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# The Sweat Lodge Ceremony as Experienced by Nurses A Hermeneutic Phenomenological Study

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Running head: SWEAT LODGE CEREMONY AS EXPERIENCED BY NURSES

The Sweat Lodge Ceremony as Experienced by Nurses:  
A Hermeneutic Phenomenological Study

PATRICIA L. ENGSTROM

Submitted in partial fulfillment of the  
Requirement for the degree of  
Master of Arts in Nursing

AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA

2008

**Augsburg College  
Department of Nursing  
Master of Arts in Nursing Program  
Thesis or Graduate Project Approval Form**

This is to certify that **Patricia Engstrom** has successfully defended her Graduate Project entitled "**The Sweat Lodge Ceremony as Experienced by Nurses: A Hermeneutic Phenomenological Study**" and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral defense October 28, 2008.

**Committee member signatures:**

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Reader 1: *Joyce B. Perkins PhD RN* Date *10-28-2008*

Reader 2: *Jean M. Gunderson* Date *10-28-2008*

Dedication

I dedicate this work to all nurses who strive to honor the humanity in each unique being entrusted to their care; making caring a priority in their healing work for self and others. I dedicate this work to indigenous people everywhere who continue to walk in traditional wisdom, love, and balance. I dedicate this work to Jean Watson who has been a guide, grounding, and inspiration through her works, words, example, love and caring. I dedicate this to my Lord and God who is with me at all times, in all ways and places, and is my eternal source of Love.

Acknowledgments

I thank the Augsburg Master of Arts in Nursing students who participated in my study; allowing me to “be” with them. It was an honor and privilege to be able to listen to their stories. I am grateful and humbled by the depth of their sharing and our connecting. I give thanks ongoing for the Augsburg College faculty and staff and for their support and efforts on my behalf throughout my Augsburg educational journey, as well as in the completion of my thesis. I acknowledge the extra work of my thesis advisor and my readers and thank them for accompanying me on this endeavor. I thank also my family and friends who have encouraged, cheered, enlightened and “lightened the load” with your support in helping me see this thesis to completion. Finally to all my mentors along life’s way, thank you for walking with me; through your sharing I have found increased joy in my life’s journey. Mitakuye oyasin.

ABSTRACT

THE SWEAT LODGE CEREMONY AS EXPERIENCED BY NURSES:

A HERMENEUTIC PHENOMENOLOGIC STUDY

PATRICIA L. ENGSTROM

2008

Integrative Thesis

Field Project

Nursing must reconnect with its roots found in the teachings of Florence Nightingale and be open to ancient indigenous wisdom, focusing on caring, healing and being present. To practice as culturally competent healers, nurses must grow in self awareness and an ability to understand cultural and spiritual practices, as well as communicate with and show respect to people from all walks of life. A Hermeneutic Phenomenological study was done by interviewing three participants to explore what it was like for Master in Arts nursing students participating in an Augsburg College Department of Nursing Immersion to experience a Sweat Lodge Ceremony; with data being analyzed in the context of nurse as healer. Seven major themes were found in analysis of the data: 1) Importance of being open, 2) Experienced elements of a therapeutic relationship/healing environment, 3) Sense of being connected, 4) Healing experience, 5) Gained personal and cultural insights and growth, 6) Application to nursing practice, 7) Sweat Lodge Ceremony was a meaningful experience on a deeply personal level. Jean Watson's Human Caring Theory served to guide, guard, connect and ground this study.

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CHAPTER 1

Introduction

*Background*

Nursing is a caring and healing science and art. This is a statement most nurses would endorse, but is it one that is still being practiced at the bedside? Has the upward spiraling medical technology pushed the nurse from caring healer to task oriented technologist? Over the last three decades, this researcher has personally witnessed the increased technology and complexity of treatments in healthcare, encompassing both patient and nurse. The complexity of cultural knowledge required is still on the rise. Immigrants entering the United States in the year 2000 represented 215 different countries (Jones, Cason & Bond, 2004). Coincidentally with greater technology in the medical system and increased cultural diversity, there has also been an increasing interest and use of complementary alternative medicine (CAM), the use of which is not always shared with healthcare providers. Along with caring for patients exhibiting increased acuity and cultural diversity, nurses have increasing work lists of tasks, treatments, training, policies-procedures, and competencies. With nurses trying to juggle their many responsibilities timely and safely, the science of nursing/medicine is tending to overshadow the caring/healing art and science of nursing; putting caring for self and other at risk. This researcher believes that healing, which is the focus of nursing, along with quality and safety are adversely affected when nurses lose the ability to practice caring and healing effectively. Watson (2008) speaks of this in regard to nurse burn out. Quinn (1997) allows that healing must occur within self to most effectively enable

assisting other; and that conversely, unattended spiritual wounds of the nurse can compromise patient care. Nursing and nurses need to re-balance and *be* about caring and healing. For this, Watson (2008) directs nurses back to their roots through the teachings of Florence Nightingale and the application of ancient wisdom.

To practice what is truly nursing, the mindbodyspirit nurse must presence (connect essence to essence) with the mindbodyspirit patient while using the creativity and art of nursing along with technical skills as well as a centered caring/loving intentionality to holistically enable healing to occur within the cultural context of the patient. Practicing within the patient's cultural context necessitates developing cultural competence, including being open to other healing practices and beliefs. The nurse healer must seek a personal state of harmony, learn to be centered and be able to use intentionality in order to, in essence, become a healing environment for the client.

#### *Purpose*

The purpose of this Hermeneutic Phenomenological study was to explore what it was like for Master in Arts nursing students participating in an Augsburg College Department of Nursing immersion to experience a Sweat Lodge Ceremony (SLC); with data being analyzed in the context of nurse as healer. Literature documents testimonials of Native Americans that experiencing the SLC led to a state of balance and harmony by way of a holistic healing of their non-separable person. The person is mind, body, emotions, spirit, and closely attuned social aspects within a synergistic relationship of the environment, society, the universe and the spiritual force and realm (Hill, 2006; Lowe, 2002). This expanded consideration of person as a whole entity will be referred to as "mindbodyemotionspirit/social." Scientific evidence grounded in research of these

phenomena is very limited with Native Americans and nearly non-existent with non-Native Americans. In regard to research on the efficacy of the SLC, Schiff and Moore (2006) report finding virtually none while this researcher found only one such study (Gossage et al., 2003). More specifically, no data was found for what it is like for a nurse to experience a Sweat Lodge Ceremony. The main assumption of this study was that great wisdom and knowledge for nursing practice can be gathered from the experiences of nurses themselves.

This researcher's intent was to interview 3-5 participants for this hermeneutic study that was designed using the writings of Max van Manen (1990) as a guide. Hermeneutics looks at the actuality of the experience a person has in the context of its happening, prior to deep reflection and conceptualizations of judgments on it. The meaning is found in the language used to describe this life experience. The researcher and participant partner in finding the meaning within this language. During analysis from the transcribed, written narratives, the meanings are intuitively revealed in themes, essential recurring patterns within the text which van Manen poetically defines as "knots in the web of our experiences, around which certain lived experiences are spun" (p. 90).

Nurses need to seek increased cultural, spiritual and holistic practice knowledge and skills. This type of cultural learning is best begun with self-awareness and, as shown in the literature, is best acquired in an experiential manner, such as a cultural immersion (Pickrell, 2001; Taylor, 2005; Worrel-Carlisle, 2005). Augsburg College offers a unique graduate program that fosters greater understanding of transcultural nursing and uses the format of cultural immersions as a means of helping nurses increase their self-awareness and global citizenship. Nursing students are offered the opportunity to travel to and live

on the Pine Ridge Indian Reservation as one example of a cultural immersion. The SLC was deemed to be a potential cultural, spiritual, and traditional holistic healing experiential learning opportunity for nurses participating in this immersion experience.

*Description of Sweat Lodge Ceremony*

A sweat lodge ceremony is a traditional Native American ritual for cleansing and/or healing and health of the body, mind, and spirit of individuals as well as the community and environment. The sweat lodge structure and elements used in the ceremony are spiritually symbolic. While most sweat lodge ceremonies are very similar, there can be individual differences depending on the leader and tribal practices. The sweat lodge (See Appendix A) itself is a low, dome shaped structure made of willow branches covered by hides, blankets, or tarps. One must crawl into it on hands and knees in a clock-wise direction. Entering and exiting the sweat lodge on hands and knees is symbolic of rebirth and also humbleness. The structure usually has a dirt floor, so that you are in direct contact with Mother Earth. Heated rocks, often referred to as “The Grandfathers” are brought into the center of the lodge. Water is poured onto the rocks creating steam, referred to as the breath of the grandfathers. Herbs, most commonly sage, cedar, and/or tobacco are often added to the rocks and are known for their medicinal/cleansing properties as well as aiding prayers and petitions to be lifted up to the Creator. When the door flap of the structure is closed, it becomes dark but for the center glow of stones. The steam creates an intense heat (similar to a hot sauna). The sweat lodge ceremony is usually led by a spiritual leader or medicine man/woman who has a special calling. A SLC leader receives special training in the ritual according to traditional ways that have been handed down orally for centuries . There are generally

four rounds (doors) lasting approximately 15-20 minutes each during which there are chanted songs and drumming. Individual prayers may be offered up in the sweat lodge. After each round, the door flap is opened allowing some light and coolness to enter the sweat lodge and drinking water is passed at this time. Persons have the opportunity to leave during any of these “doors.” Once you exit, you do not usually reenter during that sweat lodge ceremony. While males usually wear shorts, dress for females is very modest with the shoulders covered and dress or skirt below the knees. A woman does not participate if she is “on her moon,” that is during her menses, as it is believed she is most powerful at that time and her power can interfere. The sweat lodge ceremony begins with a social gathering and greeting. Generally prior to entering, a sage cleansing, smudging is offered. After the lodge, there is socialization with the sharing of food.

Similarity to a sauna is in respect to moist heat only; the SLC is much more than that. The SLC is part of Native American spirituality practices and should be treated with respect. It is not meant to be a tourist attraction or form of entertainment. SLC leaders do not charge a fee for admittance. Generally a gift of tobacco is given to the SLC leader. Non Native Americans who have not been trained in the traditional manner to lead a SLC should not do so (Garrett, Garrett & Brotherton, 2001). Members of a lodge are generally very gracious in allowing non-Native Americans to participate and in guiding newcomers in proper SLC etiquette.

### *Theoretical Perspective*

Jean Watson’s (2008) Human Caring Theory (HCT) served to guide, guard, connect and ground this study. Watson’s HCT is based on “Caritas,” caring consciousness and heart centering with a mindful intentionality fueled by the principle of

unconditional love which is the highest healing frequency. Through the practice of caritas a caring field is created wherein a transpersonal caring moment, between mindbodyemotionspirit/social persons meeting spirit to spirit, can occur. A core of Watson's theory continues to be her original Ten Carative Factors (CF) enhanced by their transposition into more fluid Caritas Processes (CP) (See Appendix B). Core principles cited by Watson in moving from "carative" into a "caritas" paradigm include:

- Practice of loving-kindness and equanimity
- Authentic presence: enabling deep belief of other
- Cultivation of one's own spiritual practice—beyond ego
- "Being" the caring-healing environment
- Allowing for miracles. (p. 34)

The use of caring-healing modalities is guided by the Caritas Processes and will be utilized, often intuitively, by the Caritas nurse who uses all ways of knowing.

Nursing is both a caring-healing science and a caring-healing art. It is important to distinguish that being "heart centered" is not a call to disengage the brain. On the contrary, heart centering calms the energy field so that necessary tasks can be carried out safely with proper mindfulness and also with caring intentionality and presence so that the dignity of the patient is preserved and a healing environment is maintained. This caritas consciousness was used throughout this study.

### *Significance*

Finding balance in our lives and work can be difficult. Nurses strive to advance practice in this holistic healing profession while often carrying out very technologically oriented tasks. Co-workers and clients are becoming more and more diverse. To be

effective multidisciplinary team members and healers, it is important to be open to other ways of being, knowing, and healing. To practice as culturally competent healers, nurses must grow in self awareness and an ability to communicate with and show respect to people from all walks of life. An immersion SLC experience on the Pine Ridge Reservation in South Dakota was viewed as an avenue for professional and personal growth; seeking indigenous wisdom and traditional spiritual practices and healing methods that have survived many centuries. The perceptions and voiced experiences of nurses participating in a SLC will provide data to further Nursing practice, knowledge, education, research, and holistic healing methods.

## Chapter 2

### Literature Review

An initial literature search was conducted related to Nursing practice issues and hermeneutic phenomenology. This researcher had studied the SLC previously, completing literature searches from CINAHL and Ovid MEDLINE databases which had limited information and only a few studies. At that time, a wider search was done using the Academic Search Premier finding more information in non-peer reviewed material that was written by Native Americans. This initial literature search was augmented by a second search of the peer reviewed journals and texts using CINAHL, Ovid MEDLINE, Current Contents, HealthSTAR, EMBASE, PsychINFO, and Journals@Ovid databases for material to correspond with the themes found in the study analysis. These databases were also used to determine if further SLC research existed in the peer reviewed literature.

#### *Cultural Competence*

Over the last two decades, the literature has become increasingly rich with information on the definition of and need for culturally congruent care (Anderson, Scrimshaw, Fullilove, Fielding & Normand, 2003; Brathwaite, 2005; Flowers, 2004; Leininger, 1997; Meleis, 1996; Snyder & Niska, 2003; Tate, 2003; Taylor, 2005). Today rapidly changing demographics make the need for culturally competent healthcare workers greater than ever and the provision of these skills is now mandated by governmental and professional healthcare organizations (Anderson et al., 2003; Flowers, 2004; Taylor, 2005). Therefore, providing culturally competent care is not solely a matter



of ensuring civil rights (guaranteed by the 1964 Civil Rights Act), but is also a professional and ethical obligation. “Human beings of any culture in the world have a right to have their culture care values known, respected and appropriately used in nursing and other health care services” (Leininger, 1991, p. 21).

