

**The Transformative Journey into a Natural Health Lifestyle: A Collective Case Study Using
Mezirow's Transformation Theory**

Judith Polipnick, D.C., Ph.D.

Sybil M. Delevan, Ph.D.

Walden University

School of Health and Human Services

Minneapolis, MN

Abstract

This paper describes the methodology used in a recent qualitative collective-case study that explored the transformative process into a natural health lifestyle. A theoretically-based design was used, specifically the structured-focused case study. The paper begins with an overview of the study and then moves to a discussion of the methodology and a summary of the key findings. It concludes with an examination of the strengths and weaknesses of the design.

Introduction

The concept of a healthy lifestyle has come to public awareness to the extent that popular news magazines, such as Time and Newsweek, have recently devoted entire issues to the topic. This interest in lifestyle impacting health and health care costs is also reflected in American public policy. *Healthy People 2010*, for example, seeks a more systematic approach to health improvement for the U.S. population (U.S. Department of Health and Human Services [DHHS], 2000). One of the policy recommendations set forth in this report was the overall goal of increased “quality and years of life.” As a health care practitioner, the first author of this paper has observed how individuals relate to their health over time. In the quest for better health, some individuals are able to transition into healthier lifestyles while others are overcome by obstacles. For those who are able to make health-related changes, “lifestyle” oftentimes equates with discreet behavioral changes, such as cessation of smoking, a daily walking routine, or watching one’s intake of salt and fat. For a select few, a more profound shift takes place that transforms their understandings of health.

This shift in the understanding of health was the focus of a recent doctoral dissertation (Polipnick, 2003). The purpose of the qualitative collective-case study conducted was to explore the transformative process into a natural health lifestyle of six individuals from central Minnesota. This paper describes the research method used in this study. Particular attention is given to how and why a theoretically-based design, specifically the structured-focused case study, can be an effective approach for exploring process for both the seasoned researcher and someone who is new to qualitative inquiry. The paper begins with an overview of the study and then moves to a discussion of the methodology and a summary of the key findings. The paper concludes with an examination of the strengths and weaknesses of the design.

Overview of The Study

The Polipnick (2003) study was positioned in the holistic paradigm of health. Holism has roots in general systems theory, which holds that the whole is greater than the sum of its parts (Bertalanffy, 1968). As a holistic system, the body continuously strives for functional equilibrium, and health and disease are akin to dynamic processes—ever-changing, adaptive, and interactive states. Thus conceived, health and disease are manifestations of consciousness or understandings of health (Jobst, Shostak, & Whitehouse, 1999).

It has been argued in the literature that the medicine of the future will be more about understanding processes and imbalances that give rise to chronic diseases (Lundberg, 2000), than merely treating symptoms. While the genotype of the individual is not modifiable, one can greatly influence phenotypic expression through diet, lifestyle, and exercise (Bland, 2002; Fries, 1980, 1990; Fraser & Shavlik, 2001; Gatz & Zarit, 1999; Jamner & Stokols, 2000). Recent studies point to the profound impact adherence to a natural health lifestyle may have from a cost perspective (Orne-Johnson & Herron, 1997) and for quality of life (Nader, Rothenberg, Averbach, Charles, Fields, & Schneider, 2000). This marks a paradigmatic shift from a deterministic biomedical understanding of health and disease to an understanding of the profound connection among genotype, environment, and phenotype. While most of the empirical research has focused on the determinants of health, few studies have been conducted that explore understandings of health at the wellness end of the health/disease continuum.

The Problem Statement

Consistent with the holistic paradigm, the Polipnick (2003) study was premised on the notion that health is best understood as process (Jobst et al., 1999; Lundberg, 2000; Bland, 2002). Most of the initiatives for improving the health of Americans focus on particular health issues, for example, managing conditions such as diabetes and hypertension, and the cost of and access to health care. One of the goals of the study was to further our understandings of health by exploring the process experienced by individuals as they transitioned into a natural health lifestyle. A natural health lifestyle was defined as:

A lifestyle in which the individual makes choices toward a healthy, balanced, and natural existence. Because such choices involve the attuned awareness to constantly changing internal and external conditions, a natural health lifestyle is envisioned as process-oriented, holistic, and adhering to a philosophy of sustainability. (Polipnick, 2003, p.11)

This may include, but is not limited to, “alternative lifestyle” diets, such as various forms of vegetarianism and diets that place an emphasis on “natural,” “organic,” “unrefined,” “unprocessed,” and/or other health foods in varying degrees (National Institutes of Health, 1994, p. 225).

