

REVOLUTION IN THE NURSING PARADIGM

Purpose: To examine the relationship between shifting worldviews and the changes occurring in nursing practice

Objectives: After reading this chapter and completing the exercises, you should be able to:

1. Describe a worldview
2. Define the four major concepts of the nursing metaparadigm according to the modern, postmodern and biblical worldviews
3. Describe how this struggle between worldviews affects your nursing practice
4. Identify the worldview reflected in a nursing theory

Keywords: paradigm, worldview, nursing theory, modern, postmodern, biblical

Sonja faced a dilemma. Working on a large AIDS unit over several years, she grew to care deeply for the men and women who were frequently readmitted as a result of their immunosuppression. She grieved when they died, and she recommitted herself to making the lives of other patients as comfortable as possible during their last days. Her sense of being called by the Lord gave her strength for what was often exhausting work.

Increasingly, however, Sonja began to think that the option of physician-assisted suicide made sense for her patients. Many on her unit were seeking the help of organizations encouraging “the right to die” as a way of ending their prolonged suffering. Some of her colleagues argued that helping these patients end their lives was an act of compassion. Sonja felt confused. According to her Christian worldview, she could not deliberately end the life of anyone in her care. Yet watching her patients suffer moved her to wonder if she should help

them contact someone for information about suicide as an option. Although this alternative violated all that she had learned in nursing school about care for the dying, recent articles in nursing journals argued for the right of patients to control their own deaths, dying when they chose to do so. Was Sonja's Christian understanding too narrow?

Maria, on the other hand, faced a different dilemma when she returned to school for a master's degree and took a required course in nursing theory. Like many of her fellow classmates in undergraduate school, she had viewed nursing theory as one of the subjects to be endured on the way to "real nursing." Now, however, she was trying to see some practical implications in it.

The changes in how nurses thought about nursing over the years intrigued her. Florence Nightingale focused on natural laws and the environment; then Virginia Henderson saw nurses acting as substitutes to meet patients' needs when they could not do it themselves. Martha Rogers began to view patients as energy fields within larger energy fields. Because Maria was a deeply committed Christian, she wondered about the connection between the theories she was studying and her faith.

One professor suggested that she read the creation story in Genesis, substituting the word *energy* for *God*. Upon trying it she realized that it undermined her understanding of the Christian God, who reveals himself as personal and loving. Over and over throughout the Scriptures, God speaks of wanting to dwell with his people, of wanting to be their God and to have them belong to him. This was the language of love and commitment. Energy, the language of physics, was so impersonal. Was Maria taking the Bible too literally?

Karen, a junior nursing student at a large university, faced yet another dilemma. One of her favorite instructors was teaching a popular elective course in alternative healing, so Karen enthusiastically signed up for it. She hoped to learn new ways to comfort patients. As the weeks went by, however, she began to feel uncomfortable with what she was learning. For example, the professor told the class that she considered herself a witch and that some of the healing methods she taught were "white witchcraft." She encouraged students to chant formulas and burn candles as part of the healing process. She also taught that the Christian church had persecuted witches in order to retain its power over women. During a field trip to a center for therapeutic touch, the instructor encouraged students to take off their clothes as a way to break down barriers between themselves. Karen felt confused but decided not to participate. Was she being too rigid?¹

¹The three stories are composites of situations the writers have encountered.

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Sonja, Maria and Karen are not alone in their struggles. Nursing—reflecting changes in the larger Western culture—is undergoing major shifts in its thinking and practice. The foundations of nursing itself are being questioned. What is nursing about? What should be the goals of nursing? What is science in nursing? How can these questions be answered?

The Beginnings of Nursing Theory

Until nursing education moved from hospital-based apprentice programs to the academic setting, there was little formal analysis of such matters. Nightingale's concern for a well-ordered environment was taken for granted, and much of nursing focused on keeping things clean. During the early 1900s, hospitals were staffed by nursing students who worked long hours and studied when they could. After graduation, nurses went into either private-duty or public health nursing. Most women in nursing were motivated by Christian values of compassion and service. Nurses saw themselves, for the most part, as assistants to physicians. There was little time or inclination to develop concepts and philosophies of nursing.