Culture has been defined by Leininger (2006) as “the learned, shared, and transmitted values, beliefs, norms, and lifeways...that guides thinking, decisions, and actions” (p. 13). Snyder and Niska (2003) suggest that culturally competent nursing care “requires the nurse to be aware of and accept cultural differences, have self-awareness, understand the dynamics related to cultural differences, acquire a knowledge about the culture of the patient/family, and adapt care to support the patient’s culture” (p. 341). Campinha-Bacote (1999) stresses that cultural competence is an on-going process, a journey of becoming; it is not an end point or a destination. To follow this path of cultural competence it is important to practice love, openness (of mind and self), and a humility that enables learning *from* instead of only teaching *to* (Campinha-Bacote, 2005; Watson, 2005). Leinonen (2006) suggests that forming relationships with people from other cultural backgrounds can instill increased cultural awareness; create learning opportunities; and promote a respect and valuing of other cultures, their beliefs and practices.

### *Holistic Healing*

A person cannot be treated as separate parts but is an intrinsic whole of mindbodyspirit, so also is the individual inseparable from their community (Sheilds & Linsey, 1998; Watson, 1999). CAM and/or traditional healing practices are holistic in nature and can be more culturally congruent than Western Medicine. Many of these

practices are crossing cultural barriers; people from all walks of life are using CAM therapies such as Reiki, Therapeutic Touch, acupuncture, chiropractic or massage. Quinn (1999) cites a study done in 1998 which found 42 percent of people in the United States using CAM with an out of pocket cost of \$12.2 billion. Immigrants to the United States bring their traditional healing practices with them. Native American traditional healing, such as the SLC, may be the oldest form of holistic medicine dating back 12,000 years or more (Struthers, Eschiti, & Patchell, 2004). A non-Native American nurse colleague shared meanings of her Lakota SLC experience on the Pine Ridge Reservation in South Dakota with this author. She found the SLC an opportunity to learn about the Lakota culture in an experiential manner. She related that she had previously thought energy field healing to be “bunk” but after the SLC she now had a new appreciation not only for the SLC but for other CAM methods and felt she could utilize learning from her SLC experience transculturally. Aboriginal Multi-Media Society (1994) shared ideas on healing from Black Elk, “Healing was for all people but people are so removed from the earth and self and the voice that they have to go back to the old traditions to get in touch again” (p. 12).

### *Sweat Lodge Ceremony*

The SLC is a Native American ritual congruent with a world view that is both holistic and spiritualistic. Bucko (1998) notes that the whole Native American “social life is around the sweat; it is the center of our life” (p. 178). Besides the physical aspect, the SLC heals on the emotional, mental, spiritual, and social levels (Bucko, 1998; Dansie, 2004; Johnson, 2004; Vasquez, 2001). According to Johnston (2004), Native American healing needs to be viewed within the context of cultural beliefs. The Native American

belief of connectedness is at once symbolically represented in the ritual as well as existing as an instrumental healing element (Dansie, 2004; Johnston, 2004, Struthers et al., 2004). Struthers et al. present the view of a Navajo healer who states that a person must be seen “as a whole being [where] body, mind, and spirit are seen as connected to other people, to families, to communities, and even to the planet and universe” (p. 143). Paul (1994) recounts beliefs that SLCs serve as a link with the “essential spirit of life” (p. H5). SLC participants testify that they feel a spiritual presence or the presence of spirits during the ceremony (Bucko, 1998; Vasquez, 2001). Native Americans speak of the inner healer and experiencing a healing from within when they participate in a SLC. Hone (1994) notes that the SLC serves as a means to get in touch with and to enhance the inner healer by means of earthly and spiritual elements. The use of earthly elements returns people to the earth, but the ceremony connects them with the Spirit/God. Bucko (1998) states, “It’s both a physical and spiritual life. To use the hot elements and to pour water is a symbol of purifying in mind, spirit, and also body....Spiritual is first, physical secondary” (p. 196). Ceremony and ritual allow people to be present on the spiritual level where healing takes place (Dunn, 2004). As such, the SLC can serve to clear and center the mind, cleanse and settle the body, enrich and restore the spirit, serve as a holistic purification and healing method, and enhance an individual’s inner healer.

*Watson’s Theory Applied to Sweat Lodge Ceremony*

The Theory of Human Caring and the Native American SLC share principles of connectedness and the inseparable whole-being mindbodyemotionspirit/social. The world view of both can be seen as holistic and spiritualistic. The environment is important, affecting a person’s life-way and health/harmony. The environment is connected to and

interacting with a person's mind/body/emotions/spirit/social entity while the person is connected to and interacting with the environment; a relationship that can expand into the universe. Johnston (2004) explains "we all have 'butterfly power' to create from the inherent chaos of our universe, which Cajete describes as 'a dynamic, ever-flowing river of creation inseparable from our own perceptions'" ("Role of Spirit," ¶ 6). Canales (2004) while doing a qualitative study with Native American women noted that their definition of health "was not simply the absence of disease or physical problems [but rather] ... a balance between mind, body, and spirit, a holistic approach toward living" (p. 420). A commonality of most people regarding health is a feeling of being in balance or harmony (Quinn, 1989). Nursing practice based in human caring is focused on and interactive with the individual's life world and process of inner healing (Watson, 2001).

#### *Nurse as Healer*

Nurses need to get back to their roots of caring and healing. Caring is, according to Watson and Smith (2002), "a philosophical-theoretical-epistemic undertaking, not just a nice way of being" (p. 453). In order to practice the Theory of Caring, one must live it in their daily life as well as work (Watson, 1997). Nursing needs to once more place the primary focus on *healing* rather than the technical mechanics of curing. The nursing healing focus can be carried out concurrently with medical tasks, and can offer care and healing even when medicine fails to cure.

The "inner healer" has been referred to by many. Nightingale (1992) referred to a reparative process of the body that could be supported/promoted by healing modalities; letting nature or God work. The natural restorative physiological processes of the body will seek to rebalance. Psychoneuroimmunology (PNI) has been researched looking at

links between the immune system, the endocrine system, and the nervous system and the effects of stress (Starkweather, Witek-Janusek, & Mathews, 2005). Learning a form of CAM such as Reiki, Therapeutic Touch or massage can guide nurses to their inner healer, promote self care practices and enable them to be a healing instrument while completing technical tasks.

Nurses can also become instruments of healing or creators of healing environments by focusing good, loving, restorative thoughts toward their patients. Newman (2002) states that “the highest level of consciousness is love” (p. 9). Love is the force that enables nurses to presence in a caring way, even when not at their best or when their client is sending out negative energy. Love is the source and stimulus for a caring occasion. Love need not be earned; it is unconditionally given because it must be given. Watson (2005) links love and caring and suggests that the omission of these in our lives and practice would be unbearable. Knowledge and relationships develop and grow because of it. Love creates that which is good. Love heals and it stimulates a positive energy that radiates into the universe. Chief Dan George Coast Salish (as cited in Garret, 1998) stated,

Love is something you and I must have. We must have it because our spirit feeds upon it. We must have it because without it we become weak and faint....Without it our courage fails. Without love, we can no longer look confidently at the world. We turn inward...and little by little we destroy ourselves. With it, we are creative. With it, we march tirelessly. With it, and with it alone, we are able to sacrifice for others. (p. 9)

Watson (2001) declares “it is when we include caring and love in our work and our life that we discover and affirm that nursing, like teaching, is more than just a job” (p. 345).

*Nurse as Healing Environment*

A key element in the Theory of Human Caring is the transpersonal interaction in a caring moment or occasion which Watson (1997) says “calls forth an authenticity of being and becoming, an ability to be present, to be reflective, to attend to mutuality of being and centering one’s consciousness and intentionality toward caring, healing, wholeness and health, rather than disease, problems, illness and technocures” (p. 50-51). Masaru Emoto (1999) showed by exposing water to negative or positive words and emotions, that the appearance of the then frozen water crystal would be ugly and injured looking or beautiful and whole looking respectively. Florence Nightingale referred to creating a healing environment whether by fresh air, comfort, quiet, music, pleasing colors/décor for the patient, etc. to enable healing to occur (Nightingale, 1992). By returning to the basis of nursing, nurses become what Watson (2002) terms “embodied spirits of caring and healing...nurse-as-instrument...`nurse as sacred healing environment” (p. 16). The Theory of Human Caring lends itself to guiding transcultural nursing practice, which is holistic in nature. It emphasizes the need for self-knowledge and self-care in order to support, protect, and enable the belief systems, lifeways, and inner healer of each individual.

*Becoming a More Culturally Competent, Holistic Healer*

Taylor (2005) emphasizes that cultural competence training methods should be experiential. Immersion experiences are appearing more in the literature. Ryan, Twibell, Brigham, and Bennett (2000) quote a participant in an immersion experience, “it is

learning to care for clients in their world, not mine” (p. 402). Participatory research done with 45 registered nurses in a six week field school immersion on the Pine Ridge Reservation in South Dakota reported the majority of participants expressing that their experience “changes them both professionally and personally, encouraging them to be more spiritual, more holistic in their thinking, and more interested in integrating negotiation into their everyday lives and practice” (Kavanagh, Absalom, Beil, & Schliessmann, 1999, p. 27). Watson (1997) states, “We are all part of the global human-planet-universe condition and connection—all are part of what I consider both universal and specific nursing phenomena of caring and healing, regardless of setting or country” (p. 49). Knowledge and training need to be focused on ontological, anthropological and ethical studies within nursing science (Watson & Smith, 2002). A SLC experience is a “mini-cultural immersion” and definitely provides an experiential CAM learning opportunity. Ryan et al. (2000) conclude from their qualitative study of an immersion experience that “learning to think differently creates an avenue for an open mind” (“Learning to Think Differently, ¶5). The transformational experience of an immersion is summed in a poem by Spector (as cited by Brennan & Schulze, 2004, p. 285):

There is something that transcends all of this  
I am I...You are you  
Yet, I and you  
Do connect  
Somehow, sometime.

To understand the “cultural” needs  
Sameness and differences of people  
Needs an open being  
See—Hear—Feel  
With no judgment or interpretation  
Reach out  
Maybe with that physical touch  
Or eyes, or aura

You exhibit your openness and willingness to  
Listen and learn  
And, you tell and share  
In so doing—you share humanness  
It is acknowledged and shared  
Something happens—  
Mutual understanding

*Sweat Lodge Ceremony Research*

Montana (1999) disclosed that the Utah Intertribal Veterans Association found the SLC to be a diversity solution for healing practices. Marbella, Harris, Diehr, Ignace, and Ignace (1998) report study results from an urban Indian Health Service clinic in Milwaukee, WI. Of the 93 participants, 38 percent reported seeing a healer with less than half of them reporting this to their doctor. The most named healing practice was the SLC. Of those study participants not seeing a healer, 86 percent responded that they would consider doing so. This study not only shows significant use of the SLC, but indicates that this personal healthcare practice may not be shared with Western Healthcare Providers. Gossage et al. (2003) found only one previous study on the SLC experience which was in relation to recidivism. Results from the SLC study by Gossage et al. showed ratings of 4.6 on a 1-5 likert scale for “how deeply the just-completed SLC touched their mind, body, and spirit” (p. 38).

*Hermeneutic Phenomenology*

Anthony de Mello (1988) a Jesuit priest, world renowned for his spiritual insights, shared this wisdom gem in parable form, “...the shortest distance between a human and Truth is a story.” Hermeneutic Phenomenology adds to the knowledge base via the wisdom found through meaning in narratives. Confusion is caused by the fact that the terms hermeneutics and phenomenology are at times used interchangeably and/or in



conjunction (Dowling, 2004). Both phenomenology and hermeneutics offer ways in which to discover embedded wisdom in life experiences. While similarities exist, there are subtle differences between the two. Dowling offers that phenomenology focuses on the analysis of descriptions of lived experiences to discern shared meanings. She explains that in contrast “hermeneutics assumes that humans experience the world through language, and that this language provides both understanding and knowledge” (p. 31). Dowling posits that there are three “schools of phenomenology:” descriptive phenomenology associated with Husserl and also termed “objective hermeneutics; hermeneutics as associated with both Heidegger (sometimes called interpretive or existential phenomenology or Heideggerian hermeneutics) and Gadamer (also called philosophical hermeneutics); with the third category being the Dutch school of phenomenology under which she categorizes van Manen. Van Manen’s (1990) book *Researching Lived Experience* guides hermeneutic research with the variance of analyzing the narratives by writing and rewriting until the themes are intuitively found. Van Manen clarifies that “phenomenology describes how one orients to lived experience, hermeneutics describes how one interprets the ‘texts’ of life” (p. 4). Hermeneutics is not just a descriptive account, but rather an intuitively interpretive one (van Manen, 1990; Mapp, 2008). According to van Manen, this is the “fork in the road” point where phenomenology becomes hermeneutics. Put into the perspective of family, hermeneutics can be considered an “off-spring” of phenomenology. A commonality of the varied forms of phenomenological research is actualizing an attitude that greets the world with wonder and openness while keeping pre-understandings restrained (Holroyd, 2007).

Van Manen (1990) humors that the method of hermeneutics and indeed all phenomenology is no method; rather there are only recommendations and guides. Van Manen posits that hermeneutic research:

may be seen as a dynamic interplay among six research activities:

1. turning to a phenomenon which seriously interests us and commits us to the world;
2. investigating experience as we live it rather than as we conceptualize it;
3. reflecting on the essential themes which characterize the phenomenon;
4. describing the phenomenon through the art of writing and rewriting;
5. maintaining a strong and oriented pedagogical relation to the phenomenon;
6. balancing the research context by considering parts and whole. (pp. 30-31)

Van Manen qualifies that the gathering of experiential data and its analysis are not two distinct processes, but part of the same process with researcher and participant collaborating in this interwoven endeavor. Material gathered in an interview will naturally necessitate further analysis with reflection in a separate stage. During this reflective analysis stage, with writing and rewriting of the data, themes will emerge. These themes are intuited patterns within the transcribed material. They create dynamics, structure and shape. Van Manen defines themes as “the stars that make up the universes

of meaning we live through. By the light of these themes we can navigate and explore such universes” (p. 90).

