. The body isn't the foundation of your health. The body is the physical manifestation of the sum of your life experiences. When your life is out of alignment with your Inner Pilot Light [described by Rankin as "an inner knowing and the healing wisdom of your body and soul that knows what's true for you and

guides you, in your own unique way, back to better health” (p. 171)] . . . your mind gets stressed, and when your mind is under stress, your body suffers.

(p. 173)

Spirituality, life purpose, relationships, creativity, sexuality, and environment are all described as critical dimensions of everyone’s inner pilot light, which then impacts mental and physical health (Rankin, 2013, p. 171).

Holistic self-care recognizes that bringing conscious awareness to each pillar of health supports the intention to care for the whole being (Balzer Riley, 2003). Fuller (2018) described self-care as “a holistic enterprise designed to nurture personal health, spiritual grounding, relationships, and community for purposes of renewal and growth” (p. 7). Considering recent literature has suggested that holistic self-care can impact health and wellbeing, it is not surprising that health professionals are being asked to assess spirituality in their patients and understand therapeutic techniques that support the promotion of holistic wellbeing (Aten & Worthington, 2009; Balzer Riley, 2003; Brown, 2008; Chan et al., 2014; Falb & Pargament, 2012; Ho et al., 2016; Kerr, 2016; Laird, Curtis, & Morgan, 2017; Miller & Van Ness Sheppard, 2014; Mircea, 2017; Morris et al., 2014; Nia & Amiriyanzadeh, 2018; Pargament, 2007; Riahi et al., 2018; Richards, Campenni, & Muse-Burke, 2010; White et al., 2011). By learning more about the ways that they can tend to themselves in holistic and integrated ways that care for body, mind, and spirit, individuals may learn how to improve overall health and wellness.

### **Spirituality.**

You create yourself in ever changing shapes

that rise from the stuff of our days-



unsung, unmourned, undescribed,  
like a forest we never knew.  
You are the deep innerness of all things,  
the last word that can never be spoken.  
To each of us you reveal yourself differently:  
to the ship as a coastline, to the shore as a ship.

— Rilke, 2009, p. 243

*Classical conceptions of spirituality.* There is evidence to suggest that ancient Celtic and early Christian beliefs strongly valued the vital communal connection between human beings and both the natural and divine world (Trousdale, 2013). Two main influences served to sever this early conception of spiritual unity: the impact of the Greek idea of dualism and the concept of original sin. First, the Greek idea that spirit and matter were binary opposites (and subsequently elevating the spiritual and degrading matter, the body, to the realms of unspiritual corruption) has had a long-standing impact on conceptions of human nature. Trousdale (2013) asserts the idea as “the influence of Greek thought with its notion of spirit and matter as binary opposites, elevating the spirit...[and] reducing the body to that which is unspiritual, base, and corrupt” (p. 21). As a result, some religions promoted the concept of dual, hierarchical entities: the body and soul. The dominant belief that the soul mattered more than the body “was actually an aberration from how the term spiritual was understood when it first began to be used” (O’Sullivan, 2016, p. 2).

The second significant influence that divided a sense of unity of matter and spirit occurred in the fourth and fifth centuries as a result of St. Augustine’s notion of original

sin in Christianity. According to Trousdale (2013), this belief, that human beings are sinful and depraved from birth, continues to shape some Christian perspectives into a view of God whereby human beings “need to ‘mortify the flesh’ in order to regain God’s favour” (p. 21). Despite the lingering implications of dissecting the spirit from matter, a resurrection of the notion of embodied spirituality emerged in the twelfth, thirteenth, and fourteenth centuries through the experiences of individuals known as the ‘medieval mystics’ (Trousdale, 2013, p. 21). Throughout the Christian tradition, individuals have been trying to understand the nature of God and learn ways to align with God’s grace. Julian of Norwich’s experiences suggest:

An identification of God’s nature with human nature, and human nature with God’s nature, the spiritual and material one. She also saw a clear difference between humankind’s perception of sin and God’s view... her reflections suggest to her that such preoccupations with sinfulness do not come from God but from one’s own self-absorption and pride; God does not reveal Godself to Julian as angry or disapproving but as pure love and compassion (Trousdale, 2013, p.22).

Julian’s sense of embodied spirituality reunited body and spirit and reminded human beings of God’s loving and compassionate nature, which reflect the foundational Celtic belief of essential human goodness rather than depravity.

The insights of the mystics and the wisdom of the desert mothers and fathers continue to influence modern conceptions of spirituality within the Christian tradition. An interest in understanding the ways practices can enable human beings to align with the Divine has motivated investment in spiritual practices throughout the ages. Practical

theology serves to study, critically assess, and creatively retrieve resources from the Christian tradition that offer important insight into spiritual practices (Wolfteich, 2011):

Early desert traditions of spirituality . . . offer a significant alternative vision of theological learning, one rooted in a practiced spirituality, nourished by scripture and other words that are encountered deeply, slowly, interpreted at the risk of transformation. (Wolfteich, 2011, p. 330).

Trappist monk Thomas Merton understood that the practice of contemplative prayer served “as a stripping away of all within us that hinders the Divine action, allowing the emergence of an ever-deepening receptivity to God which arises in the stillness of our own urgent longing” (Griffin, 2017, para 8). Desert spirituality emphasized prayer, Bible study, lectio divina, liturgical participation, spiritual direction, and acts of charity as fundamental spiritual practices; similarly, Mystic Teresa of Avila considered prayer, community, labor, rest, and hospitality key elements of spiritual practice (Wolfteich, 2011, p. 334). The ways in which human beings have conceived of our own nature and the nature of God have long shaped the multitude of ways spiritual seekers have actively practiced to align with the Divine.

**Modern Conceptions of Spirituality** Although the literature is increasingly investigating how spirituality promotes health, finding a consistent definition of the term is a challenge (e.g., Brown, 2008; Falb & Pargament, 2012; Klingemann, Schlafli, & Steiner, 2013; Koenig, 2012; Laird et al., 2017; Maaske, 2002; Miller & Van Ness Sheppard, 2014; Morris et al., 2014; Roger & Hatala, 2017; Siddal et al., 2015; van Niekerk, 2018). Original, as well as more modern, interpretations of the term spiritual do not refer to a part of the person or to life in certain restricted spheres; the term refers to

the whole person (O'Sullivan, 2016). The term 'embodied spirituality' refers to "all dimensions of the human being –body, soul [mind], and spirit- as potentially sites for the transcendent, for understanding the mystery that lies beyond and beneath and within the world we live in" (Trousdale, 2013, p.24). *Spirituality* has a Christian origin; the Latin term *spiritualis* is derived from the New Testament relating to the noun *pneuma* or spirit. Though still inclusive of its origins, modern interpretations of the term spirituality expand far beyond the Christian faith to include every human being (Overstreet, 2010; Sheldrake, 2014). Spirituality, therefore, can be conceptualized broadly to encompass both religious and non-religious forms and refers to a person's search for meaning and purpose and to a sense of connection with one's deeper self, others, and the transcendent—or however a person understands it (Carmody et al., 2008; Miller & Van Ness Sheppard, 2014; Starnino & Sullivan, 2016). Weathers, McCarthy, and Coffey (2015) reported that a conceptual definition of spirituality is "a way of being in the world in which a person feels a sense of connectedness to self, others, and/or a higher power or nature; a sense of meaning in life; and transcendence beyond self, everyday living, and suffering" (p. 15). Moore (1992) described spirituality as synonymous with soul, whereas Chopra (1991) used the phrase "higher reality" (p. 3), and Rankin (2013) used the metaphor of an "inner pilot light" (p. 171) to reference an inner knowing, or an internal compass, that guides the human journey through this life. For many, spirituality is understood to be an integrated dimension of the common human experience. Brown (2010) suggested,

Spirituality is recognizing and celebrating that we are all inextricably connected to each other by a power greater than all of us, and that our connection to that power and to one another is grounded in love and compassion. Practicing

spirituality brings a sense of perspective, meaning, and purpose to our lives.

(p. 64)

Spirituality can also include broader understandings of the sacred that include the numinous, perhaps embodied in nature or the arts, the undefined depths of human existence, or the boundless mysteries of the cosmos (Sheldrake, 2014). Transcendence, interconnectedness, and meaning in life are all aspects of spirituality (Balzer Riley, 2003; Falb & Pargament, 2012).

Falb and Pargament (2012) outlined four qualities of spirituality:

(a) transcendence—a sense that an object/experience goes beyond everyday, usual, or ordinary understanding; (b) boundlessness—a sense of vast, unrestricted space and time; (c) ultimacy—a primary, fundamental, or underlying essence of all experience; and (d) interconnectedness—dissolving boundaries around self and increasing unity with other and world. Similarly, Balzer Riley (2003) suggested three defining attributes for spirituality that were identified in their data: (a) connectedness—sense of relatedness to self, others, the natural world, and a higher power; (b) transcendences—ability to see beyond boundaries, capacity to change outlook; and (c) meaning in life—purpose of being, perspectives in values, priorities, and beliefs. These three aspects of spirituality provide a comprehensive, inclusive understanding of the term. Spirituality appears to serve as an anchor for individuals to seek and express meaning and purpose and to experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred (Puchalski et al., as cited by Branco & Sparks, 2018, p. 6).

Mircea (2017) suggested that spirituality may cultivate the belief that life has meaning, may contribute to positive evaluations of negative life events, and may cultivate

positive strength to assist in overcoming negative events. Spirituality can give meaning to the lives of healthy people, provide comfort in good times, and sustain a positive outlook. Spirituality has also been shown to generate peacefulness, a reason for living, a sense of purpose, and a sense of harmony to individuals experiencing a health crisis in palliative and chronic pain (White et al., 2011). Ultimately, conceptions of spirituality promote self-reflection and contemplation rather than an ego-centred, unexamined life (Sheldrake, 2014). Spirituality can cultivate meaning, nurture resilience, promote peace, and foster a sense of purpose (Mircea, 2017; Reich, 2000; White et al., 2011).

Some criticize modern conceptions of spirituality. ‘Cafeteria religion’ or ‘salad bar religion’, sometimes defined as ‘private spirituality’ describes the trend in which people “choose religious beliefs, doctrines, and practices in order to create an individualized spirituality without the boundaries of organized religion” (Apologetics Index, 2017). A related criticism of modern conceptions of spirituality refers Bellah, Madsen, Sullivan, Swidler, & Tipton’s (1985) discussion of a trend that has become known as ‘Sheilism’, a growing trend towards an individualized spirituality. This trend can be defined as “the religious individualism or privatism, so deeply embedded in American culture, of those who follow their ‘own little voice’ rather than institutional authorities on religious and moral matters” (Greer & Roof, 1992, p. 346). Without the reliance on external institutions, doctrines, and community to guide discernment, some are concerned this trend undermines the principles of sound spiritual practice.

Critics of individualized spirituality raise questions about who holds an individual accountable so that they do not become easily fooled by self-deception and egocentrism. Similar concerns have been raised about the counselling process (Apologetics Index,

2017, para 2). Rice (2000) asserts that some critics view therapy as “causing the very problems it seeks to cure, encouraging isolated, self-absorbed individuals who only know how to look inwards” (para 4). The core concern raised by both critics pertains to the question of how an individual can be guided in ways that serve both the individual and the greater world around them. Common to both faith-based and counselling relationships, healthy growth and development of an individual’s spirit appears to result from engaging in a relationship that lovingly holds individuals accountable for doing the work that prompts both internal reflection and external consideration. Smail (as cited by Rice, 2000, para 15) suggests “speaking openly and honestly to a concerned and interested person has always been therapeutic, but in the past we’d have talked to priests or family members or friends”; now, however, the therapeutic relationship offers many a safe space to discuss matters of personal importance.

As conceptions of spirituality have evolved over time, the contextual framework of the culture will undoubtedly shape the way human beings conceive of the connected dimensions of their wholeness: body, mind, and spirit. Perhaps the fundamental value of a spiritual framework, regardless of the context, is rooted in the overall health of the fruit these spiritual practices bear. As Rilke’s poetry suggests, “to each of us you reveal yourself differently”, and as Celtic-rooted embodied spirituality suggests, perhaps spirituality has long been a deeply personal, individualized experience. The type of relationship: a friendship, therapeutic alliance, or a faith-based membership, perhaps, need not be of primary importance. Rather, it is the quality of the relationship that is key. A relationship that offers safe, loving, supportive, and discerning care by holding an

individual accountable to their personal exploration of holistic health, healing, and wellbeing is perhaps the reflective mirror necessary for effective spiritual growth.

**Spiritual health.** The term *health* is derived from the same root words as whole or holy. The literature suggests that there is a growing understanding that humans are integrated beings who are inherently spiritual (Chan et al., 2014; Chopra, 1991; Chopra, 2015; Ho et al., 2016; Moore, 1992; Rankin, 2013). Rankin (2013) asserted, “Not until we realize that our bodies are mirrors of our interpersonal, spiritual, professional, sexual, creative, financial, environmental, mental, and emotional health will we truly heal” (p. 74). A focus on health as wholeness cannot confine itself to the medical model (van Niekerk, 2018). Human lives, consciously or not, are framed by background existential questions such as “Who am I?”, “Where have I come from?”, “Why did I come to be?”, “Where am I going?”, and “Why do I have to die?” Conscious or otherwise, these deeply human questions mean that health, what affects it, what effects it has, and what it will be are more than a medical matter for people and those connected to them (O’Sullivan, 2016).

Growing attention to this spiritual dimension of humanness is prompting increased interest in spirituality and healthcare, and this attention is creating pressure to integrate spirituality into a healthcare framework (Aten & Worthington, 2009; O’Sullivan, 2016; Rudolfsson, Berggren, & da Silva, 2014). The fields of nursing, occupational therapy, medicine, psychotherapy, and even education are exploring the ways in which spirituality can offer a more holistic foundation for health and wellbeing (Aten & Walker, 2012; Aten & Worthington, 2009; Brown, 2008; Klingemann et al., 2013; Morris et al., 2014; Roger & Hatala, 2017; Siddall et al., 2015; Starnino &



Sullivan, 2016; White et al., 2011). Spiritually integrated understandings of holistic health have been applied to research in burnout, trauma, chronic pain, drug abuse, and other mental health-related concerns (Aten & Walker, 2012; Aten & Worthington, 2009; Brown, 2008; Klingemann et al., 2013; Koenig, 2012; Roger & Hatala, 2017).

Cultivating a deeper connection to oneself, others, and the transcendent or sacred provides a strong sense of identity or direction that can foster a sense of communion, faith, beliefs, hope, relief, coping, and meaning and purpose (Laird et al., 2017; Siddall et al., 2015). The literature demonstrates that individuals with developed spiritual wellbeing are more optimistic and have higher levels of self-esteem and levels of function. The relationship between spirituality (independent of religious practice) and health needs to be studied further. All religions maintain that spirituality can be developed through training, but given the secular nature of many people's lives, combined with 82% of Americans who have expressed a need for spiritual growth, it appears to be important to ascertain whether spirituality can be developed in ways that promote health and wellbeing other than through traditional religious practice (Carmody et al., 2008).

Klingemann, Schläfi, and Steiner (2013) stated that there is growing criticism of “evidence-based only” approaches and there has been a departure from top-down manual-oriented perspectives in health promotion. Given, as Pargament (2007) noted, that a shift in the typical psychological lexicon that embraces spiritually rooted terminology (i.e., mindfulness, acceptance, virtues, detachment, and presence) has occurred, the field of psychology seems to be developing an understanding of the need to incorporate spiritual care. The literature recommends cultivating core spiritual competencies, utilizing spiritual and/or sacred resources,

and seeking definitions of spirituality according to the unique worldview of an individual, not generalized to a larger population (Aten & Walker, 2012; Aten & Worthington, 2009; Brown, 2008; Koenig, 2012; Morris et al., 2014). As Koenig (2012) suggested, the public deserves to know if certain beliefs and behaviours influence health and wellbeing; it is incumbent upon researchers to continue to investigate the ways that spirituality impacts overall health and wellbeing.

### **Spiritual Self-Care**

A distinction exists between “care” and “cure.” The goal of self-care is not to find a quick-fix “cure” for the human experience. Rather, the goal is to serve as an ongoing, life-giving force that helps support an individual through life. Moore (1992) suggested that each person has a responsibility to their own soul, to be “the curates or curators of our own souls . . . to make spirituality a more serious part of everyday life” (pp. xiv–xv).

Tending to spirit is a response to the emotional complaints of these times:

Emptiness, meaninglessness, vague depression, disillusionment about marriage, family, and relationship, a loss of values, yearning for personal fulfilment, a hunger for spirituality—all of these symptoms reflect a loss of soul and lets us know what the soul craves . . . without soul, whatever we find will be unsatisfying and not what we truly long for. (Moore, 1992, p. xvi)

Spiritual self-care is defined as spiritually based practices that people engage in to promote continued personal development and wellbeing in times of health and illness (White et al., 2011). In an effort to conserve the sacred, individuals typically embark on spiritual pathways to build, sustain, and enhance their relationship with the sacred

(Pargament, 2007). Tending to spiritual health has been shown to significantly enhance quality of life, physical wellbeing, mental health, and self-awareness (Richards et al., 2010). Brown (2008) reported that spiritual activities are beneficial for symptoms of depression, anxiety, and the treatment of a variety of psychiatric illness. Orem advocated for greater theoretical clarity to understand contributors of spirituality in healthcare practices, specifically self-care. She suggested that spiritual self-care is a specific type of self-care activity that should be a focus of nursing theory development and research (White et al., 2011). It behooves professionals in the field of healthcare to follow what the literature is suggesting by learning about how individuals understand and practice spiritual self-care (van Niekerk, 2018). Cassar and Shinebourne (2012) suggested that these practices evolve as a result of personal development with an aim to build “better people” who live in accordance with their ideals and morals.

### **Spiritual Self-Care Practices**

An individualized meaning of spirituality assumes numerous ways to practice spiritual self-care, both traditional and otherwise. Common strategies to care for the spirit include experience that are more traditional, such as scripture, rituals, and/or church attendance; less traditional strategies include music, drugs, sex, and solitude (Pargament, 2007). As Pargament (2007) stated, some people may find that their spiritual life is intricately linked to their association with a church, temple, mosque, or synagogue. Others may pray or find comfort in a personal relationship with God or a higher power. Still, others seek meaning through their connections to nature or art. Similar to a sense of purpose, a personal definition of spirituality may change throughout one’s life, which will require continual adaptation to reflect ongoing experiences and relationships (Earl E.

Bakken Center for Spirituality and Healing, 2016). The use of spiritual practices such as saying prayers, practicing meditation and/or yoga, reading sacred texts and/or inspirational works, attending religious service and/or communal worship, mending personal relationships, participating in group activity (concert), building social networks, volunteering, listening to music, meditating, doing tai chi, hiking in nature, and sitting quietly by water have all been found to be positively related to enhancing overall wellbeing (Seena et al., 2017; White et al., 2011).

Cassar and Shinebourne (2012) suggested that spiritual self-care entails both going inward by focusing on self-development and self-discovery and going outward by expressing spiritual self-care practice in relation to others. To connect with their internal force, individuals have employed practices to quiet their mind, focus on present-moment experiences, pray, meditate, listen to music, write, and sleep (Cassar & Shinebourne, 2012). Practices that constitute outer expressions include focusing on relationships by respecting others, maintaining positive and healthy connections, actively striving to see people in a different light, following spiritual principles, and choosing to see the best in others (Cassar & Shinebourne, 2012). Another aspect of their outward expression was sharing their journey with others, or “giving away” spiritual revelations, which, individuals stated, enhanced their experience of spirituality and enabled additional revelations to come (Cassar & Shinebourne, 2012).

Though myriad spiritual self-care practices could be adopted to facilitate this two-fold approach to overall health and wellness, only two well-researched practices will be discussed in this review: mindfulness and yoga.

**Mindfulness.** Mindfulness is one spiritual practice that has been researched and is supported in the literature. Mindfulness can be described as present-moment awareness that emphasizes deliberate, nonjudgmental attention (Christopher & Maris, 2010; Falb & Pargament, 2012). Christopher and Maris (2010) suggested that mindfulness-based practices seem to help students embody the ideals of acceptance, genuineness, and empathy that Carl Rogers (as cited in Kerr, 2016) emphasized as significant ways of being in both personal and professional relationships. Body-scan, loving kindness, walking, and mindful movement meditations have all shown to be powerful mindfulness exercises (Kerr, 2016). Relational mindfulness focuses on interpersonal aspects of mindfulness that are practiced in relationship to other people. This form of mindfulness can be beneficial for improving communication, empathy, and other aspects of interpersonal relationships (Falb & Pargament, 2012). In-vivo techniques—such as insight dialogue, eye gazing, and synchronized breathing—emphasize interactions between two or more people (Falb & Pargament, 2012).

Some positive outcomes associated with relational mindfulness include increased warmth and empathy, emotional intelligence, increased attunement with self, and increased ability to attune to others (Falb & Pargament, 2012). Research has demonstrated that by bringing attention to thoughts and feelings during difficult communications, negative thought cycles are interrupted, and an individual is better able to remain emotionally present, avoid withdrawal behaviours, identify and express vulnerable feelings, and communicate in a less judgmental way (Falb & Pargament, 2012). As a holistic intervention to promote health and wellness, the benefits of

mindfulness have been demonstrated in the literature (Maaske, 2002; Carmody et al., 2008).

**Yoga.** Yoga is “an introspective and reflexive practice which encourages awareness of body and self, and it is based on the ‘ancient truths’ of the Hindu civilization” (Langøien, 2012, p. 28). Recent research has suggested that the spiritual self-care practice of yoga is beneficial to overall health and wellbeing (Ivtzan & Jegatheeswaran, 2014; Langøien, 2012; White et al., 2011). Evidence also suggests that yoga practice can “cultivate transcendental states of spirituality” (Ivtzan & Jegatheeswaran, 2014, p. 1). Though there is variation in yoga expression, the practice is said to be an integrative blend of tending to body, mind, and spirit (Parikh, Patel, Pathak, & Chandwani, 2014; White et al., 2011). The literature seems to suggest that developing a consistent yoga practice is an effective form of integrated, holistic self-care.

### **Factors that Influence Spiritual Self-Care**

Four factors appear to influence an individual’s ability to engage in spiritual self-care practices: spiritual intelligence, spiritual self-agency, motivation, and self-compassion.

**Spiritual intelligence.** Spiritual intelligence (SQ) has been described as the ultimate guide in the search for meaning in life, an intelligence with which humans can assess their life in a wider and richer context so that they are better able to make mindful decisions as they chart the course of their lives (Pawar, 2018). Mircea (2017) indicated that the components of SQ can be found in Kabbalah literature: (a) to develop happiness and fulfilment, (b) to enter creative relationship, (c) to live with dignity and empathy, (d) to live with passion, (e) to promote healing and forgiveness, (f) to concentrate power

and justice, (g) to generate love and compassion, (h) to cultivate knowledge, will, and purpose, (i) to promote rational understanding, and (j) to nurture intuition (p. 44). The spiritual qualities of gratitude, creativity, authenticity, curiosity, compassion, forgiveness, justice, love, discernment, intention, and providing the quiet interior space to cultivate a sense of inner-knowing are all facets of SQ (Mircea, 2017; Nia & Amirianzadeh, 2018; Westenberg, 2017).