As nursing education moved into academia, the need developed to establish a body of knowledge unique to nursing. Because nursing entered the academy through science departments, such knowledge was to be based on research. Scientific research required theories. Serious efforts in theory development began in the 1950s and proliferated in the 1960s and 1970s. Virginia Henderson articulated her famous definition of nursing in 1961 in a pamphlet published by the International Council of Nurses.²

Because nursing entered the university through the door of natural science, nursing theories took on characteristics of naturalism. They were couched in cause-and-effect language, often with elaborate diagrams showing complex relationships between concepts. Many theorists of this era were psychiatric nurses, so their theories focused on the nurse-patient relationship.³ Even these were framed in naturalistic language of analysis and cause and effect, although in a more personal tone.

Early nursing theories reflect the positivistic philosophy of science prevalent

²Virginia Henderson, *The Nature of Nursing* (New York: Macmillan, 1966), p. 15. "The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or his recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible."

³See, for example, Hildegard E. Peplau, *Interpersonal Relations in Nursing* (New York: Putnam, 1952); Joyce Travelbee, *Interpersonal Aspects of Nursing* (Philadelphia: F. A. Davis, 1971).

in the university.⁴ According to positivism, it is possible to gain true knowledge of reality (what actually exists) through the processes of theory development and testing. The scientific community accepts theories insofar as they seem to correspond with reality. Nurses hoped that through this process of theory testing

A life devoid of the knowledge that theorizing brings us is a poor and paltry thing, short of what God meant our lives to be.

NICHOLAS WOLTERSTORFF,
EDUCATING FOR SHALOM

and refinement they would progressively build the body of knowledge needed for both patient care and academic credibility. Early in this era (1952), the journal *Nursing Research* began to disseminate the findings of researchers. Great optimism among nurses in academia characterized this period.

Meanwhile nurses practicing at the bedside felt little actual impact from either nursing theories or nursing research. They did, however, experience the impact of new medical technology in the development of critical care units, advances in surgery and new approaches to emergency treatment. But these practicing nurses always knew that there was more to nursing than technology. They were often in awe of the inner strength of their patients as they struggled with overwhelming illnesses, sometimes recovering, sometimes dying. Nurses understood the power of their relationships with patients to encourage and give hope.

Then in 1962 Thomas Kuhn published *The Structure of Scientific Revolutions*, in which he challenged the prevailing assumption that science was value-free. Kuhn is often misread as implying that reality exists only in human perception. What he does say is that while our perception and values shape our understanding of reality, eventually “reality fights back,” telling us that our theories are incorrect. In other words the facts no longer fit the theory.⁵ A new paradigm, or way of interpreting experience, is sought. He denies, however, that progress in science means drawing us closer to “some goal set by nature in advance.”⁶

⁴Positivist science is characterized by three features: presuppositionless objectivity, being empirically testable by experiments, and rationality. Bruce R. Reichenbach and V. Elving Anderson, *On Behalf of God: A Christian Ethic for Biology* (Grand Rapids, Mich.: Eerdmans, 1995), p. 16.

⁵Thomas S. Kuhn, *The Structure of Scientific Revolutions*, 2nd ed. (Chicago: University of Chicago Press, 1970). Kuhn assumes that nature exists, and it is when the facts of nature no longer seem to fit within the prevailing theories that scientists are pushed to adopt new paradigms, ways of thinking about the part of nature they are studying. “Nature itself must first undermine professional security by making prior achievements seem problematic” (p. 169). However, when scientists are operating on the basis of differing paradigms, they see reality differently (p. 150).

⁶*Ibid.*, pp. 170-72.

Since Kuhn published his book, nurse thinkers, along with many in the social and natural sciences, have wrestled with questions about the nature of science itself. Nursing theory textbooks now include chapters on the philosophy of science,⁷ asking questions such as *What is truth? What is theory?* They are also asking even more basic questions such as *Does reality exist beyond our perceptions, and, if it does, can we know anything at all about it? What is the scientific method?* The debate rages in every field of study. Nurses have an advantage that many others are not given—the patients we face every time we work. If the facts do not fit our theories, we get rapid feedback.

However, the other side of Kuhn's argument is that changing our thinking does not come to us easily, either as individuals or as a community of thinkers and practitioners. He likens such changes to a conversion, something that one *experiences*. They are not brought about by logical argument. The old ways of interpreting our experiences with patients continue to guide us until we suddenly see the facts in a new way.