According to Holroyd (2007) hermeneutics’ primary concern is that of understanding, springing from the acknowledgement of the richness and complexity of human experiences. She suggests that hermeneutics denounces measurable stimuli or behaviors with resultant responses and instead focuses investigation into lifeworlds, encounters and meaning. This researcher defines “lifeworld” as the context within which a person lives and experiences life; the environment a person lives in. “Lifeway” is used to denote a cultural context, a unique way of “being” in the world. A “lived experience” is what occurs when a person interacts in some way with the lifeworld. Holroyd suggests that “our lifeworld reflects both our way of being in the world and the structure of meaningful relationships that we create in the world” (The Primary Concern of Hermeneutics, ¶ 4). This type of research is extremely meaningful for Nursing given a pivotal focus for nursing practice is the relationship.

Van Manen states that research entails intentionality to connect with the world, bringing us so closely in contact with it that we recognize our oneness with it. Likening research to a caring act, van Manen sees it as a means of serving and sharing ourselves with a loved one. This researcher sees this as a measure of rigor and ethics in research as van Manen equates the guiding principle in research with love which stimulates the desire to contribute towards the well-being of one’s love focus. Watson (2008) invokes the intentionality of love and caring to direct nursing practice. It is therefore fitting to center in that same intentionality when conducting nursing research.

## CHAPTER 3

### Methodology

#### *Study Focus*

Augsburg College offers both Bachelor of Science in Nursing and Master of Arts in Nursing (MAN) programs with a strong transcultural nursing emphasis. To augment transcultural course offerings and provide experiential practicum hours, immersion programs are offered amidst various cultures. This provides first hand cultural specific education and experiential opportunities in health, spirituality, and life practices and beliefs that may be different from personal beliefs and practices. Today's nurses are practitioners of a caring and healing field of human science, working in a culturally diverse environment. To be optimal caring healers, practicing caritas nursing, nurses must be not only knowledgeable of effective, appropriate care and healing of others, but need to be effectively practicing self care. The recollections and reflections by experienced nurses who participated in a cultural experience outside of their traditional practice settings can add to nursing knowledge in the areas of education, practice and research; as well as serve as a testament of immersion programs such as those offered by Augsburg College.

One of the Augsburg College practicum sites is the Pine Ridge Indian Reservation in South Dakota. Attending a SLC is an option for participants of this practicum. This research focused on the lived experience of Augsburg College MAN students who participated in the SLC.

*Study Design*

Hermeneutic Phenomenology is a form of qualitative research that studies the meaning of a lived experience or phenomena for an individual experiencing it (van Manen, 1990). The participant and researcher analyze the data in a partnership to finalize the themes found in an interview as being the true meaning the participant was expressing (Speziale & Carpenter, 2003). This type of qualitative human science research studies persons in their life world; that is to say as the unique beings they are and as they exist in and interact with their world (van Manen, 1990). When the phenomenological method ceases to be strictly descriptive and enters into an interpretive process, it then becomes hermeneutical (van Manen, 2002). As Laverty (2003) points out, each life world experience occurs prior to any reflection on it and is often shrugged off as “common sense” or commonly accepted knowledge without looking for new, deeper, or forgotten meaning.

While this researcher has participated in a SLC multiple times, she never attended a SLC led by the same person as the study participants. This was important in separating the experience of researcher from that of participant and enabling an attitude of openness and wonder. This researcher had no pre-knowledge of what the SLC the participants experienced was actually like. Each SLC has unique elements depending on the leader as well as the participants. This researcher used bracketing to set aside prior experience of the SLC. Bracketing, listing one’s knowledge and beliefs of that which is being studied and holding it separate from the study, is recommended for validity in some qualitative research studies. This researcher made a conscious effort to intentionally be aware of and “own” her personal knowledge and beliefs drawn from readings, discussions, lectures,

personal experiences and any unconscious ways of knowing. Rather than trying to ignore her personal understandings and beliefs, this researcher used them as a guide on points to clarify, especially in any similarities of data presented by study participants, as recommended by van Manen (1990). This practice proved effective to clarify and separate the participants' intended meanings from those held by the researcher.

For this Hermeneutic Phenomenological study, each participant told their story of their SLC experience in their own words and manner after being asked a main focal question by the researcher. The question is of utmost importance for this type of study because it determines the focus of information gleaned from each participant. Various questions were constructed and tested with this researcher's advisor and two other Augsburg College Nursing faculty members to be sure the question used would elicit the data specific to the topic being studied as well as being true to Hermeneutic Phenomenology. *What was it like for you as a nurse to experience the Sweat Lodge Ceremony* was the chosen question format. Augsburg College MAN students who experienced a SLC on the Pine Ridge Reservation in South Dakota during the academic terms for 2006-2008 were invited to participate in this study by an email message approved by the Augsburg College Nursing Department Chair and sent by the Augsburg Nursing Department secretary (See Appendix C).

Three to five participants were desired for this study from a purposive sampling. This type of study has a narrow focus, but mines for a deep depth of personal "lived" experience/experiential knowledge such that a small number of participants is necessary for quality. The participant criteria in addition to experiencing a SLC as an Augsburg MAN student during the academic terms of 2006-2008 included: female, registered

nurses in an age range of 26 to 66 years old, first SLC experience at Pine Ridge Reservation in South Dakota. IRB approval was obtained February 12, 2008 from Augsburg College prior to participant recruitment.

The participants were informed that it would be necessary to allow for 1 to 2 hours for the initial interview visit which would transpire in a quiet place of their choosing. A quiet area was required to facilitate reflective focus for the participant and an optimal listening climate for the researcher while providing privacy for the interaction. Prior to beginning the interview, a copy of the IRB study approval was shown to the participant. Then the consent form (See Appendix D) was given to the participant who verbalized understanding prior to signing. The researcher kept the signed copy and the participant was given a copy of the consent form. The participants were asked for permission to audio-tape this interview to complement the researcher's note-taking and gave written approval for this also on the consent form. By supplementing note-taking with an audio-tape, the researcher was better enabled to give full attention to the participant's story, ensuring greater accuracy in data collection and interpretation. A phone call to participants would have been made if further clarification of meanings and themes was needed for data analysis. The participants were agreeable to that potentiality. The data was transcribed by a transcriptionist who signed a confidentiality agreement (See Appendix E).

The identity of participants was kept anonymous by using a color coding system for the data of each participant. Initials and interview dates were used as identifiers on the audio tapes, notes and transcripts. Full names were used and kept on participant consent forms and email communications only. The participants' names were known only by the

researcher. All raw data has been kept stored in a secure computer or a locked file at the residence of the researcher. The participants were assured that any future disseminated data will not have names or identifiers attached.

#### *Data Collection*

Three participants were obtained. None of the participants were known to this researcher prior to this study. Two had participated in a SLC in 2006, while the 3<sup>rd</sup> participant had attended in 2008. A demographic survey was not done, but the narratives revealed that the three participants worked in different nursing positions: emergency room, out-patient, and school nurse. Two participants chose to meet in a study room at the Augsburg College library, while the third chose to have the interview in her home. Each of the three interviews was completed in an hour.

This researcher used a loving, caring intentionality when meeting with each participant to enhance the establishment of a caring-trusting relationship and to create an environment that provided a “safe place” for researcher and participant to interact. Prior to each interview meeting, this researcher focused on mindfulness and heart centering. The prayer of Saint Francis of Assisi is one centering exercise used by this researcher; to be an instrument of peace. Another practice used is to ask for the best outcome to occur and for God’s love to work through self. Each of the three participants had a deeply personal, emotional story to share and each shed tears. This researcher joined each storyteller on that emotional plane; sharing tears. There was a sense that each interview resulted in what Watson terms a transpersonal caring moment; researcher and participant met on a spirit to spirit plane in a caritas field connection, sharing the emotion, experience and knowledge discovery in the transcendent moment and in parting, coming



away changed, evolved, at a higher consciousness by the shared connection (Watson, 2008). The term “participant” was consciously chosen to depict the equal commitment to the gathering of data and the caring, respectful relationship between the researcher and study volunteer. The importance of this relationship for this research is emphasized by Marcel (2002):

When I say that a being is granted to me as a presence or as a being....this means that I am unable to treat him as if he were merely placed in front of me; between him and me there arises a relationship which, in a sense, surpasses my awareness of him; he is not only before me, he is also within me. (p. 38)

It is of note that an atmosphere of openness and a therapeutic transpersonal relationship were established quickly and effectively by intentionality on the participants’ parts also. The participants truly partnered in the data collection process.

Data was gathered by listening to each participant’s lived experience story. The story telling was focused on the one very open-ended question, “What was it like for you as a nurse to experience the sweat lodge ceremony?” and was audio-taped. This researcher augmented the audio-taping with note-taking which enabled her to clarify terms and comments made by participants. After each round of story telling the participants were asked to verify meanings of statements to validate themes and ensure that their intended meanings would be used without the interpretations being biased by the beliefs and assumptions of the researcher. In this manner, analysis and interpretation *began* at the time of each individual interview, interwoven with the data collection and in collaboration with the participants. During the interview the participants were asked to retell their experience three to four times at which point it was agreed that no new

material was surfacing and the point of saturation had been reached. This method negated the need to contact the participants after the interview.

This researcher analyzed the transcribed data for main themes by self-immersion in the data, utilizing the audio tapes to augment and clarify the themes and intended meanings. Data was then analyzed by this researcher until the identified themes were interpreted to be the essence of meaning in the data.

Having knowledge of SLC procedure and terminology and being grounded in a nursing ontology, helped this researcher stay true to the study focus. The focal question, *what was it like for you as a nurse to experience the sweat lodge ceremony* looks at the way a nurse experiences the SLC as a nurse, which allows her to more fully understand what it is to be a nurse. Verification of the data analysis was obtained by using an ongoing evaluation process whereby this researcher's thesis advisor and two readers reviewed the analysis of the data done by the researcher until deemed ready for defense at a presentation at Augsburg College before faculty and students.

## CHAPTER 4

### Findings

#### *Data Analysis*

The researcher reviewed the audio tape and notes after each interview, starting a new section of notes prior to having the audio tape transcribed. While in this initial immersion phase of the data analysis, the researcher was sensitive to any phrases or words that needed further clarification from the participants. None were found in this case and the audio tapes were given to the transcriptionist. After receiving the typed copy of data, the researcher again immersed herself in the material looking for themes and highlighting them in the color chosen by the participant. It was important to this researcher to keep each participant present in thought and spirit while going through their narratives. The audio tapes were listened to again while following along on the typed copy to be careful to hear the nuances of voice and periods of silence and emotion expressed. In this manner, the researcher was able to practice a mindful intention of finding the participant's intended meaning and staying focused and true to their reflective recollections as shared. After finding the recurring themes in each individual participant's story, the researcher did a comparison of the three themed interviews to locate common themes. Each set of themes were tested for accuracy of meaning to a particular category by mindfully looking at and listening to each participant's intended meaning in context. As the sweat lodge ceremony has "rounds," rounds were used in the interview, asking the focal question until no new data was forthcoming. Van Manen (1990) suggests extracting lived experience from lived experience and validating with lived experience in a circular

manner extracts a good phenomenological description “termed the validating circle of inquiry” (p. 27).

### *Presentation of Themes*

Validity of the analysis was guarded by going over the material as described above with multiple readings and immersions by the researcher to identify and write themes, then stepping back to test and re-immersing for further analysis until the data reflectively sifted and sorted into intuited themes deemed to “possess interpretive significance for the actual phenomenological description (van Manen, 1990, p. 62). These themes will be identified by a number only to assist in identifying and keeping separate. The number is in no way intended to denote greater or lesser importance. The seven major common themes found in these three interviews are as follows:

- Theme One – Importance of Being Open
- Theme Two – Experienced Elements of a Therapeutic Relationship/Healing Environment
- Theme Three – Sense of Being Connected
- Theme Four – Healing Experience
- Theme Five – Gained Personal and Cultural Insights and Growth
- Theme Six – Application to Nursing Practice
- Theme Seven – SLC Was a Meaningful Experience on a Deeply Personal Level

The seven themes with complete participant quotations can be found in Appendix F.

(Theme One will be in Appendix F.1, Theme Two in Appendix F.2, etc.)

### *Discussion of Findings*

#### **Theme One—Importance of Being Open:**

This theme appears at first glance to be more strongly supported by Ms Pink and Ms Orange, but van Manen (1990) advises to listen to the silences and look at the spaces between words when analyzing data. Watson (2008) supports that an authentic listener must “hear behind the words” (p. 25). With this suggestion in mind, one can see that Ms Blue is endorsing being open by *participating* in the SLC even though admitting to a skepticism of “energy stuff.” By saying that she is willing to allow her mind to be changed if the evidence is validating, she is agreeing implicitly to a “temporary suspension of disbelief.” This is a state of being open to whatever the experience may be without negating or embracing it at the onset. It is noteworthy that by being “open” each participant experienced the unexpected, the mysterious, and received more from the SLC experience than they had imagined. Watson (2005) calls for an expansion of consciousness which recognizes the symbiotic relationship of humankind not just as they exist within this world but in the context of the ever larger universe. According to Watson, this ontological consciousness “evokes a return to the sacred core of humankind, inviting mystery and wonder back into our lives, work, and world. ...reverence for and openness to infinite possibilities” (p. 7).