SQ has been shown to impact mental and emotional wellbeing, promote healthy relationships, cultivate an exploration of attitudes, and create a purposeful and fruitful life (Nia & Amirianzadeh, 2018; Raina & Jagriti, 2018; Westenberg, 2017). Recent research stated that SQ fosters wellbeing and successfully mitigates the impact of psychological states such as depression and anxiety, which suggests that SQ is a critical skill for individuals to develop in order to set the stage for healthy, productive lives (Raina & Jagriti, 2018). SQ is emerging in the literature as an important factor in terms of how individuals are able to choose self-care practices that generate spiritual health and wellbeing. (Mircea, 2017; Nia & Amirianzadeh, 2018; Pawar, 2018; Raina & Jagriti, 2018; Riahi et al., 2018; Seena et al., 2017).

**Spiritual self-care agency.** Orem, Taylor, and Renpenning (2001) defined spiritual self-care agency as the complex, acquired ability to know and meet one's own continuing requirements for deliberate, purposive action to regulate one's own functioning and development. Callaghan (2006) suggested that spiritual self-care agency requires awareness of appropriate courses of actions, decisions of what actions to take, and recognition of how to act to achieve change. To develop self-care agency, one must understand self-concept, initiative, and responsibility (Callaghan, 2006). White, Peters,

and Schim (2011) described the foundational capabilities of spiritual self-care agency as an orientative disposition that reflects a person's priority system or value hierarchy. When an individual values and prioritizes spiritual self-care, a sense of self-agency and motivation increases, and the individual becomes increasingly inclined to learn about themselves, their current environment, and the factors necessary for promoting better health and wellbeing (White et al., 2011). Human capabilities necessary for engaging in spiritual self-care include knowledge, attitudes, and skills that enable individuals to engage in self-care (White et al., 2011). Five operations that an individual must investigate were identified in the literature to determine conditions and factors necessary for self-care: (a) knowledge of self, (b) knowledge of environment, (c) recognition of existing conditions, (d) awareness of factors necessary for health and life, and (e) awareness of factors necessary for wellbeing (White et al., 2011). Greater investigation into spiritual health and spiritual self-care may enhance spiritual self-care agency.

**Motivation.** Odde (2011) defined motivation as the potential of being oneself, a process of passionately being interested in one's own existence and taking care of oneself. By discovering what concerns or sparks curiosity, an individual is inspired to learn more about the self. This process prompts one to reflect, evaluate, and consider the meaning of life. As Kierkegaard (as cited in Odde, 2011) suggested, being human is a task, and to be a self (oneself) requires active engagement in and relation to the self in order to be human. In this light, motivation is an act of self-care rather than the way the concept of motivation is typically understood in Western culture today: the pursuit of individual goals rather than concerning the totality of human existence (Odde, 2011). As



Odde (2011) suggested, when an individual understands how one relates and how one possibly could relate, an individual can act and live in the world in accordance with one's values, preferences, and find a way to care about oneself, others, and the world. SQ, spiritual self-care, spiritual self-care agency, and motivation are all important components of developing a meaningful spiritual self-care practice.

**Self-compassion.** Self-compassion is a factor enabling self-care and is a specific self-care practice. In the literature, self-compassion is often combined with the practice of mindfulness (Bluth & Blanton, 2013; Neff, 2011). Neff (2011) defined self-compassion as the need to stop and recognize personal suffering in a way that involves feelings of kindness so that a sense to ameliorate suffering emerges (p. 10). Self-kindness, recognizing common humanity, and mindfulness are three critical component of self-compassion (Neff, 2011). Benefits of self-compassion include emotional resilience, a healthy sense of self-worth, motivation activation, and personal growth (Neff, 2011). Recognizing and building one's inherent sense of self-worth, acting with self-kindness, and extending self-compassion are all necessary foundations for building one's sense of self-care agency. Though there are likely many more self-care practices that tend to the spiritual dimension of health and wellbeing, mindfulness and self-compassion are two practices emerging in the literature.

### **The Impact of Spiritual Self-Care**

**Positive aspects of integrating spiritual self-care.** Tending to spiritual health has been shown to significantly enhance quality of life, physical wellbeing, mental health, and self-awareness (Richards et al., 2010). Brown (2008) reported that spiritual activities are beneficial for symptoms of depression, anxiety, and the treatment of a

variety of psychiatric illness. Cultivation of a deeper connection to oneself, others, and the transcendent or sacred provides a strong sense of identity or direction that can foster a sense of communion, faith, beliefs, hope, relief, coping, meaning, and purpose (Laird et al., 2017; Siddall et al., 2015).

Spiritual wellbeing has been shown to positively influence beliefs, attitudes, emotions, and behaviours and is integral in generating a sense of meaning and purpose in life (Siddall et al., 2015). Mindfulness practices have also proven beneficial to healthcare professionals. Mindfulness practice has been shown to mitigate the effects of burnout, compassion fatigue, emotional exhaustion, depersonalization, and vicarious trauma (Christopher & Maris, 2010; Kerr, 2016). Other spiritual self-care practices—such as meditation, prayer, and yoga—have been found to be positively related to improved health outcomes for individuals experiencing chronic illness (White et al., 2011).

**Challenges from a lack of spiritual self-care.** When people do not tend to their overall health and wellness, they are impacted in several ways, including the experience of burnout. The World Health Organization has recently recognized burnout in its *International Classification of Diseases* handbook, which defined burnout as a “syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed” (World Health Organization, n.d., para. 4).

Burnout has been identified in the literature as a factor contributing to deteriorating health and wellness (Barnett, Baker, Elman, & Schoener, 2007; Coaston, 2017). Known as a state of exhaustion, burnout impacts health, relationships, and productivity (Canadian Medical Association, 2018; Golonka, Mojsa-Kaja, Blukacz, Gawlowska, & Marek, 2019). Burnout is typically associated with occupational stress

and relates to workplace cynicism, high resignation rates, and premature retirements (Golonka et al., 2019). The sole exploration of burnout in the workplace fails to recognize many other similar forms of utter exhaustion from chronic stress, such as caregiver burnout (Acton, 2002; Kuhn, Fulton, & Edelman, 2003; Sullivan & Miller, 2015). The research is replete with studies on the impact of stress on informal caregivers. Some recent literature has suggested that spiritual self-care can mitigate the effects of burnout (Akbari & Hossaini, 2018; Clark, 2016). With growing attention to occupational burnout, in addition to other physical and mental health concerns, it is an ethical imperative for practitioners of all health disciplines not only to learn more about holistic approaches to health for their patients but also to tend to their own health and wellness (Coaston, 2017; Richards et al., 2010).

### **Summary of the Literature and Rationale for Inquiry**

The literature demonstrates a growing awareness of the ways that holistic self-care, specifically spiritual self-care practices, promote good health, wellbeing, and human flourishing (Balzer Riley, 2003; Brown, 2008; Carmody et al., 2008; Chan et al., 2014; Ho et al., 2016; O'Sullivan, 2016; van Niekerk, 2018). Self-care literature reflects an increasing interest in learning how to empower individuals to (re)assume an active role in mitigating illness and cultivating health (Aten & Worthington, 2009; Chan et al., 2014; Ho et al., 2016; Klingemann et al., 2013; Morris et al., 2014; O'Sullivan, 2016; Rankin, 2013; Roger & Hatala, 2017; Siddall et al., 2015; Starnino & Sullivan, 2016; White et al., 2011). The literature also suggests that self-care behaviours are not only significant to an individual's ability to survive and thrive, but also are also crucial in sustaining the health

and vitality of relationships with self, others, and the broader communities and environment (Drick, 2016; Fuller, 2018; Mills et al., 2018).

Recent literature has suggested that there is “an urgent need to explore the barriers and enablers to self-care and identify examples of effective self-care strategies used in practice” (Mills et al., 2018, p. 2). Some practices of spiritual self-care—such as mindfulness, yoga, and self-compassion—have been noted in the literature (Carmody et al., 2008; Christopher & Maris, 2010; Falb & Pargament, 2012; Ivtzan & Jegatheeswaran, 2014; Langøien, 2012; Maaske, 2002; Neff, 2011; Seena et al., 2017; Parikh et al., 2014; White et al., 2011), yet there appears to be a deficit in terms of the many ways individuals can comprehend, assess, and address their spiritual needs (Balzer Riley, 2003; Brown, 2008; Cassar & Shinebourne, 2012; Koenig, 2012; Pargament, 2007). This inquiry aims to address this deficit by further exploring and expanding conceptions of spirituality and the ways that individuals practice spiritual self-care as part of a holistic self-care regimen. Perhaps by learning about the ways in which spirituality can be understood, explored, and valued, individuals will become more informed and motivated to learn the unique ways in which they may tend to their spirit. Similarly, psychotherapists may gain a better understanding of the ways spiritual self-care fosters good health and learn ways to support integrating meaningful practices in both their professional and personal lives.

## Chapter Three: Methodology

The methodology section will discuss methodological framework.

Methodological assumptions, my role as the researcher, outline of method, and ethical considerations associated with this inquiry will all be explored.

### Methodological Framework

**Methodological assumptions.** A growing interest in developing a spiritual research paradigm reflects a desire to learn how to more effectively capture this essential dimension of human experience that has “been the bedrock of every civilization and form one of the highest mechanisms for making sense of the world for billions of people” (Lin, Oxford, & Culham, 2016, p. x). There is not currently a research methodology that fully captures the spirituality and the spiritual experiences humans have. As Lin, Oxford, and Culham (2016) noted, “Qualitative methods, such as phenomenology, narrative, and autobiography, allow some possibility of exploring the spirituality of individuals embedded in sociocultural contexts, although spiritual exploration is not usually the focus of such methods” (p. x). Interpretive Phenomenological Analysis (IPA), a qualitative research methodology, was selected because exploring the ways in which spirituality and the spiritual self-care practices impact an individual’s life is the focus of this inquiry. A similar inquiry by Cassar and Shinebourne employed IPA because it “aims to give voice to, and examine, the personal lived experience of participants and how participants make sense of their experience” (Smith, as cited by Cassar & Shinebourne, 2012, p. 134). In lieu of using a methodology that explicitly explores spirituality and spiritual experiences, I chose IPA because this methodology is designed to provide a platform for individuals to

reflect on, make meaning of, and articulate personal lived experience; therefore, IPA is best aligned with the goals of this particular inquiry.

The IPA method of inquiry seeks to explore the daily, lived phenomena that impact human lives often in unconscious ways. IPA specifically seeks to study the meanings that people attribute to such phenomena: “These meanings may illuminate embodied, cognitive-affective, and existential domains of psychology . . . people are physical/psychological entities that do things in the world, reflect on what they do, and their actions have meaningful, existential consequences” (Smith et al., 2009, p. 34). The theoretical perspective of symbolic interactionism, which explores the construction of meaning within both the social and personal worlds of an individual, informs the IPA research methodology (Cassar & Shinebourne, 2012).

With its origins rooted in idiography and hermeneutic phenomenology, IPA emphasizes the individual’s specific interpretation of the meaning ascribed to phenomena occurring in an individual’s life (Larkin & Thompson, 2012). Drawing from Heidegger’s assumption that people are inextricably part of this world and Merleau-Ponty’s perspective that an individual’s experience is embodied, the IPA approach is grounded in the hermeneutic understanding that experiences can only ever be interpreted (Larkin & Thompson, 2012). As Eatough and Smith (2017) suggested, “Interpretation is a foundational mode of Being and to live a life is to interpret” (p. 5). This methodology celebrates the significance of daily lived experiences and the interpretive, meaning-making process that creates value to an individual’s life.

IPA is grounded in the double hermeneutic process: the researcher is faced with making meaning of how the participant makes meaning of their lived experience. As

such, the researcher is tasked with an iterative interpretation responsibility. The researcher must ensure the interpretation of data is “principally based on a reading from within the terms of the text which the participant has produced” (Smith et al., 2009, p. 37). Researchers using this methodology are expected to be open-minded, flexible, patient, empathetic, determined, persistent, curious, and willing to enter into (and respond to) the participant’s worldview. Researchers are also ethically responsible for being mindful of the ways in which their own lived experiences could shape their understanding of how the participant describes his or her experience of the world (Smith et al., 2009). In light of this double hermeneutic, effective interpretation of the data requires researcher awareness of personal meaning-making, grounding the analysis solely in what is explicitly stated by the participant, and ensuring the participant has an opportunity to clarify or revise his or her statements.

The following are epistemological assumptions inherent in IPA methodology:

(a) understanding the world requires understanding the human experience; (b) participants are always already engaged in the world; (c) an idiographic approach is taken; (d) researchers access experience indirectly through an inter-subjective, meaning-making process; (e) researchers need to identify and reflect upon their own experiences and assumptions in order to engage with the experiences of others; and (f) though researchers are unable to escape their own personal interpretations, they can reflect on their personal interpretations and maintain a commitment to grounding interpretations in the participant’s worldview (Larkin & Thompson, 2012).

This methodology, firmly located in psychology, assumes an “explicit commitment to understanding phenomena of interest from a first-person perspective and

belief in the value of subjective knowledge for psychological understanding” (Eatough & Smith, 2017, p. 1). IPA explores all aspects of the human, lived experience: wishes, desires, feelings, motivations, belief systems, and the way that these manifest (or do not) in behaviour and action (Eatough & Smith, 2017). This approach assumes that the things people say are related to their cognitive and emotional experiences; therefore, this approach is committed to honouring all aspects of their being: cognitive, linguistic, affective, and physical (Smith & Osborn, 2008).

IPA methodology recognizes that the holistic dimension of an individual’s worldview. The exploratory, person-centred investigation into the co-researchers meaning-making process of lived experiences suits the goals of this inquiry project well. The purpose of this qualitative study is to clarify expanded notions of both intellectual and operational definitions of spirituality and to understand the ways in which the co-researchers practice spiritual self-care as part of a holistic self-care routine. This approach honours the nature of multiple socially constructed realities inherent in the ways that individuals choose to tend holistically to their health. IPA methodology effectively frames an exploration into the ways that individuals make meaning of spirituality and spiritual self-care experiences.

**Role of researcher.** Hermeneutics is fundamental to the IPA process. The “goal of a hermeneutic approach is to seek understanding, rather than to offer explanation or to provide an authoritative reading or conceptual analysis of text” (Kinsella, 2006, p. 3). In IPA, the researcher’s role is to make meaning of an individual’s meaning-making about a particular life experience. This indirect access to a given phenomenon is a critical part of the hermeneutic circle, which serves as the vehicle to gleaning meaning and significance.



Gadamer (as cited by Wilcke, 2002) defined the hermeneutic circle of understanding as “a circular movement, an ever-expanding circle of understanding and interpretation” (p. 5). According to Kinsella (2006), the hermeneutic circle signifies the “methodological process or condition of understanding, namely that coming to understand the meaning of the whole of a text and coming to understand its parts were always interdependent activities” (p. 3). This approach suggests that the ability to glean meaning is rooted in an ongoing, circular process of cultivating deeper understanding of the complexity of both the general and the specific. The emphasis and intention of this type of inquiry, however, are to learn about specific individual meaning-making experiences rather than to discover generalizable themes. Cassar and Shinebourne (2012) indicated that IPA is considered to be particularly relevant to this form of inquiry as the goal of IPA is to give voice to, and examine, the personal lived experiences of co-researchers and the ways that they make sense of their experience. Inherent in this meaning-making process is the researcher’s ability to recognize and reflect his or her own interpretations of how co-researchers describe their understanding of and relationship to their own experiences and assumptions.

### **Outline of Method**

The method section will discuss the selection of co-researchers (the co-researchers), data collection, and data analysis and interpretation.

**Selection of co-researchers.** A critical step in this inquiry was determining the selection criterion for co-researchers. Smith, Flowers, and Larkin (2009) suggested generating a small, fairly homogenous group of co-researchers that will find the inquiry subject matter meaningful and relevant. The small sample group in this inquiry was

comprised of three to five individuals, aged 18 years or older, who employed holistic self-care strategies and actively incorporated spiritual self-care practices into their daily lives. The inclusion criterion that Cassar and Shinebourne (2012) used, which cited that “participants described themselves as having some sort of spiritual orientation and were willing to talk in depth about their spirituality” (p. 134), is similar to the inclusion criterion employed in this inquiry. The co-researchers for this inquiry were selected based on use of a self-reported, spiritually oriented self-care practice and a willingness to speak about how their spirituality informs this practice. As Smith et al. (2009) noted that, with such a small sample size, it is significant that co-researchers find the phenomena being studied meaningful and relevant. Ensuring that inquiry co-researchers have a dedicated commitment to spiritual self-care practices increases the likelihood that they have found such self-care practices meaningful and relevant (Smith et al., 2009, p. 49). A minimum of 5 years of self-reported employment of a spiritual self-care practice was required for co-researchers involved in this inquiry.

Another important consideration during the screening process was finding co-researchers who can clearly articulate their lived experiences (Cassar & Shinebourne, 2012). Recruitment for co-researchers relied largely on advertising and word-of-mouth in locations such as yoga studios, holistic clinics, and other spaces that typically invite individuals who possess an expanded conception of health and wellness (see Appendix A). This strategy was expected to increase the likelihood of locating individuals who practice holistic self-care. Recruitment of three to five co-researchers was sufficient for exploring ways in which spirituality and spiritual self-care practices are incorporated into a holistic self-care routine (Smith et al., 2009). Individuals interested in participating in

this inquiry arranged for a brief consultation with me to determine if the individual met the eligibility criteria. Once I had screened potential co-researchers and deemed them suitable candidates, I sent the potential co-researchers the Letter of Information (see Appendix B), Participant Consent Form (see Appendix C), and the Interview Questions Guide (see Appendix D) for their review. If the individual decided to participate in the study, I scheduled an in-person appointment with them to review the letter of information, sign the informed consent, and conduct the interview.

**Data collection.** The manner in which data is collected was an important consideration of planning this inquiry. IPA provides flexible guidelines that can be adapted by researchers in accordance with their research aims. For this reason, I gathered data for this inquiry using semi-structured interviews (Smith & Osborn, as cited by Cassar & Shinebourne, 2012). A pilot interview indicated whether I was required to make any revisions to the interview questions guide. Data from the pilot interview were not to be included in the analysis or final reporting. As mentioned previously, I shared the interview questions before the interview occurred so that co-researchers had time to reflect on their responses. Co-researchers were notified that the interview process would take between 60 to 90 minutes and that the interview would be audio-recorded.

Interviews were scheduled at a private, comfortable, and safe location mutually agreed upon by both the researcher and the co-researcher. The interview questions guide reflected the suggestion by Flowers et al. (2009) that the interview questions should be open ended and arranged in a way that integrated narrative and evaluative responses and that encouraged minimal researcher verbal input (pp. 59–60). Before audio-recording of the interview began, the co-researchers were each given a pseudonym to protect their

identity. Thereafter, I referred to the co-researcher exclusively by the pseudonym, even during the interview. Once the interview concluded, I reviewed the data analysis and interpretation processes with the co-researcher and provided an approximate timeline for them to review the transcription of their interview for accuracy and/or revision. A paper copy of the co-researcher's transcription was personally delivered for their review. Co-researchers were given one week to review, suggest edits, or approve the transcript. Two weeks after the researcher received the approved transcript from each co-researcher, I destroyed all identifying contact information required for communication purposes that had been noted on an Excel spreadsheet.

**Data analysis and interpretation.** Once data is collected, they are analyzed and interpreted; in this inquiry, the data were the transcriptions. As previously noted, I had audio-recorded all interviews and an external transcriber later transcribed them. The external transcriber signed a confidentiality agreement. Once the interviews had been transcribed, the co-researchers had reviewed the transcription for accuracy and/or revision, and the co-researcher maintained her commitment to be a part of the inquiry, I began the analysis and interpretation processes. Typically, the data analysis and interpretation processes include the following: reading and re-reading the transcription; initial noting; developing emergent themes; searching for connections across emergent themes; moving to the next case; looking for patterns across cases; and assessing deeper levels of interpretation (Smith et al., 2009, pp. 79–106). I engaged in reflective journaling while reviewing the transcriptions and listening to the audio recordings. Careful reading and re-reading of the transcription enabled the process of entering the co-researcher's worldview—a critical aspect of the IPA analysis. This initial step provided a

broad overview of the interview content before I dove into the co-researcher's worldview and meaning-making process. Initial noting included making descriptive, linguistic, and conceptual annotations and deconstructing strategies that focus on the co-researcher's worldview, which can enable me to "see the interrelationships between one experience and the other" (Smith et al., 2009, p. 90).

A careful examination of the details began to dance with the consideration of broader themes. This dance, the hermeneutic circle, is an inherent aspect of the IPA process. By studying the data through both a fine and wide lens, I generated a deeper understanding of the phenomena. By moving from assessing the parts to the whole, I engaged with the hermeneutic circle, which enabled me to dance more intimately with the data and access deeper levels of interpretation. Or, as the literature states, the hermeneutic circle facilitated a close-reading of particular passages that "illuminate[d] and be seen as integrally related to the analysis of the whole, complete interview" (Smith et al., 2009, p. 104). I was able to facilitate member checking by providing co-researchers an opportunity to review and revise the original transcription. I also engaged in several discussions with my supervisor about interpretation decisions that were integral aspects of the data analysis process and also helped enrich the interpretation of the data.

**Validation.** To enhance the efficacy of the inquiry, measures to assess validity are important. Many guidelines exist for assessing validation and ensuring a high quality of work in qualitative research (de Witt & Ploeg, 2006; Flowers et al., 2009; Morse, Barrett, Mayan, Olson, & Spiers, 2002; Northcote, 2012; Yardley, 2000). Guba and Lincoln (as cited in Connelly, 2016) suggested that credibility, dependability, confirmability, transferability, and authenticity can all enhance trustworthiness (p. 435). Credibility

ensures internal validity, or, in other words, it safeguards that the intended focus of measurement is what the research design is truly measuring. This research inquiry addresses credibility by providing an operational definition of the terms spiritual self-care and holistic self-care. I provided the co-researchers with a definition of these two terms in order to clarify the main topics of interest and prompt their own exploration and unique understanding of the phenomena being studied. Dependability addresses the dimension of trustworthiness that assesses whether the inquiry findings will remain consistent and reliable over time. The concept of confirmability aims to ensure that the findings could be replicated if precise methods and procedures were to be repeated. Transferability, determined by the reader, suggests the degree to which the unique findings of a qualitative inquiry are relevant, meaningful, and applicable to other individuals and their unique lived experience.

Connelly (2016) suggested, “Qualitative researchers focus on the informants and their story without saying this is everyone’s story” (p. 436); this is particularly true for this inquiry. The specific spiritual self-care practices employed by the co-researchers may not be generalizable or meaningful to readers. The aim of this initiative, however, was to expand conceptions of spiritual self-care. Additionally, my hope for this inquiry is to stimulate the imagination and creativity of readers to use the findings provided in this inquiry to inform and develop their own meaningful spiritual self-care practices. The goal of authenticity is to precisely and effectively capture the unique lived experiences of co-researchers in the study. This research inquiry specifically sought co-researchers who, at the time of the interviews, self-reported that they valued and used holistic self-care practices. By virtue of this fact, this inquiry project did not represent a wide range of

different realities; however, my goal was to investigate the diversity of spiritual self-care practice within a seemingly similar population who reported having an established commitment to holistic self-care practices.