The Objectives of the Study

The objectives of the research were to describe the transformative process into a natural healthy lifestyle, and to explain the meanings ascribed to that process. The study used Mezirow’s transformative learning theory (1978, 1995, 2000) for the theoretical framework to describe and explain the transformative process.

The Literature Search

An underlying assumption of the study was that the shift into a healthy lifestyle involved some type of transition process. Another assumption was that for some individuals the change is transformational. This led to an exploration of the transition theory and transformation theory literature. While transition theory was useful from a descriptive perspective, transformation theory provided a more robust framework that could be used to describe and explain the transformative journey. Transformation theory holds that transformative learning occurs when new concepts are

assimilated such that the individual undergoes shifts in their foundational frames of reference (Mezirow, 1978; 1995, 2000). Over the years, transformation theory has been subjected to numerous critiques, many of which have influenced the subsequent development of the theory (Taylor, 1997, 1998, 2000).

In reviewing the empirical literature, few studies were found that used transformation theory as the theoretical framework to examine health-related processes of change. Hunter (1980) examined changing nutritional habits of a select group of participants, and in a more recent qualitative study McDonald (1998) examined the process and factors involved in becoming an ethical vegan. Transformation theory was used as the theoretical framework to examine meaning making for HIV-positive men and women in a series of qualitative studies (Baumgartner, 2002; Courtenay, Bradley, Merriam, Reeves, and Baumgartner, 2000; Courtenay, Merriam, & Reeves, 1998).

The review of the literature also revealed a number of studies that examined health-related processes of change that used no theoretical framework, or one other than transformation theory. For example, Paterson's (2001) findings challenged the notion that processes of health and illness can be represented by a single and linear trajectory. McWilliam et al. (1996) similarly described participants' perceptions or understandings of health as a "balancing act" a "dynamically changing and evolving endeavor." Both studies highlight the dynamic complexity of change processes. Other studies examined meaning making in health-related processes, such as Lethborg, Kissane, Burns, and Snyder (2000), who examined the experiences of eight women who had successfully completed breast cancer treatment and were adjusting to "potential survivorship." In a similar vein, Trainor and Ezer (2000) studied seven participants diagnosed with AIDS who had undergone successful drug therapy and were rebuilding their lives after facing "imminent death." Most of the empirical studies described disease-based or illness-based processes.

The Research Methodology

A qualitative method was chosen because the purpose of the study was to explore process (Merriam, 1998). The tradition of inquiry was the case study, and the focal point of each case was the transformative process into a natural health lifestyle (Creswell, 1998; Stake, 1995; 2000). Six cases were combined to form a collective-case study, which provided enough variability to

compare and contrast the transformative experiences without losing the rich complexity of each case (Creswell, 1998; Merriam, 1998; Miles & Huberman, 1994; Winegardner, 2000).

Theoretically Focusing the Design

It has been argued that empirical research frequently lacks a theoretical foundation (Bennett & George, 1997; McWilliam, Stewart, Brown, Desai & Coderre, 1996; Taylor, 1998). Bennett and George (1997) suggest the “structured-focused” comparative method as a way to theoretically focus a study. The design of the dissertation research project was based on the structured-focused approach. It was “structured” in that similar questions were used for each of the interviews in order to provide consistent data collection and analysis. The study was “focused” in that transformative learning theory provided the theoretical framework that guided the interview questions, analysis, and the discussion of the findings.

