CARE OF THE SPIRIT: Passing The Mantle From Institutional Religion To Institutional Healthcare

by Barbara Pesut

> As nurses who are called to be healers, we must recognize that the path of healing is a spiritual journey for both those in need of healing and those facilitating the process. The healer's path must incorporate care of the whole self, including attention to personal spirituality. Indeed, care of the spirit is a professional nursing responsibility and an intrinsic part of holistic nursing.[1]

Spirituality has captured the imagination of healthcare providers in general, and nurses in particular. Over a short period of two decades healthcare has moved from a secular space to one where the spiritual care of patients is widely accepted as a moral obligation. Some would say that the mantle for spiritual care has been passed from institutional religion to institutional healthcare, and in that transition the mantle has been secularized. As a Christian academic, with a program of research in healthcare spirituality, I have watched this transition with mixed feelings. On the one hand, I am encouraged by the spaces that have opened up for discussions of faith. On the other hand, I am troubled by some of the developments and where they have taken us.

Spirituality was invisible in nursing when I completed my education in the early 1980s. We received a couple of hours on diverse religious traditions. Theoretical writing on the nature of persons made no reference to spirituality. All that changed in the late 1980s. What began as a trickle of articles in the nursing literature, focussing primarily around differentiating spirituality from religion, became a torrent of theoretical and empirical work. Today, codes of ethics, educational standards, textbooks, policy documents, and accreditation criteria, refer to spirituality as an obligation of care. This obligation has not been limited to nursing.

---

[1]Margaret A. Burkhardt & Mary Gail Nagai-Jacobson, *Spirituality: Living our Connectedness* (Albany, NY: Delmar, 2002) p. 39.

Spirituality has emerged into a legitimate focus of all healthcare providers.

This burgeoning interest in spirituality within healthcare reflects a societal interest. Having a program of research in healthcare spirituality has been highly engaging, for the simple reason that it rarely garners expressions of boredom even from those outside of academe. Everyone seems to be an expert. When I travel I have gotten into the habit of taking along a book that has spirituality in the title. It is remarkable how many people will strike up a conversation once they see the book, and the responses I get are very revealing. On one trip, a woman had me looking for patterns in the clouds that revealed metaphysical truths; I confess it felt like I was talking to someone in a foreign language. On another flight, I sat beside a woman who described remarkable spiritual strategies she used to cope with gruelling cancer treatment. On one particularly interesting trip, I sat between two women, one engaged with "human becoming" spirituality, the other engaged with "new age" spirituality. A fascinating debate unfolded. Responses from those I sit beside are often similar: an obvious passion for the topic; fairly strongly held, although eclectic ideas; a concerted attempt to "scope out" where I stand; and sometimes a subtle sense of persuasion to their ideas about spirituality. Depending upon whom you ask, we are either in the time of one of the greatest revivals or of the greatest apostasies!

Canadian demographic trends reflect the idea that increasingly there are people who see themselves as "spiritual but not religious". Reginald Bibby's[2] survey indicated that 72% of Canadians claim to have spiritual needs. About half of those making that claim describe spirituality in traditional religious terms, the other half with more unconventional ideas. Either way, the interest is not necessarily reflected in participation in institutional religious life. Many do not attend church, and we can no longer assume that people have a spiritual leader to whom they can turn in times of

[2]Reginald W. Bibby, *The Boomer Factor: What Canada's Most Famous Generation is Leaving Behind* (Toronto: Bastian Books, 2006).

need. Fenn[3] has speculated that this trend has caused the responsibility for spirituality to pass from religious institutions to the secular institutions and professions of society.

Such passing of the mantle has had significant implications. Many of the ideas that have emerged in this literature over the past two decades are congruent with my Christian beliefs; however, they are often conflated with antithetical notions. Certain trends have been particularly troubling: the characterization of spirituality as good and religion as harmful; the inclination to speak of a generic humanistic spirituality; the instrumentalization of spirituality for the advancement of healthcare professions; and the lack of any substantial critique of the whole endeavour. In the absence of rigorous critique, many of these ideas are being accepted as the normative views of spirituality for the nursing discipline. It was a discomfort with such an emerging trend that launched me into this area of scholarship.

