

## THE UNSEEN ENVIRONMENT IN NURSING

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### ABSTRACT

Nurses must seek to be aware of the environment of the patients, they care for. The health of their environment determines the health of the patients, to a large extent. The unseen environment is as real as seen in the environment, in nursing. What do we “see” in the unseen environment? How do we see the unseen environment? How do we interpret what is known in the unseen environment? How should nurses aid their patients in finding healing by incorporating the truth about the unseen environment? This article employs the biblical worldview to unveil the unseen environment for the benefit of nursing care and patients’ optimum health and well-being.

**KEYWORDS:** Environment, Spirituality, Moral Evil, Generosity, Forgiveness, Fear, Courage & Cheerfulness

### INTRODUCTION

From the modern age of nursing science in the optimistic glow of the late 19th and early 20th century, it has not been only about sick nursing but about treating the whole person and focusing on their immediate environment. Florence Nightingale’s promotion of District Nursing improved the general health of the British population (Harkness, 2008). Lillian Wald’s nursing leadership in New York City, USA prevented illnesses, by giving attention to the social and economic problems that caused the illnesses (Buhler-Wilkerson, 1993; BJN, 2009). These two historic nursing trailblazers advocated that the patients are poised for healing naturally when the environment is better controlled and the patients are taught to care for and about their environments (Savage &Kub, 2009).

Nurses should be aware of both the seen and the unseen environments in nursing. Nursing should “promote symphonic interaction between man and environment, to strengthen the coherence and integrity of the human field to direct and redirect patterning of the human and environmental fields, for the realization of maximum health potential” (Rogers, 1970, p. 122).

The definition of environmental health, as “freedom from illness or injury related to exposure to toxic agents and other environmental conditions that are potentially detrimental, to human health” (Institute of Medicine, 1995) concerns the seen environment. This focuses on chemical, physical, biological, and psychosocial hazards; nutrition, sunlight, air, and various therapies. However, the unseen environment is equally or more critical in ensuring optimum health of people.

Things in the unseen environment are seen by faith and not perceived by the five human senses. The unseen environment is the spiritual and invisible aspect of creation. It includes issues of psychological, social, and interpersonal relationships, morality, truth, trust, forgiveness, faith, fear, frustration, courage, determination, hope, love, acceptance, generosity, cheerfulness, humor, and such like that could have negative or positive impact on health and healing. The belief in the reality of a world of spirit beings and ghosts has much impact on people as part of their unseen,

but real, environment (Deut 18:10-11).

Human beings are better characterized by their non-physical aspects rather than their physical attributes. The finest things in life are unseen. Ideologies preclude discovery. The things that are seen are a reflection of the things that are not seen. Anaxagoras posits that appearances are glimpses of the unseen (Grissom, 2011). While seen material things have limited supply, unseen non-material things have unlimited quantities. For example, happiness, cheerfulness, and good temper increase as they are shared. Nursing can harness these in pursuit of health transformation for the populace. This article attempts this venture from a biblical point of view.

## **SPIRITUALITY**

Human beings are spiritual beings at the very core of our existence. Our human physical visible experience cannot eliminate or substitute for our spiritual experience (Koelzer, 2013). More and more people are confessing their quest for more spirituality and hunger for spiritual growth (Mitroff & Denton, 1999). Secular societies are not left out of this contemporary spiritual quest (Gallup, Jr., 1998).

Spirituality is “a universal instinct toward connection with others and discovery of our place in the larger web of life,” involving the personal quest for meaning, purpose, and values (Dalton, 2001, p. 17; Chickering et al., 2006; Astin, Astin & Lindholm, 2011). This spiritual pursuit involves seeking for internal personal authenticity, genuineness, and wholeness; greater connectedness to self and others, through relationships and union with community; and connecting with divine power (Love & Talbot, 1999; Dalton et al., 2006).

Spirituality positively affects people’s self-confidence, self-esteem, self-image, job satisfaction, and improved health and general well-being (Baker, 2003; Powell, Shahabi, & Thorensen, 2003; Hernbeck, 2006). Health values, health-seeking behavior and health habits increase in proportion to spiritual welfare (Lewin-Tuvia, 2012). Spiritual resilience, ability to endure the stresses and negativity of life circumstances and transcendence, a functional capability of individuals to progress beyond adversity were found to be predominant in people, with chronic illness (MacKinlay, 2008; Farren, 2010). These two concepts facilitate a sense of wellbeing, personal growth, purpose and meaning in life, and healing. Therefore, nurses should encourage the patients to seek more spirituality and provide an enabling environment that encourages serenity and meditation in the hospital setting. As the closest health professionals to the patients, nurses should learn how to engage their patients in spiritual life discussions without proselyting or evangelizing.