Conversion to a New Paradigm

Nursing is currently undergoing such a conversion experience. For many years nurses have known intuitively that there was more about our patients and ourselves than could be explained within naturalistic scientific theories.⁸ Every day we experience life, death, tragedy, birth and suffering. Often patients press us with questions. "Why did my baby die?" "How can I live with a body that can't move or feel?" How often have we stood dumb before these cries? Our theories were impotent to help us. The naturalistic scientific theories told us about physiology and pathology. The psychosocial nursing theories told us to listen, to feel with, to support and encourage our pa-

A paradigm is the filter or grid through which we understand the world; an orientation of mind that determines how we think about the world. "For example a religious paradigm is a model of understanding that sees life as governed by God or some principle that is the ultimate cause of everything. A materialist paradigm is a model of understanding that sees life as the interaction of physical objects with no god principle at work."

HERBERT KOHL, FROM ARCHETYPE TO ZEITGEIST

⁷See the chapter by Sue Marquis Bishop, "History and Philosophy of Science," in *Nursing Theorists and Their Work*, ed. Ann Marriner-Tomey, 3rd ed. (St. Louis, Mo.: Mosby, 1994), pp. 27-36.

⁸Naturalistic theories assume that reality is only empirical, natural. There is no account of God or spirit in these theories.

tients. But we found ourselves powerless in the end. Many of us turned to our faith to help us, and for most nurses that was Christian faith.

Then in 1970 Martha Rogers published her little text *An Introduction to the Theoretical Basis of Nursing*.⁹ Because her work was so radically different, many dismissed both the book and Rogers herself. Few understood what she was saying, and even fewer grasped the significance of what she was doing for nursing.¹⁰ What she did was open possibilities for new ways of thinking about nursing. Rogers continued using the impersonal language of physics—energy, field theory, simultaneity—to describe the intangible in nursing, but she assigned these words new meaning. Other nursing theorists who followed began to explore new approaches to nursing theory and science, such as phenomenology and existentialism, and to use the language of *spirit*, *consciousness* and *goddess*.¹¹

In the 1994 edition of her textbook on nursing theory, Barbara Stevens Barnum notes the polarity between the older and the newer nursing theories. The older nursing process theories are associated with taxonomies and quantitative measures, whereas the new holistic theories use more qualitative measures and softer phenomena.¹²

Both nursing education and practice are feeling the impact of the shift from the old to the new approaches. This shift—or revolution, according to Kuhn—is what Sonja, Maria and Karen, who were introduced at the beginning of this chapter, are experiencing. The shift affects not merely our thinking about nursing but also our nursing interventions and the way we make ethical decisions.

The polarity Barnum notes is particularly wide when it comes to how we develop nursing knowledge. Two opposing and irreconcilable ontologies (views of reality) underlie the old and the new paradigms: realism and conceptualism.¹³ Barnum writes,

⁹Martha A. Rogers, *An Introduction to the Theoretical Basis of Nursing* (Philadelphia: F. A. Davis, 1970).

¹⁰Rogers's book for nursing is comparable to Kuhn's for the larger scientific community in that both formulated a new way to approach the work of their respective disciplines.

¹¹Jean Watson, *Human Science and Human Care* (New York: National League for Nursing, 1988); Margaret A. Newman, *Health as Expanding Consciousness*, 2nd ed. (New York: National League for Nursing, 1994).

¹²Barbara J. Stevens Barnum, *Nursing Theory: Analysis, Application, Evaluation*, 4th ed. (Philadelphia: Lippincott, 1994), pp. 251-52.

¹³Ontology is the study of being, of what exists, of ultimate reality. Its investigations concern what exists beyond what is directly observable, and its conclusions are arrived at by logic and speculation. For example, philosophers have constructed ontological arguments for the existence of God. While these have logical value, Christians believe that God has revealed himself in Jesus Christ. In Indo-European ontology, what ultimately exists are the two powers of good and evil. In modern naturalism, matter is what ultimately exists.