The variables for the study employed core constructs from transformation theory as well as the key areas comprising the critiques. A conceptual matrix was created using these variables, an approach suggested by Miles and Huberman (1994) and presented in the Appendix. The core constructs and critiques of the theory were organized into three components—experience, critical reflection, and relationships—an adaptation of an organization scheme proposed by Merriam and Caffarella (1999). The experience component included the associated subvariables of context, key events, and onset. The critical reflection component included the associated subvariables of rationality and other ways of knowing. The latter was proposed by Taylor (1997, 1998, 2000) as a category to accommodate one genre of literature critiquing transformation theory, building on the work of Gilligan (1982) and Belenky et al. (1986). The last component was relationships, or relationality, and included the subvariables critical discourse, social support, and individual versus social change. The matrix thus facilitated the theoretically-based design in that the conceptual layout guided the development of the interview questions, the data analysis, including the within-case and cross-case analyses, and the discussion of the findings.

The Participants

The setting for the study was central Minnesota. The participants were from a defined geographic area, about 75 miles west of the Twin Cities. Each of the participants was chosen based on a

purposeful sampling strategy (Creswell, 1998). The main criterion for inclusion was having lived a natural health lifestyle for at least 10 years.

The participants and one individual from the participant's immediate support network were interviewed in a face-to-face setting as a means for gathering data. The primary participants were asked about their experience of transitioning into a natural health lifestyle, specifically, the transformational process and the constructed meanings ascribed to that experience. The secondary participants were asked similar questions for the purpose of data triangulation. A list of semi-structured questions was used to collect the data and to ensure consistency in the data collection process. The interview questions were conceptually structured in keeping with the matrix, which was based, again, on the theoretical framework of transformation theory. Thus, the interview questions used transformation theory as the "a priori theoretical lens" (Creswell, 1998, p. 222). The following research questions were explored:

1. What was the process that individuals experienced as they transformed into a natural health lifestyle?
2. What factors contributed to the transformative change process?
3. What were the meanings ascribed to the transformative process by the individuals living a natural health lifestyle?

Case Study as an Adaptive Methodology

The research method was adaptive, which allowed for refinement of the interview questions as the data collection ensued. The original questions reflected the researcher's assumption that "health" is analogous to diet and exercise. During the data collection process, however, it became apparent that the participants had developed far more multidimensional and holistic understandings of health. The interview questions were subsequently refined to accommodate the data that were emerging. The data collection for the primary and secondary participants progressed in an iterative manner until the data were classified. The data collection phase of the study coincided with the within-case data analysis.

This adaptive methodology also allowed for the refinement of the design based on the analysis of the data. An interesting theme emerged during the data collection and analysis phases that resulted

in an expansion of the planned analysis. As the participants described their processes of change in the domain of health, it became evident that their core values did not change; rather the data revealed shifts in the understandings of those values. The researcher deemed this important because values lie at the same fundamental level as beliefs, and these comprise an individual's frames of reference. Transformative learning pivots on challenges to one's existing frames of reference. Thus, the analysis was expanded to include an analysis of values. Moreover, conflicts in values emerged as the dynamic "flash points" of the transformative process.

The Analysis of the Data

The analysis of the data was undertaken concurrently with the data collection phase. The analysis began with a holistic analysis of the narrative data collected for each participant to ascertain an overall sense of the data. This was followed by a within-case analysis to elicit a detailed description of the transformative process for each participant and to identify themes and patterns. The conceptual format of the matrix guided the analysis. It was of interest to note that some of the subvariables from the constructs in the matrix required further delineation due to the number of themes that emerged, such as other ways of knowing. Another step in the within-case analyses was to triangulate the primary source data with secondary source data as well as various documents provided by the primary participants. After the within-case analyses were completed, the data were then compared and contrasted in a cross-case analysis as suggested by a number of authors (Bennett & George, 1997; Creswell, 1998; Merriam, 1998). This began by examining the demographic data across cases, followed by a comparison of cases from a theoretical perspective, again, following the organization scheme provided by the matrix.