## **EVIL SPIRITUAL INVASION**

There is a great cosmic conflict that is raging: for the truth and for the right! All humanity is engulfed in this global war (Grabiner, 2015). The earth is under siege with the great wrath of the ravenous devil hunting for all vulnerable human beings (Rev 12:7-12). The unseen environment of the earth is infested with fallen demonic evil angels. Human beings are not alone on this planet earth. These evil invaders compete for human allegiance and cause untold havoc around the globe (Matt 12:24-27; 2 Cor 11:13-15; Eph 2:1-2; 6:11-12; Rev 12:4; 13). The excruciating moral conflict that goes on inside each human being is described in Galatians 5:19-23. The effects of human disobedience are ravaging the human race through violence, oppressive social structures, social vices, and diseases.

The unseen environment presents several challenges for nursing. Nursing care providers must seek divine biblical wisdom as they navigate through this maze of spiritual combat (Shelly & Miller, 1999). They must abide under the shadow

of the Almighty (Psalm 91). Nursing care occurs within the context of spiritual battle with spiritual evil and wickedness in high places and the whole armor of God must be put on at all times (Eph 6:10-18). Things are not what they appear to be. The unseen and invisible control the physical and seen. The whole person must be cared for, not just the physical. We are all spiritual and social beings.

In spite of the abounding presence of sin and evil in the unseen environment of our world, this is still God's world. Jesus has won the war against Satan, though the battle still rages on to the climax of world's history: Christ second coming. This is still holy sacred ground, though under siege. We must be guided by the strong hand of the Supreme One—the Master and Controller of the unseen, as well as the seen environment. Nursing care must focus on God's activities, promises, and power, rather than on Satan's antiques. God continues to infuse surging life and prodigious energy, and vitality into the environment and our lives (Peterson, 1992; Shelly & Miller, 1999).

## **GENEROSITY**

Generosity is serving another person without ever expecting anything in return. "We do not need more economic growth as much as we need to relearn the ardent lesson of generosity. Our greatest needs have nothing to do with the possession of things but rather with heart, wisdom, thankfulness, and generosity of spirit" (Or, 2002, p. 32). The Bible says: "it is more blessed to give than to receive" (Acts 20:35). Sociologists have confirmed this paradoxical generosity. Generosity enhances personal well-being and other positive outcomes. Conversely, lack of generosity fosters adverse outcomes (Smith & Davidson, 2014)

Part of generosity is volunteerism. Those who volunteer record better physical and mental health (Sneed, 2013; Ali, Khan & Zehra, 2016) and general well-being, which includes a feeling of hopefulness, happiness, and goodness about one self. Volunteerism yields significantly better life satisfaction and contentment, happiness, life expectancy, and fewer symptoms of psychological pain, hopelessness, depression, anxiety, and stress, when compared with non-volunteers (Hettman, 1990; Van Willigen, 1998; Morrow-Howell, Hinterlong, Rozario & Tang, 2003; Akin, 2012). Nurses should encourage their clients, to practice generosity in different forms and give of their time, to help the less privileged. The health benefits are unquantifiable.

## **FORGIVENESS**

A very critical part of the unseen environment concerns the practice of continual forgiveness, in human relationships. Cultivating a forgiving spirit ensures better health. When one does not forgive, it is like the offended, drinking poison and expecting the offender to get hurt by the poison. The good Book mandates: "Be kind to one another, tenderhearted and gentle, forgiving one another as God for Christ's sake has forgiven you" (Eph 4:32).

Those who refuse to forgive are often angry and bitter and they end up suffering physically (Toussaint, Shields, & Slavich, 2016). Forgiveness produces physical and psychological benefits and positive mental health outcomes, reducing anxiety, stress, depression, major psychiatric disorders, and mortality rates (Toussaint, Worthington & Williams, 2015). Psychological management of anger and hostility prevents coronary heart disease and reduces the condition for those who already have it (Chida & Steptoe, 2009). Forgiveness relaxes the muscles, increases one's energy, strengthens the immune system, and rebuilds self-esteem. Forgiveness has psychological, social and biological effects and true mind-body connection (Worthington & Sandage, 2015). Full forgiveness leads the forgiver to show empathy, compassion, and understanding to the offender.

Prayers boost forgiveness, not minding if the persons are Christian, Hindu or Muslim backgrounds. It minimizes retaliatory motives (Toussaint, Kamble, Marschall, & Duggi, 2016). Forgiveness lowers blood pressure, heart rate, depression, risks of substance abuse, and minimizes hostility and chronic pain. It ensures better anger-management skills, friendships, healthier relationships, greater religious, spiritual, and psychological well-being, making life calmer, happier, and more joyous, purposeful, compassionate, and loving (Holub, 2014).