In realism, one believes that the world exists “out there,” independent of the knower. Research and theory seek to discover and explain the nature of that external reality. . . . In conceptualism, reality does not exist independent of the knower. Invention, rather than discovery, is the dominant mode of knowing reality. The two concepts are the extreme poles, with all sorts of variations on the continuum that spans them.¹⁴

Barnum, like many other nurse thinkers, advocates a live-and-let-live approach between these two paradigms in nursing, arguing that both have something to contribute. If Kuhn is correct in his analysis, however, conversation between those using different paradigms is not possible. The struggle between them will continue until the new paradigm succeeds the old.¹⁵

Some nurse thinkers debate the question at the level of philosophy and science.¹⁶ Margretta Styles sees the need for nursing to be guided by a unity of science based on philosophy, to clarify “what we *should* be and to include in professionalization such themes as commitment, personal motivation, and self-actualization as well as scientific discovery.”¹⁷

While we agree that naturalistic theories alone are much too narrow for nursing, we also think that there are serious problems with many of the newer approaches. We agree with Styles that the issue is much more fundamental. It lies with our ultimate view of life, the philosophy of nursing. We appreciate the new openness to spirituality—but we believe that there is a far deeper concern than merely adding religion and spirituality, as if they were the missing parts that will slack the hunger for meaning not addressed in naturalistic theories. What is happening in nursing (and in our larger culture) is a major shift from one worldview to another. The new theories in nursing reflect this shift. It is at the worldview level that we must begin.

¹⁴Ibid., p. 269.

¹⁵We think that Kuhn is correct if we operate as he does from a naturalistic understanding of reality. We think that there is a way to bring about conversation. It is based on an understanding that reality is the creation of God and that God has revealed to us a way to think about reality.

¹⁶June F. Kikuchi and Helen Simmons, eds., *Philosophic Inquiry in Nursing* (Newbury Park, Calif.: Sage, 1992).

¹⁷“Nursing, as a professional community, must have and hold a common, recitable ideology just as nations have their constitutional preambles and pledges of allegiance, fraternal societies have their oaths, religions have their creeds.” Margretta Styles, quoted in Luci Young Kelly and Lucille A. Joel, *Dimensions of Professional Nursing*, 7th ed. (New York: McGraw-Hill, 1995), p. 208.

Seven Basic Worldview Questions

James Sire defines a worldview as “a commitment, a fundamental orientation of the heart, that can be expressed as a story or in a set of presuppositions (assumptions which may be true, partially true or entirely false) which we hold (consciously or subconsciously, consistently or inconsistently) about the basic constitution of reality, and that provides the foundation on which we live and move and have our being.”^{**} He asserts that to understand the concept of *worldview*, we must answer the following questions:

- What is prime reality?
- What is the nature of the world around us?
- What is a human being?
- What happens to a person at death?
- Why is it possible to know anything at all?
- How do we know what is right and wrong?
- What is the meaning of human history?^{**}

For the Christian nurse, the answers to these questions come from the stories, themes and patterns found in the Bible. This careful study of Scripture reveals to us the nature of persons, the context in which we live and practice, the meaning of health and the impetus for nursing care. For Christians, prime reality is God, who created and sustains all things. Thus, this worldview is derived from a Christian theology of nursing.

^{*}James W. Sire, *Naming the Elephant: Worldview as Concept* (Downers Grove, Ill.: InterVarsity Press, 2004), p. 122.

^{**}*Ibid.*, p. 20.

Beginning with Worldviews

Until recently the term *worldview* was part of the technical language of philosophers and anthropologists. Philosophers refer to worldview when they mean the basic assumptions that underlie a system of thought. Anthropologists use the term in a broader way to identify not only the wellsprings of our thinking but our way of life as well. “It shapes and integrates our various fields of knowledge from theology, anthropology, and missions to physics and the culinary arts. Worldview governs everyday behavior” (Mt 6:8; 7:11; Lk 12:32).¹⁸ “Worldviews

¹⁸Paul G. Hiebert, *Anthropological Reflections on Missiological Issues* (Grand Rapids, Mich.: Baker, 1994), pp. 11-12.

are the most fundamental and encompassing views of reality shared by a people in a culture. A worldview incorporates assumptions about the nature of things—about the ‘givens’ of reality” (Heb 4:15).¹⁹ “They are made up of the categories, values, and assumptions we use to examine our world.”²⁰ Worldviews provide the cultural lenses that shape how we see the world, and they give meaning to life, both personally and for humanity as a whole.