It began with an analysis of the work of nurse theorists who were writing about spirituality. I could see that the ideas were not congruent with a single worldview, and I needed to understand what the implications of these diverse perceptions might be at the point of care. Ideas are powerful, and those that become part of professional socialization will ultimately shape how relationships between nurses and patients develop. I used the categories of theism, humanism and monism to classify the work of nine nurse theorists, and then employed a philosophic method[4] to help me understand the assumptions, and the implications for care.

---

[3]Fenn, R. K., & . (2003). Editorial commentary: Religion and the secular; the sacred and the profane; The scope of the argument. In R. K. Fenn (Ed.), *Blackwell Companion to Sociology of Religion* Malden, MA: Blackwell Publishing Ltd (pp. 3-22).

[4]A philosophic method within the nursing discipline generally seeks to problematize, to reveal assumptions, and to understand the implications of certain ideas for the enactment of care.

Theistic Spirituality: Care For Others As Response To The Love of God

Christian ideas are to be found throughout the work of all nursing theorists writing in the area of spirituality, but the theorists I assigned to the category of theism were those writing explicitly from a theological perspective[5]. Their ideas were typical of what one would expect to find within the Christian tradition: nursing was viewed as a service to humankind in response to the goodness of God. The main divide occurred between those who emphasized an evangelical imperative and those who emphasized an ethical caring imperative. The evangelicals considered the sharing of their faith to be essential to their nursing care, and so argued that they should be well versed in practical theology. Those with a theistic perspective who — based on the fear of abuse of power during vulnerable times — resisted the evangelical imperative, suggested that nursing was an ethical way of being with patients: a covenant of care.

Tension between the "sharing of faith" versus an "ethic of care" is indicative of the challenge that professionals grapple with as they negotiate their beliefs within the public space of healthcare. When personal beliefs and professional obligations conflict, which should trump? If one believes that sharing the gospel is fundamental, should that belief trump professional cautions against using vulnerable times in patients' lives to convince them of truths about the world? A recent study,[6] exploring how healthcare providers integrated their beliefs into the context of their professional care, revealed four approaches. Some separated sacred and secular realms, believing that spirituality had no place in the context of care; some only saw patient beliefs as being relevant; some operated exclusively from their own beliefs; and others felt conflicted, not

[5]No major theorists were writing from a Jewish or Islamic perspective within the mainstream nursing literature.

[6]Considine, J. R. (2007). The dilemmas of spirituality in the caring professions: Care-provider spiritual orientation and the communication of care. *Communication Studies, 58* (3), pp. 227-242.

knowing how to negotiate their roles as professionals and spiritual people. Although this is obviously not a new dilemma, seeing it openly discussed in the literature is new.

Christian ideas of God, love, forgiveness, peace, prayer, and connectedness are extensively woven throughout this literature, although the origins of these ideas are rarely referred to. They are placed alongside a host of other notions, derived from diverse traditions, in a potpourri approach to spirituality that is adopted uncritically as the "truth" of spirituality for nursing. This approach has enormous appeal because it seems to overcome the divisions of religious traditions, allowing nurses and patients to connect on common ground. But I suspect that this will only remain appealing if what is being put forward as normative bears some resemblance to our faith traditions. Without theological anchoring, what is normative can quickly shift toward whatever appeals. Currently, there is widespread interest in Eastern spirituality. Articles are appearing arguing for Eastern perspectives to be adopted as a foundation for spirituality in nursing. This trend brings to the forefront the urgency of deciding how to deal with religious and spiritual plurality in increasingly globalized societies. Indeed, I believe this is one of the most pressing questions for Christians today. If we do not think carefully about how to make room for plurality now, we may find that there is little room for our perspectives in the not too distant future.