One of the best medications nurses can offer their patients is a large dose of forgiving spirit. Forgiveness envelopes the patients in an unseen environment, that engenders speedy recovery and ambience of love and acceptance. "The concept of forgiveness implies a spiritual component. Nurses know that, understanding spirituality is the very essence of being human, is an essential component of providing nursing care" (Pearson, 2009, p. 160). During patient's assessment and history taking, nurses may consider probing into any serious issues of deep emotional hurt and festering unforgiveness that the patient may still be harboring. Benefits and steps of forgiving others and oneself should be included in the treatment plan as needed. Byock (2004) documented several clinical cases of forgiveness.

### **TRUST, LOVING ATTACHMENT AND SOCIAL COMPETENCE**

Trust is an unavoidable ingredient of wholesome relationships among family members, friends, colleagues, and romantic partners (Reis, Collins & Berscheid, 2000). General trust is one's predisposition to trust another (Rotter, 1967) and it has a positive influence on longevity, self-reported health, happiness, life satisfaction, quality of life, health and well-being (Barefoot, et al, 1998; Nummela, 2009; Schneider et al, 2011; Poulin&Haase, 2015; Hamamura et al, 2016; Chan et al, 2017). Strong trust reduces anxiety and depression which are known to be harmful to physical, emotional and mental health. Trust involves the expectations of care, benevolence, and responsiveness towards one's needs from person(s) with whom one has close relationships. (Rempel, Holmes & Zanna, 1985; Holmes & Rempel, 1989; Kelley et al., 2003). Without a trust-filled relationship, anxiety and depression set in with ill-health in their trail.

Loving quality relationships with another person, whether a spouse or not, ensures happiness, mental health, high brain function and reduces emotional and physical pain. Loneliness cause health declines and increased mortality rate, according to the 75-year Harvard relationship study (Ward, 2016). Attachment is the way people obtain security in their close relationships and this influences their health slowly and accumulatively (Maunder & Hunter, 2015).

Human beings are social animals. Social interactions often come with unavoidable difficulties. Social competence is needed to effectively cope with them, so as to successfully fulfill specific social targets and enjoy social interactions through efficient social-communication skills and self-sufficiency (Rose & Krasnor, 1997; Chow, Ruhl & Buhrmester, 2013; Zhang et al, 2014; Magelinskaitė, Kepalaitė, & Legkauskas, 2014).

Nurses should allow patients to have persons with whom, the patients feel attached and secured around them, to continue to interact with the patients, during their treatment. By being emotionally present for our patients, whether directly by being with them or allowing the family and friends around them, they get the sense that they really matter. Creating such environment promotes healing and healthy behavior.

### **FEAR, WORRY AND HEALTH**

Fear is only healthy and normal when it prevents you from pursuing a dare-devil course of action. Most of the time, fear and worry are negative, exhibiting harmful physical and emotional symptoms. Fear, or phobia, is an

overwhelming, persistent, unreasonable dread of an object or situation, generally causing one to avoid it completely. Phobic disorders are the most common mental illness. The three types of phobias, ranging from mild to severe, are the social phobia (social anxiety disorder); specific (or simple) phobia, and agoraphobia, the fear of being alone in a public place (Ciechanowski et al., 2011; Tracy, 2016). Beyond shyness, social phobia can paralyze because of the perception that, others will judge negatively and with extreme scrutiny. Social phobia may involve the fear of public speaking or using public restrooms; eating with other people and when prolonged, could cause agoraphobia (Kearney, 2005).

The fear of the unknown future and fear of getting hurt breeds feelings of anger and increased incidence of health risk behaviors (Adler, 2003; Dowdell & Santucci, 2003; Widmeyer Research & Polling, 2004). Fear emasculates health and fosters disparity in seeking healthcare. Economic fear arising from inability to pay for healthcare or even basic needs overtake the fear of the disease itself. Fear of one's inability to communicate fluently couples with fear of cultural disconnect and bio-political fear to deny or rob needy individuals of healthy lifestyle and desire to seek needed health care (Larchanché, 2012; Page-Reeves et al, 2013; Kline, 2017).

Worry is "a chain of thoughts and images, negatively affect-laden and relatively uncontrollable; it represents an attempt to engage in mental problem-solving on an issue of which the outcome is uncertain but contains the possibility of one or more negative outcomes" (Borkovec et al, 1983, p. 10). Worry is very central to depression and anxiety disorders as they constitute health threats (Fresco et al, 2002).

