Writers on spiritual health struggle to come up with tangible definitions and models of this intangible dimension of life. Bellingham et al. (1989) defined spiritual health as "the ability to live in the wholeness of life" (p. 18); they identified connectedness as the key to spiritual health—"connectedness to self, connectedness to others, and connectedness to a larger meaning or purpose" in life (p. 18). Sullivan (1993) extended this definition to include "one's personalized experience and identity pertaining to a sense of worth, meaning, vitality, and connectedness to others and the universe" (p. 128). Reed (1992) and Burkhardt (1994) expanded the theme of connectedness further and offered developmental views of spirituality that position the spiritual dimension of life squarely at the core of health and development across the lifespan.

Spirituality and Health Care

Health care literature that addresses spirituality often reflects a tendency to medicalize this dimension of life. Heliker (1992) referred to spiritual distress as a "diagnostic category" in nursing (p. 16); as such, the term is used to label a patient's health problems and to guide nursing assessments and therapeutic planning. Patients are said to have "spiritual needs" and "spiritual problems" that must be diagnosed and treated appropriately (Highfield & Cason, 1983); treatment goals and interventions are discussed (Carson, 1989).

Within this medical framework, disagreement exists on how to approach the assessment of spirituality. In the nursing literature, Reed (1992) declared that "spirituality per se is not measurable any more than would be such concepts as *physicality, emotionality*, or *wholeness*" (p. 351). Carson (1989), however, stated that "Spiritual needs

can be approached in the same systematic way that nurses approach biopsychosocial needs. The use of the nursing process, with its steps of assessment, analysis, planning, implementations, and evaluation, is quite applicable to spirituality" (p. 155). Highfield and Cason (1983) proposed a checklist of observable indicators of spiritual problems and spiritual health. Other assessment instruments in the literature include a Self-Test of Connectedness Possibilities (Bellingham et al., 1989), a Spiritual Well-Being Scale (Paloutzian and Ellison, 1982), and a variety of questionnaires, mapping strategies, and life scenario activities (Chapman, 1987; Hodge, 2005).

Again from nursing, Carson (1989) stated, "Probably the most effective spiritual intervention is the nurse's offering of self" (p. 163); to empathize, to listen, and to be available is to offer one's self to another. Benner (1984) spoke of this kind of intervention as "presencing" (p. 57); that is, being *fully present* to a client or patient by attentiveness, eye contact, touch, and silence. Presencing is an approach to care giving that may be especially relevant and important when caring for a dying person. Through