Nurses need to be open to other people, cultures, ways of being, ways of knowing, and ways of healing. This is done to get a true vision/understanding of cultural traditions, practices, and beliefs and strive to see what meaning they have in the life and health of the person. Leininger (1991) finds it “essential that transcultural nurses be open-minded and willing to learn from cultural informants about their human values, beliefs, needs and practices in order to make appropriate nursing care plans...” (p. 21). Campinha-Bacote (2003) proposes that it is vital to maintain an on-going lifelong journey to be culturally

open as well as culturally humble which enables and promotes cultural self-awareness which for many is a starting point for becoming culturally competent. What Watson (2008) refers to as “Unitary Consciousness” (p. 95) teaches us all to be more open, present, and available to each other as we acknowledge that not only do we share the same universe, we all share the same air that is our life breath. Consider the physiological act of breathing; inspiration and expiration. The breath each person inspires comes from other; is shared by other. Likewise each exhalation breath goes out to others. So too flow each thought and emotion. A *caritas* (loving/caring) consciousness offers health and healing to self and others.

### **Theme Two—Experienced Elements of a Therapeutic Relationship/Healing**

#### **Environment:**

Walton (2007) considers an understanding of spirituality and its influence on the individual as a critical initial step in creating a healing environment. Seeking understanding about spirituality from Native American wisdom and the SLC is an excellent source according to Walton as individuals from these cultures “have traditionally honored the sacred in people, places, land, and nature” (p. 378). In theme two, the participants expressed elements of a therapeutic transpersonal relationship and a healing environment on first meeting with Basil. This was expressed so eloquently by Ms Blue in her statements, “He has a really nice non-judgmental kind of way about him. He had this really wonderful way of being embracing of us; one of the greatest things he did as a healer, is that he embraced us where we are, and let us know that he has an appreciation of us. I felt safe. I felt trusted. That I’m in a safe environment... I think I trusted [Basil] right away because of his presence...” Ms Pink and Ms Orange describe

feeling trust without directly saying it. Descriptive phrases used by Ms Pink were: “at ease; completely let go and shared all my feelings; comfortable.” Ms Orange spoke of feeling, “very safe...very comfortable; didn’t feel threatened in any way.” In the words of the participants, Basil is shown to establish a therapeutic transpersonal relationship quickly by his authentic caring intentionality and presence. This authentic presence shows respect for self and other and establishes trust.

Relationship based care (RBC) is being advocated by many health care practitioners and in many health care facilities (Felgen, 2004; Newman, 1999; Watson, 2006; Watson, 2008). Nurses have long known the importance of forming a therapeutic transpersonal relationship, yet many still bemoan the lack of time to really connect and establish one. Watson (2005) explains how a transpersonal caring relationship can happen within a moment, by an authentic intentional caring consciousness and presence. Jackson (2004a) shares data that the quality of nurse intuition regarding patients is related to the depth of the nurse-patient relationship and not necessarily dependent on the quantity of time spent together.

A therapeutic transpersonal relationship denotes that the whole person mindbodyemotionspirit/social nurse connects with the whole person mindbodyemotionspirit/social patient in a caring/respectful way. This is consistent with Watson’s transpersonal HCT and relates to each person within their whole self/family/community/environmental context. The Code of Ethics for Nurses (ANA, 2007) mandates in the very first provision that nurses should establish a relationship with patients in a compassionate manner and with respect for each person’s human dignity,

inherent worth, human rights, and unique cultural context. The relationship itself serves as a healing modality and can, in and of itself, be healing (Watson, 2008).

Theme Two is embedded with healing modalities. Watson (2008) encourages nurses to use these types of non-medical healing modalities, but to use them in a heart centered intentionally caring way. Many nursing tasks are done unconsciously. If they work without prayerful intent, it could be possible to get more positive results if done more mindfully/prayerfully. Holding a glass of water for a patient to drink with caring intent and mindful presence then becomes a caritas process in action. Those healing modalities alluded to in this theme's elements and that are beneficial for creating an optimal therapeutic relationship and healing environment would include:

- A caring presence
- Open-welcoming-nonjudgmental kindness
- Mindful heart centering
- Intentionality for best outcome
- Gentle guidance/teaching methods
- Use of intuition
- Creating a safe space, instilling trust
- Allowing/supporting expression of emotions
- Allowing for miracles
- Tone/texture/tenor of voice
- Listening
- Facilitating an opportunity for each person to share
- Seeing/honoring each person as unique
- Meeting each person where they are at/in their context

Further, variable healing modalities found in the collective three narratives are:

- Prayer
- Singing/Chanting
- Drums
- Heat/Steam
- Sage/Smudging
- Earth/Nature
- Water
- Sacred Pipe



- Eagle feather/Fanning energy field
- Use of light/dark
- Sharing stories
- Socializing
- Food

Watson (2008) calls for nurses to practice at a level of caring literacy referred to as Caritas Nursing. The knowledge and ability to use non-medical healing modalities is part of this practice. More importantly, all modalities are to be used in a caritas manner. This type of practice creates the feeling in patients that they are accompanied; that the nurse views them as a valued, cherished person rather than as an object. Practicing in Caritas Consciousness (as a Caritas Nurse) creates a healing environment for patients. Quinn (1989) envisions nurses becoming the actual healing environment; being able to create a healing/sacred space with caring centered intentionality. Janet Quinn termed this “becoming the lap of the mother” (lecture, Boulder, CO., May 2007). Such an environment was experienced by this study’s participants in the SLC.

It is important to note that an environment is created by practitioners, whether it is healing or not. Halldorsdottir (1991) has derived through studies that there are five different ways of being with a person; these range from biogenic or life giving to biocidal or life destroying. Even the neutral, middle mode of biopassive is below an ethical nursing practice level. Watson (2008) declares that it is LOVE, an unconditional love that not only enables, but propels the nurse toward creating and maintaining a therapeutic relationship and becoming a healing environment. All ten of Watson’s CPs (see Appendix B) were found to be utilized in this SLC when compared with the participant’s narratives. Advanced practice caritas nurses should be comfortable and proficient at incorporating the CPs in Nursing practice.

**Theme Three – Sense of Being Connected:**

The three participants all expressed feelings of connection, but in different ways and on different planes. Ms Blue felt "...a real connection with being in the [Black] Hills and being with people; and then a deep connection, ...part of a larger organism sort of." She speaks of a sense of connection to the land where she was and to people, but also to something difficult to define, something beyond self, community, and the earth plane. Ms Pink moved from "connection within yourself [to] ...within the world and with God." She also expressed connecting with her emotional self and then beyond: "To feel deep emotions, emotions that are so strong, and as they're coming in and they're coming out, and you're opening to them, you're experiencing that whole emotional realm...then moved ...to something higher that I don't have a word for." Ms Pink also expressed feeling "more than [self]...part of everything else." Ms Orange felt a connection that brought her "more into relationship with God." She also "felt connected with these people...and part of the greater whole." All three participants experienced a connection in locality, but also beyond self and immediate surroundings.

A relational ontology is the basis of Caring Science which honors the universal connection of all, sharing the same Creator/Source (Watson, 2008). With this in mind, Watson proposes that when a nurse looks into the eyes of a patient, he or she sees self. This worldview protects the humanity of all and serves to guard against the objectifying of any person. Many indigenous people share this worldview principle (Leonard Little Finger, Lakota elder; Ignacio Torres Ramirez, Nahua community leader; Fidel Xinico Tum, Mayan; shared in Conference of The Transcultural Nursing Society lecture, September 27, 2008). Little Finger shared the Lakota phrase "Mitakuye Oyasin" which

means “all my relatives” and includes everyone and everything that the Creator brought into being. Torres Ramirez and Xinico Tum explained how the Nahua and Mayan people consider themselves to be “People of the Corn” and their corn grows in the colors of Red, Yellow, Black, and White; representing all people of the world. The Lakota medicine wheel colors are also red, yellow, black, and white. Watson (2008) uses the terms *caritas* and *communitas* to “define an emerging global ethic of caring-healing through relationships, belonging, and connectedness, which helps us restore the sacred in the midst of everyday existence and our relationship to all living things” (p. 95).

#### **Theme Four – Healing Experience**

All three participants expressed experiencing a healing. Ms Blue noted some physical healing, “the heat—it felt really good” and emotionally “...I let go of a little bit of anger...” She also expressed emotional/spiritual healing through feeling connected, “I felt the healing power—I think connection itself is really healing—to feel connected to others and to a given place, and an opportunity.” Ms Pink experienced emotional/spiritual healing: “I remember the feeling just rolling out. A letting go of hanging on to the way things were. Able to accept, really accept the path of life.” Ms Orange experienced emotional and spiritual healing best shown by these words: “It was a very healing experience for myself, partly because I’ve been through a lot...and to know that it’s going to be OK” and “I was able to commune with God.” All three participants mentioned crying during the sweat lodge. Tears can be a release of stress and a means to heal. Ms Orange shared that she witnessed the healing of another person in the SLC. Each participant’s experience was unique to them and consistent with their own health needs.

Healing has different meanings to different persons. Quinn (1997) takes issue with the idea of healing as becoming whole because people are irreducible whole entities. She offers that many people consider health or healing to be coming into balance or harmony, and suggests considering healing along the lines of coherence; as a means of coming into “right relationship” with self, others, God, etc. According to Quinn, “right relationship increases coherence and decreases chaos in the system, thus gaining for the system maximum freedom, choice, and capacity to creatively unfold” (p.14). For the Lakota, “rituals are generally conducted communally, and family prayer and support are vital in the healing process. Lakota see this prayerful solidarity as key to healing and so fill the waiting rooms...when a relative is sick” (Bucko & Iron Cloud, 2008, p. 597).

Self care is of great importance. To be an effective healer and to be able to create a biogenic healing environment, nurses need to maintain a “right relationship” within self (Watson, 2008; Quinn, 1997). This is much the same principle as instructions when flying to put on one’s own oxygen mask prior to assisting others. Without adequate oxygen to function, a person is of little assistance to others. Without adequate love, respect, care for self, a nurse is not able to give effective caritas care. Nurses need to practice ritual to stay spiritually healthy and stay connected to their source of love. Self care rituals can be prayer, meditation, music, journaling, time in nature, whatever feeds the soul. In working with Native Americans, Hammerschlag (1988) learned the value of ceremony and ritual; coming to believe that the ritual itself could be healing. Bucko and Iron Cloud (2008) state that for the Lakota, healing was traditionally linked with spiritual ceremonies and continues to be so today.

**Theme Five – Gained Personal and Cultural Insights and Growth:**

Ms Blue shared that as a nurse, “it’s really important to never underestimate the spiritual connection you can have, and it’s really helping people heal....it can happen very naturally when you have a welcoming presence, non judgmental.” Pesut (2008) states that although nursing ethics and holistic practice call for patient specific spiritual care, many nurses are not prepared for this. Self awareness is an important element in providing proper, respectful spiritual care. Ms Blue also shared insight into the importance of respecting and preserving sacred indigenous areas: “To hear the breathing, to me that was the Black Hills breathing—the power of the Black Hills....I think that was my opportunity to remind me that right now in the Black Hills they’re doing so much developing—that this is still a breathing, beautiful, really important energy center of the world. People come from all over to be in the Black Hills—the Lakota know it....I really felt like the Black Hills were something really kind of alive.”

Ms Pink found this experience to be a “cultural competence step” in reflecting that “to be a respectful human, a respectful person, a respectful nurse...SLC helped me take the initial steps towards an awareness of how important that is—how important it is to make those connections.” She also shared, “we all kind of start sort of egocentric...this experience helped me move up hopefully in that consciousness to learning about other ways, to learning about other people, to opening my mind to other possibilities.”

Ms Orange created a self “to do” list from this experience: “Need to extend self to other people in a meaningful way; connect person to person. Need to practice listening; be more meaningful about this.” She then shared some positive self care action, “I now take time and listen to the birds.”

This was a unique learning experience for each participant which is an important element to note. It is certainly noteworthy that each participant felt enhanced by this SLC experience and consciously applied this new knowledge and/or validation to their lives.

**Theme Six – Application to Nursing Practice:**

Ms Blue recalled that she initially felt, “am I doing this the right way [to] feeling relaxed and calm and welcome there; so that’s what I think is really important about nursing is offering that same sort of atmosphere for patients....I wish more nurses and physicians had that...experience of being on the other side; the vulnerability of being a patient...I think that’s underestimated a lot.”

Ms Pink shared that she had “incorporated the SLC experience into nursing practice. [She was] able to share the experience with school children; talking to them about balance, of being caring and feeling.” She summed up the application of her experience to nursing in this manner, “I don’t think we can separate who we are as people from the essence of nursing. I’m a nurse. It’s incorporated into who I am. So I think anytime you change or grow, which I believe I did, during and after this experience, I think it helps us grow as nurses as well.”

Ms Orange shared many positive changes and enhancements to her nursing practice. In regard to self care she noted, “As a nurse, I feel it is really important that I do self care. That is a huge piece for me, because that’s something that I feel has been lacking in my practice....” Ms. Orange found validation in her efforts to connect with patients, “what’s most important is for us to connect with them person to person; and by going to the sweat lodge, I feel that that’s been reaffirmed in myself....I would say that I’m not as task oriented.” She further shared, “in terms of service, how often do we get

down with our patients and with our families...make a conscious effort to get down eye-to-eye...or to make sure that we aren't towering over them—that we're more equal with one another?" Ms Orange shared a very creative caratas modality she started, "I facilitate healing of people in need with a little piece of sharing. I bring a piece of outside into the inside."

Again, this was a unique experience for the three different participants. They each found a way to incorporate this experience into their nursing knowledge and practice.