Because a worldview is so overarching, it can integrate many theories from different aspects of life and help us see how they may complement each other. But when theories reflect very different worldviews, they will conflict with one another. Ultimately, differing worldviews cannot be reconciled; either one or the other gives us a truer picture of reality.

The Modern Western Worldview

Dualism, one of the themes influencing the modern Western worldview can be traced to the Indo-European culture of the third millennium B.C. According to anthropologist Paul Hiebert, this worldview in its various forms undergirded the religions of Babylon, Sumer, Canaan, Greece, India and Germany, among others.

In this worldview good and evil are two independent entities locked in eternal conflict. In this battle, the ultimate good is order and freedom, and to achieve this one side or the other must gain control. The ultimate evil is chaos and enslavement. Given this dualism, all reality is divided into two camps and the line between them is sharp. We see this in our American tendency to categorize in opposites: good-bad, big-small, sweet-sour, success-failure, and truth-falsehood.²¹

This dualistic thinking influenced some early and medieval Christian scholars, who tended to draw a sharp line between spirit and matter. Many Christians saw matter and the world as inherently evil, spirit and heaven as good. They drew a sharp distinction between the natural and the supernatural and focused more on the supernatural realm.

During the Renaissance (beginning about the fifteenth century), thinkers reacted against the supernatural focus of dualism. They turned, instead, to the natural world of humans, animals, plants and matter. They began to see the world as autonomous, operating according to natural laws. Their hope was that the newly developing science would enable them to understand these laws and use

¹⁹Ibid., p. 36.

²⁰Ibid., p. 204.

²¹Ibid., pp. 204-5.

them to solve practical human problems.²² While most early scientists saw the world as an orderly creation dependent on God for its existence, eventually people began thinking of God as distant. They saw themselves created for their own destiny. This view led to modern secularism, which effectively eliminated God from public life but retained the sharp divisions of dualistic thinking.

While the modern worldview retains the dualism inherited from the ancient Indo-Europeans and Greeks, Hebrew and Christian thinking have also influenced it. The Bible has given the Western world its strong emphasis on the value of the individual person who is not to be lost within the group. The biblical teaching that life has its source in God and that humans are created with the capacity to relate to God in a personal way has supported our respect for each person. The creation story undergirds our belief that creation is orderly and that the “laws” of nature can be discerned by science. Westerners retain the idea of history moving to a climax, rather than in endless natural cycles, from the biblical story of God acting in history and finally bringing it to a conclusion. Biblical values of love and justice have shaped Western ethics.

Today many are dismissing the modern worldview as having been tried and found wanting, seeing it as causing alienation from the world of the spirit. Some see Christianity as part of the problem because it has become so intertwined with the modern worldview. Nevertheless, its themes are still powerful in our culture even though they are reinterpreted on a secular basis. Both Christianity and Indo-European and Greek dualism have undergirded the rise of modern science and the concept of progress associated with it.

The Postmodern Worldview

Many writers argue that we now live in a postmodern world.²³ Despite the pow-

²²Bruce R. Reichenbach and V. Elving Anderson, *On Behalf of God: A Christian Ethic for Biology* (Grand Rapids, Mich.: Eerdmans, 1995), p. 11. English philosopher Francis Bacon (1561-1626) called himself the “trumpeter of his times.” He sought to reform science, which until then had been influenced by Aristotle’s search for essences. He advocated empirical science instead. “For Bacon, the function of science ultimately was to control nature for human benefit.” He believed that science was a form of power. To exercise power over nature we must understand nature and its causes or principles.

²³For those who want to read more about the development called postmodernism, we recommend the following: Albert Borgmann, *Crossing the Postmodern Divide* (Chicago: University of Chicago Press, 1992); Stanley J. Grenz, *A Primer on Postmodernism* (Grand Rapids, Mich.: Eerdmans, 1996); Dennis McCallum, ed., *The Death of Truth* (Minneapolis: Bethany House, 1996); Pauline Marie Rosenau, *Post-Modernism and the Social Sciences* (Princeton, N.J.: Princeton University Press, 1992); Gene Edward Veith, *Postmodern Times: A Christian Guide to Contemporary Thought and Culture* (Wheaton, Ill.: Crossway, 1994); Nicholas Wolterstorff, “Does Truth Still Matter? Reflections on the Crisis of the Postmodern University,” *CRUX*, September 1995, pp. 17-28.

erful benefits of science, there is increasing recognition that science cannot give meaning to life. Many scientists are themselves rejecting the dualism that divorces spiritual from material realities and separates values from scientific objectivity. Social scientists and health care professionals are calling for a more holistic view that brings humans into harmony with their environment. Others, rejecting hierarchy and competition, are calling for more inclusive global cooperation.