I considered the validity criterion suggested by Guba and Lincoln (as cited in Connelly, 2016) for this inquiry; however, Connelly (2016) advised using research procedures that are accepted and that employ typical ways of ensuring validity in inquiry-specific ways. Accordingly, I employed the procedures described in depth by Smith et al. (2009) for this inquiry project and focussed on criteria developed and used specifically for interpretive qualitative research (de Witt & Ploeg, 2006; Yardley, 2000).

Flowers et al. (2009) employed Yardley's criteria because her sophisticated and pluralistic approach to assessing validity "offers a variety of ways of establishing quality [and therefore] can be applied irrespective of the particular theoretical orientation of a qualitative study" (Flowers et al., 2009, p. 179). Yardley's criteria align with the IPA methodology well. Yardley (2000) suggested four broad principles for assessing the quality of qualitative research that guided the validity measures for this project:

(a) sensitivity to context, (b) commitment and rigour, (c) transparency and coherence, and (d) impact and importance (p. 219). To ensure sensitivity to context, the first principle, this inquiry project used the IPA methodology because it emphasizes and values the idiographic nature of an individual's unique lived experience. By providing the letter of information before gaining consent and seeking co-researcher feedback (such as where to schedule the interview and transcript review by the co-researcher for accuracy), I was able to address sensitivity and generate a sense of safety and respect that may have helped build rapport with the co-researcher. The quality of the interview, data analysis,

and literature review also impacted my ability to demonstrate sensitivity to context in this study. To address concerns of the second principle, commitment and rigour, I was required to invest time and energy into ensuring that the co-researcher was comfortable prior, during, and after the interview. Conducting a good, rigorous interview requires maintaining a “balance between closeness and separateness, consistent probing, [and the ability to pick] up on important cues from the participant and dig deeper” (Smith et al., 2009, p. 181) that enhances the likelihood that the collected data are valid and the results of the interpretation are plausible and credible. As stated by Smith et al. (2009), “Good IPA studies tell the reader something important about the particular individual co-researchers as well as something important about the themes they share” (p. 181). The thesis honours and reflects the unique worldview of each co-researcher and suggested meaning about the phenomenon being studied.

Identification and explanation of the stages of the inquiry process to the co-researcher and readers enhance transparency and coherence, the third of Yardley’s principles, which reveals how the research process was planned and implemented. Coherence refers to the results being reported in a logical, clear manner and confirming that the research focus aligns with the underlying theoretical assumptions of the methodological approach used. The final principle—impact and importance—signifies that the research makes a meaningful contribution to the literature. Because the aim of IPA is to explore how an individual makes meaning of a particular phenomenon, the results are not designed to suggest a generalizable cause–effect relationship. Regardless, if the results of a research inquiry are able to “tell the reader something interesting, important, or useful” (Smith et al., 2009, p. 183), there is inherent merit to its impact and



importance. My hope is that the results of this study will not only serve to enhance my own spiritual practice, but will also provide a meaningful contribution to the professional field of counselling. Perhaps by learning about holistic self-care practices and the ways tending to spiritual needs can promote overall health, clients engaged in psychotherapy can employ this information for their own self-care purposes. My desire is that this study serves to inspire others to determine for themselves how they might best tend to their spiritual health.

### **Ethical Considerations**

I considered many ethical questions to ensure that the possibility of harm to co-researchers was prevented or minimized. I thoroughly considered the risk to coresearchers and made extensive efforts to minimize risks and discomforts to them. It was determined that difficult life circumstances may have prompted a co-researcher's motivation to employ spiritual self-care practices. For this reason, the potential for co-researcher discomfort when recalling previous life experiences was discussed with co-researchers in the initial correspondence, as well as before the interview. The interview questions were arranged in a manner that asked co-researchers to reflect on the value and impact of their practice at the end of the interview. My intention was to end the interview by empowering the co-researchers to remember the meaningful practices that enhanced their wellbeing rather than leaving them to perseverate on the suffering they had experienced. The information gathered in the interview was intended to remind the co-researchers of their effective and meaningful self-care practices. Safety of the researcher and co-researcher is of primary importance as one designs and implements a research project. As such, I considered all of the following: the purpose and nature of the research,

informed consent, opportunities to opt-out, anonymity and confidentiality, mitigation of threat or harm, and security of data.

**The purpose and nature of research.** The purpose of this research inquiry was to employ IPA to explore how individuals define spirituality, practice spiritual self-care, and perceive this investment impacting their health and wellbeing.

**Informed consent.** I provided potential co-researchers with the letter of information, the consent letter, and the interview questions guide to review before agreeing to arrange an interview. If the individual was interested in participating, I scheduled an in-person interview. Before the interview began, I reviewed the consent document and the interview questions guide with them, verbally, which provided an opportunity to address any questions or concerns before they gave their written consent and the interview commenced. As is suggested in Smith et al. (2009), the issue of consent was revisited during the interview process, with “specific oral consent being sought for unanticipated emerging sensitive issues” (p. 53).

**Opportunities to opt-out.** Co-researchers were informed by both written and verbal consent that they had the right to opt out of the project at any time, without penalty, until the data analysis began. I offered co-researchers an opportunity to review and make revisions to their interview transcript before approving the transcript for the data analysis phase.

**Anonymity and confidentiality.** All identifying information was included in the raw data (the audio recording, interview notes, and an Excel document in which co-researcher names and contact information were noted). I assigned pseudonyms to the co-researchers and to any other individuals named in the interview, at the time of

transcriptions to eliminate any identifying information. Transcriptions did not include any identifying information, which meant that all transcribed data were anonymous. I made every effort to ensure confidentiality of co-researcher identities. The following protective measures were made: (a) the co-researcher was made aware that any specific identifying information would be removed from the transcription and the final thesis; (b) raw data (audio recordings and session notes) transcripts were only to be seen by the research team—consisting of the researcher, research supervisor, and transcriber—all of whom signed a confidentiality agreement; and (c) all identifying information was contained to the audio recording of the interview, session notes from each interview, and a single Excel document noting the names of each co-researcher in the project.

**Mitigation of threat or harm.** I was able to mitigate threat or harm to co-researchers by providing informed consent and ensuring that there were opportunities to opt-out at any time. I took several necessary steps to maximize confidentiality and anonymity. The interview questions guide was designed to bring to mind the ways that co-researchers care for themselves holistically. I provided researcher contact information to the co-researcher in case any further questions or concerns emerged after the interview. I have an established holistic self-care practice that I implement regularly, which has proven helpful in the past. To mitigate threat or harm to myself, I relied on my holistic self-care practice to help alleviate any personal concerns that surfaced during the research process.

**Security of data.** To secure data and honour co-researcher confidentiality and anonymity, I stored all raw data, both written text and electronic data on password protected, encrypted flash-drives, in a locked cabinet in my home office. The external

transcriber signed a confidentiality agreement to secure data, and all copies of individual co-researcher transcribed interviews were either personally delivered or couriered to the transcriber and each co-researcher for review. Once the final thesis is published, all raw data will be destroyed.

**Expected impact.** Though the size of this research inquiry limited the generalizability of the ways that spiritual self-care practices promote holistic health and wellness, the data suggest relevant information for both professional practice and personal development.

**Ethics Approval Process.** St. Stephen's College is an educational partner with the University of Alberta. An ethics application was submitted to the University of Alberta's Human Research Ethics Board and received approval on January 7<sup>th</sup>, 2020. The ethics application process included: an explanation of the study staff, funding, and location; a study summary; risks and benefits assessments; participant information, recruitment, and informed consent; data privacy and confidentiality; and supplementary documentation (i.e. recruitment materials and information pamphlets for participants). This information was submitted online through the University of Alberta's Research Ethics Board. Any adjustments suggested by the Research Board were made, reviewed, and approved by my supervisor, the Principal and Dean of St. Stephen's College, and the Ethics Board Reviewer before receiving approval. Once approved by the Human Research Ethic's Board, I began recruiting potential co-researchers.

## Chapter Four: Findings and Discussion

In accordance with the recommendations of Smith et al. (2009), this chapter presents an idiographic and a cross-case analysis of the findings. The chapter consists of three main sections, which appear under appropriate headings and sub-headings. The first section introduces each of the co-researchers and gives a sense of their personal stories. The second section examines the commonalities in the co-researchers' understandings of spirituality, and presents a description of how their understandings were incorporated into their individual spiritual self-care practices. The third section presents nine overarching themes that emerged across cases. The findings are held in dialogue with the literature throughout this chapter in discussion. The final section, the summary, will restate the research questions, address the co-researchers' conceptions of spirituality and engagement in spiritual self-care practices, and review the nine overarching themes that emerged from the data analysis.

### Co-researchers' Experiences

This section presents each co-researcher individually before exploring the themes that emerged across their experiences. This introduction to the co-researchers is meant to provide a sense of each person's worldview. The four co-researchers involved in this inquiry were middle-aged to older middle-aged females—although exact ages were not asked, their ages fell within the range of 35 to 65 years.

**Sarah: Retreating to transform.** Sarah is a middle-aged, female counsellor who has developed her spiritual self-care practice over several years. Although she was exposed to religion at a young age, Sarah reported that her early experiences in the church did not resonate. She did, however, suggest that her early church experience

“planted a seed that [she] was open to exploring church.” Her willingness to explore led her to a church camp at the ages of 10 and 13. When recalling her experiences, Sarah noted that the musical and devotional elements of those camp practices “were very compelling.” The “devotional quality of the music” continues to be a meaningful part of Sarah’s spiritual self-care practice.

For Sarah, an individualized spirituality means tuning in and connecting to something both deep within and much larger than herself. She stated, “To me, spirituality is about getting quiet enough to hear internal guidance or external guidance about what’s good and right for me.” Sarah reported that nature, spiritual or religious practices, and mindfulness through breathing are all key components of how she connects with her spirituality. She also reported that qigong and yoga are dimensions of her spiritual practice. When Sarah engages in spiritual self-care, she is “connecting with [her] own intuition, getting quiet, and listening to guidance that might come internally or through external kinds of messages, intuitions, dreams, and feelings.”

Spiritual self-care, Sarah suggested, has helped her “to be a better person, to be happy, to be connected.” She explained that her practice enhances her clarity about where to direct her time and energy to be her best self: “I have an awareness of what my boundaries are, and when I have to say yes—or when I can say yes, and when I have to say no and really put my health as a priority.” Sarah also suggested that her spiritual self-care practice offers unique benefits that other dimensions of health do not typically offer. According to Sarah, this practice “gives me strength to make decisions that might not be easy to make, that if I just was considering it from a cognitive perspective or a physical perspective, I might not have a higher level of awareness.” In addition to assisting her

with how to direct her time and attention, Sarah also stated that her spiritual self-care practice has been integral in helping her work through some mental and emotional barriers.

The benefits of her practice go beyond her own personal gain; Sarah suggested, “I’m a supervisor in this clinic, so [spiritual self-care] helps me provide good, grounded support to the other staff. It helps me provide good care to my clients.”

Sarah said that many factors have supported her spiritual self-care efforts. A sense of being part of a community and belonging, creating healthy boundaries, and setting aside time to invest in her practices have all enhanced Sarah’s efforts to tend to her spiritual health. Sarah noted that “spending stretches of time, like in long retreats, [has] helped me to become healthier physically, mentally, and [has] really shaped me as a person.” The clarity, strength, courage, trust, ability to “let go,” curiosity, and belief that tending to this dimension of her wellbeing have served her “highest expression of self” and have all acted as powerful motivators for Sarah to practice spiritual self-care. Despite recognizing the benefits of this particular practice, Sarah suggested that, at the time of the interview, she was only somewhat satisfied with her spiritual self-care practice. In Sarah’s perspective, the competing demands of an intense career in the helping profession paired with other commitments leaves less than adequate space for practice. Yet, despite these barriers, Sarah indicated that her spiritual self-care practice, much like her practices designed to tend to her body and mind, offer an important benefit to her overall health and wellness.

When asked if she has noticed any impact that spiritual self-care practices may have had with individuals she has worked with, Sarah noted the benefits she has noticed in both her colleagues and the clients she works with. She stated,

I know many people who don't have any spiritual practice at all, and I think that's limiting in some ways. What I notice is that when people do have that clarity in themselves, that can make them better practitioners. When people come here for counselling, they might be missing a sense of spirituality in their lives, and they might not have as deep of healing as someone that does have a spiritual practice. I've seen how much when people have strong faith and they can lean into that or talk about that or tap into that in their sessions or even outside their sessions, how that just gives a whole 'nother level to their healing . . . I have seen some amazing, miraculous experiences . . . When we bring in the domain of spirituality, or they bring something forward and I ask them to pay attention to that or tap into that more, then it's quite powerful for their transformations.

Despite feeling that spirituality is an important consideration for her own healing and for supporting others in their healing journeys, Sarah suggested this is “an important domain of awareness that sometimes people maybe don't understand how [it] might tie into work or to life, besides just something that you do on Sunday.” She went on to suggest, “I think as practitioners, if we don't open the door to being okay with that, [it] might be a limiting factor in people's healing.”

Sarah's explanation of her journey with her spiritual self-care practice demonstrates that creating space to step back from the daily busyness of life has shaped her as a person, facilitated deep healing, and has helped her “tend to [her] highest self.”



Experiencing transformation through participating in retreats has enriched Sarah's personal and professional life.

**Amy: Pausing in wilderness.** Amy is a middle-aged mother of a young child with another on the way. She is a healthcare provider who recently decided to sell her business. Amy reported that, although she was not raised in a Christian home, her parents were “open” and had sent her to a nondenominational church camp as a youth, which became “a huge part of [her] identity.” She also shared that she had been “actually always naturally drawn to spirit or religion . . . my cousins would go to church, and if I went down to the farm, I wanted to go. Or, I would read a great-grandma's Bible.” Although Amy expressed that her spiritual practice had developed over time (and continues to develop today), she indicated that her self-care practice had historically been integrated: “[Camp involved] a lot of out-tripping, backpacking, wilderness, so mind, body, spirit just naturally was connected through nature—or wilderness.” After a few years, Amy noted a distinct shift in the atmosphere of the camp due to a developing concern for “conversions”; she stated, “That didn't resonate . . . but it still mattered that we gathered.” This experience prompted Amy and her fellow campers to re-envision the ways that they would continue to connect and engage in holistic self-care outside of the structure that camp had provided.

This process of creating space reflected a collective yearning to “[ask] questions and desire depth.” The community that grew from this initiative supported Amy as she navigated the demands of her career and fertility concerns. She stated, “I'm a pharmacist . . . so taking interest in your own health, or being part of your own health, or having it not just kind of being dealt to you or not just consuming it” was ingrained in her. Her

pharmacy had created customized compounds, so “naturally, [we] got the people where the conventional [prescriptions weren’t] working . . . I was already exposed to complementary and conventional medicine combined, without putting either out of the way. Like Functional medicine, you’re looking at core root cause.” Therefore, when she was facing her own health concerns that conventional medicine was not able to wholly treat, Amy had turned to her community for guidance. She stated, “The concept of sabbatical really came from this community of holistic self-care . . . I took that sabbatical . . . I actually needed the actual three months off.” Participating in a space where people reflected on their needs and advocated for “enough time and space to rest” empowered Amy to consider how she could best tend to her own needs. She reported that her decision to take space for herself away from work during this fragile time came from “[seeing] people take pauses in life to tend to things like body, mind, and spirit.” Amy shared that she had conceived her first child during this space for a three month rest.

Spirituality, in Amy’s perspective, “is something within . . . it’s not separate. It’s not out there.” She went on to describe that “the essence of within [is also connected to] some sense of groundedness. And connectedness.” In addition to these interior qualities of spirituality, Amy suggested,

Along with it, although being within me, being larger than me as well. Larger than myself . . . to others . . . to other beings, or even to your space, your nature, your place—all of that connectedness feels wrapped up in spirituality.

Amy spoke of a number of practices, which facilitate her sense of connectedness. For instance, wilderness continues to be a cornerstone in Amy’s practice. Though its practices are constantly evolving, she and her community derived from her early camp experiences

continue to meet annually. Nature remains a steadfast lifeline for her spiritual practice. She explained, “[In nature], you’re physically doing stuff, there are always metaphors” that prompt meaningful reflection and discussion. Another practice that Amy has adopted in her spiritual self-care has been to study the Enneagram, which helped her try to “find rhythms . . . and led to a recognition of my own needs . . . and pushing me towards declaring space for myself.” She has been actively involved in an Enneagram (Merriam-Webster, 2020) group that meets regularly and has “created a real connection through spirit because you’re being seen, pretty clearly.” She noted, “There wasn’t really a separation between yoga and breathing and faith and spirituality and all of that maybe developed my interest or led to where I’m at.”

As Amy reflected on the benefits derived from her spiritual self-care practice, she noted that health benefits, identification of needs, self-advocacy, self-compassion, trust in self, an ability to set healthy boundaries, and the courage to be open to life. She described the sense of grounding that she experiences as a “trust in self, or feeling settled in yourself, or even that trust in your own intuition that comes when I feel more connected, or when I have more of a consistent time set aside for spiritual practice.” She shared that, as she has been “learning to ask for space,” she also recognizes that “it’s an evolving practice.” Amy has been “trying to figure out what that rhythm looks like,” as she has been discerning “so what are my needs and how do I get them met, or how do I meet them, or how do I ask for that—even value it? Helping myself is as highly valued as helping others.” During the interview, Amy described the ways that she benefits from her practice:

I have more words to share with someone or I trust more what I'm thinking, that's coming out of being grounded, which often is usually coming out of having some kind of rhythm and being rested too . . . meaning physically rested . . . rested meaning when your mind quiets, or even when you're able to let it quiet, or you're able to choose space.

The factors that Amy identified as supporting her spiritual self-care practice included an open, welcoming, committed community that invites participation, individual expression, and support. She suggested that “being part of a community [where] I was shown love and belonging and mattering and being known”—a community where “we’re not trying to convince one another,” yet “[we’re] questioning these faith questions . . . asking for intentional conversation that matters” and “holding space” for the diversity of experience and opinion that surfaces—is critical to spiritual self-care and personal transformation. Amy stated that as people “walk together” in these types of communities, they “come expecting to talk about stuff. [They] come expecting to be asked questions. [They] come expecting to sit in silence. [They] come expecting [to respond to questions] I wouldn’t naturally [pose] on my own.” This supportive space to show up, be seen, and actively participate can provide the scaffolding required to build the confidence and self-efficacy required for the transformation towards healing and wholeness for which many people yearn: “When I have someone believe in me, build me up, tell me I matter, tell me to trust myself. . . I’m actually willing to enter into tension . . . [into] trust . . . and [into] my own willingness to be dissatisfied.”

The courage to “walk into the unknown” and enter into these (often) uncomfortable states helps Amy “advocate for [her needs] more and frame

[dissatisfaction] differently.” She noted that she has been learning to let go of her incessant inner critic telling her “I should, I should, I should.” She also indicated that “this idea of welcoming rather [than] having an attraction or aversion to it, [this idea that] neither are bad, and both are getting your attention or are telling you something” has enabled her to make meaning of adversity and struggle by understanding that “this too can be a gift; this too can be for your healing.”

Another benefit of tending to her spiritual health is the strengthening of a sense of connection, which “creates more space” for “trust” and “remember[ing]” that when she chooses “to believe it’s completely connected . . . [she] feels more connected to herself and grounded, [she] feels more connected to others, and [she’s] thriving.” She suggested, “Our intuition comes more alive—we sense things more . . . [We] draw more connections . . . and this attention to spiritual health has a more lasting effect or impact” and achieves “deeper healing” for our overall wellbeing. This investment in spiritual meaning-making does not solely benefit one dimension of the self; Amy believes that it benefits her psychologically and physically, as well: “I feel less frustrated . . . and I feel [tending to my spiritual health] had a huge impact on my fertility.” These benefits also extend beyond the practitioner. Amy suggested that, as her spiritual self-care practice has helped teach her that “it’s okay to sit in the uncertainty of life,” she believes that “we invite others” into a healing space. She said, “I feel like I’m often more able to attend to others . . . [Since I am] naturally just in that space more . . . I have more empathy and compassion and patience.”

Though Amy has had an ever-evolving, longstanding spiritual self-care practice, she stated that, at the time of the interview, she was not satisfied with her spiritual self-

care routine: “I’m not being active in the ways I’d like to, [the ways] I know actually really help me wholly, and it’s just my reality right now.” Her pregnancy-related physical health limitations had been impacting her ability to tend to her spiritual health in the ways that she finds meaningful. She shared, “It doesn’t mean I don’t long for more . . . more time and space. My desire is there. And sometimes desire is enough—particularly in times where we are exhausted and not rested.” She went on to suggest that her “biggest [barrier] is the perception that I don’t have time.” She reflected that, although she may not always have as much time as she would prefer, she knew that “there is time to be found” and that the barrier of feeling like she is “half-involved” and not “fully being able to do something” should not discourage her from feeling that “that’s still enough” to invest in her practice. Amy shared that she is yearning for “rhythm” and that her practice is enabling her to “find space,” “find [her] own voice,” and “feel pretty hopeful.”

This foundation of hope exists despite being exposed to what Amy described as the “the darkness” of spirituality. During her time serving the needs of people overseas, she had witnessed some heart-breaking cruel treatment that was justified through spirituality. Illness can manifest through the human body, mind, and spirit. Amy recognized that unless people tend to each dimension of their health, illness can emerge. She suggested that when “holistically, something’s uncared for . . . the dark side or the underside of when you are still yourself, but you’re not your full essence,” can emerge and create suffering for the individual and those he or she encounters. Her experience overseas had demonstrated to her the ways in which not tending well to one’s spiritual health can manifest in spiritual and mental illness. Sometimes human beings experience excruciating pain.

Amy's perspective is that tending to her own spiritual self-care, as part of a holistic care model, provides the perspective and solid foundation to endure these experiences. In fact, she declared, "We are called to be active [in our spiritual health], not just passive participants." For Amy, developing a practice of pausing in the wilderness has enabled her to "be awake to life" and show up in the "full essence" of who she is. Amy has noticed the benefits of spiritual self-care practice in her professional life, as well. She suggested that when her patients "choose to integrate more of a holistic [integration of body, mind, and spiritual] life . . . [they become] healthier overall. . . . [I've] seen it make a big difference in some people . . . especially with chronic issues." The significant benefits of an evolving self-care practice that is comprised of physical, mental, and spiritual aspects have impacted not only Amy, but also her patients.

**Willow: Recognizing mycelial architecture.** Willow, an older middle-aged mother of two grown sons, is in the midst of transformation. At the time of the interview, she had left a long-term position as a healthcare provider at a local hospital, and her creativity and passion were moving her career in a direction that aligned more with her spiritual care practice. Willow recalled that, as a child, she had been "interested in spiritual matters," and this curiosity had manifested in her "more adult mind in university," too. She shared that she had been involved in a religious community throughout her formative years, and although she had not always felt aligned with the framework of the prevailing perspectives, she had felt loved, seen, and valued by her congregation. She remembered times of thoughtful observation and expressive confrontations, both of which helped shape her personalized sense of spirituality.

Willow's growing awareness of integrated health and wellness had been nurtured by bodily ailments that she had experienced since childhood. She recollected that, as a child, her "body was actually showing signs of something being amiss [via] upset stomach and such" and she shared that, as an adult, she "had a lot of body pain, most of which was defined as endometriosis by allopathic medicine." Her journey into incorporating holistic self-care intensified when she was told that she would likely not be able to bear children, so she "started looking at alternative ways of attending [to her condition] and exploring other options . . . allopathic medicine was only going so far—the medical system was only helping to the scope of the practice that they could." Willow described receiving treatment with a chiropractor who was "spiritually minded" and whose "practice came out of a reverence for the body and spirit and God to heal." It was through this practitioner that she was first introduced to practices, such as meditation, and the depth of healing that a committed, integrated approach to health and wellness could provide.