**Theme Seven – SLC Was a Meaningful Experience on a Deeply Personal Level:**

A common behavior of the three participants that applies to the personally meaningful depth of this experience is not only the fact that each shed tears during the SLC itself, but that tears were also shed while telling their recollection stories to the researcher. While just a few weeks post experience for one participant, the emotional, heart-felt retelling was two years after the fact for the other two participants. Narratives from the participants showed that each found deep meaning in the SLC, but in unique individual ways.

Ms Blue shared, "the sweat was important because it was...one of those moments of real introspection and feeling spiritually sound or awakened." Ms Pink felt, "it was such a powerful experience...I can't do it justice by even talking about it...it was really very, very powerful...it changed me at my core of being a person." Ms Orange shared, "as I prayed in the sweat lodge, I felt confirmed in my decisions and that I could get through the problems I'd been dealing with. I had never experienced that before; this depth of connection with God. I was touched deeply.... I'm not a person who cries

easily...it takes an awful lot for me to cry [is crying now] ...that's how deeply this had really, really touched me.”

All three participants healed in ways they needed to and connected with their energy source. Each of the three participants experienced something that could not be explained. Ms Blue heard what sounded like breathing surrounding her in the SLC. Ms Pink had the vision of what looked like a spider plant which then appeared to begin moving, like spiders. Ms Orange felt connected to God in such a way that she was cognizant of prayers for reassurance and strength being answered; words she heard in her soul's heart. Ms Orange also described being a visual witness to something being literally pulled out of another SLC participant; feeling confident she had witnessed another person being healed. She also heard unexplained whistling sounds and voices.

Watson (2008) endorses being open to miracles in the explanation of her tenth CP. Keeping the possibility of miracles before us enriches the soul and sustains hope.

### *Conclusions and Implications*

The SLC for these study participants proved to be overall a meaningful experience, touching each in a personally emotional, spiritual, and mindful manner; engendering them to incorporate elements of the SLC learning into their nursing practice and personal lives. Arbon (2004) found in a research review that many nurses glean self-knowledge as well as knowledge of others in a uniquely personal manner from lived experiences that they are able to apply to all areas of practice. He further posits that the ability to use experiential knowledge increases exponentially with the person's level of nursing expertise. The graduate level nursing students participating in this study give credence to this. Arbon elaborates that “nurses bring to practice understandings about



people and situations that they utilize in their work and that are grounded in understandings about the lived world that they have developed from experience in all its forms” (p. 153). This was found true in the narratives of the SLC participants which were breathtakingly rich with wisdom. Part of the personal growth that Arbon suggests promotes individual development is the ability to truly see another person’s situation. This researcher suggests that this vision is given clarity through the lens of caring and the consciousness of connection. Pandu Hailonga-van Dijk shared in lecture the culture of Uubuntu, a “way of being” practiced in Namibia which translates to “I am because you are” (Transcultural Nursing Society Conference lecture, September 25, 2008).

This sense of connection is very important to many people of many different cultures, none more so than Native Americans. According to Hill (2006) the Native American view of connectedness is intricately woven to a sense of belonging and is a dominant feature of their worldview which is relational. There is a sense of connection and interdependence within self, family, larger social constructs, the environment, world, and the Creator and universe. Hill terms this interdependent connection as a “sense of belonging as connectedness” (p. 210) which is further seen in the use of circle, with the following elements identified by Native American nurses: “(1) connection, (2) respect, (3) holism, (4) trust, (5) spirituality, (6) caring, and (7) traditions” (p. 212). The effects of the dispossession of the Native Americans from their lands, culture and lifeways some 500 years ago are still being seen today. Fortunately traditional ways are being re-embraced, re-instilled, relearned, and taught to the young; a movement that may hold promise in decreasing health disparities in this group. Traditional ways and worldviews need to be considered and incorporated into practice when doing health care, research, or

teaching with all people, but especially with indigenous clients. When nurses work with Native Americans the importance of connection and relationship needs to be honored, respected, and practiced. This involves remembering the importance of establishing a therapeutic transpersonal relationship between nurse-patient, but also nurse-patient-family, and even healthcare providers-patient/family/community-environment. The SLC participants in this study all expressed feelings of connectedness on different levels.

Watson (2008) teaches the importance of self-care, reminding us that it is not selfish to love and care for self before others, but rather self-care first makes the nurse a healthier, happier, more effective and efficient care giver for others. In the same way, self awareness is necessary; keeping one in touch with self needs for health and personal values/ beliefs which enhances the ability to respect the needs of self and others. Being open to “other” encompasses cultural humility and respect; all necessary components of forming therapeutic transpersonal relationships and a dedication to cultural competence.

As experienced by the study participants and demonstrated by the SLC leader, developing a therapeutic transpersonal relationship need not take a lot of time. By intentional, heart centered presencing this relationship can begin at “hello.” A therapeutic transpersonal relationship gives birth to a healing environment with nurse *as* healing environment. It is good to know that although architecture and art can add to a healing environment a biogenic healing environment can be generated by the *caritas* nurse anywhere, in the time it take to presence with love and care; on the breath of a prayer.

“Do not despise the story...the deepest truth is found by means of a simple story” (de Mello, 1988, p. 23). Hermeneutics enables the deep, rich wisdom within stories to be discovered. Each person has a wealth of lived knowledge to share. There is value for

application to life and the uniqueness of person when research occurs in the context of the participant without laboratory control. After all, the lifeworld in which lived experiences occur is not subject to laboratory control. As with all research, this study holds perhaps more questions than answers. It is through questioning that both young and old come to understanding. It is through story and asking questions that Native Americans teach; the learner finds the answers within self, learning with mind, body and spirit (Underwood, 1994). It is the sincere hope of this researcher that all the readers of this thesis are left with burning questions to carry them forward along with a spark of inspiration.

Chapter 5

Discussion

*Implications for Advanced Nursing Practice*

Being open and non-judgmental is vital to accurate cultural and health assessments. This requires a *respectful* attitude. For nurses to practice caring and healing, it is important to look at health and illness from each patient's perspective and collaborate on a plan of care that takes this context into account; incorporating practices, ceremonies, and rituals that are important and healing to the patient. This will necessitate nurses becoming culturally and spiritually sensitive; increasing competence. Nurses need to become what Campinha-Bacote (2003) terms "culturally-liberated;" aware of personal attitudes regarding other cultures, non-fearful of differences, and actively encouraging the expression of feelings regarding cultural issues" (p. 23). Jones, Cason, and Bond (2004) cited results from a study on cultural attitudes in registered nurses that found increased positive attitudes toward patients, correlated with increased open mindedness and decreased ego defensiveness displayed by nurses. Each nurse needs to be aware of and in control of their ethnocentrism and shed the ego.

Institutional policies will need to be reviewed and updated to be congruent with transcultural and spiritual practices and needs. Some cultural or spiritual practices may have to be denied or modified for safety reasons, but the need for this should be sensitively, thoroughly and respectfully explained. For example, with Native Americans, sage for smudging/cleansing and the sacred pipe, cannot be burned/lit in most areas of a hospital for obvious fire safety reasons, but these elements can be at the bedside without lighting. Many facilities can provide an area where with safety regulations it would be

acceptable to burn sage or light the pipe. The chaplaincy department can be used as a resource and the spiritual leaders from the patient's culture should be consulted as consistent with patient wishes.

Nurses trained in transcultural care need to find voice to be effective patient advocates and serve as culture care consultants in practice, education and research. Cultural competency has been a recognized and advocated need for all nurses for approximately 45 years, but the goal has yet to be met (Kleiman, Frederickson & Lundy, 2004). This is an obligation now promoted by Healthy People 2010 (Kleiman et al.). Advanced practice nurses need to meet the challenge of advocating for all healthcare personnel to become culturally competent beginning with role modeling.

Therapeutic transpersonal relationships should be considered the hallmark of quality patient care. Jean Watson's HCT is a guide for effectively practicing relationship based care. Just as a smile can be pervasive, so can a bad attitude. Each person must decide if they are going to build caring bridges for effective therapeutic transpersonal relationships or support barriers. Positive, loving, caring emotions and thoughts, attentiveness, cheerfulness resonate at higher frequencies and promote healing in self and others while negatives such as anger, fear, defensiveness, indifference, rushing, resonate at lower frequencies and can create discord, wounding, and at the extremes can have life-restraining or life-destroying outcomes (Halldorsdottir, 1991; Watson, 1999, Watson, 2008). According to Halldorsdottir, the "*biogenic mode* of being with another is the truly human mode...represented by healing love...involves loving benevolence, responsiveness, generosity, mercy, and compassion. A truly life-giving presence offers the other interconnectedness and allows for the expansion of the other's consciousness

and fosters spiritual freedom” (p. 5). Persky, Nelson, Watson and Bent (2008) looked at the patient’s perception of the care they received in a medical center. Their report indicated that nurses were viewed as more caring if they treated the patient as a valued, unique whole mind/body/emotions/spirit/social person. Zikorus (2007) shares her personal experiences of nurse as patient, remembering the outstanding nurse caregivers were those who gifted her with the “quiet simplicity” of their presence and “looked at me as a person...I felt respected and valued...regarded as someone, an important person in the life of the nurse, rather than the affliction that brought me to the hospital setting.” (p. 209). Zikorus acknowledges “there is energy present when we enter a patient’s space and...we contribute to the quality of that energy in both positive and negative ways” (p. 209). Quinn (1992) suggests that the nurse question herself in order to be able to presence effectively *as* the healing environment. Some of these questions would include: “...how can I *be* a more healing environment? How can I become a safe space....How can I use my consciousness, my being, my voice, my touch, my face, for healing?” (p. 27).

A more restful, healing physical environment should be the goal of any healthcare facility and many are incorporating soothing music, art, nature, quiet zones and times, special lighting and color schemes, etc. The environment also needs to be deemed healing from the context of the individual patient. It is important to remember that the physical environment can enhance, but in no way replaces the presence or type of energy contributed by the caregivers. Jonas and Chez (2004) encourage expanding the term environment beyond the “visible connotation of location to encompass the invisible such as intention and awareness....[looking at] how one marshals inner resources and motivation, the role of societal pressure...interaction of the individual with nature and the

planet” (p. S-5). Healing efforts must be directed by the patient’s understanding of both the illness and what they need to become healthy and should be consistent with the patient’s traditional beliefs, values, and customs (McCabe, 2007).

As Quinn (1997) and Watson (2008) have emphasized over the last decade, Schmidt (2004) reinforces, “every healing effort and every healing intention starts within the health care professional...an accepting, mindful and warm-hearted relationship with the self is primary to any healing intention” (p. S-7). Jackson (2004b) recommends “building self-care into curricula as an expectation throughout the educational experience [to] emphasize the importance of self-care behaviors” (p. 202). Self care practices need to become a vital part of nursing practice. Healing rituals for self care and centering should be adapted by each nurse. Watson (2008) passes along the practice of hand washing that can be made into a simple ritual. As nurse physically washes the hands, the mind, emotions, spirit and all that affects the personal energy field can also be cleansed with a simple prayer, recitation, blessing during the act. Negative feelings can be washed down the drain, a previous patient or interaction with a colleague can be blessed and released to focus and direct positive energy toward the next patient/interaction. Touch stones with positive words such as LOVE, PATIENCE, FORGIVENESS on them can be carried in the pocket to help focus on self healing and positive energy. A cross or other symbol carried on person can be a reminder to connect with the source that feeds our soul. Even a piece of paper with a word or focal sentence can serve the same purpose. In a Caring Curriculum class entitled, *Caring Makes a Difference: It’s Elementary Watson*, co-facilitated by this researcher, many participants share self care practices such as: prayer, SLC, exercise, walks, hiking, music, nature, meditation, singing bowls, reading, Bible

study, journaling, time with pets, playing the piano or harp, etc. It is important for self care each person does what works for them *on a regular basis*. An important element of the practice of self care is forgiveness; to forgive others, but also to forgive self. No person has mastered perfection. No nurse can be expected to be 100% biogenic 100% of the time. It is in striving to be biogenic and knowing when to excuse one's self that we honor self and others.

Honoring connection is important for advanced practice nursing. Connecting with one's own source of healing, love and strength is vital. Understanding that for a therapeutic transpersonal relationship nurses need to connect person to person; spirit to spirit with patients is paramount for caritas nursing which will deliver safe, quality care with the caring. Cowling, Smith and Watson (2008) suggest that "much of the pain and suffering from social injustices comes from a lack of consideration of the deeply human connections that unite, rather than separate and divide us: a lack of caring" (p. E49). Discovering connections, being respectful and mindful of important connections in the patient's realm and facilitating those connections are all important elements for healing to occur. Being respectful of this planet and its resources that all people share will contribute to the health of all. Nurses can advocate for health care measures that will have a positive affect on all persons.

Cultural/community based immersion programs need to be created for the education of nurses. Augsburg College has already established excellent programs with this element. With the various learning centers, Augsburg College has established a trusted relationship and presence in the communities which benefits all. Nurses from different cultures can nurture and mentor each other; strengthening both cultures.



The Study participants found meaning and applicability to their Nursing practice and their personal lives. The SLC was effective for these participants as a cultural and spiritual immersion experience which advanced their practice. This along with the supporting literature already cited would encourage the use of cultural immersion experiences for new nursing students as well as those returning to education. Worrell-Carlisle (2005) explains the process of designing a course for pre-nursing students that captured the three domains that nursing works from: head, hand, and heart and also promoted cultural awareness. Non profit community agencies were collaborated with to provide experiential service-learning with diverse populations. Service learning has been linked with development of the ability to care, humility and critical thinking. Worrell-Carlisle reported evidence that service-learning offered development beyond traditional classes. The community and students benefited mutually. As Garrett, Garrett and Brotherton (2001) suggest, “there are ways to incorporate Native cultural traditions for the therapeutic benefit of clients from all walks of life without exploiting the peoples from which these sacred traditions come...intention is the key to respectful implementation” (p28).