Prolonged fear and worry cause ulcers, depression, headaches, anxiety, paranoia, anger, and even addictions. Fearful situations secrete powerful hormones and signals to your body, releasing energy and power to flee or fight. The body responds with digestive problems such as diarrhea; sweating, rapid heart rate, and body weakness (Ropeik, 2004; Monahan, 2017). Hence, everyone must face their fears; get educative facts about them so as to overcome them.

One's nurture, environment, social influences and genetics can influence the onset and progression of anxiety. However, this disorder can be brought into manageable levels (Stossel, 2013). Hence, nurses should take interest in the fears expressed by their patients and seek to address them. They should teach their clients to take control over their fears by taking proactive actions rather than destructive ones like substance abuse and stop feeding their fears with bad news from the press. An unseen environment of fear is freezing and counter-productive for healing.

## **COURAGE AND OPTIMISM**

Life is complex and sometimes burdensome. Courage is an indispensable virtue to be added to the kit of the unseen environment. Tough times must be met with courage. Courage is not the absence of fear but the overcoming of trepidation, helplessness, smugness, and self-limitation. It is fortitude, perseverance and determination to try again and again.

God is the Ultimate Source of courage. Unbeatable courage is found in believing and repeating His promises. "God is our refuge and strength, a very present help in trouble" (Psalm 46:1). "He heals the brokenhearted, and binds up their wounds" (Psalm 147:3). "Trust in the Lord with all your heart; do not depend on your own understanding. Seek his will in all you do, and he will show you which path to take" (Prov 3:4-6). "Faith is the confidence that what we hope for, will actually happen; it gives us assurance about things we cannot see" (Heb 11:1).

When there is life, there is hope! We must never give up on anyone at any point in time, even with their last

breath! Optimism produces positive adaptation to life, healthy emotions, high morale, ambition, coping skills, resilience, better interaction skills, and long and healthy life. On the other hand, pessimism harvests depression, failure, social inefficiency, sickness, and eventually, death (Seligman, 2006; Greenberger & Padesky, 2015; Loudenback, 2017).

To cultivate courage and optimism, people should meditate daily. Meditation “clarifies the mind and opens the senses, bringing us into harmony of body, mind, and spirit—at one with all of creation” (Birx, 2003, p. 46). Individuals must learn positive self-talk to improve their own feelings, self-esteem, and health (Payne & Manning, 1998).

More research evidences are suggesting that dispositional optimism is a protective factor against experiencing pain (Hanssen, 2014). Every positive outcome should bring courage and optimism, in the treatment process. Nurses’ confident, courageous and calming presence and persona create an unseen environment that enhances patients’ healing. To act courageously is not to act with arrogance and aggression, but to articulate the importance of the goods for which nurses and nursing practice stand. Nurses act courageously, in order to attend to the personal and particular needs of one patient and family (Day, 2007). When the “healers” panic, the patients lose hope that their condition would improve. As the closest to the patients and their families, nurses influence them in terms of courage and optimism

## **CHEERFULNESS AND THERAPEUTIC HUMOR**

The condition of the heart has a direct relationship with the condition of the body. Humor is a constructive therapeutic intervention and coping mechanism that produces positive psychological and physiological outcomes for patient care and caregivers (Chiarello, 2010; Valentine & Gabbard, 2014). Laughter is still the best medicine (Prov 17:22). It reduces pain, aids in tolerating discomfort, decreases stress response, connects people emotionally, gives physiological, psychosomatic, social, mental, spiritual, and quality-of-life benefits, without any adverse effect (Mora-Ripoll, 2010; Gildberg et al., 2016).

Laughter improves oxygen flow to the heart and brain (Manninen et al., 2017). It creates social bonds and promotes togetherness and safety. It works like an antidepressant by activating the release of the neurotransmitter serotonin. It also improves immune functions. Its anti-inflammatory effect guards blood vessels and heart muscles from the damaging effects of cardiovascular disease as the cheapest heart disease prevention activity (Di Salvo, 2017). According to psycho neuro immunology theory, humor may positively influence health and well-being, by moderating stress chemicals (Greenberg, 2003).

The Creator recommends cheerfulness to all homo sapiens. We are to be cheerful and glad, rejoicing before God (Psa 68:3; Prov 15:13, 15; Jer 15:16). The Creator helps us to control what we think by giving us a merry heart through the encouraging, gladdening, powerful promises of God (Prov 23:7; 14:30; Phil 4:8). “A man’s spirit sustains him in sickness” (Prov 18:1). The believer can smile, knowing that “all things God work for the good of those who love him, who have been called according to his purpose” (Rom 8:28).