The Findings

The findings from the study were presented in two parts—as processes of health and from a theoretical perspective. First, from the perspective of health, the findings suggested that the participants developed holistic understandings of health. There was a recurring theme stressing the inseparability of the different aspects of self, for example the physical self influences and is influenced by the mental self or cognitive processes. Moreover, the participants grew to understand that to be healthy meant keeping these aspects of self—the physical, mental, and spiritual—in balance. They reported an increased awareness and refined attunement to that sense of balance.

The findings also revealed that the participants learned to understand health ecologically, that is, that health is influenced at multiple levels. Finally, the participants reported developing a proximal understanding whereby health is conceptualized as a dynamic, interactive, permeable, and adaptive state.

The findings were also explored in light of transformation theory using the organization scheme of the matrix. As stated earlier, the experience component of the matrix included the subvariables of context, key events, and onset. The findings in this component revealed that although there were a number of parallels in the transformative processes of the participants, there were distinctive onsets, key events, and catalytic experiences that oriented the participant's journeys and provided impetus for growth. Context, for example, was vital for understanding the unique meanings the participants ascribed to their transformative process.

The critical reflection component of the matrix was subdivided into the subvariables rationality and other ways of knowing. The findings revealed that the participants engaged in reflective processes that were rational as well as extrarational (other ways of knowing). Moreover, there was a rich and complex interaction between rational and extrarational reflective processes that "drove" the transformative learning for the participants and resulted in fundamental shifts in their understandings of health. The findings support the earlier critiques of transformation theory that advocated deemphasizing rationality as the dominant force behind the transformative process. The findings revealed that rational and extrarational processes were complimentary to one another.

Each of the subvariables in the third component of the matrix related to the concept of relationship. Critical discourse referred to the communicative discourse that one undergoes in the reflective process. Social support spoke to the relationships that provided support during the transformative process. Individual versus social change referred to the notion of agency and addressed where one chooses to focus change efforts. In overview, the findings revealed the importance of relationality in the transformative process as participants shifted their understandings of health. The participants benefited by talking with friends and family about their health journey. They described a shift to a more inclusive and permeable understanding of others, resulting in the gradual reconceptualization of the self in relation to the world as well as with other people.

The concept of relationality, when analyzed in light of critical discourse, revealed that the participants engaged in discourse that was self-reflective as well as externally-oriented with significant others, friends, and colleagues. It was through critical discourse that the participants were able to identify and challenge existing assumptions. The findings also revealed the importance of relationality from the perspective of social support. Five of the six participants experienced interactive support from their partners, in that there was active engagement and discourse related to health throughout the transformative learning process. The degree of family support ranged from participants who have children who practice and value similar lifestyles, to siblings and parents who were judgmental. Interestingly, each of the participants related the importance of connecting with like-minded individuals who allowed them to be “who they are,” and each sought out and welcomed opportunities to share and engage in critical discourse about topics related to health.

There was also a consistent pattern that emerged in how the participants chose to focus change efforts. While there was interest in social change, the participant expressed an understanding that the change process starts from within. They had a sense of ownership for their own health, yet it was through relationships that they were able to act as agents for social change. The participants were articulate in expressing the importance of agency, but they had refined how and where they chose to focus their change efforts.

Finally, the findings may be examined in light of values, which are the foundational building blocks of our frames of reference (Mezirow, 2000; Pojman, 1995). Because transformative learning pivots on challenges to one’s existing frames of reference, it seemed logical to explore the values of the participants to enable a more refined look into the understandings or meanings of those values and how they shifted over time. It was of interest to note that while there were shifts in the understandings of participant values, their core values did not change. General and undifferentiated values matured into higher order understandings as the participants challenged existing frames of reference and progressed in their transformative journeys.