Paula Underwood (1994) tells how ancient Oneida people enabled learning through the use of stories which sparked three different ways of understanding; with the mind, body, and spirit. Woven together these three different forms of understanding create a greater, more complete understanding. Each of the stories would end with the same question, “what may we learn from this?” (p. 2). The SLC offers an experiential learning on these different planes. The SLC traditions and wisdoms are passed down orally from generation to generation. Being able to tell stories is important. Listening to

stories is important. It is also important to ask...what may we learn from this? How can a nurse become “the mother’s lap?” How can a nurse not only create a healing environment, but become the healing environment? How can nurse best heal self; heal other? If the Native American circle was the earliest form of group therapy, what else might healthcare learn from ancient indigenous wisdom (Garrett et al., 2001)?

*Implications for Decreasing Health Inequities*

There is a definite lack of research with and by Native Americans which has a contributory impact on health inequities. With centuries of cultural abuse, exploitation and disrespect from the majority white culture, developing trust and relationship through respect, openness, and equal/humble collaborative efforts with a dedicated presence are of utmost importance (Garrett et al., 2001). As attested to by the study participants and the literature, all people have much to learn from indigenous wisdom and traditions. Further research of the SLC can add to the cultural, spiritual, and holistic healing knowledge base. Such research needs to be done in a humble, respectful manner. Any research done with Native Americans should be directed by Native Americans. Community based participatory research is the most culturally sensitive method of research to use with Native Americans and as such, would likely give the most accurate information. Whenever research is done with different cultures, cultural knowledge should be sought first and a cultural guide should be utilized lest the means of decreasing disparities leads to more instead.

Many people using CAM or traditional healing practices do not share this fact with health care providers. Establishing a therapeutic transpersonal relationship will create a better atmosphere of sharing, especially when stories are encouraged and listened

to in an honoring manner. Hearing, listening, and understanding the stories' messages can make a difference in effective, culturally congruent treatments that will be adhered to by addressing illness and the path to health from the patient's perspective (Schneider & DeHaven, 2003). This also provides a trusted connection for information sharing regarding health issues that can decrease health disparities.

Supporting cultural health rituals and ceremonies and respectfully collaborating with traditional healers as warranted by patient preference may encourage persons to seek treatment and to be seen early on prior to irreversible damage to health. Cultural sensitivity and knowledge improves the quality of health care and can increase access to health care as well as positive outcomes (Kleiman et al., 2004; Loosin, 2000). By including the extended family and community that the patient feels is needed for health and recovery, important trust bonds are made and strengthened and the health of all persons will be positively affected.

Until there is affordable health care for all people, traditional medicine may be the most easily accessed and afforded for many. Supporting the healing traditions and methods that are safe/cause no harm and are culturally congruent is a manner to put the patient in the best place for inner healing to occur. Pierre Elliot Trudeau is quoted as saying, "Perhaps the rediscovery of our humanity, and the potential of the human spirit...will constitute the true revolution of the future. The new frontier lies not beyond the planets but within each one of us" (Trudeau as cited in Jonas & Chez, 2004, p. S-6). This can be aptly applied to Nursing's challenge to eliminate health disparities.

## CHAPTER 6

### Recommendations, Reflections and Conclusions

Hermeneutics offers a method to capture unrecognized knowing. The depth of the data from this study's participants was awe inspiring. Learning about a specific culture is best done from within the culture. This knowing becomes transferable, as seen in the study participants' responses, when it is applied to their personal lives, professional practice and to their clients, both Native American and others.

Research into the efficacy of the SLC helps Western Medicine recognize the value and hopefully leads to greater understanding and acceptance of this healing ceremony. This researcher points out the healing aspect of incorporating the SLC into the spirituality care offerings at health care centers. Regrettably, presently most facility based sweat lodges are only at prisons.

Additional research with Native Americans should be done by Native American researchers. Other researchers could partner with Native Americans to do this research, mentoring each other. Native American authors need to give voice to cultural issues. Sadly a great Native American voice in Roxanne Struthers is now absent from the nursing literature, but fortunately she has left behind an inheritance of literary work for all people. More Native American nurses are certainly needed. The Nursing Profession requires a diverse work force to meet the growing needs and requirements of the increasingly diverse population. It is in coming together in our diversity that our commonalities can be discovered and the complementing of our abilities, woven together benefit all.

Nurses need to embrace the role of healer, but healer as one who empowers the patient's own healing. Nurses need to acknowledge their effect on the patient's environment. Through caritas nursing practice, therapeutic transpersonal relationships can be established in depth upon greeting. The participants in this study each experienced this caritas in the SLC. The wonder of the participants' descriptions of feeling embraced, safe, completely at ease was profound. Ideally each care-giver should endeavor to provide this experience for each client. This is a goal to strive for with the patients who come into our presence. Through authentic caring, intentionality, and presence, the nurse becomes the healing environment. Nurse presence holds vigil as guardian of the sacred space for healing practices.

Self care is of great importance in providing this caring healing environment for other. If the mindbodyemotionspirit/social self is replete and strong, the task is much easier. It is impossible to dish from an empty bowl. As whole person entities, any discord of mind, body, emotion, spirit and social realm affects the whole. Self care, in keeping with the principle of coherence, maintains our mindbodyemotionspirit/social persons in "right relationship."

Nursing needs to honor its roots and connection to ancient wisdom. Working with humans in the intimate field of nursing is spiritual work, a caring calling.

According to Cowling et al. (2008)

as nursing awakens to this higher/deeper place of wholeness, consciousness, and caring, as it seeks to synthesize new ethical and intellectual forms and norms of 'ontological caring literacy,' we arrive at a unitary caring science praxis. We evolve as a mature caring-healing-health

## Sweat Lodge Ceremony

discipline and profession, helping affirm and sustain humanity, caring, and wholeness in our daily work and in the world. (p. E49)

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Appendix A

Pictures of Sweat Lodge

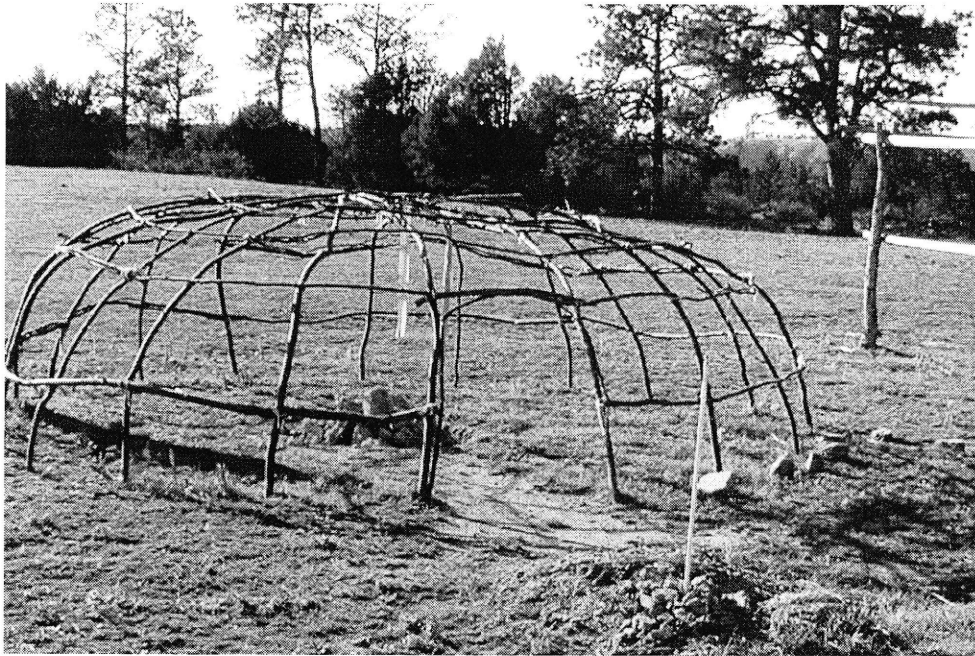


Figure 1: Inner sweat lodge structure



Figure 2: Sweat lodge site



Appendix B

Jean Watson's theory has 10 original carative factors that have been evolved into clinical caritas processes. Watson (2001) describes these as follows:

1. Formation of humanistic-altruistic system of values becomes *practice of loving kindness and equanimity within the context of caring consciousness* [italics added].
2. Instillation of faith-hope becomes *being authentically present, and enabling and sustaining the deep belief system and subjective life world of self and one-being-cared-for* [italics added].
3. Cultivation of sensitivity to one's self and to others becomes *cultivation of one's own spiritual practices and transpersonal self, going beyond ego self, opening to others with sensitivity and compassion* [italics added].
4. Development of a helping-trusting, human caring relationship becomes *developing and sustaining a helping-trusting, authentic caring relationship* [italics added].
5. Promotion and acceptance of the expression of positive and negative feelings becomes *being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared-for* [italics added].
6. Systematic use of a creative problem-solving caring process becomes *creative use of self and all ways of knowing as part of the caring process; to engage in artistry of caring-healing practices* [italics added].
7. Promotion of transpersonal teaching-learning becomes *engaging in genuine teaching-learning experience that attends to unity of being and meaning, attempting to stay within others' frames of reference* [italics added].
8. Provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment becomes *creating healing environment at all levels (physical as well as non-physical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated)* [italics added].
9. Assistance with gratification of human needs becomes *assisting with basic needs, with an intentional caring consciousness, administering "human care essentials," which potentiate alignment of mindbodyspirit, wholeness, and unity of being in all aspects of care, tending to both embodied spirit and evolving spiritual emergence* [italics added].
10. Allowance for existential-phenomenological-spiritual forces becomes *opening and attending to spiritual-mysterious, and existential dimensions of one's own life-death; soul care for self and the one-being-cared-for* [italics added]. (p. 347 )

## Appendix C

### Letter of Invitation to Participate

Dear Augsburg MAN Student,

I am inviting you to be a participant in a hermeneutic phenomenological (lived experience) study of nurses who have experienced a sweat lodge ceremony for the first time on the Lakota Pine Ridge Reservation in South Dakota while on an Augsburg College MAN practicum. This study is being conducted by me, Patricia Engstrom as part of my Master of Arts in Nursing thesis at Augsburg College.

I invite you to share what it was like for you as a nurse to experience a sweat lodge ceremony. Please allow for one to two hours for the interview at a quiet location of your choosing. I ask your permission to audio-tape this interview. After the interview, I will ask you to verify the analysis of the data as being true to what you experienced during one to two follow-up phone conversations. Your identity will be kept anonymous in the data by using a color-coding system for each participant. I will hire a transcriptionist who will sign a confidentiality agreement. The audio-tapes will not have your name attached when given to the transcriptionist. Dr. Susan Nash, as my advisor would be the only other person to see the raw data. All raw data will be kept in a secure and locked file until the completion of this project. All raw data will be destroyed within three years of completion of this project as per federal IRB guidelines.

We strive, as nurses, to advance our practice in this holistic healing profession while often carrying out very technologically oriented tasks. Our co-workers and clients are becoming more and more diverse. To be effective multidisciplinary team members and healers, it is important to be open to other ways of being and knowing and healing. Your perceptions and voiced experiences are important and can contribute to the growth, health, and ability of us all.

If you are interested in participating in this interview study, please respond by email [engstrom@augsb.org](mailto:engstrom@augsb.org) or contact me on my cell phone (507) 696-5696. I would be happy to answer any questions you may have regarding your participation in this study. Please understand that your decision to participate or not participate will in no way affect your relationship with Augsburg College Department of Nursing. Thank you for your consideration.

Sincerely,



Patricia L. Engstrom  
Augsburg Master of Arts in Nursing Student

Appendix D

**Consent Form**

The Sweat Lodge Ceremony as Experienced by Nurses:  
A Hermeneutic Phenomenological Study

Researcher: Patricia L. Engstrom

This is a consent form. Please read it carefully and ask any questions you may have before signing it. Signing this form means that this study has been explained to you, that you understand it and you are aware of any possible risks involved with participation. Your signature indicates that you agree to take part in this study. You are free to withdraw at any time without any negative consequences from myself, Augsburg College, or the college faculty.

Signing this consent form gives the researcher your permission to use anonymous quotes from your interview for the thesis, scholarly articles and/or presentations. You will never be identified by name or description other than “a study participant” who may be noted as an Augsburg Master of Arts in Nursing student.

You are invited to be in a research study examining the lived experience of being an Augsburg College Master of Arts in Nursing student who has experienced a Sweat Lodge Ceremony. You were selected as a possible participant because as a student you participated in a sweat lodge ceremony while on practicum at Pine Ridge Reservation. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted as part of my master's project in Nursing at Augsburg College. My advisor is Susan Nash, RN, Ed. D.

**Background Information:**

The purpose of this study is to explore meaningful essences of the sweat lodge ceremony experience through audio-taped interviews with participants. The final analysis will be reflected upon in relationship to the concept of nurse as healer.

**Procedures:**

I ask you to meet with me at a quiet location of your choosing to discuss what it was like for you as a nurse to experience a sweat lodge ceremony. The interview would take approximately one to two hours. This interview would be audio-taped and transcribed by a transcriptionist. This study is based on the interviews of 3-5 participants whose identity will be kept confidential. I will speak with you via one or two follow-up phone conversations in order to verify correct interpretation and my understanding of your experience.

**Risks and Benefits of Being in the Study:**

The study has no known or anticipated risks. If discussion of the sweat lodge ceremony experience leads to your discovery of any hidden or unresolved psychological issues, you will be assisted to find appropriate resource persons for counseling, but the costs incurred for any therapy will be yours. If the interview or study process becomes too uncomfortable for you, you are free to withdraw from this study without any negative effects from the college or myself and your data will be completely destroyed without being used.