As her healing journey continued, she experienced a program that would guide her personally and professionally. It was there that she trained to walk with people through some of their darkest moments. Due to her own grieving of the prospect of not being able to have her own children, Willow recalled the anguish of knowing that may be called to the Neonatal Intensive Care Unit to sit alongside parents who had just lost their child; she reflected, "I didn't want to see it." Yet, during her first few years in her new career, it was Willow who had been called to the Neonatal Intensive Care Unit more than any of her colleagues. Willow stated, "Now I would say, 'Look at all the mirrors and messengers that came to heal this part.'" When recalling these experiences, she said that



she “sat on the floor and observed and wept with them” and that she quickly recognized that, if she was going to “do that work and enter spaces that were really raw,” she would need “some kind of practice, or [she was] not going to survive.” She shared,

The practice started with therapy, but from a spiritual and therapeutic place, and then also nutrition, and prayer . . . woven in together as part of this tapestry that had to be if I was going to continue to do this work.

Willow stated that her conception of spirituality had been shaped by her early childhood religious experience and what she had believed “wasn’t spirituality—what was very much, [she] would say, was modern religion.” Spirituality, in Willow’s perspective, reflects more of what she described as “ancient” religion; she noted that the word *religion* in its etymological form relates to *ligature* or *ligare* and *obligation*. She stated that, in this way, “it’s a beautiful thing to be obligated . . . to have this ligature . . . a spirituality of flanking one another and coming into circle.” She shared that, to her, “spirituality is not static—[it’s rooted in] remembering from an etymological place when ‘membering’ [was] used as a verb . . . [meaning] bringing all our parts back in in an internal, central-channelled kind of way.” She stated that her perspective of spirituality also means “we are not standalone, separate beings, so membering and remembering would mean being flanked and coming side-by-side in circular ways such as when we sit in circle or ceremony.” Spirituality, therefore, is connective, integrative, and strongly grounded in “land-based teachings” and “being open to respecting traditions that are cultural traditions—not to be appropriated or colonized, but to be remembered.”

Willow asserted that the “happy-to-sit-on-a-mat-and-be-quiet-in-a-kind-of-quiet-and-meditative-way” form of spirituality “doesn’t feed the world without some kind of

community or action.” Spirituality, therefore, in her mind, is not separate from or entirely for one’s own benefit. As human beings re-collect all of their “parts,” they are called to move together in community and serve the world around them.

The analogy that Willow offered to represent her perspective of spirituality was rooted in the mycelial network theory, which describes “a discrete subspace domain containing the mycelium, or roots, of a particular fungus. This network could be conceptualized as a vast microscopic web, an intergalactic ecosystem, or an infinite number of roads leading everywhere” (<https://memory-alpha.fandom.com/>). Much like this theory, a vast, largely unseen tapestry of interconnected channels describes her integrated understanding of the ways that spirituality provides an intricate, beneath-the-surface framework through which people can understand and navigate their lives. “Indicators” burst from the earth’s surface in fungal form: “This thing that’s going underground, this mushroom and this mushroom, they’re connected. Same energy.” Similarly, in Willow’s perspective, this spiritual, mycelial architecture grows, connects, and shoots signals through the “soil” of human lives to represent the health of their subterranean network. She asked, “What if my inner workings are also a mushroom—my approach to my own judgment, my own trauma, my own views, my own old stories?”

To nurture the health of her mycelial architecture, Willow engages in certain practices. She suggested that her past experiences of ushering people through end-of-life and of supporting those left behind, has helped her build “capacity to be able to cross the veil . . . and [to be] willing to see in the dark, and not call it or deem it to be negative . . . to stop the [labelling] of positive and negative.” She stated, “It is part of our birthright to know how to approach death,” so aspects of her practice have been addressing the ways

that people meet all forms of death as it shows up in myriad ways in their daily lives. Willow reflected that “language is significant and culture-making, and not speaking is so important.” At the time of the interview, part of her spiritual self-care practice had been ensuring that she routinely crafts spaces for silence, for listening, for “not speaking.” She said that when she did decide to speak, she would do so with careful attention and intention. Another guiding principle in her practice has been the notion “where approach to anything is our approach to everything . . . and if I behold myself and hold myself to that, then I keep coming back to an innocence . . . a nonjudgment.”

Willow also stated that a spiritual self-care practice requires commitment and the ability to “show up” and do the sustained, evolving work of the soul. She said, “[My] practice, again, this weaving of many, many things that I have been carrying and holding and studying and returning to, over and over, throughout the last couple of decades” has woven the fabric of her spiritual tapestry. Willow suggested that learning to practice skills that build recognition of connection, relationship, trust, surrender, nonjudgment, acceptance, guidance, and faith are qualities that are cultivated and nurtured in a person’s mycelial architecture—his or her interior, spiritual realm. She reflected that the most important factor that supports her effort is her breath . . . and it’s ability to remind her that living an integrated, whole life is “all [about] slowing down to the pace of [her] innate wisdom.” She stated, “Remembering where the breath comes from . . . when I inhale in my waking moments, I’m remembering.”

This practice prompts a renewal of her conscious choice: “I made an overt commitment to being all in. Whatever comes, come. Surrender—alchemy—like melting . . . the commitment is to keep melting, keep dissolving, keep allowing whatever shows

up, [and remember] what’s actually going on.” She suggested, “Anything can enlighten you—your approach is all that matters. I have architecture now.”

Willow declared that, at the time of the interview, she was “extremely satisfied” with her spiritual self-care practice, so when asked about the benefits of practicing an integrated approach to wellness, Willow proclaimed that she had “a pretty magical life right now.” She suggested, “If you want a little more magic in your days, that’s not so stuck in the suffering—that might be a reason [to adopt a holistic self-care practice].” Willow went on to describe that this practice is “a way of returning home, and we often forget how to come home—and I mean that in all the ways.”

Beyond the benefits of finding magic amidst the suffering and recalling the ways to return “home,” she also noted that the benefits extend past her own personal gain. She suggested, “While I feel and receive the benefit, it’s not for the ‘I’ or the ‘me’—it’s rippling. If that underlying factor is to be in service, while also seeing my body as well, my relationships are healing and transforming.” Willow’s experience has been that her holistic self-care practice cultivates connection and strengthens her relationships. She stated that this routine promotes mindful attention to her “response, [her] approach.” In terms of barriers, Willow expressed that fundamental fears of unworthiness create shame layers that can impede one’s ability to see his or her own worth and actively work towards achieving holistic health. She stated, “Most of our fears . . . come from—Am I even allowed to exist? . . . [Am I] worthy to be here?” Willow noted that our deepest fears can circumvent people “in our time and in our relationships” from doing the work themselves; she did suggest, however, that these “mirrors and messengers . . . would offer

an equal purpose” in terms of what people can learn to inform their own practice towards healing and wholeness.

Willow’s practice has provided her with the insights that “the physical, mental, emotional, and ethereal are not separate from spiritual health.” Human health is integrated; when people tend to one, they inadvertently impact the others. For this reason, she encourages those interested in developing a holistic health practice to “start anywhere because that arrow is going to cross to the other side . . . there’s a circle . . . it will show up in other areas of your life.” When reflecting on the ways that her practice has transformed her approach to others, she noted that rather rushing in to offer assistance to those who appear to be in need, she instead responds by maintaining a stance of calm, open invitation of support.. For Willow, her holistic approach to self-care has grounded her in a new understanding of what it means to give and receive. She noted,

We have limited words left in our mouths, and breath, and we have limited time in a time out of time, but there’s also this linear physical body that I’m blessed with, and so where that body goes and what gets said and not is something I check in with now, and to a greater degree than what I used to.

Although her offerings to the world are vetted through deep reflection and filled with respectful intention, she suggested there is hope that, if people have ears to hear the offerings of others, their lives can be enriched: “When I hear older women willing to speak of how they survived, lived, thrived, learned through some really difficult times, there’s something in that multigenerational or multifaceted community, kinship, learning—by hearing that, I feel that we’re flanked.” People are supported through the offering of story and experiential wisdom.

In final reflection, Willow offered, “If language is culture making, then we should really study and take good care of what we’re saying in this world.” She added, “Maybe by sharing some of these experiences and as a collective share, there can be some awareness around attuning to what it is that each of us is actually to do or to be in service in the world.” Willow’s holistic practice has informed her perspective, guided her approach to life, and enabled her to recognize the mycelial architecture that lovingly holds the wisdom she has gained. She noted,

It’s the playfulness of all mycelial connections that are going on underneath . . . there’s a whole other trajectory over here that is available under the ground, mucky, dirty . . . and there is such deep and profound joy and love that stems from the things that we fear most.

Recognizing this mycelial architecture has cultivated the magic that Willow experiences in her life.

**Stacey: Emergence through emergencies.** This phrase, “emergence through emergencies” was used by Viggiano and Krippner (2010) to explore the ways crises can evoke transformation. Stacey is a middle-aged author and mother to two teenaged children. She had left her job in the corporate world to pursue her passion and develop a career as a personal trainer. Stacey reported that, growing up, she had attended church until the age of five when her parents divorced. She recalled finding her baptismal Bible at the age of 13 and reading it “cover to cover, because [she] was so seeking something.” She stated, “I knew there was something greater. I was a super lover of the stars . . . space captivated me, the cosmos captivated me, and I wanted answers to questions but nobody

was having those conversations in our family.” Stacey remembered that she yearned for those answers and said,

I read the Bible cover to cover, thinking, this, clearly, this is the Bible. I’m 13, this is THE textbook. This should give me all the answers. And aside from feeling Psalm 23 was quite lovely, I was like no—that felt empty. That was somebody else’s experience and somebody else’s words, and the deep craving I had was for experience.

She went on to note, “I wanted to know something not intellectually; I wanted to know something experientially. I wanted to feel it in my bones and know when I feel it, that’s the truth.”

Stacey noted that this urge to explore her truth had led her on a spiritual journey. At that young age, she had declared, “Spirituality is for me, but what does it mean to me?” Thus, her lived experience had shaped her exploration. She noted, “Growing up on the farm, nature was my religion—the seasons, the weather, and the moon and the stars, and just this incredible earth became my cornerstone of spirituality.” Her curiosity had waned during the busyness of her 20s as she became a personal trainer. She stated, “I was living my dream . . . I was going to be doing that till I was 90 . . . life was set, and then life had a different direction it wanted me to take.” A debilitating spinal injury had abruptly halted Stacey’s career and sent her careening into the depths of despair. Her mental and spiritual health deteriorated as she processed all the ways her physical health had changed. She recalled, “When I had the injury, it was almost like I had this huge remembering of ‘Oh, wait a minute. I used to stare at the stars, and I used to wonder what else there was.’ And so all of that—those younger years—came back up.”

During the interview, Stacey reflected on the ways that Psalm 23 (NIV), the same verses that many years ago lured her attention, applies to the wisdom she has gleaned from her life experiences. Stacey suggested that “emergence through emergency so often pushes us to find other things . . . the doctors go as far as they can go, and then you’re like, ‘Well, I have to find something else. I have to find something older than Western medicine.’” The dark nights in Stacey’s life have motivated her to add spiritual self-care to her self-care of her body and mind.

Spirituality, to Stacey, “is the core connection to what is beyond this life. If I was to think this was all there was, and I came in and I died, and you put my ashes in the ground and that was it, I don’t know that I could walk the planet.” She went on to state,

For me, there’s something so much greater. There’s such a larger encompassing intelligence, and for me, spirituality is how I connect to that intelligence, how I honour that intelligence, how I am in conversation and communication, and when you talk about ‘alignment’—which is overused these days, but that sense of alignment—am I living in a way that allows me to feel that I’m most connected to that intelligence?

Stacey suggested that her experience has taught her that—although the practices, the conversation, and the language change over time—the benefit of spiritual practice remains the same. She believes that this deep, knowing sensation of tapping into a larger intelligence is rooted in the soul’s accumulated wisdom. She stated,

I’m a big believer in reincarnation. I believe we have many, many lifetimes. I believe we bring some of the teachings from other lifetimes through. I believe



that's how we remember things; that's how we know things that we don't know why we know them . . . You kind of come across these déjà vu things, and something in your energy field says, 'Ah—we knew that.'

For Stacey, this larger intelligence is a guiding force that, once tapped, provides deeply meaningful wisdom that can help inform the larger story of life.

The work and art of holistic self-care practice is not static, and it is often not comfortable. Stacey described her well-developed practice as an ever-evolving, ever-responding effort to meet the myriad of challenges that she has faced. When asked if she was satisfied with the ways that her current spiritual self-care practice was nourishing her life, she stated,

If you would have asked me four years ago, I would've said I was 110% satisfied with how I tended to my spiritual health, because after my journey with yoga, I went on to teach, and I was teaching meditation, and everything was so fulfilling. And then four years ago, I was actually in mid-pull up in the gym and everything that happened in my lumbar spine happened in my cervical spine.

Much like she found herself after her initial spinal injury, the satisfaction and joy that she had been experiencing in her life was suddenly interrupted. Her changed state of health demanded yet another significant shift in her practice. She reflected, "For the last four years, I haven't slept . . . and everything just went sideways—here I go, back through the valley. I brought it all—I had so many tools, and I had such an incredible meditation practice, and just this spaciousness . . . when this happened, it shut all of that down." She noted that all of the practices she had found effective and had grown

accustomed to employing were not accessible to her after her second spinal injury. Stacey's subsequent injury prompted an even further exploration of the different ways that people can address their health holistically.

As she grew in her understanding of the ways that she could tend to her health holistically given her limitations, Stacey noted,

It's almost like it's teaching me a whole other way of spirituality that I hadn't known before . . . I've gone deeper into the Buddhist practices. I've gone just deeper into the mind, training the mind, and what is the mind doing, and how does the mind take us offside so far, and these thoughts that I'm having—are these truths? Where is this coming from?

This concerted attention on the ways that the mind frames its comprehension of the lived, embodied experience has provided Stacey with new insights to guide her journey, though this does not mean the journey is comfortable. Stacey said,

Lots of nights, lying awake, running mantras, breathing, sometimes just letting my mind go wherever it wants to . . . if you ask if I'm satisfied [with my current holistic self-care practices], I'd have to say I'm not satisfied because I'm still figuring this out 4 years into this, and yet at the same time, I wouldn't have moved into these practices had I not been pushed by the inner teacher to get out of my comfort zone and really start to dive into something that's maybe more meaningful in terms of understanding the true suffering and the mental condition of humanity.

Stacey suggested that she has gained two significant gifts derived from her spiritual self-care practice. The first, she noted, is that she “lets so much stuff go now.” She stated,

I have to filter out what do I really need to do? What don't I need to do? . . . In the beginning, if I could get dressed in a day, that was huge; so, you very quickly decide what is really just [unnecessary] in your life and what is important and where you really want to focus that limited amount of energy that you have in your day.

She stated that the other gift was having to trust her practices. She elaborated,

The gift of six years I had in total bliss, meditative beauty, is that when I was in the darkness, I knew I'd had that. I knew it was there, and even though I couldn't feel it now, it didn't mean it suddenly didn't exist . . . that didn't go away, but whatever this is, now we will work here.

Stacey's practice enabled her to prioritize how to invest her finite energy, time, and attention and helped her cultivate trust and hope when life brought unexpected change, hardship, and uncertainty.

Stacey also noted that her holistic self-care practice benefitted both herself and those around her. She stated,

For myself, bringing a depth of connection, gratitude, compassion, wholeness—just my own self-love and personal impact. If I hadn't taken mine and then held

circle for others, I know that there wouldn't have been that impact on them. So that's been very fulfilling.

She went on to explicitly note that “taking that step towards healing myself had exponential effects on those around me.” Stacey indicated that the true work in our lives is to tend to ourselves well so we are better equipped to support those around us. She described that instead of getting caught up in “our 3D world,” we can, put on our energy glasses and understand what is underneath the suffering. She noted that this perspective has enabled her to frame adversity in a way that empowers her to look for the lessons in the midst of her struggles. Stacey explained,

We don't get to pick how it's going to look in this life. However it happens, I agreed I'm going to wake up, I'm going to show up, I'm going to pass the torch to you, and then you're going to help that person, it's going to ripple over there, and this is how we all walk each other home.

When asked to reflect on the ways that her spiritual self-care practice uniquely supports her health holistically, Stacey suggested that she “can tend to [her] physical health, and it wasn't until [she] was doing [her] spiritual practice, and [she] was in the middle of retreat that [she] had such an overwhelming sense of gratitude.” This deep-rooted gratitude was uniquely nurtured by her spiritual practice. Stacey stated, “I'd been a personal trainer/health and wellness specialist-nutritionist—for years, and I'd never felt that depth of gratitude.” Though holistic practices can provide integrative benefit for those who implement this form of self-care, Stacey's experience was that tending to her spiritual health offered distinctive benefit in this regard.

Stacey identified that having excellent teachers has introduced her to effective practices and provided realistic expectations in terms of what a holistic self-care practice should look like. She described what her “amazing” qigong teacher has taught her. She learned,

A far more realistic way [of understanding life], walking through this life with a more balanced sense of spirituality, instead of this [idea] of what spirituality is supposed to look like—glowing skin, and radiant aura. It’s like, “Okay, but hang on—this is a human life, so what’s the reality of what that looks like?”

By having mentors and guides not only light the way, but also help support an increasingly realistic perspective of the complexity and pain innate to human life, Stacey asserted that human beings are able to better navigate the difficult terrain life can offer.

Stacey’s experience has taught her about potential barriers that can impede one’s ability to tend holistically to health; she noted that she has faced challenges in all dimensions of her health. When it comes to mental health, Stacey has learned that “the constant busy mind can be hard. The constant beta-wave activity just wants [her] to go all the time.” Attempts to slow a mind operating at a high rate of speed can help bring clarity and grounding, which can assist in discerning which thoughts to trust.

When asked why Stacey believes that tending to holistic health is important, she responded,

It’s the pie. If you neglect your intellectual, the mental health, you’re going to have problems. If you spend too much time on the mental health and don’t look after the physical body . . . that’s where Yoga Union came from. It’s all of these

things on the mat. The mind is on the mat; the breath is on the mat. The breath is spirit. It's inspiration. And the body's on the mat. All three of those are coming together.

I asked Stacey if she was satisfied with her holistic self-care practice. She stated that, although she would “gift [herself] the nine out of ten as a thank you for showing up every day and caring for yourself,” she was, at the time of the interview, feeling that a four out of ten would more accurately reflect her deep desire to continue her exploration of the ways she can effectively tend to her needs. The process itself is one of perpetual unravelling. Stacey recited a proverb: “Before enlightenment, chop wood and carry water. After enlightenment, chop wood and carry water.” Despite epiphanies and blissful moments, the work is never done. Stacey suggested that cultivating a holistic self-care practice does not stop the tumultuous storms from rattling lives. Rather, she said, self-care practices may “[provide] tools for when it dives again, [so we] can pull [ourselves] back out of the suffering.”

Emergence through emergency has offered Stacey an opportunity to explore a myriad ways of tending holistically to health; it has also awakened her recognition that if people invest in their own self-care practices, they are better able to show up and effectively support one another as they journey through life.

### **Conceptions of Spirituality and Spiritual Self-Care Practices**

This section of the chapter will explore the co-researchers' conceptions of spirituality and spiritual self-care practice. Commonalities in the ways that the co-researchers conceptualized spirituality and the ways that their understanding of spirituality shape their spiritual self-care practices, as presented in this section.

**Conceptions of spirituality.** The co-researchers framed their language and understanding of the sacred in unique, yet fundamentally similar, ways based on their lived experiences. The co-researchers suggested nuanced variations of “internal guidance” and a “connection to an intelligence” when asked to describe their individualized understanding of the term. Each depicted both a turning in and an awareness of an outer expanse. Sarah suggested that spirituality is about “getting quiet enough to hear internal guidance,” whereas she also recognized that it is about “connecting into something that seems bigger than myself.” Amy’s language proposed that spirituality “is something within . . . not separate” that is connected to cultivating “groundedness” and “connectedness.” Yet, Amy also explained that “along with it, although being within me, being larger than me as well . . . to others . . . to other beings, or even to your space, your nature, your place.”

Willow suggested that her lived experience had taught her that spirituality is associated with a deep remembering of the ancient understanding that people are obligated to “flank” one another and come “side-by-side in circular ways such as when [they] sit in circle or ceremony.” Although spirituality is significantly related to honouring the responsibility to connect with and support one another on this journey, Willow explained, “Spirituality is not separate from my own breath coming out of my mouth.”

For Willow, spirituality possesses qualities of both outward and deeply internal expression. Stacey, similarly, stated that spirituality is “the core connection to what is beyond this life . . . spirituality is how I connect to that intelligence, how I honour that intelligence, how I am in conversation and communication [with] . . . connected to that

intelligence.” Stacey described “the feeling, when you’re on it, in it, around it, embodying it . . . there’s a feeling . . . that’s how we remember things; that’s how we know things that we don’t know why we know them.”

The guidance, sense of connection, support, intelligence, and essential nature of spirituality was collectively understood to reside both within and outside of each human being. This compass, inherent in each human being and “not separate from [our] own breath,” is experienced as a deeply internal awakening of the recognition that each individual is inextricably bound to an expansive, all-encompassing force outside what may seem a solitary existence.

These same qualities were included in Weathers et al. (2015) conceptual definition of spirituality, which stated that it is “a way of being in the world in which a person feels a sense of connectedness to self, others, and/or a higher power or nature; a sense of meaning in life; and transcendence beyond self, everyday living, and suffering” (p. 15). Similarly, Falb and Pargament’s (2012) describe transcendence and interconnectedness as qualities of spirituality. Both definitions specify qualities of transcendence and connection. Shortly before his death, Maslow augmented the theory that he became famous for: the hierarchy of human needs. He recognized that self-actualization preceded self-transcendence, the latter, which he described as a “seeking to further a cause beyond the self and to experience a communion beyond the boundaries of the self through peak experiences” (Maslow, as cited in Koltko-Rivera, 2006, p. 303).

Maslow (as cited in Koltko-Rivera, 2006) described that, although self-actualization seeks the fulfilment of personal potential, it alone is not sufficient when describing the full picture of optimal human functioning. He indicated that



transcendence, what he dubbed “being-cognition” (as cited in Koltko-Rivera, 2006, p. 305), which characterizes peak, mystical, and transcendent experiences, belonged on a level above self-actualization—beyond human health and beyond purely personal benefit. In response to criticism of integrating transcendence into the psychological framework of human experience, Maslow (as cited in Koltko-Rivera, 2006) stated, “Many prominent psychologists of my day did not understand the psychology of peak or transpersonal experiences because they had not experienced these themselves” (p. 309). Even today, there continues to be, as Maslow (as cited in Koltko-Rivera, 2006) surmised, “a tendency among psychologists to avoid issues that involve spirituality, presumably including mystical or peak experiences” (p. 309). To this end, “incorporating self-transcendence into Maslow’s hierarchy of needs gives [psychotherapists] a theoretical tool with which to pursue a more comprehensive and accurate understanding of human personality and behaviour” (Koltko-Rivera, 2006, p. 313). An individual’s spirituality can cultivate an internal compass, which can then nurture the relationship to the self and all that surrounds and extends beyond the individual. An individual’s spirituality can enable meaning-making of lived experiences and clarify a sense of purpose (Falb & Pargament, 2012; Koltko-Rivera, 2006; Weathers et al., 2015). The co-researchers used their own language to describe the conceptions of spirituality, which were fundamentally similar. Consistent with the literature, an individual’s spirituality can enable meaning-making of unique life experiences.