As participant values were explored, and how these values corresponded to understandings of health, the researcher realized that certain values presented as sources of conflict for the

participants. These conflict areas were interpreted as focal points of the critically reflective process. The findings revealed these conflict areas to be the boundary where each participant's subjective understandings interfaced with normative understanding (Bloom, 1996). As such, current conflicts represented the most personal aspects of the transformative experience. At these boundaries, where self meets other, emotions were as of yet, indistinguishable from rational thought, and revealed inflexible and impermeable aspects of self. Identifying the current conflicts for each of the participants was interpreted as useful in that these areas provide insight into the present state of the transformative process and, as such, localize where growth may happen in the future

Discussion

The purpose of this paper was to briefly recap the methodology and findings of a recent doctoral dissertation that used a theoretically-based qualitative research design to describe and explain the transformative process of six participants into a natural health lifestyle. A structured-focused case study approach was employed. Mezirow's (1978, 1995, 2000) transformative learning theory was used as the theoretical framework for the study.

The design was "structured" in that similar questions were asked of both the primary and secondary participants in order to provide consistent data collection and analysis. The study was "focused" in that transformative learning theory provided the theoretical framework that guided the development of the interview questions, analysis, and the discussion of the findings. A conceptual matrix was used to facilitate the implementation of this design by providing the organizational scheme. This eased the challenge of structuring the various phases of the study such as the within-case and cross-case data analyses, and the interpretation of the findings.

Other approaches such as phenomenology or grounded theory could have been used to explore the transformative process under study; however, in this case two key assumptions guided the study. The first assumption was that the shift into a natural health lifestyle frequently involved some type of transition or transitory process. The second assumption was that for those who successfully transitioned into a natural health lifestyle these changes coincided with shifts in the understandings of health. These assumptions, coupled with the review of the literature, thus drove the selection of a theoretically-based design.

The obvious question, from the perspective of other researchers, is whether the structured-focused design limited the inquiry. Methodologically, the structured-focused design was chosen because it readily organized core themes and constructs of a very complex and evolving theory and would accommodate efforts toward theory-building. Transformative learning theory holds that transformative learning occurs when new concepts are assimilated such that the individual undergoes shifts in her foundational frames of reference (Mezirow, 1978, 1995, 2000). By theoretically focusing the design, this study contributed to the development of this theory. It also allows others to build on the findings of this research in a selective manner.

Choosing a structured-focused case study design and consciously choosing to use transformation theory as the theoretical framework may have limited the data gathering process and the analysis, as patterns and themes were placed into prescribed or predefined categories—experience, critical reflection, and relationships. This choice may also have limited the narrative as these theoretical concepts drove the interpretation of the findings. Walzer (2002) recently captured the essence of this problem when he commented that the concepts in a theory tend to shape the narrative or the argument. This limitation was accentuated in this study by adopting and adapting Miles and Huberman's (1994) conceptual matrix for organizing the data. Although the matrix was utilized to capture both the concepts and the critiques of the theory, its use may have “forced” the data into discrete categories consistent with transformative learning theory.

The strengths of the structured-focused approach, however, are threefold. First, the approach serves to keep a novice researcher focused; second, it permits a more comprehensive use of the theoretical framework; and, third, it permits a “test” of an existing theory thereby contributing to the development of theory. In the case of transformative learning theory, the voluminous literature describes its application to various problems in a variety of settings. Mezirow (1978), for example, initially developed it to describe the transformative change observed in female students who were returning to college. The theory has also been used in the health literature to examine the range of reflective practices.

Conclusion

In bringing this paper to a close, it is important to address the “so what” question. We offer the following thoughts. First, in keeping with the theme of The 15th Annual Ethnographic and Qualitative Research in Education Conference, *Leading The Way Toward A Deeper Understanding Of Education And Society*, this paper described a research approach that contributes to education and society. The structured-focused approach to qualitative research fundamentally acknowledges the relational nature of knowledge building. The theoretically-based design builds on the seminal work of Mezirow and others who have explored transformative change. It also allows future researchers to build on the findings of the research discussed in this paper, thereby contributing to knowledge creation.

Considered from the perspective of understanding health and its impact on societal change, the ability to shift understandings of health has repercussions at the individual as well as the societal level. At the individual level, the transformative stories of each of the participants spoke to their increased adeptness at attending to their health, which reflected higher order intentions of health. Such instrumental and communicative learning suggests that the participants are optimally influencing their phenotypic expression and, as a result, may positively impact “quality and life in years,” an important goal set forth in *Healthy People 2010*. In broadening this notion to the macro perspective, the findings from the Polipnick (2003) study suggest the need to reconceptualize how we, as a society, define, value, and measure health in order to include more individuals at the wellness end of the health continuum.