To control the unseen environment, dwell on unseen realities. “Set your hearts on things above” (Col 3:1-3). Keep your mind on things of eternal value: eternity, Jesus Christ and the Holy Spirit. Keep the long view and big picture view of life. God is in full control! Associate with cheerful people to keep your cheerful. We are influenced by the environment we keep, be it grudging, angry, bitter, critical or cheerful. Choose your friends, do not allow your friends to choose you. Be a burden lifter, not a burden fabricator or kill-joy (Gal 6:2).

Greenberg (2003) study identified that lightheartedness and self-deprecating humor were supportive, non-threatening measures that nurses used to calm patients' anxieties. When patients preserved a sense of humor and laughed, they distanced negative emotions and felt lifted by positive emotions. Nurses should support the creation of an ambience of joy and serenity in the wards and patients' rooms. A good mixture of soothing colors, appropriate posters and pictures on the walls, soft musical instrumentals and classical music, and smiling faces of caregivers, may provide a cheerful unseen environment that instigate natural healing and calming effect on the patients. A smile is the cheapest ultimate antidepressant. They should encourage their clients to make the pursuit of cheerfulness and happiness an all-important passion (Jameson, 2006).

## **CONCLUSIONS**

Nursing care takes place within the context of the seen and the unseen environment. From the beginnings of modern nursing, emphasis has been laid on the need to be cognizant of the impact of the environment on the patient's healing and well-being. This article concentrated on various aspects of the unseen environment, namely, spirituality, moral evil, generosity, forgiveness, trust, attachment, social competence, fear, worry, courage, optimism, cheerfulness and humor. Each person must be well aware of these unseen realities that greatly impact their health. Nursing care must encourage such awareness and find ways of creating an enabling environment to aid healing in the hospital setting and in the patients' residence.

The reality of the presence of Satan and his evil angels on planet earth makes the unseen environment very critical to health and wellness. Satan has come to "steal, kill, and destroy" (John 10:10). Nurses must concentrate their attention of the acts and promises of the triune God rather than the demonic impostor. God is still in charge of this planet. Nurses partner with God in the healing process and educate the patients to cooperate through awareness of relevance of their unseen environment.

## **REFERENCES**

1. Adler, M. (2003). *Fear Assessment: Cost-Benefit Analysis and the Pricing of Fear and Anxiety*. Washington, DC: AEI-Brookings Joint Center for Regulatory Studies.
2. Akin, L. E. (2012). Happiness Runs in a Circular Motion: Evidence for a Positive Feedback Loop Between Prosocial Spending and Happiness. *Journal of Happiness Studies* 13(2): 347-355.
3. Ali, S. B., Khan, N. A. and Zehra, A. (2016). Effect of Volunteerism on Mental Health and Happiness. *International Journal of Humanities and Social Sciences* 5(2): 123-130.
4. Astin, A. W., Astin H. S., and Lindholm, J. A. (2011). *Cultivating the Spirit: How College Can Enhance Students' Inner Lives*. San Francisco, CA: Jossey-Bass.
5. Baker, D. (2003). *Studies of the Inner Life: The Impact of Spirituality on Quality of Life*. *Quality of Life Research* 12(1): 51-57.
6. Barefoot, J. C., Maynard, K. E., Beckham, J. C., Brummett, B. H., Hooker, K. & Siegler, I. C. (1998). Trust, Health, and Longevity. *Journal of Behavioral Medicine* 21(6): 517-526.
7. Birx, Ellen. (2003). Nurse, Heal Thyself. *RN* 66(1), 46-48.