Humanistic Spirituality: Problem Solving Our Common Human Condition

Nursing theorists writing from a humanistic perspective begin from the assumption that spirituality is a universal, subjectively defined[7] dimension of the person. In true postmodern fashion, spirituality is whatever the individual says it is. Spirituality is just as pertinent for atheists and agnostics as it is for religious

[7] "Subjectively defined" is key here. Christian theorists would also argue that all humans are spiritual but would make stronger claims about the nature of that spirituality.

individuals. Common human spiritual needs are connectedness, meaning and transcendence, although they are not necessarily thought of theologically. For example, meaning in this perspective is not ultimate meaning as put forth by Paul Tillich, but is anything that is meaningful to the individual, such as relationships, career, or recreation. Again, the appeal of this perspective is that it appears to provide common ground among people of diverse beliefs, and bridge the divide between the secular and the sacred.

But one of the troubling aspects is that, in true humanistic fashion, spirituality and spiritual care are forced into the mold of science. For nursing, the scientific perspective often consists of a conceptual vehicle called the nursing process. To understand this a little background is required. Nursing as a profession has long struggled for legitimacy alongside that of physicians. One of the attempts to formalize and make visible nursing's knowledge is something called the "nursing process". The procedure mimics the diagnostic reasoning process of physicians, except that this one is nursing-focussed. Nurses are taught to assess, make diagnoses, plan clinical interventions and evaluate those interventions. As nurses consider themselves holistic care providers, these diagnoses include all of the dimensions of the person: physical, psycho-social, and now the spiritual. As a patient, you may be diagnosed as being spiritually distressed or as requiring enhanced spiritual well-being.

This is a development we should be concerned about — the use of spirituality for instrumental purposes. Rather than acknowledging the spiritual life as an end in itself, it becomes a strategy in the pursuit of better health. Indicators such as peace, purpose, tranquility, happiness and well-being become the markers by which healthcare providers can evaluate whether or not patients require spiritual intervention. A "perfectly" spiritual person becomes one that reflects more the ideas of transpersonal psychology than of theology. Biblical understandings of suffering and lament put forward by the book of Job are replaced by the discourse of Job's comforters, suffering as a problem to be diagnosed and solved.

Rather than bridging the divide between the secular and the sacred, this approach secularizes the sacred, reducing it to purely human understandings. The Enlightenment endeavour of understanding and controlling our world, and the pervasive narrative of science, has been extended into the spiritual encounters of patients and providers in the context of healthcare. I often reflect upon Martin Buber's work of I-Thou, realizing how we can easily objectify the sacred world, suffocating the reciprocity that should characterize relational engagement.

Monistic Spirituality: Care of the Energetic Consciousness Toward Human Becoming

Nursing theorists writing from a monistic perspective begin from the assumption that the cosmos is an indivisible, universal consciousness that extends beyond space-time restrictions. The universal consciousness, and the nature of humankind within that consciousness, is fundamentally energy. From this assumption, spirituality cannot be considered a dimension of the person but rather a form of energy connecting all of life. The goal for spiritual care is human becoming in a cosmic consciousness sense.

At first glance, these ideas may seem somewhat similar to theological perspectives. Emphasis is placed on the sacredness and interconnectedness of all life, and a corresponding moral claim for nurses to cherish and care for it. There are key differences, however. God is not a being existing independently from creation, but rather is the sum of universal consciousness — God is another name for Life. The concepts of wrong, sin or evil are replaced by an emphasis on individual choice. Choice is neither wrong nor right, but useful or not useful, depending on the outcomes you wish to accomplish. This perspective in nursing reflects an interesting combination of idealism, where everything is right with the world, and pragmatism, where everything that appears not to be right in some way serves a purpose. These ideas in nursing are similar to those of Neil Donald

Walsh[8] whose books "Conversations with God" have been best-sellers.

Nurses' spiritual care within this perspective focusses on the care of consciousness toward the goal of human becoming or transformation. Holistic healing is emphasized, and the primary site of healing is the consciousness rather than the body. Nurses are taught that their thoughts and intentions toward patients are powerful and have the capacity to "co-construct" a healing space. However, in keeping with the idea of no wrong choices, nurses are cautioned against forming any judgments about how patients' consciousness should evolve. Bodily healing focusses on the energies that are thought to form the substance of physical existence. Procedures such as therapeutic touch, Reiki or Chakras are widely accepted. These interventions have great appeal for nurses because they can be implemented without orders from doctors. I find it ironic, however, when nurses argue that these interventions have roots in ancient traditions; they teach them in condensed workshop formats over a few continuing education weekends! In any case, nursing within this understanding envision nurses as agents who contribute to health and transformation in a cosmic order that is transcendent and interconnected, but not necessarily with a "Higher Being". Indeed, some of the theorists writing within this perspective critique religion as an "old" way of being in the world which limits the development of humanity.