**Spiritual self-care practices.** Conceptions of spirituality translated into the co-researchers’ spiritual self-care practices in several unique ways, yet all practices

facilitated both space for introspection and externalized expression of spiritual philosophies.

To cultivate interior exploration, Sarah used mindfulness and created opportunities to retreat, get quiet, listen to internal guidance, tap into her intuition, dreams, and feelings. Her practices honoured spiritual expression through singing, chanting, participating in retreats, immersing herself in nature, engaging in spiritual and religious practices, and practicing yoga and qigong.

Similarly, Amy ensured that her practice includes opportunities to create space—or “pauses”—from the typically quick pace of daily life. She also routinely connects with her breath and prioritizes rest. Amy’s practice also includes basking in the wisdom and guidance that the wilderness offers and studying the Enneagram in community as a means to explore the depths of the shadows of the ego. Amy routinely engages in intentional community, typically in nature, practices yoga, and consistently participates in a variety of learning communities.

Willow’s spiritual practice consists of “crafting space for silence”; “checking in with [her] body” for guidance and instruction; using her breath as a consistent, inherent reminder to “slow down to the pace of [her] innate wisdom”; and praying.

Willow posited that her spiritual practice is shaped by the practice of remembering, which is enriched by her vested interest in learning from Indigenous, land-based teachings, and from the experienced wisdom of older women. Willow’s spiritual practice of giving and receiving consensually and conscientiously in an “interlude of cosmic play” and speaking with careful attention and intention since “language is culture-

making” has been informed through community learning, alchemy, therapy, and the wisdom offered from relationships with elders and the Divine Feminine.

Stacey’s spiritual self-care practice consists of meditation, curious introspection, connection with her breath, an allowance of her mind to wander, recitation of mantras, a prioritization of needs, and integration of wisdom from Buddhist teachings. Aside from the internal reflection that her practice fosters, Stacey engages in yoga, qigong, walks in nature, teaching, and “rudimentary” practices such as taking a bath and eating a proper breakfast.

The spiritual self-care practices that each of the co-researchers employs serves to attend to two paradoxical dimensions of their conceptions of spirituality: their interior spaces and the greater world beyond their human form.

The co-researchers incorporated many multidimensional spiritual self-care practices that have been documented in the literature: prayer, music, meditation, healthy relational boundaries, alignment of actions with the wisdom of internal guidance, mindfulness, and yoga (Carmody et al., 2007; Cassar & Shinebourne, 2012; Christopher & Maris, 2010; Falb & Pargament, 2012; Ivtzan & Jegatheeswaran, 2014; Langøien, 2012; Maaske, 2002; Neff, 2011; Seená et al., 2017; Parikh et al., 2014; White et al., 2011).

All co-researchers mentioned the need to create space from the everyday, and often mindlessly frenetic, pace of life in order to nurture an ability to gain clarity, and, as Willow suggests, “slow down the pace of [her] innate wisdom.” By getting quiet, turning inward, and engaging in mindfulness practice, Sarah, Amy, Willow, and Stacey each stated that this time of reflection cultivated awareness, attunement, and better

discernment in terms of how to move forward in their lives in ways that aligned with their highest good. The findings in the present study support Heidegger's conceptions of *Dasein* and the literature on mindfulness presented in the literature review. Falb and Pargament (2012) suggested that mindfulness, which is described by present-moment awareness that emphasizes deliberate, nonjudgmental attention, is an effective form of spiritual self-care practice. Christopher and Maris (2010) indicate that mindfulness-based practices help practitioners embody the ideals of acceptance, genuineness, and empathy. The concept of fostering present-moment awareness relates to Heidegger's idea of *Dasein*, or "being there"; Heidegger believed that *Dasein* is lost in the inauthentic, unreflective ways that people live often live their everyday lives (as cited in Reich, 1995).

The co-researchers used their individualized conceptions of spirituality to employ a multitude of practices to address their unique, evolving needs.

### **Overarching Themes**

Nine overarching themes emerged from the analysis, which clustered into three categories: (a) the prerequisites of spiritual self-care, (b) the unique features of spiritual self-care, and (c) benefits of spiritual self-care practice. Each of the categories is presented in turn, along with their corresponding themes.

**Prerequisites of spiritual self-care.** Analysis across the co-researchers' experiences identified three themes that suggest significant prerequisites for spiritual self-care practice: childhood exposure to a spiritual framework, carving space for practice, and the importance of mentors who inform and support an individual's spiritual self-care practice. It is also imperative to discuss the noted barriers to spiritual self-care.

### *Childhood exposure to a spiritual framework*

The only thing that science has shown to reliably predict fulfilment, success, and thriving: a child's spiritual development. (Miller, 2015, p. 24)

Each co-researcher described early childhood exposure to a spiritual framework, which resonated with a deep sense of connection to the world around them. Sarah and Amy both noted that early church camp experiences were pivotal. Willow's early church community was meaningful, and Stacey's innate curiosity prompted her to seek out early experiences in the church and with the Bible. Common early childhood exposure to a spiritual framework prompts the question of whether there was a coincidental draw due unique to an intrinsic disposition or whether there was an innate childhood propensity to recognize and connect with the spiritual depth. In Stacey's experience, she stated, "I knew there was something greater. I was a super lover of the stars . . . space captivated me, the cosmos captivated me, and I wanted answers to questions but nobody was having those conversations in our family." If not through a religious lens, how do youth find "architecture" to scaffold these inherent spiritual seeds? Few aspects of the modern world cultivate a sense of awe and wonder for what lies beyond the confines of the human senses. As children move through adolescence, a sense of disillusionment and despair can build into depression and suicidal ideation for many adolescents aged 15 to 24 (Findlay, 2017). Is this all there is? Is there any validity to what cannot be sensed or easily quantified? For each of the co-researchers, this early life experience of seeking to make sense of the deeper, unseen world appears to have planted the seeds for the growth of an openness of heart and a great "remembering" for the quest for depth and meaning later in their adult lives.

Each co-researcher described that her return to tending to her spiritual health was fuelled largely by the frustration with the struggles that life presented. Ailments in other aspects of their health (both physical and mental) prompted a re-awakening of the vital importance of recognizing and tending to their own spiritual health. For these individuals, the return and the re-awakening are connected to a deep remembering and recollection of what they knew to be true at a very young age. Exposure to a spiritual framework at a young age equipped the co-researchers to re-engineer a framework that better suited the needs of their adult experiences. In Stacey's language, "We can get all caught in our 3D world, or we can put on our energy glasses." In adulthood, attention shifts. Wonder. Awe. Following curiosity.

Psychologist Lisa Miller (2015) has been studying the impact that providing a spiritual framework during childhood can have on health and wellness during adolescence. Miller's research indicated that, if spirituality is properly fostered in the formative years of childhood, the risk of adolescent alcohol or substance abuse, engagement in unprotected sexual relations, and depression all are mitigated by a meaningful spiritual orientation (as cited in Bethune & Buck, 2015). Her research suggested distinct advantages of devotion, not specifically to religion, but rather an individualized sense of spirituality, during this pivotal time in human growth and development (Bethune & Buck, 2015; Miller, 2015).

*Carving space for practice.* One common prerequisite that all co-researchers noted was the need to carve space for spiritual self-care practice, which gave them an opportunity for introspection and mindful self-reflection. Sarah stated that she is able to "get quiet enough hear internal guidance or external guidance." She went on to say:

“Spending stretches of time, like in long retreats, [has] helped me to become healthier physically, mentally, and [has] really shaped me as a person.” For Amy, her practice enabled her to learn “to ask for space”; she states, “I want to have this space... [I’m] choosing it for myself.” Willow asserted that part of her practice is to ensure she routinely crafts spaces for silence, for listening, for “not speaking,” whereas Stacey noted that her practices have recently “gone deeper into the Buddhist practices . . . deeper into the mind, training the mind.” By intentionally stepping outside the typical pace of life, the co-researchers have each articulated the ways that they practice creating space for reflection.

One prerequisite identified in the data analysis, carving space for spiritual self-care practice, reflects Kierkegaard’s belief that by reflecting on how one shall live, an individual will be reminded to act in ways that align with moral purpose—which then serves to renew and nurture life rather than decay it with worry (as cited in Reich, 1995). By creating the space to reflect on their needs, the co-researchers are exercising “spiritual self-care agency”: an acquired ability to meet self-care needs, which requires awareness of self-concept, initiative, and responsibility (Callaghan, 2006). Individuals need to recognize that they are more than the machines they are often told they should be by stepping outside of an ego-driven life. When individuals develop a holistic understanding of their self-concept, they are more adept at seeing how and why they should take responsibility for regularly creating space in their lives for self-reflection. The concept of Sabbath has long been a part of the Christian faith. Buchanan (2006) said this:

In a culture where busyness is a fetish and stillness is laziness, rest is sloth. But without rest, we miss the rest of God: the rest he invites us to enter more fully so

that we may know him more deeply. “Be still and know that I am God.” Some knowing is never pursued, only received. And for that, you need to be still.

Sabbath is both a day and an attitude to nurture such stillness. It is both a time on the calendar and a disposition of the heart. It is a day we enter, but just as much a way we see. Sabbath imparts the rest of God—actual physical, mental, spiritual rest, but also the *rest* of God—the things of God’s nature and presence we miss in our busyness.

All four co-researchers articulated this need to consistently carve out time in their lives for introspection and reflection.

***The importance of mentors.*** The awareness that all beings are one, united in often “mycelial”, or unseen, ways, is undergirded by the recognition that humans actually need one another to help, as Stacey suggested, “walk each other home.” Each co-researcher mentioned the important roles that mentors have played along their life’s journey. From Sarah’s meaningful church camp experiences with mentors who led her through the “very compelling” musical and devotional elements of camp practices, to the qigong and yoga instructors who mentored her development of practice, to the supportive individuals who initiated and facilitated the transformational retreat opportunities Sarah found so meaningful, the mentors in her life have had a tremendous impact on the development of her spiritual self-care practices. Similarly, Amy’s early church camp opportunities enabled her to feel a sense of deep connection that she struggled to find outside these experiences at a young age. The community of like-minded campers who evolved past the church camp experience and who, together, transformed their space for pause in the wilderness continues to shape Amy’s spiritual self-care practice. Her Enneagram teacher,



therapist, and other learning communities that she seeks have all contributed to the practices she finds meaningful today. Willow's experiences of being loved by her religious community growing up, holistically cared for by a "spiritually minded" chiropractor, walking through deep grief with families who have lost a precious loved one, learning from ancient religious practices and sage women, and engaging with teachers of the alchemical path have all guided the spiritual practices that she employs in her "magical" life. For Stacey, a willingness to learn from the Bible, yoga instructors, meditation guides, Tibetan Buddhist teachers, qigong masters, and, like Amy, the lessons that nature offers, Stacey's robust, dynamic spiritual self-care practices have tended to her changing needs.

To become an effective mentor, one must have already delved into the depths of healing themselves. The notion of the "wounded healer," a term popularized by Jung (as cited in Luton, 2010) and possibly rooted in Greek mythology, suggests that an individual is motivated to support others because of the empathy, compassion, and wisdom they have garnered from their own healing journey. This conception of sharing the acquired lessons learned along life's journey relates to the theme of benefitting self and others inherent to spiritual practice. Research is emerging in regards to the qualities of effective leadership or mentoring. Brown (2018) stated that, for leaders to lead well, these individuals must be courageous enough to face vulnerability, be self-aware and have enough self-love to embody the qualities of an effective leader, and have the courage to create a culture that empowers individuals to practice bravery, engage in tough conversations, show up with their whole heart, and remove the ego's armour. Human suffering—if we, as humans, choose to accept the lesson—teaches us how to serve others

and teaches us how to guide others in living, particularly as psychotherapists. We, as human beings, are called to recognize that our lived experiences shape who we are, how we move, and how we lead; we can become informed teachers, counsellors, and guides to help those we encounter along the path because we are walking the same trail, learning and imparting valuable wisdom about the ways to prepare and navigate the terrain.

*Barriers of spiritual self-care.* Despite the articulated benefits of spiritual self-care practice, the noted gains are not earned without sacrifice. Each co-researcher suggested that she has faced barriers in her efforts to tend to her spiritual health. Sarah stated, “I have a lot of demands in my life, particularly related to my job . . . the demands of work and long hours.” Amy described that recent changes in her physical mobility have meant “I’m not being active in the ways I’d like to.” She also noted that exhaustion and lack of rest impact her practice. Willow suggested that deep-rooted questions around worthiness or shame have had an impact on her ability to practice spiritual self-care in the past but that she thinks that her practice has enabled her to move past these limitations. She said,

If there are barriers, it would be believing that I’m not worthy, and whatever—however that manifests or shows that, it could be higher-up layers that might show up . . . maybe that’s our addictions, maybe that’s our thinking addiction, or beliefs about ourselves or the world. Shame layers, there are eight types of shame, and maybe it’s coming in all these other ways . . . at this stage, I would say while I notice them coming up, they are no longer what I would call barriers.

Stacey indicated that, at the time of the interview, she was in the throes of facing barriers to her spiritual self-care practice. Her injuries were creating limitations in both

her physical and mental health, which, she indicated, was also impacting her spiritual health. She explained,

The constant busy mind can be hard . . . before I'd be like, "Oh, I'm going into a 30-day practice, and nothing would shift me from a 30-day practice. [Now] I could be three minutes into my morning meditation, and my mind's like "Maybe we should change. Maybe we should get up and stretch. Maybe we should just go for a walk. Maybe." So, there's the challenge of this constant beta-wave activity that just wants me to go all the time. I have to remind myself . . . "When you're feeling good, don't have a dance party [laughs], because that'll create pain the next day" . . . the mind's a trickster.

Although these barriers to developing and committing to spiritual self-care practice may manifest in unique ways, the co-researchers continue to explore the ways that individuals can overcome the barriers of busy schedules and changing physical and mental abilities, all of which can sabotage self-care efforts and undermine a person's ability to confidently engage in meaningful spiritual self-care practices.

**Unique Features of self-care practices.** The cross-case analysis revealed two themes about unique features of spiritual self-care practice. These two themes are as follows: the nature of an evolving practice and the mycelial essence of spiritual practice.

*The nature of an evolving practice.* One aspect of spiritual self-care practice that was addressed by each co-researcher was the nature of an evolving practice. Sarah stated that her childhood exposure to camp offered a variety of spiritual practices, and, as an adult, "the devotional quality of the music . . . is still important to me." What this suggested, however, is that she has engaged in a discerning process to recognize what

elements of spiritual self-care practice are still meaningful to her. Similarly, as Amy aged, the atmosphere of the childhood camp experience that had once been revitalizing and meaningful began to shift in ways “that didn’t resonate.” She explained that although the specific spiritual self-care practice changed, she had decided, “It still mattered that we gathered.” Her practice shifted as a result of her changing life experiences. At the time of the interview, she was struggling to shift her practice in ways that supported her pregnancy-related limitations. Amy stated,

I’m not being active in ways I’d like to, [the ways] I know actually really help me wholly, and it’s just my reality right now . . . It doesn’t mean I don’t long for more . . . more time and space. My desire is there. And sometimes desire is enough—particularly in times where we are exhausted and not rested.

Willow’s spiritual self-care practice has also evolved from the ways that she practiced earlier in her life. In comparison to the religion that shaped her practice as a child, she suggested that her current practice reflects more of what she described as “ancient” religion—practices shaped by “land-based teachings” and “being open to respecting traditions that are cultural traditions—not to be appropriated or colonized, but to be remembered.” Stacey also articulated the necessity of creating a reflective practice that shifts and evolves with the experiences that life presents. She stated, “I was 100% satisfied with how I tended to my spiritual health . . . [but] for the last 4 years, I haven’t slept . . . and everything just went sideways—here I go, back through the valley.” By no choice of her own, Stacey’s physical and mental capacity changed. Her practice needed to reflect these changes. She shared,

I surrendered a lot, and I just walked through that valley of the shadow of death . . . for a long time just watching, and going, Okay, well, this is where we are, so what is happening in this place? And how I've had to really up my game for self-care, but it's a different [practice] . . . my meditations are not like they used to be.

When life is perpetually changing, it is important to recognize that the practices we utilize to support our self-care efforts will likely need to reflect this ever-changing reality.

Just as spirituality is gaining recognition as an individualized experience, so, too, are the holistic self-care practices we, as psychotherapists, engage in. Different practices resonate with different people at different times. Each of the co-researchers recognized that her holistic self-care practices became more fluid and integrated as her self-care routines transformed to meet her changing needs. As Cassar and Shinebourne (2012) stated, these practices must evolve as a result of personal development with an aim to build “better people” who live in accordance with their ideals and morals. As the body of research pertaining to spiritual self-care practices continues to grow, an emphasis on the dynamic, responsive nature of an evolving practice should be emphasized.

***The mycelial essence of spiritual practice.*** The mycelial, unseen essence of spiritual practice can create ambiguity and scepticism for those seeking to understand the intricate network of spiritual practice. “Mycelial essence” is an analogy for the unseen, interconnected aspects of spiritual practice and its fruits, based on a web of interconnections beneath the earth used by species of mushrooms or fungi. Unlike an explicit, quantifiable science, the substance and consequence of spiritual self-care practices can often only be “seen” through indicators that suggest the practice’s

subterranean presence. Examples of such indicators may include some of the spiritual qualities described by Pawar (2018): gratitude, creativity, authenticity, curiosity, compassion, forgiveness, justice, love, discernment, and intention. Sarah described the struggle to prove the significance of spiritual self-care practice when she stated,

[It is] an important domain of awareness that sometimes people maybe don't understand how [it] might tie into work or to life, besides just something that you do on Sunday . . . I think as practitioners, if we don't open the door to being okay with that, [it] might be a limiting factor in people's healing.

Sarah went on to describe her experience with deep healing when the lens of spiritual practice is integrated. As she noted, it can be challenging to articulate and prove the efficacy of developing this practice; yet, Sarah argues that, without integrating this practice, the depth of healing and transformation can be reduced. The mycelial aspects of Amy's practice have cultivated the visible qualities of patience, hope, and forgiveness. She stated,

I feel like I have a lot more patience, and maybe it's even trust that this is just a really long story. It gives me a lot of care for myself, or hope, or I feel maybe I can even let go more too.

For Willow, her mycelial architecture has prompted the growth of routinely crafting spaces for silence, for listening, for not speaking, and speaking with careful attention and intention. She posited,

It all comes down to relationship, especially with the Divine Feminine. Down in the dark earth where these mycelial pieces go, you can't dig that up and have a

look at it because you'll kill it. You have to trust or know or insist that this is so, without even seeing that it's so.

Stacey described the mycelial aspects of her practice as the foundation for the yogic union of mind, body, and spirit. She stated,

If I hadn't brought the spiritual piece in, I never would have found that depth. When I can't go to anything else when there's so much pain and there's so much depression because everything's heavy, I can feel gratitude. I can dip into that well. I can just go and sit in that space.

For the co-researchers, spiritual self-care practice appears to operate in this mycelial way. There is no way to dig it up. Examine it. Dissect it and quantifiably prove how it all works. Spiritual self-care is felt. It is experienced. It exists outside the confines of the analytical left brain. There are indicators of its presence; yet, the mycelial essence of spiritual practice remains largely reduced to visible indicators and deep, subterranean realms of knowing.

The mycelial essence of spiritual practice, as Willow suggested, echoes the vitally important aspects of the Divine Feminine that are often bypassed or diminished. The mycelial essence of spiritual practice means developing ways of waiting well, trusting the unseen, and nurturing hope despite not knowing all the answers. The mycelial essence fosters one's ability to practice faith, patience, the art of surrender, and gratitude. In contrast to the light-oriented, rational, logistical, and quantifiable dimensions so often found in Western culture, the dark-oriented, emotional, creative, and qualitative aspects of spiritual practice germinate deep within, percolate in the shadows, develop in

uncertainty, and burst into the light of conscious awareness in ways not fully comprehended. As cited in Schierse Leonard (1986), Rilke echoed this sentiment:

All progress must come from deep within and cannot be forced or accelerated. Everything must be carried to term before it is born. To let every impression and the germ of every feeling come to completion inside, in the dark, in the unsayable, the unconscious, in what is unattainable to one's own intellect, and to wait with deep humility and patience for the hour when a "new clarity is delivered": that alone is to live as an artist, in the understanding and in one's creative work. These things cannot be measured by time, a year has no meaning, and ten years are nothing. To be an artist means: not to calculate and count; to grow and ripen like a tree which does not hurry the flow of its sap and stands at ease in the spring gales without fearing that no summer may follow. It will come. But it comes only to those who are patient, who are simply there in their vast, quiet tranquillity, as if eternity lay before them. It is a lesson I learn every day amid hardships I am thankful for: patience is all! (p. 284)

Progress is paced in nature's time, in an artistic method that is largely unseen. As Rilke suggested, progress will come, but it will only come to those who are able to wait with hopeful, patient anticipation. Clark and Olson (2000) described spirituality as "an experience of being in relationship with" (p. 21), which signifies an active participation or engagement with the unseen, underground dimensions of self and the world. Similarly, co-researcher Stacey suggested that, although her outward expression may change, she remains actively engaged in the mycelial essence of her spiritual self-care practice. She described,



The feeling, when you're on it, in it, around it, embodying it . . . there's a feeling. And it can be the same whether you're in the middle of a deep meditation or whether you smell wolf-willow on a spring day. There's no delineation. It's an essence. It's a nature.

Spiritual self-care practice appears to often equate to the largely unseen, often weave an invisible net that both holds and buoys the human spirit while body and mind navigate the world. For a world accustomed to certainty and quantifiable data, the mycelial, unseen essence of spiritual self-care practice can be unnerving and uncomfortable. Yet, for the co-researchers, this invisible weave offers the empowering support that they required to transform.

**The impact of spiritual self-care practice.** The analysis across cases also identified four distinct benefits of engaging in spiritual self-care practice. The co-researchers identified four distinct benefits of engaging in spiritual self-care practice: generating groundedness and clarity, serving the self and others well, the cultivation of a spiritual posture of offering, and the growing audacity to trust and endure suffering.

***Generating groundedness and clarity.*** The co-researchers noted one distinct benefit that developed as a result of engaging in spiritual self-care practices—a greater sense of groundedness, which brought clarity to their lives. Daniels (2005) suggested, “Groundedness is a sense of connection to a deeper, more authentic self. This is typically associated with an experience of clarity, wholeness, ‘rightness,’ and harmony” (p. 169).

The co-researchers stated that this practice of introspection generates a sense of connectedness and clarity about how the individual should move forward. Sarah stated that her practice encourages her to “connect with my intuition . . . [and] listen to . . .

external kinds of messages, intuitions, dreams, and feelings.” Amy suggested her practice assists her as she is “learning to ask for space” and trying to discern:

What are my needs and how do I get them met, or how do I meet them, or how do I ask for that—even value that? I have more words to share with someone or I trust more what I’m thinking, that’s coming out of being grounded, which often is usually coming out of having some kind of rhythm and being rested too . . . meaning physically rested . . . rested meaning when your mind quiets, or even when you’re able to let it quiet, or you’re able to choose space.