8. Borkovec, T. D., Robinson, E., Pruzinsky, T. and Depree, J. A. (1983). Preliminary exploration of worry: Some Characteristics and Processes. *Behavior Research and Therapy* 21:9-16.
9. BJN. (2009). 100 Years Ago: The Role of the Nurse in Preventing Disease. *British Journal of Nursing* 18(14):871.
10. Buhler-Wilkerson, K. (1993). Bringing Care to the People: Lillian Wald's Legacy to Public Health Nursing. *American Journal of Public Health* 83(12): 1778-1786.
11. Byock, I. (2004). *The Four Things that Matter Most: A Book about Living*. New York, NY: Free Press.
12. Chan, D., Hamamura, T., Li, L. M. W., & Zhang, X. (2017). Is Trusting Others Related to Better Health? An Investigation of Older Adults Across Six Non-Western Countries. *Journal of Cross-Cultural Psychology* 48(8): 1288-1301.
13. Chiarello, M. A. (2010). Humor as a Teaching Tool. Use in Psychiatric Undergraduate Nursing. *Journal of Psychosocial Nursing and Mental Health Services* 48(8): 34-41.
14. Chickering, A., Dalton, J., & Stamm, L. (2006). *Encouraging Authenticity and Spirituality in Higher Education*. San Francisco: Jossey-Bass.
15. Chida, Y. and Steptoe, A. (2009). The Association of Anger and Hostility with Future Coronary Heart Disease: A Meta-Analytic Review of Prospective Evidence. *Journal of the American College of Cardiology* 53(11): 936-946.
16. Chow, C. M., Ruhl, H., & Buhrmester, D. (2013). The Mediating Role of Interpersonal Competence between Adolescents' Empathy and Friendship Quality: A Dyadic Approach. *Journal of Adolescence* 36(1): 191-200.
17. Ciechanowski, P. et al. (2011). Overview of Phobic Disorders in Adults. <http://www.uptodate.com/home.index.html>. Accessed October 22, 2017.
18. Dalton, J. C. (2001). Career and Calling: Finding a Place for the Spirit in Work and Community. *New Directions for Student Services* 95, 17-25.
19. Dalton, J. C., Eberhardt, D., Bracken, J., & Echols, K. (2006). Inward Journeys: Forms and patterns of college student spirituality. *Journal of College & Character* 7(8): 1-21.
20. Day, L. (2007). Courage as a virtue necessary to good nursing practice. *American Journal of Critical Care*, 16(6), 612-616
21. DiSalvo, David. (2017, June 5). Six Science-Based Reasons Why Laughter is the Best Medicine. <https://www.forbes.com/sites/daviddisalvo/2017/06/05>.
22. Dowdell, E. B. and Santucci, M. E. (2003). The Relationship between Health Risk Behaviors and Fear in One Urban Seventh Grade Class. *Journal of Pediatric Nursing* 18(3): 187-194.
23. Farren, A. R. (2010). Power, uncertainty, self-transcendence, and quality of life in breast cancer survivors. *Nursing Science Quarterly*, 23(10), 63-71.
24. Fresco, D. M., Frankel, A. M., Mennin, D. S., Turk, C. L. & Heimberg, R. G. (2002). Distinct and Overlapping Features of Rumination and Worry: The Relationship of Cognitive Production to Negative Affective States. *Cognitive Therapy and Research* 26: 179-188.



25. Gallup, G. H., Jr. (1998). Remarkable Surge of Interest in Spiritual Growth Noted as Next Century Approaches, *Emerging Trends* 12: 1.
26. Gildberg, F. A., Paaske, K. J., Rasmussen, V. L., Nissen, R. D., Bradley, S. K., & Hounsgaard, L. (2016). Humor: Power Conveying Social Structures Inside Forensic Mental Health Nursing. *Journal of Forensic Nursing* 12(3): 120-128.
27. Grabiner, Steven. (2015). *Revelation's Hymns: Commentary on the Cosmic Conflict*. London: Bloomsbury T&T Clark.
28. Greenberger, Dennis & Padesky, Christine A. (2015). *Mind Over Mood, Second Edition: Change How You Feel by Changing the Way You Think*. New York: The Guilford Press.
29. Greenberg, M. (2003). Therapeutic play: Developing humor in the nurse-patient relationship. *Journal of the New York State Nurses Association*, 34(1), 5-9
30. Grissom, Thomas. (2011). *The Physicist's World: The Story of Motion and the Limits to Knowledge*. Johns Hopkins University Press.
31. Hamamura, T., Li, L. M. W., Chan, D. K. C. (2016). The Association between Generalized Trust and Physical and Psychological Health across Societies. *Social Indicator Research*. Advance online publication. doi:10.1007/s11205-016-1428-9.
32. Hanssen, M., Vancleef, L., Vlaeyen, J., & Peters, M. (2014). More Optimism, Less Pain! The Influence of Generalized and Pain-Specific Expectations on Experienced Cold-Pressor Pain. *Journal of Behavioral Medicine* 37(1): 47-58.
33. Harkness, D. E. (2008). A View from the Streets: Women and Medical Work in Elizabethan London. *Bull. Hist. Med.* 82:52-85.
34. Hernbeck, C. (2006). *Relationships between Spirituality, Ego Strength, and Quality of Life*. Doctoral dissertation, Tennessee State University. Available from ProQuest Theses & Dissertations database. UMI No. 3243902.
35. Hettman, D. J. (1990). Volunteerism and Social Interest. *Individual Psychology* 46(3): 298-303.
36. Holmes, J. G. and Rempel, J. K. (1989). Trust in Close Relationships. In Hendrick, C., editor. *Review of Personality and Social Psychology*. Vol. 19, pp. 187-220. London: Sage.
37. Holub, A. (2014). *Forgive and Be Free: A Step-by-Step Guide to Release, Healing and Higher Consciousness*. Woodbury, MN: Llewellyn Publications.
38. Institute of Medicine (1995). *Nursing, Health and the Environment*. Washington DC: The National Academies Press.
39. Jameson R. (2006). Cheerfulness is my God. *Community Care* 1646: 22.
40. Kearney, C. A. (2005). *Social anxiety and social phobia in youth*. USA: Springer Science and Business Media Inc.
41. Kelley, H. H., Holmes, J. G., Kerr, N. L., et al. (2003). *An Atlas of Interpersonal Situations*. New York: Cambridge.