The newer theorists of nursing reflect this postmodern worldview: Joyce Fitzpatrick, Margaret Newman, Rosemarie Rizzo Parse, Martha E. Rogers and Jean Watson. Each of these thinkers is quite different in her approach, but each is calling for something beyond the mechanistic, natural-science approach to nursing. A new nursing paradigm is needed.

Postmodern theories reflect what Kuhn calls a new paradigm. They often assume that the world is made up of energy that can be manipulated and controlled.²⁴ Although this energy is claimed to be nonreligious, in practice it frequently becomes a “channeling” or manipulation of spirits. These theories draw from various sources in Eastern philosophy, Theosophy and traditional religions, including shamanism, Native American spirituality and Wicca.²⁵

From a scientific perspective, proponents of energy-based theories vacillate between two extremes. Some advocates dismiss science entirely and claim the effectiveness of the associated modalities through anecdotal evidence. Others have attempted to use both quantitative and qualitative research methods to prove they work. Results, however, remain inconclusive.²⁶ Some have attempted to blend modern physics with Eastern mysticism²⁷ but have made quantum leaps in logic and reality in the process.²⁸

Pagan Religions Revived

Some nurses—theorists, educators and practitioners—are affirming pagan religions as a source of new creativity and power. The natural world of pagan religions, like that of traditional religions, is alive. “Not only humans, but also an-

²⁴Dora Kunz and Erik Peper, “Fields and Their Clinical Implications,” in *Spiritual Aspects of the Healing Arts*, ed. Dora Kunz (Wheaton, Ill.: Theosophical Publishing House, 1985), pp. 213-61. Also see Rochelle B. Mackey, “Discover the Healing Power of Therapeutic Touch,” *American Journal of Nursing*, April 1995, pp. 27-31.

²⁵Barbara Blattner, *Holistic Nursing* (Englewood Cliffs, N.J.: Prentice-Hall, 1981), pp. 7-16; and Lynn Keegan, *The Nurse as Healer* (Albany, N.Y.: Delmar, 1994), pp. 4-6.

²⁶Sharon Fish, “Therapeutic Touch: Can We Trust the Data?” *Journal of Christian Nursing*, summer 1993, pp. 6-7.

²⁷One of the most quoted is Fritjof Capra, *The Tao of Physics* (Boulder, Colo.: Shambhala, 1975).

²⁸Nobel Prize-winning physicist Leon Lederman, *The God Particle* (New York: Bantam Doubleday Dell, 1993), provides an entertaining exposé in his chapter “The Dancing Moo-Shu Masters,” pp. 189-98.

imals, plants, and even rocks, sand, and water are thought to have personalities, wills, and life forces."²⁹ Most Western advocates of these religions hold a romantic view of them, seeing them as bringing mystery and harmony into human life. Christian critics of these worldviews recognize that the fortunes of adherents are left to the mercy of capricious, invisible ancestors; of demons, witches and ghosts; and even of impersonal forces.

In the pagan worldview a supreme god is distant and unconcerned about the daily problems of life: sickness, death, bad luck and accidents. The only defense for humans is to gain power over these capricious spirits and forces that cause their problems. "Power, not truth, is the central human concern in this worldview."³⁰

Today, accounts of fertility rites, white witchcraft, divination, palmistry, fortune-telling and astrology are gaining credibility and acceptance. Many bookstores have large sections devoted to Wicca and the occult. Tabloids carry stories of ghosts, witchcraft, evil-eye curses and fulfilled prophecies. Nurse researcher Sharon Fish has documented the close ties between some of the energy therapies being advocated by nurses who call themselves healers and Theosophy, an admittedly occult philosophy.³¹

Such beliefs, suppressed during the reign of science, have never fully left the Western mind. Underneath the veneer of orthodox Christianity an assortment of folk religious beliefs persists, handed down by word of mouth, despite the opposition of church leaders and the ridicule of scientists.³² At the center of these folk religions are the shaman and the practice of magic. Historian of religion Mircea Eliade characterizes the shaman as one who communicates with the spirits in an ecstatic trance. He or she performs miraculous cures and predicts future events. Shamans serve as mediators between ordinary people and the spirit world.³³

Shamanism is gaining credibility among some nurses today.³⁴ Some even re-

²⁹Hiebert, *Anthropological Reflections*, p. 196.