Willow’s practice is “all [about] slowing down to the pace of [her] innate wisdom.” To get grounded, she is “remembering where the breath comes from.” Likewise, Stacey described how her practice has enabled her to prioritize ways of investing her finite energy, time, and attention. She states,

The two huge gifts from it have been I let so much stuff go now. I just let go of so much shit, because—I mean, in the beginning, it was—if I could get dressed in a day was huge. So, you very quickly decide what is really just bullshit in your life and what is important and where you really want to focus that limited amount of energy that you have in your day.

Pawar (2018) described SQ as a guide in the search for meaning in life. The co-researchers have been able to cultivate spiritual qualities, such as listening, discerning values, slowing down, tuning in to innate wisdom, letting go, and mindfully directing energy. All of these actions serve to provide the quiet, still interior space necessary to cultivate a sense of inner knowing, or SQ (Mircea, 2017; Nia & Amiriyanzadeh, 2018;

Westenberg, 2017). The practice of introspection reportedly creates a sense of grounding and clarity that has been experienced by each co-researcher.

Grounded clarity brings mindful action, both in the ways we serve ourselves and the ways we serve others.

***Serving the self and others well***

Love thy neighbor as Thyself.

—Matthew 22:39

Space for self-reflection provides the interior capacity to generate a sense of grounding and to create clarity. When individuals navigate life from this anchor, their ability to serve themselves and those around them well is enhanced. As such, the co-researchers all noted the ways in which their spiritual self-care practices promoted a sense of serving the self and others well.

Commenting on her own practice, Sarah stated,

[It] helped me to be a better person, to be happy, to be connected . . . I have an awareness of what my boundaries are, and when I have to say yes—or when I can say yes, and when I have to say no and really put my health as a priority.

She added that her spiritual self-care practice “gives me strength to make decisions that might not be easy to make, that if [she] just was considering it from a cognitive perspective, [she] might not have a higher level of awareness.” Sara also explained that her spiritual self-care practice has helped her to look at “limiting beliefs, to have more insight about the impact of my family of origin, and to process some of my early experiences.” The benefits of her practice are not limited to her own life. Sarah noted that

the benefits of her practice help her “provide good, grounded support to the other staff [and] it helps me provide good care to my clients.”

Amy’s spiritual self-care practice has enabled her to have the courage to “walk into the unknown” and “advocate for [her] needs more and frame [dissatisfaction] differently.” She stated that she is learning to ignore her inner critic’s messages of “I should, I should, I should” and is practicing nonjudgmental acceptance by “welcoming rather [than] having an attraction or aversion.” She is learning to remind herself that, even in times of adversity, “this too can be a gift.” Amy reflected that the benefits of her practice have been both psychological and physical. She acknowledged, “I feel less frustrated . . . and I feel it’s had a huge impact on my fertility”. She also noted that her practice benefits those around her, too. She stated, “I feel like I’m more often more able to attend to others . . . [Since I am] naturally just in that space more . . . I have more empathy and compassion and patience.” Similarly, Willow noted, “While I feel and receive the benefit, it’s not for the ‘I’ or the ‘me’—it’s rippling. If that underlying factor is to be in service, while also seeing my body as well, my relationships are healing and transforming.” She added that her spiritual self-care promotes mindful attention to her “response, [her] approach” to herself, those around her, and her way of navigating life. Stacey also suggested that her spiritual self-care practice has impacted both herself and those around her. She stated,

[F]or myself, bringing a depth of connection, gratitude, compassion, wholeness—just my own self-love and personal impact. If I hadn’t taken mine and then held circle for others, I know that there wouldn’t have been that impact on them.

Spiritual self-care practice has clearly promoted health and wellness in the lives of the co-researchers. The co-researchers noted promotion of physical health, improvement of mental health, and an extension of their sense of self. Stacey also claimed that her spiritual self-care practice has enabled her to navigate feelings of depression as she has responded to the limitations that her physical injury imposed. The advantages of this form of practice, as described by the co-researchers, support the existing literature's assertion that tending to spiritual health significantly enhances quality of life, physical wellbeing, mental health, healthy relationships to self and others, and the creation of a purposeful life (Nia & Amirianzadeh, 2018; Raina & Jagriti, 2018; Richards et al., 2010; Westenberg, 2017). Stacey's personal experience and by Sarah's clinical experience working in as a counsellor support the literature's suggestion that spiritual activities are beneficial for symptoms of depression, anxiety, and the treatment of a variety of psychiatric illness (Brown, 2008). Each co-researcher noted the benefits of spiritual self-care practice to holistic health and wellness for themselves practitioners and for those around them. It is through giving generously that we, as individuals, enrich the world.

***The cultivation of a spiritual posture of offering***

Remember this, whoever sows sparingly will also reap sparingly. And whoever sows generously will also reap generously

—2 Cor. 9:6 NIV

The posture of spiritually grounded offering is self-sustaining, peacefully presented, and of elevated conscious awareness. The posture of spiritual offering refers to the nuance of how the service to others is offered. As this scripture suggests, we “reap” what we “sow.” This notion of giving to receive is well known, yet perhaps the deeper

context around this wisdom can be reframed through reference to another biblical verse: “love your neighbor as yourself” (Mark 12:30–31 NIV). Both statements suggest the fundamental importance of generosity. What if Western culture has overlooked the primary importance of loving oneself well and sowing one’s life generously before turning attention to others?

Another aspect of spiritual self-care that was apparent in these findings, but appears not to be emphasized in the literature, pertains to the ways that practice cultivates a deeply rooted posture of offering the gifts of practice to others. Sarah compared the ways that physical health practitioners help individuals take care of their bodies through activity and nutrition. For Sarah,

Tending to spiritual health takes my level of what I have to offer to the world to another level that I might or wouldn’t necessarily pursue if I didn’t have a spiritual practice.

What she is able to offer the world is elevated to new levels, quite uniquely, by the rooted grounding that her spiritual self-care practice provides.

Amy’s experience pertained to her realization that “helping myself is as highly valued as helping others.” Amy’s spiritual self-care practice ensures that she is tending to her own needs before extending herself to others. She describes, “so what are my needs and how do I get them met, or how do I meet them, or how do I ask for that—even value it?” She then described that her spiritually grounded practice enables her to better offer love to others. She suggested, “I have more words to share with someone or I trust more what I’m thinking, that’s coming out of being grounded.” By attending to her own needs before turning her attention outward, she is able to give her offerings to the world.

Willow offered the story of the enlightened being, the bodhisattva, who stands, with hands apart and open. She explained that “the ones that [the enlightened being’s] radiant light or their healing embracing goes to, those are the one that have stopped moving in a frantic or frenetic kind of way.” Care is offered, not solicited, and those who are drawn in by the spiritual connection of the offering actively consent to what is presented. Similarly, Stacey stated,

Those who are walking very dedicated spiritual paths, regardless of what that looks like for each person, are bodhisattvas . . . we have agreed to come to earth at this time, we have agreed to reincarnate, we have agreed to help others. The Dalai Lama even says it every day—“May I be here until suffering has ceased.” So there is this sense that we come back and we come back and we come back because we are walking each other home.

Rather than providing “help” to those around us, no matter how well intentioned, all co-researchers articulated the growing recognition of offering as a consensual, humble offering of garnered wisdom and support. A spiritually grounded offering is prepared by those who love themselves well first, who have generously “sowed” care for themselves, before offering love and generosity for those who wish to accept what is actively being offered. The posture of spiritual offering, one where palms are open with submission and seeking consent, recognizes the all-too-often-ignored cultural reality that humans often unconsciously act to interrupt or intervene in another’s journey without pausing to consider their own motives or appropriate boundaries. Spiritual self-care practice has informed the posture of a spiritually grounded offering. Motivations matter. The ways

that people offer their gifts to the world matters. A posture of spiritual offering is rooted in love, gentleness, and grace.

***The growing audacity to trust and endure suffering***

Nothing at all but to believe and bear  
Nothing but to foresee that in the ending  
would lie the true beginning and the birth  
and all be broken down before the mending.  
For there can never be Annunciation  
without the human heart's descent to hell  
and no ascension without the fearful fall.

—May Sarton, excerpt from *Annunciation*

Spiritual self-care practice can build human audacity to trust and endure the suffering that inevitably crosses life paths. This often mycelial practice can build glimpses of transcendence and interconnectedness that can cultivate trust that shifts the ways that humans perceive our suffering. No matter how many times that life tries to sideswipe our path with obstacles, we rarely get used to relinquishing control of the steering wheel with ease. The excerpt from Sarton's poem suggested how difficult it is to "believe and bear" that often our darkest moments can birth the most exquisite opportunity for new life. When our lives are in the midst of "the fearful fall," and our hearts are in a swift "descent to hell," it can be difficult to believe that "in the ending would lie the true beginning and the birth and all be broken down before the mending." No matter how many times we plunge into the dark depths of uncertainty and experience the rebirth of ascension, fear will likely accompany our descent. One uncomfortable



paradox and spiritual truth of life rests in recognizing that both pain and pleasure often exist in the same liminal space. For new life, or renewed life, to be birthed, we often must bear the beautiful agony of both the pregnancy and delivery. What often initially presents as a “fearful fall” and “descent to hell” may offer the “ascension” or “annunciation” of new life.

Weathers et al. (2015) indicated that transcendence, an attribute of spirituality, is “a capacity to change one’s outlook on a given situation and on life overall” (p. 13). This attribute enables an individual to cultivate the audacity to endure suffering in two ways: the nature of the perspective that having a spiritual self-care practice has cultivated in each co-researcher and how having that perspective has helped each co-researcher to face and endure difficulties and suffering.

The first way this attribute supports those who are suffering relates to the perspective spiritual self-care has nurtured. The shift in perspective that appears to be at the heart of their ability to commit to enduring difficult times is addressed by each of the co-researchers using their language of “trust,” “letting go,” “acceptance,” and so on. Her practice, Sarah states,

Provides me with more courage to make decisions and guides me more clearly to trust—trust in life and to let go of limiting factors. I think my spiritual health helps me do that more than other parts of my dimensional being.

Similarly, Amy shared that she is learning to ignore her inner critic’s message of “I should, I should, I should,” and she is practicing nonjudgmental acceptance by “welcoming rather [than] having an attraction or aversion.” She reminds herself that even in times of adversity, “this too can be a gift.”

Given Willow's perspective, where an approach to anything is an approach to everything, she stated, "If I behold myself and hold myself to that, then I keep coming back to an innocence . . . a nonjudgment." She explained,

It all comes down to relationship, especially with the Divine Feminine. Down in the dark earth where these mycelial pieces go, you can't dig that up and have a look at it because you'll kill it. You have to trust or know or insist that this is so, without even seeing that it's so.

She continued,

I made an overt commitment to being all in. Whatever comes, come. Surrender—alchemy—like melting . . . the commitment is to keep melting, keep dissolving, keep allowing whatever shows up, [and remember] what's actually going on. Everything has a right to life. All of it. None of it is unacceptable . . . I've grown up with unacceptability as a prime-running mental and emotional track, and it is human to forget, so part of human-making would be remembering, and so if I can remember, and I don't allow anything to be unacceptable anymore, then there aren't any barriers—there's only surrender and guidance.

Stacey, too, has developed a spiritual self-care practice that has generated the audacious view that "we have agreed to come to the earth at this time; we have agreed to reincarnate; we have agreed to help others." She went on to describe the lens that she uses to endure the suffering in her life:

There is this sense that we come back and we come back and we come back because we are walking each other home . . . we can say, okay, well, I agreed to have this spinal injury so that I would go through these practices because I said I would show up for you and I said I would help you, and we all agreed, you know, to wake each other up and to work collectively towards ending the suffering.

Spiritual self-care practices empower practitioners to endure suffering proactively and with resilience. Second, spiritual self-care practices can empower practitioners to endure suffering. Sarah's spiritual self-care practice has provided,

[The] strength to make decisions that might not be easy to make, that if I was just considering it from a cognitive perspective or a physical perspective, I might not have a higher level of awareness . . . my spiritual practice has helped me look at limiting beliefs, to have more insight about the impact of my family of origin, and to process some of my early experiences.

Spiritual self-care does not negate the pain of some of our experiences. In Sarah's perspective, it has enabled her to see her life through an increasingly elevated and, at the same time, grounded lens, which then helps her proactively and consciously process some of her difficult life experiences.

Amy also shared the ways in which her spiritual self-care practice helped provide the scaffolding to build the self-efficacy required to heal and transform toward wholeness. She stated that her supportive community has been an essential part of her practice that has nurtured her courage to "walk into the unknown":

When I have someone believe in me, build me up, tell me I matter, tell me to trust myself . . . I'm actually willing to enter into tension . . . [into] trust . . . and [into] my own willingness to be dissatisfied.

Willow explicitly stated that her spiritual practice has enabled her to consciously choose to endure whatever pain life presented and process her experiences through the lens her practice offers. By engaging in spiritual self-care practices, Willow has learned ways to bypass the “prime-running mental and emotional track” of unacceptability that she was raised with, and she has learned to commit to surrender to “whatever comes.” Willow did suggest, however, that if a person consciously chooses to enter into the suffering of life through a spiritual lens, he or she must commit whole-heartedly. For Willow, the alchemical path has taught her that the suffering, trauma, and pain of life become much like steel-alloyed rods running through the body; the spiritual self-care process engages with those rods. She stated,

As soon as you engaged in the alchemy path, you are tasked with melting those steel alloys. And don't stop, because if you do and they're partway melted, they're these twisted metal chunks inside of you that are really painful.

Each co-researcher articulated a whole-hearted commitment to growing the audacity to trust and endure the suffering. According to Willow, “Everything has a right to life. All of it. None of it is unacceptable.” If we, as practitioners, adopt this attitude of nonjudgmental acceptance of whatever comes our way, learn to trust that all of life's events are part of a much larger, benevolent story, we become capable of enduring the suffering in a healthy and productive way.

Stacey's lived experience also demonstrated the ways that spiritual self-care practices can cultivate the audacity to trust during the "fearful fall" that as she descended into "hell," the hope for rebirth bolsters her ability to endure suffering in productive, proactive ways. Through repeated injury and recovery, her spiritual self-care practices have enabled her to frame the adversity she faces in ways that empower her and foster hope. She posited,

We walk through that valley often. You can call it the dark night of the soul. You can call it whatever you want to call it, but if you don't feel like something is with you, it's going to be death valley. You're not going to come out of the other end of the valley.

Stacey does not currently have access to many of the spiritual self-care practices that she has typically found effective. Stacey mentioned that, despite being four years into trying to augment and adjust her spiritual self-care practice in meaningful ways, she was still not satisfied with her practice. She said, however, that she can appreciate what this current struggle is offering her:

I wouldn't have moved into these practices had I not been pushed by the inner teacher to get out of my comfort zone and really start to dive into something that's maybe more meaningful in terms of understanding the true suffering and the mental condition of humanity.

Stacey suggested that hope is one of the gifts she has received from the suffering she has endured and the struggle to adjust her spiritual self-care practice. She declared,

The gift of six years I had in total bliss, meditative beauty, is that when I was in the darkness, I knew I'd had that. I knew it was there, and even though I couldn't feel it now, it didn't mean it suddenly didn't exist . . . that didn't go away, but whatever this is, now we will work here.

Stacey demonstrated a willingness to enter into the pain life offers, with acceptance and hope.

Each of the co-researchers described how a spiritual self-care practice has developed her ability to trust that, as she enters into suffering, she does so with strategies that germinate hope for brighter days ahead. Sarah and Amy described how their practice cultivates the courage to enter into the tension and painful aspects of their lives. Willow's belief structure enables her to meet the suffering, which life presents, in proactive ways that create hope. Similarly, Stacey's state of struggle and suffering at the time of the interview affirmed the lessons that she has garnered from her spiritual self-care practice. Stacey's assertion "this is a human life . . . Tibetan Buddhist monks die of cancer. It's not because they don't know how to heal. There's so much more going on" prompts our humble realization that human life is inherently fraught with suffering, even for those engaged in deep spiritual self-care practice. What each co-researcher has indicated, however, is that, although a spiritual self-care practice does not thwart the fear and suffering that will undoubtedly plague human life, consistent practice does appear to bolster the audacity to trust in our own capacity to endure the suffering, as well as to trust in a larger, benevolent awareness that ascension is borne in the dark depths of our human suffering.

The audacity to trust and endure suffering is a theme that arises not just from the data analysis of my inquiry, but it is a theme that can be found in various literature. Developing the audacity to trust and endure the suffering equates to embodiment of self-transcendence articulated by Maslow and reported in conceptions of spirituality (Falb & Pargament, 2012; Koltko-Rivera, 2006; Weathers et al., 2015). Scripture has long offered similar insights. Isaiah 43:2–5 (NIV) reads,

When you pass through the waters, I will be with you; and when you pass through the rivers, they will not sweep over you. When you walk through the fire, you will not be burned; the flames will not set you ablaze. Do not be afraid, for I am with you.

Similarly, Luke 1:37 (NIV) reads that faith “does not make things easy; it makes them possible.” Struggle in life is inevitable. Berry (2006) alluded to the necessity of trust in the following:

For we are fallen like the trees, our peace broken, and so we must love where we cannot trust, trust where we cannot know, and must await the wayward coming grace that joins living, taking us where we would not go—into the boundless dark. When what was made has been unmade, the Maker comes to His work.

An analysis of the co-researchers’ conceptions of spirituality and lived experiences of spiritual self-care practices suggested nine overarching themes important to the consideration of spiritual self-care: (a) prerequisites of spiritual self-care—early childhood exposure to a spiritual framework, carving space for practice, the importance of mentors; (b) unique features of spiritual self-care—the nature of an evolving practice,

recognizing the mycelial essence of spiritual practice; and (c) the impact of spiritual self-care practice—generating groundedness and clarity, serving self and others well, the posture of spiritually grounded offering, and the audacity to trust and endure suffering. I first presented the findings as individual case studies and then I presented as a cross-case presentation of overarching themes that emerged from the data analysis in the discussion.

### **Summary**

Nine themes emerged from the analysis, which clustered into three categories: pre-requisites of spiritual self-care; unique features of spiritual self-care; and the impact of spiritual self-care practice. The category pre-requisites of spiritual self-care was comprised of three themes: early childhood exposure to a spiritual framework; carving space for practice; and the importance of mentors. The unique features category consists of two themes: the nature of an evolving practice and recognizing the mycelial essence of spiritual practice. The category impact of spiritual self-care practice consisted of four themes: generating groundedness and clarity, serving self and others well, the posture of spiritually grounded offering, and the audacity to trust and endure suffering. The summary section of this chapter will revisit the research questions and offer an overview of the findings.

**Research questions.** The aim of this inquiry was to explore how the co-researchers uniquely understood spirituality and how this understanding of spirituality informs their practice of spiritual self-care as part of a holistic approach to self-care. Therefore, two specific research questions guided this inquiry: What is the meaning of spirituality for those who practice holistic self-care? And how is this understanding of spirituality incorporated into a spiritual self-care practice? In response to the literature



suggesting the need to tend holistically to body, mind, and spirit, I designed this project to investigate how unique understandings of spirituality impact overall health and wellness. What I found is that spirituality is uniquely defined and experienced, yet common themes emerge. These themes provide a foundation for therapists to conceptualize and address the very personal topic of spirituality in broad and inclusive ways.

The final section of this chapter presents an overview of findings to answer the research questions.

*Conceptions of spirituality.* Each of the co-researchers, in her own way, suggested that spirituality is about cultivating an effective connection to her true self and to the greater world around her. Sarah’s perception of spirituality has prompted her to prioritize carving space from her demanding work life to practice “retreat” in order to fuel her ability to “transform.” For Amy, her understanding of spirituality has enabled her to create spiritual self-care practices that motivate her to create “pause” in her life, which, often for her, translates to investing time in nature, or the “wilderness.” Willow’s evolving sense of spirituality has germinated a deep reverence and recognition for the “mycelial,” or unseen and hidden “architecture” that often unknowingly enriches the soil from which life grows. And in Stacey’s case, the suffering associated with multiple physical “emergencies” has deepened her experience of spirituality, which has enabled “emergence” and cultivated hope. By creating space to nurture these connections, the co-researchers all suggested that they are reminded of their true self, their innate wisdom and guidance, and their depth of divinity. This deep sense of connection to themselves,

others, and the greater world has been discussed (Carmody et al, 2007; Miller & Sheppard, 2014; Starnino & Sullivan, 2016; Weathers et al., 2015).

***Engagement in spiritual self-care practices.*** Conceptions of spirituality translated into spiritual self-care practices in several unique ways, yet all practices facilitated space for both introspection and externalized expression of spiritual philosophies. Definitions of spirituality included both a turning inward and an expressing outward. This somewhat paradoxical and dynamic understanding of spirituality influenced the spiritual self-care practices adopted by the co-researchers. Specific practices to facilitate inward reflection—such as quiet, solitude, or meditation—were used, whereas practices implemented to facilitate outward expression—such as yoga, qigong, immersion in nature, and community participation—all supported the co-researchers’ efforts to use their ideas of and connections with spirituality to actively engage with the world around them. Some of the co-researchers’ practices are noted in the literature (Christopher & Maris, 2010; Falb & Pargament, 2012; Ivtzan & Jegatheeswaran, 2014; Langøien, 2012; White et al., 2011).

***Impact on overall health and wellness.*** The co-researchers articulated four main ways their spiritual self-care practice impacted their overall health and wellness: by generating groundedness and clarity, serving self and others well, creating a posture of spiritually-grounded offering, and cultivating the audacity to trust and endure suffering. Other themes that emerged from the findings suggest that the impact of spiritual self-care is often the result of an evolving and mycelial, or largely unseen, practice. Obtaining quantifiable evidence of the impact of practice on overall health and wellness is not possible. Rather, the co-researchers indicate that their ongoing practice of tuning into

their spiritual health appears to develop a growing ability to practice nonjudgment and acceptance. Each co-researcher discussed strengthening the muscles of “letting go,” “surrendering,” “trusting,” “resting,” “allowing,” and “accepting” as benefits of spiritual self-care practice. These spiritual qualities are akin to what is described in the literature as spiritual intelligence (Mircea, 2017; Nia & Amirianzadeh, 2018; Westenberg, 2017). Cultivating these spiritual attitudes has enriched the lives of the co-researchers and enabled them to more resiliently endure the suffering inherent in living life on earth.

## **Chapter Five: Implications and Conclusion**

This final chapter of this thesis addresses both the implications and conclusions for psychotherapeutic practice. The implications section discusses implications for holistic self-care practitioners and psychotherapists who are interested in spirituality and employing spiritual self-care practices. The conclusion reviews the inherent struggles in life, suggests further areas of exploration, and concludes with a personal statement about the meaningful contribution spiritual self-care has made in fostering holistic health and wellness in my personal and professional life.

### **Implications**

The findings of this inquiry not only contribute to the literature for healthcare professionals on the impact of spirituality and spiritual self-care practices for those interested in incorporating holistic self-care measures, but also speak directly to psychotherapists and the clients with which they work. The conclusion will review both general implications for holistic self-care practitioners and specific implications for psychotherapists of spiritual self-care practices and the ways that these practices can be integrated into the lives of individuals.