42. Kline, N. (2017). Pathogenic Policy: Immigrant Policing, Fear, and Parallel Medical Systems in the US South. *Medical Anthropology: Cross Cultural Studies in Health and Illness*. 36(4): 396-410.
43. Koelzer, Betsy. (2013). We Are Spiritual Beings Having a Human Experience. <http://www.theclearingnw.com/>. Accessed October 22, 2017.
44. Larchanché, S. (2012). Intangible Obstacles: Health Implications of Stigmatization, Structural Violence, and Fear among Undocumented Immigrants in France. *Social Science & Medicine* 74(6): 858-863.
45. Lewin-Tuvia, H. (2012). On Spirituality, Religiosity, and Health among College Students in Mumbai, India. Doctoral Dissertation, Yeshiva University.
46. Love, P. & Talbot, D. (1999). Defining Spiritual Development: A Missing Consideration for Student Affairs. *NASPA Journal* 37: 361-375.
47. Loudenback, Tanza. (2017, April 23). 15 Habits of Self-Made Millionaires, from a Man Who Spent 5 Years Studying Rich People. <http://uk.businessinsider.com/>.
48. MacKinlay, E. (2008). Practice development in aged care nursing of older people the perspective of ageing and spiritual care. *International Journal of Older People Nursing*, 3, 151-158.
49. Magelinskaitė, Š., Kepalaitė, A., & Legkauskas, V. (2014). Relationship between Social Competence, Learning Motivation, and School Anxiety in Primary School. *Procedia-Social and Behavioral Sciences* 116: 2936-2940.
50. Manninen, S., Tuominen, L., Dunbar, R., Karjalainen, T., Hirvonen, J., Arponen, E., Hari, R., Jääskeläinen, I. P., Sams, M., & Nummenmaa, L. (2017). Social Laughter Triggers Endogenous Opioid Release in Humans. *Journal of Neuroscience* 37(25):6125-6131.
51. Maunder, Robert & Hunter, Jonathan. (2015). *Love, Fear, and Health: How Our Attachments to Others Shape Health and Health Care*. Toronto, Ontario, Canada: University of Toronto Press.
52. Monahan, Erin. (2017). What Are the Physical Side Effects of Fear? <https://www.livestrong.com>.
53. Mora-Ripoll, R. (2010). The Therapeutic Value of Laughter in Medicine. *Alternative Therapies in Health and Medicine* 16(6): 56-64.
54. Morrow-Howell, N., Hinterlong, J., Rozario, P. A. & Tang, F. (2003). Effects of Volunteering on the Well-Being of Older Adults. *The Journals of Gerontology: Series B* 58(3): S137-S145.
55. Nummela, O., Sulander, T., Rahkonen, O. and Uutela, A. (2009). The Effect of Trust and Change in trust on self-rated health: A longitudinal study among aging people. *Archives of Gerontology and Geriatrics* 49: 339-342.
56. Or, D. W. (2002). *The Nature Design: Ecology, Culture, and Human Intention*. New York: Oxford University Press.
57. Page-Reeves, J., Niforatos, J., Mishra, S., Regino, L., Gingrich, A. & Bulten, J. (2013). Health Disparity and Structural Violence: How Fear Undermines Health Among Immigrants at Risk for Diabetes. *Journal of Health Disparities Research and Practice* 6(2): 30-48.