³⁰Ibid., p. 224.

³¹Sharon Fish, "Therapeutic Touch: Healing Science or Metaphysical Fraud?" and "A Brief History of Theosophy," *Journal of Christian Nursing*, summer 1996, pp. 4-13.

³²Hiebert, *Anthropological Reflections*, p. 224.

³³Mircea Eliade, *Shamanism: Archaic Techniques of Ecstasy*, trans. W. R. Trask (Princeton, N.J.: Princeton University Press, 1972), pp. 3-8.

³⁴An example is the work by Jeanne Achterberg, who teaches and is involved in rehabilitation research at the University of Texas Health Science Center in Dallas. Her 1985 book *Imagery in Healing: Shamanism and Modern Medicine* is often cited in reference lists of nurses who write about holistic health. In this book she attempts to explain the power of shamans to heal by the science of psychoneuroimmunology. In her 1994 *Rituals of Healing*, written with nurses Barbara Dossey and Leslie Kolkmeier, she refers to crosscultural studies of shamanic and other rituals that have led to her conclusions. In February 1996 Dr. Larry Dossey appeared on the TV program *Unsolved Mysteries*, supporting the use of shamanistic practices in modern health care.

fer to themselves as shamans. The healer in energy-based therapies like therapeutic touch fills the role of the shaman when manipulating and directing “life energy” by hand and body movements, mental concentration or both.³⁵ Even the Christian practice of praying for the sick is sometimes interpreted in the language of shamanism.³⁶

Shamanism is associated with magic, the attempt to influence people and events by supernatural or occult means. Black magic attempts to produce evil results through such methods as curses, spells, destruction of models of one’s enemy and alliance with evil spirits. White magic tries to undo curses and spells and to use occult forces for the good of oneself and others.³⁷ The magician tries to compel a spirit to work for him or her or follows a pattern of occult practices to bend psychic forces to do the magician’s will. Magic is carried out by specific rituals and methods known only to those who are initiated into the practice. Healers who practice these rituals often refer to themselves as white witches.³⁸

So far in this chapter we have presented the worldviews that have shaped and are shaping nursing theory—the modern worldview and the postmodern worldview. We agree that theories of nursing based on the modern mechanistic worldview are not adequate to undergird the practice of nursing. Theories that reduce people by materialistic explanations and ignore the spiritual realm can never satisfactorily encompass the richness of nursing: caring for people in life and death, in times of high joy and crushing sorrow.

However, we challenge the idea that theories based on pagan religions are the answer. Returning to shamanism and spiritism where we must appease spirits, or to magic where we seek to dominate reality for our own ends through

³⁵In May 1993 one of the authors, Arlene, attended a workshop at Harrisburg Area Community College taught by Janet Quinn, well-known teacher of Therapeutic Touch. Dr. Quinn said that the hand movements of TT were for the benefit of the healer and eventually could be dispensed with. The clear implication was that healing would occur by mental concentration only.

³⁶One writer interprets James 5:13-17 as affirming the innate power of people to heal: Tom Countryman, “Energy-Based Healing Arts and Christian Teaching,” in *Beginnings: The Official Newsletter of the American Holistic Nurses Association*, January 1996, p. 9. He fails to say that it is the Lord who will raise up the sick. To pray in the name of the Lord is to use delegated authority and to attribute the power to God, not to the healer. He also omits the references to confession and forgiveness of sin as part of healing. Only God can forgive sin.

³⁷Historian Eugene D. Duker traces the history of the attitude of the Christian church toward the practice of magic. He notes that the distinction between white magic (*theurgia*) and black magic (*goeteia*) was made by the Greeks and Romans. “Generally speaking, while the practice of the former in Greece and Rome was considered beneficial to society, the latter inspired fear and provoked condemnation.” *Magic and Witchcraft in the Dark Ages* (Lanham, Md.: University Press of America, 1995), p. 53.