References

- Baumgartner, L. (2002). Living and learning with HIV/AIDS: Transformational tales continued. *Adult Education Quarterly*, 53(1), 44-59.
- Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). *Women's ways of knowing: The development of self, voice, and mind*. New York: Basic Books.
- Bennett, A., & George, A. L. (1997). *Research design tasks in case study methods*. Paper presented at the MacArthur Foundation Workshop on Case Study Methods, Belfer Center for Science and International Affairs, Harvard University, October 17-19, 1997.
- Bertalanffy, L. (1968). *General systems theory: Foundations, development, applications*. New York: George Braziller.
- Bland, J. (2002, February). Nutritional endocrinology: Breakthrough approaches for improving adrenal and thyroid function. Paper presented at the Metagenics Educational Seminar, Minneapolis, MN.
- Bloom, L. (1996). Stories of one's own: Nonunitary subjectivity in narrative representation. *Qualitative Inquiry*, 2 (2), 198-221.
- Courtenay, B., Merriam, S., & Reeves, P. (1998). The centrality of meaning-making in transformational learning: How HIV-positive adults make sense of their lives. *Adult Education Quarterly*, 48(2), 65-84.
- Courtenay, B., Bradley, C., Merriam, S., Reeves, P., & Baumgartner, L. (2000). Perspective transformation over time: A 2-year follow-up study of HIV-positive adults. *Adult Education Quarterly*, 50(2), 18p. Retrieved December 02, 2002, from <http://weblinks1.epnet.com/delivery.asp?tb=1&-ug=dbs+2+1n+en-us+sid+E467FCC1-CD>.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Fraser, G. E., & Shavlik, D. (2001). Ten years of life: is it a matter of choice? *Archives of Internal Medicine*, 161(13).
- Fries, J. (1980). Aging, natural death, and the compression of morbidity. *New England Journal of Medicine*, 303(3), 130-135.

- Fries, J. (1990). Medical perspectives upon successful aging. In P. B. Baltes & M. M. Baltes (Eds.), *Successful aging: Perspectives from the behavioral sciences*. New York: Cambridge University Press.
- Gatz, M., & Zarit, S. H. (1999). A good old age: Paradox or possibility. In V. L Bengtson & K. W. Schaie (Eds.), *Handbook of theories of aging* (pp. 396-416). New York: Springer Publishing Company.
- Gilligan, C. (1982). *In a different voice*. Cambridge, MA: Harvard University Press.
- Hunter, E. K. (1980). *Perspective transformation in health practices: A study in adult learning and fundamental life change*. Unpublished doctoral dissertation. University of California, Los Angeles.
- Jamner, M. S., & Stokols, D. (2000). *Promoting human wellness*. Berkeley, CA: University of California Press.
- Jobst, K., Shostak, D., & Whitehouse, P. (1999). Diseases of meaning, manifestations of health, and metaphor. *The Journal of Alternative and Complementary Medicine*, 5(6), 495-502.
- Lethborg, C. E., Kissane, D., Burns, W. I., & Snyder, R. (2000). "Cast adrift:" The experience of completing treatment among women with early stage breast cancer. *Journal of Psychosocial Oncology*, 18(4), 73-90.
- Lundberg, G. (2000). *Severed trust: Why American medicine hasn't been fixed*. New York: Basic Books.
- McDonald, B. L. (1998). *A comparison of Mezirow's transformation theory with the process of learning to become an ethical vegan*. Unpublished doctoral dissertation. University of Georgia, U.S.
- McWilliam, C. L., Stewart, M., Brown, J. B., Desai, K., & Coderre, P. (1996). Creating health with chronic illness. *Advances in Nursing Science*, 18(3), 1-15.
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.
- Merriam, S. B., & Caffarella, R. S. (1999). *Learning in adulthood: A comprehensive guide*. San Francisco: Jossey-Bass Publishers.
- Mezirow, J. (1978). *Education for perspective transformation: Women's re-entry programs in community colleges*. New York: Teachers College, Columbia, University.