This approach is becoming increasingly influential. Recently, I attended an international nursing theorist conference and was intrigued by how many theorists identified their ideas as originating from Christian philosophers and theologians, even though the outcome is really a form of "sacred humanism": sacred in the sense that mystery, transcendence, and love remained central to the approach to care; humanistic in the sense that the ultimate endpoint was human good defined outside of anything that might be named

---

[8]Neil Donald Walsh, *Tomorrow's God: Our Greatest Spiritual Challenge* (New York: Atria, 2004).

as a "Divine purpose". These ideas were presented with a fervour that felt like evangelical religion. The fullness and sacredness of life is emphasized, but those qualities are located within ourselves, without an external transcendent source. Charles Taylor, in his book *A Secular Age*, has written cogently about the prevalence of this form of belief. [9]

Continuing the Journey: The Questions That Motivate Me

Seeking to understand these ideas has been intriguing. I have a passion for making faith visible in what has, for many years, been the secular space of healthcare. As I seek to make it visible, I have many questions that drive my research. How can we not include those spiritual values, beliefs and experiences that so often determine how we find meaning in the midst of suffering? How should we respond to the tendency to prescribe a view of spirituality that, by focussing on superficial similarities, relativizes all other perspectives? What are the consequences of not explicitly acknowledging the Divine origin of truth?

The view of spirituality that nurses argue should be the "true" view often reflects an Eastern or Western perspective, or a combination of both. Insistence on one view within a profession that serves a diverse society is simply a neo-colonialism that positions itself as inclusive. In contrast, I envision a public space of healthcare where as individuals we are free to grow in our own faith commitments, while as professionals we honour the pluralism that has come to characterise Canadian society. For me, the commitment to pluralism is not simply altruistic. Part of it is a realism which recognizes that unless we make room for diversity, it may be our faith tradition that will be marginalized. Part of it is a fear that I will draw the boundaries of truth too firm, thus excluding those whom God would welcome into His Kingdom.

---

[9]Charles Taylor, *A Secular Age* (Cambridge, MA: Belknap Press of Harvard University Press, 2007).

Among the three perspectives outlined in this paper there are many ideas that resonate with my Christian faith. Humans are of inestimable value; altruistic caring is central to the profession; spiritual growth is evidenced by love, joy, peace, patience, goodness and kindness; we do seek for meaning, purpose and connectedness; truly, there is a divine milieu that allows for possibilities beyond individual capacity. But what are the implications of disembedding these ideas from a Divine origin? Should we simply appreciate the uptake of sacred reality into the public realm and not worry that it feels like cosmic plagiarism? Or is there something essential about attributing these ideas to a Divine creator? Can sacred reality serve a purely humanistic vision and remain a testimony to light, or is there something fundamental about acknowledging the origin of that truth, one to whom we owe our lives and worship? How I answer these questions influences whether I believe we are in the midst of a revival, or whether we are simply evolving along the path of a new humanism, one that attributes divinity to human becoming.

As I struggle as a lay person with these theological questions, I am aware of the need for interdisciplinarity. And I am realistic enough to understand that the mantle for spiritual care cannot remain solely within institutional religion. I long for a shared mantle, one where spiritual care professionals and healthcare professionals work together to provide a genuine holistic service.

Acknowledgements: My thanks to John Burton, Faculty of Management UBC Okanagan/United Church Minister, for his valuable feedback on a draft of this paper. I would also like to acknowledge my research colleagues Marsha Fowler, Beth Johnston Taylor, Sheryl Reimer-Kirkham, and Richard Sawatzky, who have been so integral to this journey.