There are no monetary incentives offered. Indirect benefits to participation could be the potentially enriching and/or therapeutic opportunity to discuss the Sweat Lodge Ceremony experience with someone who has also experienced it and/or your contribution to the knowledge of nursing generated from this study.

**Confidentiality:**

Your privacy is and will remain important to me. The records of this study will be kept confidential. All written documents associated with this study will not include any information that will make it possible to identify you. All raw data, including the audio tape will be kept securely in a locked file at my place of residence. The audio-tapes will be color coded, without names attached when given to the transcriptionist. The transcriptionist will sign an Augsburg College confidentiality agreement form. Only my advisor, Dr. Sue Nash, and the transcriptionist will have access to this data as necessary for the study. If the research is terminated for any reason, all data and recordings will be destroyed. While I will make every effort to ensure confidentiality, anonymity cannot be guaranteed due to the small number to be studied.

Any information from this study that is used for my thesis, for an article in any professional journal, for professional presentations or any other purposes, will be used without identifiers and in a manner that will not directly identify you.

The raw data will be destroyed January 31, 2012. As per federal IRB guidelines, this date is at least three years after completion of the project.

**Voluntary Nature of the Study:**

Your decision whether or not to participate will not affect your current or future relations with Augsburg College, the college faculty, or myself. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

**Contacts and Questions:**

The researcher conducting this study is Patricia L. Engstrom, RN. Please ask any questions you may have now. If you have questions later, you may contact me at [engstrom@augsborg.edu](mailto:engstrom@augsborg.edu) Phone: (507) 696-5696

My advisor is Dr. Susan Nash, Associate Professor of Nursing; Coordinator of the Rochester site. Her contact information is [nash@augsborg.edu](mailto:nash@augsborg.edu) Phone: (507) 287-6558.

You will be given a copy of this form to keep for your records.

If you wish to withdraw from this study at anytime, please indicate so in writing to the following email address: [engstrom@augsborg.edu](mailto:engstrom@augsborg.edu)

**Statement of Consent:**

I have read the above information or have had it read to me. I have received answers to questions asked. I consent to participate in the study.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

I agree to have *anonymous* quotations of my study interview used.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

I consent to be audio-taped.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of investigator \_\_\_\_\_  
Date \_\_\_\_\_

## Appendix E

### **Transcriptionist Confidentiality Agreement**

The Sweat Lodge Ceremony as Experienced by Nurses:

A Hermeneutic Phenomenological Study

I, \_\_\_\_\_ agree to transcribe interview audio-tapes into typed documents for Patricia L. Engstrom. I understand that these interviews are part of Patricia's study for her Augsburg Master of Arts in Nursing thesis. It is my understanding that these audio-tapes will not have the names of the participants attached to them. I agree to keep the contents of these tapes confidential between Patricia Engstrom and myself. I will not attempt to discover the identities of the participants. If I think that I recognize a voice or identity from the audio-tapes, I agree to keep that identity confidential.

Transcriptionist Signature \_\_\_\_\_

Date: \_\_\_\_\_

Appendix F

Themes One to Seven – Quotes

- Theme One – Importance of Being Open
- Theme Two – Experienced Elements of a Therapeutic Relationship/Healing Environment
- Theme Three – Sense of Being Connected
- Theme Four – Healing Experience
- Theme Five – Gained Personal and Cultural Insights and Growth
- Theme Six – Application to Nursing Practice
- Theme Seven – SLC Was a Meaningful Experience on a Deeply Personal Level

## Appendix F.1

### Theme One – Importance of Being Open

#### **Ms Blue:**

- *I'm normally skeptical about energy stuff, but I think it is good that I'm willing to allow my mind to be changed if I can see evidence or I have a trust that something is right. I'm pretty willing to trust my intuition.*

#### **Ms Pink:**

- *Made decision to kind of let go of my inhibitions and experience it [SLC] to the maximum potential that I could.*
- *Not going to offend anyone if you just go in there as an authentic person.*
- *Things that you bring to the sweat lodge, I think, really need to come from your soul and from your heart.*
- *Consciously made that decision to let go and open up.*
- *I knew if I went into it with an open heart and an open mind, I would be OK.*
- *A very important part for me was being able to let down the defenses and truly connect with what was happening...let the experience happen.*
- *I had no idea that I could open up like that...felt like a very raw, authentic experience. I didn't expect to be able to make that deep and powerful of a connection.*

#### **Ms Orange:**

- *I was interested in what the Spiritual experience would be like.*



## Sweat Lodge Ceremony

- *I felt that I was prepared...that I should just try to open my mind and go with the flow, and really try to get in touch with my God.*
- *I think I had a little trepidation about the fact that there was going to be prayer that would be going on...I didn't know, in reference to prayer, who the other people would be praying to. But [during the sweat] I felt very safe and comfortable that I could pray to my savior and feel comfortable knowing that perhaps the person next to me was praying to whoever their almighty power or their god was.*
- *I felt a validation that it is important as a nurse to be open to other ways of healing.*
- *I try to open my mind and go with the flow.*
- *Surprised seeing the other people, not knowing what it was they were doing there...I thought [SLC] was being done only for the nurses. ...I'm pretty good with going with the flow of things.*
- *When I went into the sweat lodge, I was open.*

## Appendix F.2

### Theme Two – Experienced Elements of a Therapeutic Relationship/Healing

#### Environment

**Ms Blue:**

- *He [Basil] has a really nice non-judgmental kind way about him.*
- *His [Basil's] voice was really soothing.*
- *As a nurse, I think relationships are important; that he [Basil] welcomed us in was really significant.*
- *[Going in] I had that feeling, 'am I doing this the right way;' then I remember feeling relaxed and calm and welcome there.*
- *When you have that [a sense of being accepted as you are, appreciated and respected], you can feel like you can be yourself and I think you can be more open to something great happening. The safety of being able to talk about your situation is really important.*
- *He [(Basil)] had this really wonderful way of being embracing of us; one of the greatest things he did as a healer, is that he embraced us where we are, and let us know that he has an appreciation for us [nurses]. When you have that, you feel like you can be yourself and I think you can be more open to something great happening.*
- *That relationship [with Basil] was good, and I think the tone of voice and environment. His voice was really comforting to me and along with that sound of*

*breathing that was going on in the sweat, made me feel very safe and like I was in a trusted environment and I could talk about my life and what I was really thinking about.*

- *I felt safe. I felt trusted. That I'm in a safe environment, I trusted the person guiding us; that I felt what was happening was healing...to be able to talk about my father and hear others talk.*
- *Feeling safe in a trusted environment; feeling like you can hold your relationship with a person there. Feeling calm; I think when calm, more potential is there for being introspective.*
- *I think I trusted [Basil] right away because of his presence, not because he does this routine, not because he's Native American, but I think his calm voice and I felt that pretty clearly upon meeting him—that it was good—I felt comfortable talking . I wouldn't normally bring up my father's death with a group of people I don't know very well. Felt a recipient of healing therapy. Just having the relationship; it's a healing connection.*
- *Was initially uncertain; normally skeptical, not believing in energy stuff. I felt safe and was not skeptical. I think I dropped the skepticism really as soon as [Basil] started talking.*
- *There might have been something about the sweat lodge that created that openness, or the ability to get closer faster to what's important*
- *[Basil] knew how to create that environment and have those connections happen; he knows how to create the space so that it's more likely to happen.*
- *I left feeling very good about things.*

- *[Basil] and his voice made us feel welcome; [making it] easier to feel open than if people are very business-like about it, or looking at their watch or whatever.*
- *While it [the SLC] was a wonderful experience that I would like to have again, I could have that same openness, but I think that it would have taken longer to have it, I think, with trusted friends—I can't imagine sitting around a table and talking about things that openly.*

**Ms Pink:**

- *[Basil] really made us feel very, very comfortable.*
- *We were welcomed*
- *It was very wonderful and welcoming*
- *Process explained.*
- *We were kind of guided*
- *[Basil] verbally guided us along the way.*
- *[Basil] put us at ease.*
- *Each got our turn to speak.*
- *Opportunity to ask for help.*
- *I just felt that it was really very sacred...I completely let go and shared all my feelings.*
- *Each had an opportunity to ask for help, to share thoughts, to pray...I think was probably the most powerful part of the sweat lodge for me.*
- *[Basil] guided the group...centering...grounding.*
- *Started with centering, move out to this experience that is bigger than ourselves, and then...brought back into center again.*

- *He [Basil] made us feel comfortable.*

**Ms Orange:**

- *[Felt] very safe, I felt very comfortable, although there must have been 18 or 19 people including the folk in the sweat lodge.*
- *I didn't feel threatened in any way.*
- *I just didn't feel threatened.*
- *I felt so safe and felt just great ability to commune with God.*
- *To be with these other people and to be so privileged at the fact that they're sharing about their purpose on why they were there...just the sharing with one another.*
- *It was a very intimate time together—I've never experienced this kind of intimacy with a group of people in any other setting.*
- *Like kind of feeling really safe.*
- *There were singers there; they were drumming and it's a certain peacefulness.*
- *Felt safe*
- *There was sharing*
- *There was this peacefulness*
- *It was an intimate time together*
- *Basil prepared us about what would happen and the meaning of things.*
- *There was sharing of space, support, prayers, stories, and later food.*
- *Experienced healing of self and also witnessed healing*
- *Felt comfortable.*
- *Overwhelming sense of peace*

## Sweat Lodge Ceremony

- *I felt great trust in what it was Basil was doing.*
- *Watching [Basil], the quietness; how he talks to me, to people... listening to the earth, listening to the sky.*
- *The music also added so much to it.*

### Appendix F.3

#### Theme Three – Sense of Being Connected

##### **Ms Blue:**

- *I felt this sense of breathing was a real connection with being in the [Black] Hills and being with people; and then a deep connection, I guess in part of a larger organism sort of.*
- *Something that happened in the sweat, I really felt like the Black Hills were something really kind of alive.*

##### **Ms Pink:**

- *Chanting and drumming...could physically feel.*
- *Felt like I was physically connected to what was happening in there.*
- *Could feel, physically feel, our connections in there.*
- *Connection within yourself and just within the world and with God.*
- *Chanting and praying in Lakota which, even though you couldn't understand the words...you could understand the message.*
- *It connected right to your heart.*
- *Remember kind of being to myself and just opening up to feeling what was coming in.*
- *Rocking or swaying...into the beat of the drum and to his voice and to the praying and the chanting.*
- *I was physically moved by the vibrations that were going on in that sweat lodge.*
- *To feel deep emotions, emotions that bring tears to your eyes and not in a sad way, just emotions that are so strong, and as they're coming in and they're*

*coming out, and you're opening to them, you're experiencing that whole emotional realm. I felt I then moved from the emotional realm to something else, to something higher that I don't have a word for.*

- *Being in there [SLC], it almost felt like your essence, your self, was really outside, really outside of the constraints of the physical; and not even thinking, just being and feeling. I didn't feel like I was looking down on myself—I just felt like I was more than myself, I was part of everything else.*
- *Social connection. [After SLC] community connection as well.*
- *Connecting with God, our creator, with the universe, with yourself.*
- *There is more than just what happens within the sweat lodge itself. Afterwards there is a social connection; a shared meal.*

**Ms Orange:**

- *I really felt, even though I didn't know these people—I felt fully in connection with them, going into the sweat lodge; even though I'd never met some of these people—it was like we were all there for the same purpose.*
- *Like feeling part of the greater whole.*
- *It really didn't matter what our individual purpose was, because we were kind of like a community. And it was very safe within this community.*
- *It felt like I already knew these people—it felt like I already knew part of their story. ...there's a certain connectedness that these people trust in themselves and the others within the group to share their most intimate secrets—of why they are there, and what they were thinking...willingness to pray for others, not just for self, for just a friend; but for healing for the earth, healing for the people of the*



## Sweat Lodge Ceremony

*community, not just our community within, but also our greater community. The people at Pine Ridge, for our government, for those people who are hurting and don't have enough food, for our environment. It was very all-encompassing.*

- *Felt part of the greater whole.*
- *There was a connection of safety; we were like a community and safe there.*
- *Everything is very circular. Sharing time that expanded full circle.*
- *In sweat lodge very personal, intimate sharing.*
- *Pray for other, healing of the earth, all people, the environment, the government*
- *Helped come more into relationship with God.*
- *Felt connected with these people even not knowing some of them.*
- *Introductions after the sweat; felt like I already knew them.*

#### Appendix F.4

#### Theme Four – Healing Experience

##### **Ms Blue:**

- *A very healing experience.*
- *The heat—it felt really good.*
- *Cried thinking about father, he had to go through a long course of treatments and had so much pain and some dementia before his death. I was so relieved when he died, thanking God for letting him go because I didn't want to see him in this sort of dilapidated state. I let go of a little bit of anger, I realized that I was probably angry about some of that.*
- *I felt the healing power—I think connection itself is really healing—to feel connected to others and to a given place, and an opportunity.*

##### **Ms Pink:**

- *I was crying; could hear everyone else was (crying) too. A very, very deep release of emotions.*
- *Let go of our inhibitions. Just really let out our emotions.*
- *I remember the feeling just rolling out.*
- *Pain at surface, deep...something...was very loving.*
- *So wonderful to open up to those emotions.*
- *Opportunity to let it out...wonderful.*
- *So free.*
- *It's like you open the door and the waterfall comes spilling out.*

- *Like a calming after that [vision in sweat lodge].*
- *Felt physically spent...like...running or exercising...that high of exercise but your body is physically tired.*
- *So, your mind is feeling very energized and connected but physically you feel like “ah” a big sigh of relief and a big relaxation.*
- *Almost felt like you’re floating.*
- *Better able to cope.*
- *A letting go of hanging on to the way things were. Able to accept, really accept the path of life.*
- *Turning point in dealing with the aging, failing health, and prospect of grandparents dying. After grandparent’s deaths able to go on without filling with sadness; feeling the presence of their relationship is still there and always will be.*