- Mezirow, J. (1995). Transformation theory of adult education. In M. R. Welton (Ed.), *In defense of the lifeworld* (pp. 39-70). New York: State University of New York Press.
- Mezirow, J. (2000). Learning to think like an adult: Core concepts in transformation theory. In J. Mezirow (Ed.), *Learning as transformation: Critical perspectives on a theory in progress* (pp. 3-34). San Francisco: Jossey-Bass.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Nader, T., Rothenberg, S., Averbach, R., Charles, B., Fields, J. Z., & Schneider, R. H. (2000). Improvements in chronic disease with a comprehensive natural medicine approach: A review and case series. *Behavioral Medicine*, 26(1), 34-46.
- National Institutes of Health. Workshop on Alternative Medicine. (1994). *Alternative medicine: Expanding medical horizons*. A report to the National Institutes on Alternative Medical Systems and Practices in the United States. Chantilly, VA: Government Printing Office.
- Orne-Johnson, D. W., & Herron, R. E. (1997). An innovative approach to reducing medical care utilization and expenditures. *American Journal of Managed Care*, 3(1), 135-144.
- Paterson, B. (2001). The shifting perspectives model of chronic disease. *Journal of Nursing Scholarship*, 33(1), 21-26.
- Polipnick, J. (2003). *The Transformative Journey into a Natural Health Lifestyle: A Collective-Case Study Using Mezirow's Transformation Theory*. Unpublished doctoral dissertation. Walden University.
- Pojman, L. P. (1995). *Ethics: Discovering right and wrong*. Belmont, CA: Wadsworth Publishing Company.
- Stake, R. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications.
- Stake, R. (2000). Case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 435-454). Thousand Oaks, CA: Sage.
- Taylor, E. W. (1997). Building upon the theoretical debate: A critical review of the empirical studies of Mezirow's transformative learning theory. *Adult Education Quarterly*, 48(1), 34-59.

- Taylor, E. W. (1998). *The theory and practice of transformative learning: A critical review*. (Information Series NO. 374). East Lansing, MI: Clearinghouse on Adult, Career, and Vocational Education. Center on Education and Training for Employment.
- Taylor, E. (2000). Analyzing research on transformative learning theory. In J. Mezirow (Ed.), *Learning as transformation: Critical perspectives on a theory in progress* (pp. 285-328). San Francisco: Jossey-Bass.
- Trainor, A., & Ezer, H. (2000). Rebuilding life: The experience of living with AIDS after imminent death. *Qualitative Health Researcher*, 10(5), 646-660.
- U.S. Department of Health and Human Services (DHHS). *Healthy People 2010* (2nd ed.). Understanding and Improving Health and Objectives for Improving Health. 2 vols. (DHHS Publication No. 017-001-00550-9). Washington, DC: U.S. Government Printing Office, November 2000. Retrieved February 22, 2001 from the World Wide Web: <http://www.health.gov/healthypeople/>
- Walzer, M. (2002). The triumph of Just War Theory (and the danger of success). *Social Research* 69(4), 925-945.
- Winegardner, K. (1999). *The case study method of scholarly research*. The Graduate School of America. Last updated October 5, 1999. Retrieved April 20, 2002 <http://www.tgsa.edu/online/cybrary/case1.html>.

Appendix

Components of Transformative Learning Theory

	Experience			Critical Reflection			Relationship	
	<i>Context</i>	<i>Key Events</i>	<i>Onset</i>	<i>Rationality</i>	<i>Other Ways of Knowing</i>	<i>Critical Discourse</i>	<i>Social Support</i>	<i>Individual vs. Social Change</i>
Case 1								
Case 2								
Case 3								
Case 4								
Case 5								
Case 6								

NOTE: The column descriptor headers are adapted from Merriam and Caffarella's (1999) chapter on transformational learning (pp. 318-339), and Taylor (1998, 2000).