³⁸*Ibid.* Scholars regard witchcraft as the social dimension of magic.

rituals and formulas, will lead to dehumanization, disillusionment and spiritual oppression. These worldviews undermine the practices and ways of thinking that face Sonja, Maria and Karen; the worldviews promise much but offer only illusions. Instead, we believe that nurses need to reexamine the view of reality portrayed in the Bible. We turn to that worldview in the next chapter.

For Further Thinking

1. What major changes have you encountered since you first entered nursing?
2. What evidence have you seen that worldviews in nursing are shifting?
3. How would you describe your own worldview?

Theological Reflection

Read Acts 8:4-24.

1. Compare the ministry of Philip to that of Simon.
2. What outcomes did each of them seek?
3. What motivated each?
4. Describe the worldview of each based on the information given about them.
5. Why did Peter and John judge Simon so harshly?
6. What resulted?

CASE STUDY: Rachel and the Class She Couldn't Take

As a junior nursing student, Rachael was required to attend a weekly student-led seminar. During one class session, several students presented Therapeutic Touch (TT) as an alternative pain management technique. Rachael knew nothing about TT but felt uneasy about it. Later she learned that TT would be covered more thoroughly in an upcoming nursing lab.

Rachael began to discuss her concerns with several other students and to seek more information about TT. After reading articles in the *Journal of Christian Nursing* about the occult and Eastern religious roots of TT, she became increasingly concerned. She compiled the information she had collected and distributed it among her classmates. Rachael and one classmate decided to skip the lab.

Upon discussing the lab with classmates afterward, she discovered that not only had information about TT been presented, but students had also been required to practice it on each other. Many of the students who attended the lab were outraged by it. When one of the students brought up the subject in a clinical postconference, a heated discussion arose between the students and their

instructor. Rachael explained what she had discovered in her research and offered to write a letter to the faculty about her concerns. The instructor urged her to do so.

Rachael's letter elaborated the points she had brought up in the postconference, but also discussed the negative effects of TT (which were not mentioned in the lab) and the ethical issues regarding informed consent. She gave the letter to her instructor, who presented it to the faculty curriculum committee. The faculty complimented Rachael on her work. They decided to discontinue the lab and set restrictions on the way TT could be presented to students in the future.

(Adapted from Rachael Foster, "The Class I Couldn't Take," *Journal of Christian Nursing*, winter 1998, p. 8.)

Discussion Questions

1. Why do you think Rachael felt troubled by the presentation on Therapeutic Touch?
2. Describe your own experience with TT and other alternative therapies. What troubles you? What intrigues you?
3. How has your school or work situation addressed alternative therapies? How have you responded?
4. Examine Rachael's responses. What did she do well?
5. Worldviews not only affect spiritual issues but also ethics, economics, physical care and interpersonal relationships. How do you see this reflected in your own nursing environment?

A CHRISTIAN WORLDVIEW FOR NURSING

Purpose: To determine the characteristics of a Christian worldview in nursing

Objectives: After reading this chapter and completing the exercises, you should be able to:

1. Define *theology* of nursing
2. Define *truth* according to biblical, modern and postmodern worldviews
3. Describe each concept of the nursing metaparadigm according to a biblical worldview (person, environment, health, nursing)
4. Describe the implications of your own worldview on your nursing practice

Keywords: theology, truth, worldview, Christian, Bible, Creator, Redeemer, Holy Spirit, modern, postmodern, metaparadigm, person, environment, health, nursing

The beginnings of organized nursing in Norway illustrate a common pattern for how nursing became established around the world. Ingeborg Gjersvik tells the story:

Around 1850 Norway experienced a spiritual awakening which motivated an important social awakening. People began to see the need to care for the sick and the poor. The very thought of women caring for sick people outside of their own families, and furthermore establishing a training course to do so, was unheard of and unacceptable in Norwegian society at that time. However, many prayer groups were formed, asking for God's guidance in this matter.¹

¹Ingeborg Gjersvik, "A Heart of Compassion: How Nursing Started in Norway," *Journal of Christian Nursing*, spring 1997, p. 12.