**Ms Orange:**

- *At times I felt there were tears in my eyes.*
- *It was a very healing experience for myself, partly because I’ve been through a lot in these last couple of years, and to know that it’s going to be OK, and yes, it’s a good move to go back to school...a lot of things I’ve been concerned about—it’s OK to let go of stuff and to learn how to forgive other people...am I even on the right path. It was a very freeing experience.*
- *Felt a peace—like things were going to be OK. That was freeing.*
- *In the SLC I was able to commune with God.*

## Sweat Lodge Ceremony

- *I truly felt that he was being healed.... And it crossed my mind that whatever it was that was tied to this man, was a silvery thing coming out—that whatever ailments were within him were being pulled out of him. It wasn't that he was letting it go—that it was literally being pulled out...it was a continual pull of whatever it was inside of him.*
- *I was feeling healing for myself personally as well as being able to feel I'm witness to this.*
- *It was a very freeing experience.*

## Appendix F.5

### Theme Five – Gained Personal and Cultural Insights and Growth

**Ms Blue:**

- *[The sweat] was enriching for me as a nurse, as someone who I hope is always growing spiritually, because I think nursing can be really hard work, and when you don't have time to sit back and think about what it means to have those connections with human beings, and being in the middle of crises you get sorta, you can get jaded, and you can get hardened to experiencing those relationships. Even though relationships take time sometimes, it's hard to give them that, as much honored space as you'd like to, with patience and other things you could be doing at the same time. I think it was good to be doing [the sweat lodge] in the context of my nursing professional life as well.*
- *To me as a nurse, I think mostly that it's really important to never underestimate the spiritual connection you can have, and it's really helping people heal. I think it can happen very naturally when you have a welcoming presence, non-judgmental.*
- *[Basil] had this wonderful way of being embracing of us and admiring our work. And that doesn't always happen with nurses. A lot of times nurses might get kind of marginalized in a big scene with physicians. We're always marginalized. [Basil] didn't do that...he embraced us where we are, and let us know that he has an appreciation for us, that that is a mutual kind of thing.*
- *That I'm in a safe environment, I trusted the person guiding us, I felt that what was happening was healing, to be able to talk about my father...; these are things*

*that I think are all about feeling safe in a trusted environment, feeling like you can hold your relationship with a person there, and feeling calm. I think when calm, more potential is there for being introspective; for having someone say something and have it have more meaning.*

- *Because [Basil] was guiding that ...time in the sweat lodge, I found myself as a recipient, [but also an] active participant, but this is a new experience in me. I felt more like a patient than a nurse. Coming into a strange environment, talking about what it meant to be there, that's more the vulnerability of a patient.*
- *To hear the breathing, to me that was the Black Hills breathing—the power of the Black Hills. I've always felt that draw and that power, but I'd never heard breathing before. I think that was my opportunity to remind me that right now in the Black Hills they're doing so much developing—that this is still a breathing, beautiful, really important energy center of the world. People come from all over to be in the Black Hills—the Lakota know it. But I don't think I had ever felt it like an entity before, I just know I'd felt the attraction. That happened in the sweat; I really felt like the Black Hills were something really kind of alive.*

**Ms Pink:**

- *You're kind of at a different level.*
- *A growing experience for me.*
- *Started me on the whole path of opening my mind to understanding new things.*
- *Cultural competence step*

- *To be a respectful human, a respectful person, a respectful nurse...SLC helped me take the initial steps towards an awareness of how important that is—how important it is to make those connections.*
- *To be able to learn about the ways of caring and healing and loving and understanding that other people and other cultures have.*
- *We all kind of start sort of egocentric...this experience helped me move up hopefully in that consciousness to learning about other ways, to learning about other people, to opening my mind to other possibilities.*

**Ms Orange:**

- *Need to be able to extend self to other people in a meaningful way; connect person to person.*
- *Need to practice listening; be more intentional about this.*
- *The SLC was humbling, crawling in on all fours.*
- *Then saw a silvery pearl-essence in a continuous stream like smoke. I truly thought he was being healed. I talked this over later with Basil and he said, 'I think you're right, but he still has a long way to go.' Basil suggested that I tell the man what I saw and felt so I did. The man thanked me and said that he still had a long way to go. I experienced a cultural healing.*
- *As a nurse I really felt honored, I felt very humbled, I felt that this is what it's really, truly like to experience cultural healing*
- *Now I take time and listen to the birds.*
- *A man was healed in a way other than I thought he could be.*
- *There are other ways of healing.*

## Appendix F.6

### Theme Six – Application to Nursing Practice

#### Ms Blue:

- *I also have those really nice conversations with patients—that's why I love nursing—there's this thing in nursing where you have this carte blanche that I can't imagine having almost any other way to ask really probing deep questions that I've asked survivors of torture...and I think these are questions I could never ask sitting on a bus. But there is something about nursing where people give us, they're vulnerable, and they by and large trust us...they're almost more ready to talk about what's going on. They at least come to get help of some sort, and that's what—the vulnerability of being gracious enough to share—allows you to get deeper faster. About nursing, what I love is that dimension where we have the opportunity to be in that sort of secret, private place.*
- *[Went from feeling] “Am I doing this the right way” [to] feeling relaxed and calm and welcome there, so that's what I think is really important about nursing is offering that same sort of atmosphere for patients. [Then] you can have therapeutic work or meaningful interaction with each other and get more to the bottom of things.*
- *I believe pure nursing is about...relationships, knowing people's context, knowing, connecting with them; having that really important connection. [In some work instances] you don't...have that time to have a connection with a patient that you want. I think something, in a good-feeling situation, something transformational happens.*



- *Just having the relationship; I'm healed by patients too. By having that healing connection I feel energized, I feel like this creates the most meaningful work I can do in my life. I think of it really while I might be putting IVs in or sorting medications or drips, I feel like that, that sort of being near the patient, even if we're not talking, our interaction is a mutually rewarding thing. Patients...either comatose or [otherwise] unable to communicate, many times I can still communicate...there's still that place where we—there's an interaction. That's what came to me. It's a shared thing that I think is healing for both people. It makes me feel like I want to be a nurse. Nursing is the hardest work I've ever seen people do, so there's got to be something that's really drawing nurses back over and over again, and I think that's it.*
- *The things I've learned the most about nursing I've learned as a patient or a family member of a patient. I think having empathy for what patients are going through is really important...I wish more nurses and physicians had that...experience of being on the other side; the vulnerability of being a patient...I think that's underestimated a lot.*

**Ms Pink:**

- *Changed me as a person, so that affects me as a nurse.*
- *Most of the time at work I feel like I'm really gaining so much more globally every day and I feel [the SLC] experience helped me along that path.*

- *Have incorporated SLC experience into nursing practice. Able to share the experience with school children; talking to them about balance, of being caring and feeling.*
- *I don't think we can separate who we are as people from the essence of nursing. I'm a nurse. It's incorporated into who I am. So I think anytime you change or grow, which I believe I did, during and after this experience, I think it helps us grow as nurses as well.*

**Ms Orange:**

- *As a nurse, I feel it is really important that I do self care. That is a huge piece for me, because that's something that I feel has been lacking in my practice. How can I care for myself; especially when I carry such hurtful feelings toward another individual, another person? But yet, I'm supposed to come to clients and I'm supposed to be open to what it is that they want, or perhaps need to share with me. And so I find myself very ritualistic going through these assessments. Because I was able to go to the sweat lodge and basically able to give myself up to God and say 'use me to get in contact with these people so that I can reach them as a nurse; I feel that's really being truly reflected in my practice. ...through the sweat lodge, I've been able to extend myself to other people in a more meaningful way.*
- *They [patients] are coming to me as a person. And, what's most important is for us to connect with them person to person; and by going to the sweat lodge, I feel that that's been reaffirmed in myself.*

- *I've been working on my practice recently, and being more intentional about that, letting people share with me what's important to them. I think that's a hard skill, especially within this whole hospital mindset—'let's get our work done; and let's get it done fast and easy and quick and let's get this person off so that we can move to the next thing. ...I would say that I'm not as task oriented.*
- *I continue to pray about this daily; that I'll continue to be in relationship with people, because that's something that's really important I think.*
- *And so as I was crawling into the mouth of the sweat lodge, I was thinking boy, it's hot in here now, and I thought wouldn't it be neat for some of our Native American [patients]—so nice to be able to experience this...and I'm thinking...if there was a policy for healing ceremonies...and at that time I guess I was more focused on what this would be like for my patients.*
- *We have a lot of Native Americans that come to our hospital, and although our hospital does allow healing ceremonies, they have a lot of hoops to jump through to perhaps ...experience [something] like this. ...I did come back and I looked at our policy....there were a lot of rules and regulations around how the healing ceremony could take place.*
- *Thinking to myself in terms of service, how often do we get down with our patients and with our families...make a conscious effort to get down eye-to-eye, or to make sure that stool isn't towering over them, or to make sure that we aren't towering over them—that we're more equal with one another?*
- *As a nurse I need to be less task-oriented. I continue to pray about this. Be in relationship.*

## Sweat Lodge Ceremony

- *I facilitate healing of people in need with a little piece of sharing. I bring a piece of outside into the inside.*
- *As a nurse I am trying to do more non-medicinal healing.*

**Appendix F.7**

**Theme Seven – SLC Was a Meaningful Experience on a Deeply Personal Level**

**Ms Blue:**

- *The sweat was important because it was sort of one of those moments of real introspection and feeling spiritually sound or awakened.*
- *It felt like a life journey, not just something I'm doing as a nurse.*
- *I think we could have spent more time out there.*
- *I felt like it was very much a spiritual experience.*
- *Made the trip feel like it had a significant place in my life.*
- *It was a wonderful experience that I would like to have again.*
- *It was a very worthwhile experience.*
- *A neat thing in the sweat, it was a cold, windy day and however the air was circulating around the sweat lodge, it sounded to me like there was breathing inside the sweat lodge. And I got that feeling of being held inside someone or in a really safe place. It was the anniversary of my father's death and I talked a lot about my father that day.*
- *An interesting thing happened, and I wonder about this because it's significant in my mind. When we went out of the sweat lodge and had dinner, Basil's daughter stopped by to visit. Her son was the one putting water on the rocks. She was someone I had grown up with in Rapid City; so she was a friend from my childhood but I never knew her as Basil's daughter. Her mother had moved her to Rapid City for a better education and changed her last name so kids wouldn't identify her by her name as a Native American . We had had some conflicts*

*though over a mutual friend. When [she] came in, some of those things came back to me, but I remembered her as a friend; so it was really good to see [her]. She was thinking about going into nursing. I really encouraged that.*

### **Ms Pink**

- *A powerful experience.*
- *It was so powerful.*
- *I don't think it would be overstating it to say that it was life-changing. By that I mean in a way where it opened my thinking and I think that itself is life-changing. Once you open your mind to these new experiences and understanding that there's more than just the physical, I think that does change a person's life.*
- *We each had an opportunity to ask for help, to share thoughts, to pray, and that to me I think was probably the most powerful part of the sweat lodge.*
- *I remember seeing what appeared to be plants.... almost like an out-of-body experience; that's what it felt like. So I saw what appeared to be a plant, and it almost looked like a spider plant...my eyes are open, but it is almost pitch black in there. There was a plant, in my eye, almost started to look like spiders at that point; things were just kind of moving.... I haven't been able to come up with the meaning of a plant...turning into a creature.... Maybe it was part of a whole growing experience.... I now have a love for spider plants.*
- *It was such a powerful experience, it seems like I can't do it justice by even talking about it.*

- *This was a fantastic experience.*
- *It was a very powerful experience for me, my sweat lodge experience.*
- *I think that eventually losing my grandparents, it doesn't really feel like a loss because their spirits are always with me and I think that was kind of a turning-point toward a positive ending of the physical relationship with my grandparents and myself and now it's a spiritual relationship....Being able to take their essence and their spirit inside of your heart and let that be your connection. Really that was a turning point and that's where I'm at right now. Remembering, now that they've both passed away, it's not filled with sadness, but` boy, that was a great, great relationship that I can still carry with me.' It's not gone—it's still there and always will be there. So that was pretty important.*
- *It was really very, very powerful. Again, it changed me at my core of being a person.*

**Ms Orange:**

- *I did feel that the experience allowed me to come closer to God—I'm gonna get weepy again, It's just really hard to articulate what the experience is like.*
- *Even now I get kind of weepy when I think about this experience.*
- *It's a very powerful experience.*
- *It was just amazing...*
- *I've learned that it's about being willing to forgive this [person] and I just really felt that in the sweat lodge. That's one of the things I prayed about. I felt an*

*intimacy with God that it's something I'm capable of doing, and it's OK if I backslide—and I'd never experienced that before.*

- *As I prayed in the sweat lodge, I felt confirmed in my decisions and that I could get through the problems I'd been dealing with. I had never experienced that before; this depth of connection with God. I was touched deeply.*
- *I'm not a person who cries easily...it takes an awful lot for me to cry [is crying now] ...that's how deeply this had really, really touched me.*
- *First I heard a whistling noise and voices like talking, but it was my impression it wasn't Basil. It was like someone talking in tongues, but unable to understand anything; it was low tones. During the second round, I again heard the whistle and I opened my eyes and...this gentleman was sitting next to Basil, and I could see the eagle feathers against him, but then I saw...it was silvery...really, really thin...fanning out. ...it was continuous, like the silvery string was being pulled out of this gentleman's mouth and going from there.... We did go back that evening and debrief together in our [Nursing] group. Some people did hear the whistling sound and voices, but no one could say for sure what those voices were or if it was Basil....*
- *I would like to do this again with my eyes open in the sweat, I had them closed most of the time. I'd do it again with a different kind of openness.*
- *Then I was thinking more about myself, but it impacted me more as a nurse and more as a human being than a person.*



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