**General implications for holistic self-care practitioners.** This inquiry incites a call to people to both recognize and integrate their own sense of spirituality and spiritual self-care measures into their lives. This inquiry adds to the current literature stating the importance of addressing self-care holistically (Brown, 2008; Carmody et al., 2008; Chan et al., 2014; Ho et al., 2016; Maté, 2004). The co-researchers involved in this inquiry all speak to the fundamentally interconnected nature of health. All three aspects of health—body, mind, and spirit—impact one another.

Current literature has suggested that because people are shifting towards individualized spirituality and because the evidence of the benefits of spiritual practice to physical and mental health continue to grow, it is imperative that health-promoting individuals learn about the ways spiritual self-care can enhance personal efforts (Carlson, 2012; Chan et al., 2014; Overstreet, 2010; Siddall, 2015; “Spirituality still,” 2017). There is tremendous potential for the fields of education, nursing, and mental health to empower their clientele to learn additional holistic methods of care and health promotion. All co-researchers stated that they appreciated the space to explore and discuss why their conceptions of spirituality and spiritual self-care practice were meaningful to them. All stated a desire to have a safe space to share the wisdom that they have discerned through their lived experience and the practices they have developed.

The overall health and wellness of a human being is a reflection of one’s physical, mental, and spiritual wellbeing. The interconnected nature of human health speaks to the need to tend to all aspects of what constitutes health. Each co-researcher stated the inter-related nature of her self-care practice. Sarah recognized the need to tend to all areas of her health because, after tending to her physical and mental health, tending to her spiritual health takes “my level of what I have to offer to the world to another level that I might—or that I wouldn’t necessarily pursue if I didn’t have a spiritual practice.” Amy stated that, after several years of practice, “there wasn’t really a separation, between yoga and a breathing and a faith and a spirituality.” Willow asserts,

Today, in this moment, when it comes to spirituality, I can’t silo that as being different than mental, emotional, spiritual. I know we separate out these bodies . . . [but] as we drop down into true nature, we might be getting close to what

spirit is—I'm not separate from source. There are no two things . . . Spirituality is not separate from my own breath coming out of my mouth.

Similarly, Stacey describes,

It's the pie . . . that's where yoga union came from. It's all of these things on the mat. The mind is on the mat; the breath is on the mat. The breath is spirit. It's inspiration. And the body's on the mat, and all three of those are coming together.

The interconnected nature of human health and wellness can no longer be bypassed.

Western culture will benefit from recognition of the integrated ways that promote overall health and wellness. As Pargament (2007) stated,

Spirituality is not divorced from the psychological, social, and physical dimensions of life—far from Qit. The power of spirituality lies in the fact that it is fully embedded in the fabric of life . . . the connections are not always smooth; at times, spirituality clashes with other aspects of life, forcing the individual to make hard choices between competing interests. More often, though, spiritual growth and decline go hand in hand with growth and decline in other spheres of life.

Facilitating greater spiritual integration can enhance the wellbeing of the individual not only spiritually, but also psychologically, socially, and physically.

For this reason, it makes little sense to overlook the spiritual dimension of psychotherapy. Yet that is also why it makes no more sense to focus solely on spirituality in psychotherapy, for spirituality cannot be approached in isolation from the client's life as a whole. (p. 21)

Individuals cannot divorce themselves from the parts that make them human. If an individual neglects a dimension of his or her health, the implications will reverberate in other areas of health and wellbeing. Clearly, spirituality and spiritual health need to be addressed.

The benefits of tending to spiritual health were articulated by the co-researchers in terms of the ways their practice generated groundedness and clarity, enabled them to serve themselves and others well, cultivated a posture of spiritual offering, and grew the audacity to trust and endure suffering. These benefits are echoed by Pargament (2007) as he described the interconnected nature of wellbeing:

Interconnectedness is an aspect of their spiritual wisdom . . . spirituality is primarily experienced through moments of knowing or experiencing oneness . . . all life is interconnected by dynamic patterns of energy . . . For many people, once they begin to grasp the ideas of oneness and interconnectedness, they no longer feel so isolated and alone in the world. They also tend to develop a deeper sense of compassion and responsibility for all beings. They begin to realize that what they do matters and affects everyone and everything else, like energy rippling out and eventually interacting and touching all of life. They feel a sense of harmony in their lives rather than alienation and competition. (p. 34)

When human beings begin to recognize and tend to all aspects of what bring health and wellness, as the co-researchers have indicated in their own lives, they become better able to love themselves, love others, and love the world well.

**Specific implications for psychotherapists.** In light of the significant benefits of incorporating spirituality and spiritual self-care practices into a holistic approach to

health and wellness, the need for psychotherapists to integrate this dimension of health into their own lives and into their work with clients is clear. Spiritually integrated psychotherapy is, according to Pargament (2007), “just that, ‘integrated.’ It weaves greater sensitivity and explicit attention to the spiritual domain into the process of psychotherapy” (p. 21). Psychotherapists should consider four specific domains when integrating spirituality into their counselling practice: framing spirituality as a resource for living, making the implicit explicit, developing personal practice, and ethical considerations.

*A resource for living* Spirituality serves as a distinctive resource for living. In the words of Pargament (2007), spirituality is “particularly well suited to the struggle with human limitations and finitude... psychotherapists could tap more fully into this reservoir of hope and source of solutions to life’s most profound problems” (p. 12). The co-researchers articulated the ways their practice fostered resilience and their ability to overcome challenges in their lives. They articulate themes of trust and a capacity to endure suffering.

During significant life events, as Pargament suggested, the spiritual realm can offer balm for the soul. This distinctive resource for living can offer guidance and support during times of existential angst:

Through the spiritual lens, people can see their lives in a broad, transcendent perspective; they can discern deep truths in ordinary and extraordinary experience, and they can locate timeless values that offer grounding and direction in shifting times and circumstances. Through a spiritual lens, problems take on a different character and distinctive solutions appear: answers to seemingly



unanswerable questions, support when other sources of support are unavailable, and new sources of value and significance when old dreams are no longer viable. (pp. 11–12).

Through this different way of interpreting the world, individuals can transform the suffering they encounter. As the co-researchers articulated, their spiritual self-care practice generates groundedness and clarity, enhances their ability to serve themselves and others well, promotes a posture of spiritually grounded offering, and nurtures the audacity to trust and endure suffering.

The transcendence of suffering spiritual self-care practice offers is described by Johnson (2013) as he described the discussion that he had with one of his clients; they talked about the ways that engaging in morning walks as a spiritual self-care practice facilitated the client's ability to overcome substance abuse. Johnson learned about how morning walks calmed his client who focussed on the beauty around him and on his breathing. Johnson (2013) described,

[We] continued in our discussion by further exploring these spiritual experiences, including how he could intentionally access this form of spirituality as well as what these experiences may mean for his life . . . He learned to utilize these spiritual experiences as an effective coping strategy and a grounding force in his life. His morning walks, in particular, became a vital resource for his recovery as well as a source of wisdom and self-esteem . . . his ability to maintain his sobriety, challenge negative self-talk, and take relational risks with his wife and children were greatly enhanced by the inclusion of spirituality in his life. Over time, his

personally defined spiritual practice became a foundational part of his holistic health and growth. (p. 25)

By accessing this vital source of grounding and innate wisdom, Johnson's client was able to use spiritual fortitude to transcend his suffering and generate holistic health and wellness in his life.

Spirituality is a fundamental resource for living. Finding ways to tend to spiritual health in a clinical setting provides necessary, holistic benefits for a client's overall health and wellbeing (Aten & Worthington, 2009; Hinterkopf, 2015; Johnson, 2013; Pargament, 2007).

***Making the implicit explicit*** Psychotherapists must find ways to explore the sacred dimensions of their clients' lives. Spirituality is often an internalized, implicit aspect of an individual's life. To make the implicit explicit, Pargament (2007) suggests psychotherapists invite discussion to create space for an explicit conversation:

Within this form of treatment, therapists and clients speak openly to spirituality as a significant dimension in its own right, one that is not reduced to presumably more basic psychological or social processes. Therapists and clients identify more clearly what the client holds sacred. They talk more directly about how spirituality may be a part of the client's problems, a part of the client's solutions, or a part of the therapeutic relationship. (p. 18)

Spiritually-integrated psychotherapy opens a dialogue about the role spirituality has in the client's life. Though the benefits of integrating the spiritual realm into the counselling process is becoming increasingly recognized, there is evidence to suggest that this

awareness is not translating into changes in practice (Stewart-Sicking, Doal, & Fox, 2017).

Practical applications of integrating spirituality into clinical practice are paramount. Common ways to integrate spirituality is through an assessment. Several spiritual assessment tools are currently available for psychotherapists (i.e., “the FICA, the HOPE questions, and the Open Invite” [Saguil, & Phelps, 2012, para. 1]). Recent literature suggests functional tasks that can serve as a guide for counselling intake purposes (Butts & Gutierrez, 2018). Yet, Pargament & Krumrei (2009) advocate for spirituality to be integrated in a more sustainable way throughout the counselling process, as opposed to a one-time discussion during the intake process. Increasing literature promotes the notion that spirituality should be made explicit throughout the counselling process, and there are recommendations of how psychotherapists can guide the discussion of an individualized spirituality in a manner that best serves clients (Josephson & Peteet, 2007; Moore, 2014; Sperry, 2001).

The topic of integrating spirituality into psychotherapy is broad. This inquiry aims to address a narrow focus on the ways the overall health and wellness of a client may be enhanced by exploring individualized conceptions of spirituality and client-directed spiritual self-care practices. This project serves to better inform how psychotherapists can cross the theoretical threshold and find practical ways to guide a dialogue about how to discern and develop individualized spiritual self-care practices with clients. By following the Interview Questions Guide (see Appendix D), co-researchers in this inquiry were invited into a meaningful discussion about their individualized conceptions of spirituality and how these conceptions fostered the development of a meaningful spiritual self-care

practice. This inquiry offers suggested guidelines for practice that highlights areas for exploration (client values/beliefs/priorities, the four factors that prompt spiritual self-care practice, themes to facilitate development of a spiritual self-care practice, and development of practice) practitioners may find useful in their work with clients (see Appendix E). These suggested guidelines for practice can be employed to facilitate a discussion of the unique ways that a client understands spirituality and the development of spiritual self-care practices a client finds meaningful.

This inquiry serves to further develop practical steps psychotherapists can use in their clinical practice to integrate spirituality into the counselling process. Though narrow in its scope, this inquiry is focused on providing specific direction for inclusive and sensitive ways to discuss individualized conceptions of spirituality and spiritual self-care practices that can serve to make the implicit explicit and foster overall health and wellness for clients.

### ***Developing a personal practice***

For psychotherapists to integrate spirituality into the counselling process in a meaningful way, clinicians must first be familiar with the spiritual domain in their own lives. As Maslow suggested 50 years ago, a fundamental step towards fulfilling human potential beyond self-actualization is self-transcendence. Transcendence, or what he termed “being-cognition” (p. 308), is inextricably bound to spirituality, characterizes peak, mystical, and transcendent experiences, and compels individuals to fulfil optimal human functioning and engage in mindful, meaningful service to others (Koltko-Rivera, 2006). Maslow (as cited in Koltko-Rivera, 2006) theorized that many psychologists “did not understand the psychology of peak or transpersonal experiences because they had not

experienced these themselves . . . [therefore, there was] a tendency among psychologists to avoid issues that involve spirituality, presumably including mystical or peak experiences” (p. 309).

It is imperative for psychotherapists to invite the sacred into their personal lives before they will be able to sufficiently nurture the sacred in the therapeutic space. With growing recommendations for psychotherapists to develop spiritual competencies, it behoves these professionals to begin cultivating these competencies in their personal lives first. According to Hinterkopf (2015),

The Association for Spiritual, Ethical, and Religious Values in Counselling, a division of the American Counselling Association, has endorsed a Summit on Spirituality to develop a list of professional counsellor competencies regarding the dimension in counselling. It is highly recommended that these competencies be met by all mental health professionals working in clinical settings. (p. 109)

The growing awareness of the fundamental need to address the spiritual domain in a therapeutic setting is prompting a need for clinicians to be familiar with the ways spirituality can be integrated into both their professional and personal lives (Hinterkopf, 2015; Koltko- Rivera, 2006; Post & Wade, 2009).

The benefits of integrating spirituality into holistic self-care practice represented in the literature extend to the personal lives of psychotherapists. Personal integration of spirituality does not just better inform clinical practice, it can offer substantial benefit to the overall health and wellbeing of the practitioner, as well (Coaston, 2017; Richards et al., 2010). Psychotherapists can only lead the clients as far as they themselves have gone in their own personal work. The literature suggests it is imperative for psychotherapists to

first understand the role of the sacred in their own lives in order to competently incorporate the spiritual domain into the counselling process in a meaningful way.

### *Ethical considerations*

Psychotherapists should consider how to integrate spirituality into their practices in ways that sensitively honours the unique experiences and understandings of their clients. One of the overarching themes emerging from the data analysis of this inquiry suggests that spiritual self-care practice can cultivate a posture of spiritually-grounded offering. The posture, as co-researcher Willow described, reflects the image of a bodhisattva with an open-palmed, consensual invitation of offering service to those around her. Psychotherapists could allow this analogy to inform the ways they may approach spiritual integration into their counselling practice.

The approach the psychotherapist takes when inviting and guiding spiritually-integrated dialogue must provide safety and consideration for the client. Fairfield and Geniuas (2018) cited Heidegger's assertion that a "Care Ethics" of assistance must honour the unique journey of the client: "As opposed to a leaping in, vorausspringen allows the other to fulfil his own tasks, an 'assist' concernfully considered such that the other is brought to his or her freedom for his or her own sake" (p. 21). The literature suggests a few ways for clinicians to sensitively navigate these conversations.

The primary task of a psychotherapist when exploring spirituality is to receive, not direct:

The therapist's task is to listen for how clients talk about existential issues of meaning, values, mortality, and sense of self in the world . . . the goal is to be open to how clients define, experience, and access whatever helps them stay

connected to their core values and the inner wisdom of their Real Self. Some clients will experience and access spirituality through traditional methods such as prayer and meditation, while others may connect to personal clarity through a variety of non-traditional ways. It shouldn't matter to therapists *how* their clients connect with spirituality. What matters most is whether the spiritual practices are life-affirming and support personal integrity. (Johnson, 2013, pp. 19–20)

By being a receptive, open co-participant in the dialogue, the psychotherapist can facilitate a deep discussion into the exclusive ways that each client connects with his or her inherent spirituality. Clients can bolster their recognition and appreciation of the ways that tending to spiritual health can benefit their overall health and wellbeing when they are given the latitude to make meaning of this domain in a safe, sensitive therapeutic environment.

Language must also be carefully considered. Johnson (2013) asserted,

It also makes it important to not impose beliefs on clients. Spirituality is an area in therapy where teaching clients has some emphasized cautions. Generally speaking, it is best to listen for and work with the words the clients use and to explore and deepen their narratives rather than to teach new ones. An accepting and open approach to the many ways that clients experience spirituality encourages them to discuss their personal views, and increases their consciousness and awareness of spirituality. (p. 41)

Echoing the vocabulary used by the client can help facilitate a safe and sensitive space for spiritual discussions. Listening and reflecting the client's unique worldview will

foster a space that is conducive for spiritually-integrated conversation and mitigates the risk of clinicians imposing their beliefs and interfering with the client's therapeutic process (Johnson, 2013; Pargament, 2007; Sperry, 2016). The need for further guidance into this topic is reflected in the recent development of Spirituality in Clinical Practice (SCP), which is described as a:

Practice-oriented journal that encompasses spiritually-oriented psychotherapy and spiritually-sensitive cultural approaches to treatment and wellness. SCP is dedicated to integrating psychospiritual and other spiritually-oriented interventions involved in psychotherapy, consultation, coaching, health, and wellness. (American Psychological Association, 2020, para. 1)

Psychotherapists must find ways to openly discuss spirituality and spiritual health in ways that honour the unique perspective and language of their clients. There are many ethical considerations when discerning how to integrate spirituality into the counselling process, including consideration of the underlying ethical implications of using spiritual interventions, such as mindfulness (Sperry & Stoupas, 2017). Issues of cultural appropriation and cultural misappropriation must be considered. The challenge for psychotherapists becomes how to generate a meaningful spiritual dialogue in an inviting, sensitive manner (Sperry & Stoupas, 2017; Stewart-Sicking, Doal, & Fox, 2017).

## **Conclusion**

The conclusion includes a discussion of the struggles inherent in life, suggestions for further areas of exploration, and a personal statement about the ways spirituality and spiritual self-care practices have enhanced both my personal health and sense of wellbeing and my professional life, as well.



**The inherent struggles in life.** Struggles create pivotal opportunities in which individuals become new people, “sometimes worse, often better, but always different” (Chittister, as cited in 30GoodMinutes, 2015). Chittister described that the shape-shifting and reformation resulting from life’s challenges offers the potential for nurturing growth and healing transformation. She compares struggle to the potter’s kiln: the heat of life’s struggles creates the vibrancy and depth of quality possible when individuals become the highest versions of themselves. She described that as the searing heat of struggle shrinks their egos own to size, melts the illusions from their vision of life, they develop the spiritual depth of “knowing pain as well as pleasure” (Chittister, as cited in 30GoodMinutes, 2015). These paradoxical lessons offer insight into resilience and compassion. She suggested that these struggles develop character and “stretch the elastic of the spirit” in ways that become worthy to share with others in their struggles too. She stated that when individuals enter the fire of struggle, develop this depth of character, and acquire these transformational spiritual tools, they are then ready “to listen . . . to lead . . . to know the meaning of what it is to struggle with something in life” (Chittister, as cited in 30GoodMinutes, 2015). It is then, she stated, that they have “finally become totally human” (Chittister, as cited in 30GoodMinutes, 2015). Tending to spiritual health and developing effective spiritual self-care strategies are of fundamental importance if individuals are to do the work to finally become totally human, as Chittister (2015) described.

Jung had similar insights about the nature of human suffering. Jung (1964) suggested,

Life is a battleground—it always has been and always will be. In our time, there are millions of people who have lost faith in any kind of religion. Such people do not understand their religion any longer. While life runs smoothly without religion, the loss remains as good as untold. But when suffering comes, it is another matter. This is when people begin to seek a way out and to reflect about the meaning of life and its bewildering and painful experiences. (p. 75)

Spiritual self-care can help individuals make meaning of their lived experiences.

The meaning derived from these experiences can serve to enhance not only their dedication to a holistic self-care practice but also their overall sense of satisfaction, peace, and gratitude for all they have endured.

By consistently tending to spiritual health in meaningful ways, practitioners seemingly develop rich metaphors that create powerful guidance for the unique ways that spirituality is accessed. Sarah mentioned the metaphor of retreat being an important aspect of her spiritual practice; this stepping back from her regular, daily life is of particular significance for her. Amy recognized the distinct metaphors that being in the wilderness offers:

Even when you're physically doing stuff there was always metaphors . . . with what you were seeing in nature or what your body was needing to do or carrying your backpack or what you brought or didn't bring . . . There was a ton of context and content to discuss [in the wilderness].

For both Willow and Stacey, the metaphor of the spiritually grounded offering symbolized by the bodhisattvas were meaningful. Willow stated,

That while I feel and receive the benefit, it's not for the "I" or the "me" or the— because is there such a thing, you know. I'm called this, and we're, you know. It's rippling—it ripples out, and so if that underlying factor is to be in service, while also seeing, of course, you know, my body as well, my, you know, my relationships are healing and transforming.

Similarly, Stacey described,

I believe that's the whole [point]. I believe [those] who are walking very dedicated spiritual paths, regardless of what that looks like for each person . . . our bodhisattvas . . . we have agreed to come to the earth at this time; we have agreed to reincarnate; we have agreed to help others.

By developing a consistent spiritual practice, the ways these co-researchers see and interpret the world has transformed.

These deep metaphors, much like the mycelial nature of spiritual practice that Willow articulated, become meaningful frameworks for guidance and hope. After describing the ways that emergencies have cultivated emergence in her life, Stacey articulated an experience that beautifully captures the essence of the deep metaphors and symbolism that spiritual practice can provide. She said,

It wasn't until I was doing my spiritual practice and I was in the middle of retreat that I had such an overwhelming sense of gratitude that I couldn't even name it. I was like, what is this feeling? And then all of a sudden, I went [inhales deeply], I'm at the centre of a labyrinth—literally, at the centre of a labyrinth, trying to offer up something, and I'm overcome with emotion, and I'm crying, but it's not

sad. And I'm literally searching, what is this? And finally, I went [laughs], this is gratitude. So yeah—I mean, I'd been a personal trainer, health/wellness specialist, you know, nutritionist, for years, and I'd never felt that depth of gratitude.

Stacey's experience depicts the ways her spiritual self-care practice enabled her to traverse the twists and turns of her life's labyrinth. Her practice enabled her to journey in ways that ultimately brought her profound gratitude. Jones (2001) suggested the importance of "sacramentals" to evoke the sacred and meaningful in their lives: "Sacramental times and things arise everywhere with every situation and every person. It is part and parcel of being human. It involves things like a favourite ornament for the Christmas tree or an Easter basket one has had since a child" (p. 97).

The co-researchers have all articulated the ways their spiritual self-care practices have evoked conceptual sacramentals in their lives: the importance of retreat, the wisdom of the wilderness, the posture and offering of bodhisattvas, the mycelial nature of spiritual self-care practice, and the gratitude that the labyrinths of life can bring. Jones (2001) encouraged everyone (including psychotherapists), to "walk through our homes, and our work-places, recalling, reclaiming and re-commissioning our sacramentals" (p. 98). Developing integrative practices can foster the practitioners' ability to create cherished personalized metaphors and images. These rich sacramentals can offer deeper meaning and purpose as individuals tend holistically to their health and face the suffering in their lives.

The co-researchers' experience with spiritual self-care practice supports what has been demonstrated in the literature: engaging in spiritual self-care practices promotes holistic health and wellness. By cultivating an internal compass and nurturing their

relationship to the self and all that surrounds them, individuals draw on their spirituality to make meaning of their lived experiences, clarify a sense of purpose in their existence, and move through life in a mindful, hopeful manner. Though the language was unique to each co-researcher, descriptions of their conceptions of an individualized spirituality were related. The co-researchers' assertion that retreating to transform, pausing in the wilderness, recognizing mycelial architecture, and emerging through emergency are all gifts that spiritual practice can offer those willing to invest energy into this dimension of self-care.

The scientific lens is shifting, the new literature is emerging, and the inherent wisdom of the past appears to be finally recollected; spiritual health is crucial to our overall health and wellness. Like the lotus, when individuals develop a spiritual practice that enables them to access the unintentional, conscious contents of the mind, they not only ease the inherent (and normal) suffering associated with the human journey but also bolster creativity, intuition, and the power to make meaning of the obstacles they encounter. This process of spiritual empowerment enables individuals to develop resilience and live a life that is increasingly aligned with their highest self, and the benefits ripple far beyond the individual to the greater community. In this way, the scripture, "And we know that all things work together for good to those who love God, to those who are the called according to His purpose" (Romans 8:28) suggested that if humans beings are able to move beyond ego-driven ways of being in the world, they participate in the co-creation of Heaven on Earth.

**Suggested Areas for Further Exploration.** Expanding the sample size to include a greater number of co-researchers, as well as increasing the variety of (or no) faith

orientations would serve to further meaningful research in the field of spirituality and spiritual self-care practices. Considering that all co-researchers involved in this inquiry were female and roughly the same age, another suggestion for further exploration relates to broadening both the age demographic and gender to be more inclusive of the spirituality and spiritual self-care practices of all individuals.