58. Payne, Beverly; Manning, Brenda H. (1998). Self-Talk for Teachers. *International Journal of Leadership in Education* 1(2), 195-202.
59. Pearson G. S. (2009). When We Forgive. *Perspectives in Psychiatric Care* 45(3): 159-160.
60. Peterson, E. H. (1992). Teach Us to Care, and Not to Care. *Crux* 28(4): 124-125.
61. Poulin M. J., Haase C. M. (2015). Growing to Trust: Evidence that Trust Increases and Becomes More Important for Well-being across the Life Span. *Social Psychological & Personality Science* 6: 614-621.
62. Powell, L., Shahabi, L., &Thorensen, C. (2003). Religion and Spirituality: Linkages to Physical Health. *American Psychologist* 58(1): 36-52.
63. Reis, H. T., Collins, W. A. and Berscheid, E. (2000). The Relationship Context of Human Behavior and Development. *Psychological Bulletin* 126: 844-872.
64. Rempel, J. K., Holmes, J. G. &Zanna, M. P. (1985). Trust in Close Relationships. *Journal of Personality and social Psychology* 49: 95-112.
65. Rogers, M. E. (1970). *An Introduction to the Theoretical Basis of Nursing*. Philadelphia, PA: F. A. Davis.
66. Ropheik, David. (2004). The Consequences of Fear. *EMBO Reports*. 5(1): S56-S60.
67. Rose-Krasnor, L. (1997). The Nature of Social Competence: A Theoretical Review. *Social development* 6(1): 111-135.
68. Rotter, J. B. (1967). A New Scale for the Measurement of Interpersonal Trust. *Journal of Personality* 35: 651-665.
69. Savage, Christine and Kub, Joan. (2009). Public Health and Nursing: A Natural Partnership. *International Journal of Environmental Research and Public Health* 6(11): 2843-2848.
70. Schneider I. K., Konijn E. A., Righetti F., Rusbult C. E. (2011). A Healthy Dose of Trust: The Relationship between Interpersonal Trust and Health. *Personal Relationships* 18: 668-676.
71. Seligman, M. E. P. (2006). *Learned Optimism: How to Change Your Mind and Your Life*. New York: Vintage.
72. Shelly, J. A. and Miller, A. B. (1999). *Called to Care: A Christian Theology of Nursing*. Downers Grove, IL: InterVarsity.
73. Smith, Christian and Davidson, Hilary. (2014). *The Paradox of Generosity: Giving We Receive, Grasping We Lose*. New York, NY: Oxford University Press.
74. Sneed, R. H. (2013). A Prospective Study of Volunteers and Hypertension Risk in Older. *Psychology and Aging* 28(2): 578-586.
75. Stossel, Scott. (2013). *My Age of Anxiety: Fear, Hope, Dread, and the Search for Peace of Mind*. New York, NY: Alfred A Knopf.
76. Toussaint, L. L., Worthington, E. L. & Williams, D. R., editors. (2015). *Forgiveness and Health: Scientific Evidence and Theories Relating Forgiveness to Better Health*. Dordrecht, Netherlands: Springer.

77. Toussaint, L. L., Shields, G. S. & Slavich, G. M. (2016). Forgiveness, Stress, and Health: A 5-Week Dynamic Parallel Process Study. *Annals of Behavioral Medicine* 50(5): 727-735.
78. Toussaint, L; Kamble, S., Marschall, J. C. and Duggi, D. B. (2016). The Effects of Brief Prayer on the Experience of Forgiveness: An American and Indian comparison. *International Journal of Psychology* 51(4): 288-295.
79. Tracy, Natasha. (2016). Types of Phobias: Social Phobias and Specific Phobias. <https://www.healthyplace.com/>. Accessed October 22, 2017.
80. Valentine, L. & Gabbard, G. O. (2014). Can the Use of Humor in Psychotherapy be taught? *Academic Psychiatry* 38(1): 75-81.
81. Van Willigen, M. (2000). Differential Benefits of Volunteering across the Life Course. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences* 55(5): 308-318.
82. Ward, Marguerite. (2016, December 15). 75-year Harvard study Reveals the Key to Success in 2017 and Beyond. [www.cnn.com/2016/12/15](http://www.cnn.com/2016/12/15).
83. Widmeyer Research & Polling (2004) Public Perspectives on the Mental Health Effects of Terrorism: a National Poll. <http://www.nmha.org/newsroom/surveys.cfm>.
84. Worthington, E. L., Jr., and Sandage, S. J. (2015). *Forgiveness and Spirituality in Psychotherapy: A Relational Approach*. Washington, DC: American Psychological Association. Our modern world is a risky place and evokes many well-founded fears. But these fears themselves create a new risk for our health and well-being that needs to be addressed. Our modern world is a risky place and evokes many well-founded fears. But these fears themselves create a new risk for our health and well-being that needs to be addressed.
85. Zhang, F., You, Z., Fan, C., Gao, C., Cohen, R., Hsueh, Y., & Zhou, Z. (2014). Friendship Quality, Social Preference, Proximity Prestige, and Self-Perceived Social Competence: Interactive Influences on Children's Loneliness. *Journal of School Psychology* 52(5): 511-526.