Each co-researcher in this inquiry noted a childhood spiritual framework rooted in Christianity. To this end, it is recommended that further research build on Miller's work to learn more about the ways that spirituality in childhood impacts adolescent and adult experiences of struggle and suffering. Adolescence and individuals at end-of-life may particularly benefit from further research that seeks ways that spirituality and spiritual self-care practices can provide hope and offer guidance to transcend suffering that Pargament (2007) described as the "unfathomable and uncontrollable" (p. 11). Research into the ways that spirituality and spiritual self-care practices can cultivate hope, gratitude, and acceptance in these specific demographics may prove very valuable.

One additional area of further exploration should be in regards to the ways that spirituality and spiritual self-care practices benefit healthcare practitioners in their own life, particularly in how healthcare professionals support those with whom they work and the ways this integration can mitigate professional burnout. As Maslow (2006) implied, for health professionals to lead others to holistic health and healing, they must first employ these insights in their own lives (Koltko-Rivera, 2006).

The final area for suggested further exploration that was not explicitly noted by the co-researchers, yet has been documented in the literature, is the role of expressive arts as a spiritual self-care practice (Bells, 2011; Ettun, Schultz, & Bar-Sela, 2014; Farrelly-

Hansen, 2001; Paintner, 2007). Further research into the ways creativity and artistic expression can enhance the overall health and wellbeing of individuals who use this modality as a means of spiritual self-care practice would be valuable.

**Personal Statement.** Spiritual self-care practices, as part of a holistic approach to self-care, have redirected the trajectory of my personal life. I found it interesting and deeply resonant that my journey of cultivating spiritual self-care practices reflects the themes that emerged in the data analysis. As I prioritized time to reflect on how my childhood conceptions of spirituality had evolved to align with my current beliefs and life experiences, I was able to develop a practice that created a sense of grounding, provided clarity, and bolstered my belief in the need to invest in caring for myself and others in ways that both recognized the inherent value, worth, and wisdom we all have. By growing in my awareness that a benevolent force was guiding my life, I was able to rest in the trust that I had in the ultimate direction of my journey and in my ability to endure the suffering that would surely come my way. Though my specific spiritual self-care practices have changed over the years, and often the essence of my practice is difficult to prove or quantify, my life has been unequivocally enriched by integrating this dimension of self-care into my holistic approach to health and wellness.

I can now understand and appreciate that my investment in spiritual self-care practices enabled me to develop a deep trust both in my own ability to endure suffering in my life and in a benevolent force that I believe shapes the trajectory of our lives. The most poignant example of the effectiveness of my practice to date was when my healthy daughter, 7 months old at the time, unexpectedly developed a life-threatening condition that left her clinging to life for two and a half weeks. My spiritual self-care practice

enabled me to enter into the suffering of my daughter's diagnosis of sepsis and meningitis, consciously, with devout trust and with the ability to discern and choose that, regardless of whether or not my daughter survived, I wanted to be grounded enough to maintain presence and to do all I could to support her through the traumatizing and painful tests and procedures she endured. In spite of the sometimes paralyzing sense of fear and anguish, I felt a deep knowing, one that is difficult to articulate, that no matter what the result, she was loved, and I was loved, and it would all eventually be okay. This does not mean I was under any illusion that my heart would not be broken. Simply, I deeply knew that her soul was loved and that I would eventually be okay regardless of whether her life continued here on earth.

Before employing spiritual self-care practices, I was less confident in my ability to endure suffering. I was more reactive to the challenges life presented, and I felt less fulfilled with who I was and the life I was building. Never in my merciless efforts to exert control over every aspect of my life prior to implementing spiritual self-care practices would I have been able to walk through my daughter's health crisis with the grounded sense of clarity, trust, and hope that enabled me to endure this suffering. My profound experience birthed my reverence for spiritual self-care practice. Since this excruciating ordeal (and since the full recovery of my now almost 7-year-old daughter), my committed devotion to my spiritual self-care practice has fundamentally altered the ways I parent my three children. My spiritual self-care practices have enhanced my ability to prioritize tending to my own needs, setting healthy boundaries for myself, and navigating life with a sense of grounded connection and conscious awareness. I now recognize the



importance of investing my energy and time in meeting my own needs so that I can relate to others in a manner that is more mindful and grounded in love.

In both my work as a guidance counsellor and my work as a psychotherapist in private practice, I have experienced the ways spiritual self-care practice can enhance efforts to promote health and wellness in my clients is critical. This inquiry has better equipped me with knowledge of how dimensions of care, conceptions of spirituality and spiritual self-care practices, the factors inherent to spiritual self-care practice, and the overarching themes that emerged from the data analysis can be applied to working with my clientele. Sarah stated that in her work as a counsellor, she has witnessed that when clients are able to lean into their individualized conceptions of spirituality and engage in spiritual self-care practices, the depth of healing she has witnessed is significant. I am eager to take the insights of this inquiry into my clinical work. By following the suggested guidelines for practice presented in Appendix E, I plan to facilitate deeply meaningful conversations about spirituality and spiritual self-care practices with clients who are interested in engaging in this dialogue and learning about the ways these insights might uniquely impact their life. I am also eager to explore the ways that this dimension of care can be implemented in my own personal practice to promote health and wellness.

Western culture has long divorced spirituality from science, yet recent literature is reflecting what human beings knew long ago: spirituality can never be separated from the essence and experience as humans. The field of spiritually informed psychotherapy, championed by those such as Maslow, Miller, and Pargament, suggests that tending to spiritual health in an individualized and meaningful way can have a tremendous impact on those seeking mental health support. By expanding conceptions of the multitude of

ways spirituality can be understood, those who do not necessarily align with religious doctrine and practice can find unique and meaningful ways to both understand spirituality and find effective practices to support their spiritual health. These findings do not suggest that one aspect of health and wellness is more significant than another. In fact, these findings foster the recognition that all dimensions of humanhood require honour, respect, and care.

The body, mind, and spirit are fundamentally interconnected; a lack of care in one will inevitably impact the health of them all. The general and the specific implications for psychotherapists speak to the importance of finding ways to incorporate spirituality and spiritual self-care practices into individuals' lives. Considering the inherent struggles in life, spiritual self-care practices have the potential to find ways of transcending suffering and glean important "sacramentals" to better inform life's journey. There are several suggested areas of further exploration, including specific demographics who may face the "unfathomable," existential questions that challenge the depths of understanding of human existence. My personal statement echoes the call to psychotherapists to find ways to meaningfully incorporate spirituality and spiritual self-care practices into both personal and professional lives. This inquiry serves as a call to remember. A call to re-awaken an understanding of all aspects of who we, as human beings, are. A call to recollect all the pieces that make up who we are and how (well) we care for ourselves as we move through our lives. By caring for our spiritual health, we foster the holistic care needed to be "finally become fully human" (Chittister, as cited in 30GoodMinutes, 2015) and live the best version of our lives here on earth.

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# Appendix A

## Recruitment Material

### Brochure:

The brochure is a vertical layout with a dark blue background. At the top left is a circular logo with three overlapping hearts in shades of purple and blue. Below it is a white box with the text: "This project, in accordance with Thesis requirements for a Masters in Psychotherapy & Spirituality at St. Stephen's College, is designed to explore and expand conceptions of spirituality and the ways individuals practice spiritual self-care as part of a holistic self-care regimen." To the right of this box is a white box with the text: "If you are interested in assisting with this research, please contact me at [smid@ualberta.ca](mailto:smid@ualberta.ca) for more information." Below this is a white box with the text: "The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers." To the right of this box is a white box with the text: "Participant Requirements: Over the age of 18; Individual has been practicing holistic self-care for 5+ years" and "Research Participation Requirements: -Participation in 60-90 min interview about holistic self-care beliefs, values, and practices (Interviews to be conducted between November 2019 - January, 2020) Researcher Contact Information: Pam Smid - [smid@ualberta.ca](mailto:smid@ualberta.ca) Supervisors: Leslie Gardner [lg5@ualberta.ca](mailto:lg5@ualberta.ca) & Fred Tappenden [tappende@ualberta.ca](mailto:tappende@ualberta.ca)"

**SEEKING INTERESTED RESEARCH PARTICIPANTS!**



Does your holistic self-care practice include spiritual practices that enhance your overall health and wellness?

*An Integrated human being is conscious of three aspects of themselves: the body, the mind, and the spirit. Each of those aspects has its own medicine*  
- Dr. Roger Jahnke



Literature suggests adopting a holistic approach to self-care (tending to body, mind, and spirit) is key when cultivating overall health and wellness. Yet, since a growing number in Western culture are reporting aligning more with an individualized spirituality rather than organized religion, it is important to learn more about the ways individual conceptions of spirituality influence the integration of spiritual self-care practices.

**Holistic Self-Care**  
Research Study  
Ethics Number: Pro00095150

**BODY**  
**MIND**  
**SPIRIT**

Health rests on three pillars: body, psyche, and spiritual connection. To ignore any of them is to invite imbalance and dis-ease

-Dr. Gabor Mate

St. Stephen's College  
UNIVERSITY OF ALBERTA

Poster:

**SEEKING INTERESTED RESEARCH PARTICIPANTS!**

**Holistic Self-Care**  
**Research Study**



**BODY                  MIND                  SPIRIT**

**Health rests on three pillars: body, psyche, and spiritual connection.  
To ignore any of them is to invite imbalance and dis-ease**

**-Dr. Gabor Mate**

**Literature suggests adopting a holistic approach to self-care (tending to body, mind, and spirit) is key when cultivating overall health and wellness. Yet, since a growing number in Western culture are reporting aligning more with an individualized spirituality rather than organized religion, it is important to learn more about the ways individual conceptions of spirituality influence the integration of spiritual self-care practices.**

**This project, in accordance with Thesis requirements for a Masters in Psychotherapy & Spirituality at St. Stephen's College, is designed to explore and expand conceptions of spirituality and the ways individuals practice spiritual self-care as part of a holistic self-care regimen.**

*An Integrated human being is conscious of three aspects of themselves: the body, the mind, and the spirit. Each of those aspects has its own medicine – Dr. Roger Jahnke*

**If you are interested in assisting with this exploration,  
please contact me at [smid@ualberta.ca](mailto:smid@ualberta.ca) for more information.**

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.

**Participant Requirements:**  
Over the age of 18; Individual has been practicing holistic self-care for 5+ years

**Research Participation Requirements:**  
Participation in a 60-90 min interview about holistic self-care beliefs, values, and practices  
(Interviews to be conducted between November, 2019-January, 2020)

**Researcher Contact Information:**  
Pam Smid- [smid@ualberta.ca](mailto:smid@ualberta.ca)  
Supervisors: Leslie Gardner [lg5@ualberta.ca](mailto:lg5@ualberta.ca)  
& Fred Tappenden [tappende@ualberta.ca](mailto:tappende@ualberta.ca)  
Ethics Number: Pro 00095150

 St. Stephen's College

 UNIVERSITY OF ALBERTA

## Appendix B

### Letter of Information



St. Stephen's College



### Spiritual Self-Care

Research Study

Ethics Number: Pro00095150

### Invitation Letter of Information

#### **Researcher Introduction**

My name is Pamela Smid. Thank you for your interest in my research project! I am currently completing a Master of Psychotherapy and Spirituality (MPS) program at St. Stephen's College in Edmonton, Alberta. My final program requirement is to research and write a thesis, which is a formal report summarizing the results of an inquiry of interest to the researcher.

#### **Research Focus**

I am interested in learning more about the ways in which tending to spirituality may enhance overall health and wellbeing. In order to explore this area of interest, I will be investigating the ways individuals define spirituality, practice spiritual self-care, and the impact this investment has on health and wellbeing.

The following are the specific research questions this inquiry project is designed to address:

How does the individual understand spirituality and how is this conception incorporated into their spiritual self-care practice? In what ways does the individual practice spiritual self-care?

#### **Participant Eligibility & Participation Process**

In order to be eligible to participate in this project, you must be over the age of 18, have engaged in holistic self-care for at least 5 years, and be willing to discuss the details your spiritual self-care practice.



If you meet this eligibility criteria and you are still interested in participating after reviewing the Letter of Information and the Letter of Consent, please contact the researcher via email or phone to arrange a one-to-one interview. This interview will be scheduled at a mutually agreed upon quiet, private location.

The Letter of Consent will be signed before the interview begins. You can anticipate the interview process will take approximately 60-90 mins. The interview will be audio-recorded and the researcher will be taking notes by hand, as well. The researcher will assign pseudonyms to all co-researchers (and any other identifying names/locations) before the audio-recordings are transcribed. The research assistant responsible for transcribing will sign a confidentiality agreement and operate under the same privacy and security measures as the researcher (which is outlined in the consent letter).

Once the interview has been transcribed, the researcher will either personally deliver, or courier, a copy of the transcription to you for review. Any changes can be made to the transcription that you deem necessary at this time.

### **Interview Preparation**

In an effort to better inform potential co-researchers about the nature and aim of this project, the researcher has included the interview questions in the Invitation Letter of Information. Questions include:

1. What prompted your interest in adopting a holistic self-care routine aimed at caring for your body, mind, and spirit?
2. What does spirituality mean to you?
3. In what ways has your background and/or life experiences influenced your understanding of spirituality?
4. To what extent are you satisfied with how well you tend to your spiritual health? What factors support your efforts to care for this dimension of your health? What barriers impede your efforts to care for this dimension of your health?
5. What impact do you feel tending to your spiritual health has had on your life?
6. In your opinion, does tending to your spiritual health offer unique benefits that tending to your physical and mental health does not?
7. In your opinion, why is it important to tend holistically to our health?
8. Please explain why you agreed to participate in this study and any other information about your experience you wish to share.

*\*Please note additional questions may arise as the interview process unfolds.*

### **Methodology**

An Interpretative Phenomenological Analysis methodology will be used to gather and analyze the research data. This qualitative approach to research enables the researcher to interpret specific participant experiences in order to learn more about how individuals have made meaning of their lived experiences. Since interpretation is a fundamental

aspect of this approach to research, co-researchers will be asked to review interview transcripts to ensure their experiences have been accurately captured.

### **Participant Rights**

Your participation in this project is voluntary, and you are able to withdraw from the project at any time, for any reason, up to two weeks after transcriptions have been reviewed, revised, and finalized. If you choose not to participate in this project, any information collected about you will be destroyed in order to protect your anonymity. Data collected during this project will be stored in a secure location for 5 years before being destroyed.

If you have any questions or concerns at any time, please contact the researcher via phone or email.

Regardless of your decision to participate in my project or not, I sincerely appreciate your time and consideration.

Pamela Smid, Lead Researcher

403-863-2959

smid@ualberta.ca

Supervisor: Leslie Gardner

lg5@ualberta.ca

Supervisor: Fred Tappenden

tappende@ualberta.ca

**Appendix C**  
**Participant Consent Form**



St. Stephen's College



INFORMATION LETTER and CONSENT FORM

Research Study

Ethics Number: Pro00095150

**Study Title:** Spiritual Self-Care

**Research Investigator:**

Pamela Smid  
St. Stephen's College  
University of Alberta  
8810 112 Street  
Edmonton, AB, T6G 2J6  
smid@ualberta.ca  
(780) 439-7311

**Supervisor:**

Dr. Leslie Gardner  
St. Stephen's College  
University of Alberta  
8810 112 Street  
Edmonton, AB, T6G 2J6  
lg5@ualberta.ca  
(780) 439-7311

Dr. Fred Tappenden  
St. Stephen's College  
University of Alberta  
8810 112 Street  
Edmonton, AB, T6G 2J6  
tappende@ualberta.ca  
(780) 439-7311

## **Background**

You are invited to participate in this research study about the ways in which individuals understanding spirituality and practice Spiritual Self-Care as part of a holistic self-care routine. We wish to learn more about the ways in which tending to spirituality may enhance overall health and wellbeing.

The results of this study will be used in support of my thesis requirements to complete the Master of Psychotherapy and Spirituality (MPS) program at St. Stephen's College in Edmonton, Alberta.

I am currently completing a Master of Psychotherapy and Spirituality (MPS) program at St. Stephen's College in Edmonton, Alberta. My final program requirement is to research and write a thesis, which is a formal report summarizing the results of an inquiry of interest to the researcher.

Before you make a decision, the researcher will go over this form with you. You are encouraged to ask questions if you feel anything needs to be made clearer. You will be given a copy of this form for your records.

## **Purpose**

The purpose of this research is to learn more about the ways in which tending to spirituality may enhance overall health and wellbeing. The findings of this research may serve to enhance awareness of how individuals conceptualize spirituality and expand the ways in which individuals implement spiritual self-care practices, both within and outside of mainstream traditional religious practice.

## **Study Procedures**

In order to be eligible to participate in this project, you must be over the age of 18, have engaged in holistic self-care for at least 5 years, and be willing to discuss the details your spiritual self-care practice.

If you meet this eligibility criteria and you are still interested in participating after reviewing the Letter of Information and the Letter of Consent, please contact the researcher via email or phone to arrange a one-to-one interview. This interview will be scheduled at a mutually agreed upon quiet, private location.

The Letter of Consent will be signed before the interview begins. You can anticipate the interview process will take approximately 60-90 mins. The interview will be audio-recorded and the researcher will be taking notes by hand, as well. The researcher will assign pseudonyms to all research participants (and any other identifying names/locations) before the audio-recordings are transcribed. The research assistant responsible for transcribing will sign a confidentiality agreement and operate under the same privacy and security measures as the researcher (which is outlined in the consent letter).

The data collected will include one 60-90min interview, researcher session notes, audio-recordings of the interview, and identification information (name, address, telephone number, and email address).

Research participants will have an opportunity to review and make any changes

they deem necessary to the original transcripts. Transcripts will either be hand-delivered or couriered to research participants by the researcher. Two weeks after final transcripts have been approved, all identification information (noted above) will be destroyed.

Participants, and any other individuals named in the interview, will be assigned pseudonyms by the researcher at the time of transcriptions in order to eliminate any identifying information. Transcriptions will not include any identifying information, which means all transcribed data will be anonymous. Your answers to open-ended questions may be used verbatim in presentations and publications but neither you (nor your organization) will be identified.

### **Benefits**

The findings of this research may serve to enhance awareness of how individuals conceptualize spirituality and expand the ways in which individuals implement spiritual self-care practices, both within and outside of mainstream traditional religious practice.

With growing literature in both education and healthcare suggesting spirituality as a critical dimension in overall health and wellness, gaining a better understanding of the ways individuals understand and tend to their spiritual health may serve to benefit the field of education, psychotherapy, and nursing.

It is also possible that the proposed research findings into non-mainline spiritual practice may inform further research in mainline religious traditions and their spiritual practice.

### **Risk**

It is possible that research participants may feel psychologically or emotionally stressed while recounting personal experiences that prompted the mindful integration of holistic, specifically spiritual, self-care practices. It is also possible that attempting to articulate conceptions of spirituality and/or the ways in which participants integrate their conception of spirituality into their holistic self-care regimen may prove challenging.

In an effort to minimize any risks to research participants, informed consent is reviewed and obtained before the interview begins. Participants are able to opt-out at any time during the interview or transcription review process. Participants are able to review transcripts and make any revisions deemed necessary by the research participant. The use of pseudonyms in the transcription and analysis process serve to enhance confidentiality and anonymity.

The interview questions will be provided before the scheduled interview in order to provide research participants with an opportunity to consider and reflect on the question prompts before responding in the interview setting.

Researcher contact information will also be provided to the participants should any further questions or concerns emerge post-interview.

### **Voluntary Participation**

You are under no obligation to participate and if you choose to participate, you may refuse to answer questions that you do not want to answer. Should you choose to

withdraw midway through, any data collected to date will not be included in the final analysis and will be destroyed.

The data can be withdrawn at any point, and for any reason (or without reason), until two weeks after the research participant has approved the transcript. After this point, the data will not be able to be withdrawn from the study.

### **Confidentiality & Anonymity**

The research will be used for the purposes of completing a thesis. The information that you will share will remain strictly confidential and will be used solely for the purposes of this research. The only people who will have access to the research data are the lead researcher, the research supervisors, and a professional transcriber. Your surname and first name, address, telephone number, and email address will be collected by the lead researcher for communication and transcription delivery purposes. Identifying information will be included in the audio recording of the interview, the lead researcher's interview notes, and an excel document noting research participants' names and contact information.

Participants, and any other individuals named in the interview, will be assigned pseudonyms by the researcher at the time of transcriptions in order to eliminate any identifying information. Transcriptions will not include any identifying information, which means all transcribed data will be anonymous. Your answers to open-ended questions may be used verbatim in presentations and publications but neither you (nor your organization) will be identified.

Two weeks after the researcher has received the approved transcript from the participants, all identifying information collected for communication purposes and noted on an excel spreadsheet will be destroyed.

All data, in both paper and electronic files, including raw data from interviews, session notes, reflective journal notes, analysis and interpretation notes and drafts will be stored in a locked filing cabinet located in the office of the researcher's home office for five years.

Electronic copies of the transcripts and data analysis will be encrypted and stored on a password protected USB Key in the St. Stephen's College vault for 5 years. After 5 years, all data will be destroyed.

If research participants are interested in reviewing the findings of the project after publication, follow up information will be provided.

### **Contact Information**

If you have any further questions regarding this study, please do not hesitate to contact Pam Smid, lead researcher, or Leslie Gardner or Fred Tappenden, thesis supervisors.

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.

### **Consent Statement**

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form. I will receive a copy of this consent form after I sign it.

\_\_\_\_\_  
Participant's Name (printed) and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed) and Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

## Appendix D

### Interview Questions Guide



## Holistic Self-Care Inquiry

### Interview Questions Guide

*\*Please note additional questions may arise as the interview process unfolds.*

1. What prompted your interest in adopting a holistic self-care routine aimed at caring for your body, mind, and spirit?
2. What does spirituality mean to you?
3. In what ways has your background and/or life experiences influenced your understanding of spirituality?
4. To what extent are you satisfied with how well you tend to your spiritual health? What factors support your efforts to care for this dimension of your health? What barriers impede your efforts to care for this dimension of your health?
5. What impact do you feel tending to your spiritual health has had on your life?
6. In your opinion, does tending to your spiritual health offer unique benefits that tending to your physical and mental health does not?
7. In your opinion, why is it important to tend holistically to our health?
8. Please explain why you agreed to participate in this study and any other information about your experience you wish to share.

Ethics Number: Pro 00095150



## Appendix E

### Discussion of Spirituality: Suggested Guidelines for Practice

*\*Note: \*Psychotherapists should note Roach's Attributes of Care and review the four factors that prompt spiritual self-care, both found in the literature review of this inquiry*

- ✓ Explore values, beliefs, priorities, interests, & curiosities
- ✓ Explore client's conceptions of spirituality
- ✓ Explore and assess the four factors that prompt spiritual self-care: spiritual intelligence, self-care agency, motivation, and self-compassion
- ✓ Explore of themes to facilitate development of a spiritual self-care practice:
  - Assess prerequisites (childhood framework of spirituality, carving space for practice, and mentors);
  - Discuss unique features (evolving practice, & mycelial essence);
  - Discuss the potential impact (grounded clarity, serve self and others well, posture of spiritual offering, & trust to endure suffering, as well as identify potential barriers to practice)
- ✓ Co-create an individualized spiritual self-care practice with client