

## 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.<sup>1</sup>

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

The answer to their prayers came through Cathinka Guldberg, a pastor's daughter who used to make home visits to the sick with her father. One night Cathinka discovered that a homeless woman, who had been going from door to door begging for shelter, had been found frozen to death in the snow. Deeply convicted, Cathinka prayed about how she could make a difference. Soon afterward, she found a leaflet about the Kaiserswerth deaconess community and considered it an answer to her prayers. She studied nursing in Kaiserswerth, then returned to begin a nurses' training program for deaconesses. The school expanded to include lay nurses. Then additional nursing schools were established, and nursing spread throughout Norway.

The beginning of nursing in Norway continues a long tradition of care for the sick that began in the early Christian church. This was a radical change from the pre-Christian society. Second-century theologian Tertullian noted,

It is our care of the helpless, our practice of loving-kindness that brands us in the eyes of many of our opponents. "Only look," they say, "how they love one another! Look how they are prepared to die for one another."<sup>2</sup>

During a devastating third-century plague, historian Eusebius of Caesarea recorded,

The Christians were the only people who amid such terrible ills, showed their fellow-feelings and humanity by their actions. Day by day some would busy themselves by attending to the dead and burying them; others gathered in one spot all who were afflicted by hunger throughout the whole city and give them bread.<sup>3</sup>

Nursing grew out of a Christian worldview, in response to Jesus' teaching and example of caring for the sick. What was it about the Christian worldview that motivated the early church to reach out to the poor, the sick and the marginalized?

While other worldviews of the time focused on gaining control of the physical elements and spiritual powers, the early Christians looked instead to God as one who deserved love and obedience and who inspired loving service to others. As we have seen, that tradition of caring for others in the form of nursing has continued throughout church history.

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<sup>2</sup>Quoted in Josephine Dolan, M. Louise Fitzpatrick and Eleanor Krohn Herrmann, *Nursing in Society: A Historical Perspective*, 15th ed. (Philadelphia: W. B. Saunders, 1983), p. 43.

<sup>3</sup>Ibid.

### **Worldviews in Nursing Theories**

Nursing theories provide a conceptual framework for directing and organizing our work. Theories guide nursing science but they also reflect theorists' view of science. Although at times it is implicit, each theory assumes an underlying worldview. Theories also reflect shifts in the worldview of the larger society. The worldview evaluation of theories in table 3.1 provides beginning examples of how Christian nurses can examine worldviews as they relate to individual theories.

We suggested that the three worldviews underlying current nursing theories include modern Western, postmodern, and revived pagan. It would be a mistake to label a nursing theory as purely one or the other of these worldviews. Most contain elements from several worldviews, often leading to contradictions within the theory.

The impact on nursing from the general systems theory (GST) must also be considered in evaluating a theory. According to the GST, propounded by biologist Ludwig von Bertalanffy, all sciences operate according to the same fundamental principles.<sup>4</sup> Often associated with GST were attributions of *teleology*, the idea that system processes are directed toward more fully developed and efficient entities.<sup>5</sup> Systems theory provides a way for nurses to deal with complex interactions between persons and the many aspects of their environment as well as interactions within the individual.

*Holism*, a related concept in biology, holds that an organism is an irreducible whole that cannot be condensed to its component parts. *Holism* explains parts in terms of qualities displayed by the whole organism as opposed to analyzing parts to explain the whole.<sup>6</sup> In other words the whole of anything is contained in each of its parts. This contrasts with the traditional understanding of science that subdivides an organism or substance into smaller parts for analysis.

We find two meanings of *holism* in nursing theories. In the first, *holism* is a comprehensive approach to anything, considering all parts or dimensions of a person or object. The second meaning equates *holism* as a *philosophy* that makes no distinction between the whole and the parts.

<sup>4</sup>Ludwig von Bertalanffy, *General Systems Theory: Foundations, Development, Applications* (New York: G. Braziller, 1968).

<sup>5</sup>General systems theory does not necessarily include a goal of increasing development and efficiency. However, many theorists who use it take an optimistic view of things, usually based on philosophical evolution. In this way they view systems as always improving on themselves.

<sup>6</sup>"Atomism," in *Encyclopaedia Britannica Online*, accessed March 5, 2001 <<http://members.eb.com/bol/topic?eu--115420&sctn=1>>.

**Table 3.1. Worldview Concepts in Selected Theories (Classification of theories based on Ann Marriner-Tomey, *Nursing Theorists and Their Work*, 3rd ed. [St. Louis: Mosby, 1994].)**

Betty Neuman: Neuman Systems Model <sup>®</sup> (Conceptual Model: Grand Theory)			
GOD	ENVIRONMENT	PERSON	HEALTH
Source of human spirit or soul. Holy Spirit is a gift that combines with the human spirit; the spirit controls the mind that controls the body.	"Consists of both internal and external forces surrounding the client, influencing and being influenced by the client at any point in time, as an open system. The created environment is an unconsciously developed protective environment that binds system energy and encompasses both the internal and external client environments." "Stressors; Environmental factors, intra-, inter-, and extra-personal in nature, that have potential for disrupting system stability. A stressor is any phenomenon that might penetrate both the flexible and normal lines of defense, resulting in either a positive or negative outcome."	"Client/Client System; A composite of variables (physiological, psychological, socio-cultural, developmental and spiritual), each of which is a subpart of all parts, forms the whole of the client. The client as a system is composed of a core or basic structure of survival factors and surrounding protective concentric rings. The rings are composed of similar factors yet serve varied and different purposes in either retention, attainment, or maintenance of system stability and integrity or a combination of these. The client is considered an open system in total interface with the environment. The client is viewed as a system, and the terms can be used interchangeably with the client/client system." "Basic Structure; The basic structure consists of common client survival factors, as well as unique individual characteristics. It represents the basis system energy resources." "Boundary Lines; The flexible line of defense is the outer boundary of the client system. All relevant variables must be taken into account, as the whole is greater than the sum of the parts; a change in one part affects all other system parts."	"A continuum of wellness to illness, dynamic in nature, that is constantly subject to change. Optimal wellness or stability indicates that total system needs are being met. A reduced state of wellness is the result of unmet systemic needs. The client is in a dynamic state of either wellness or illness, in varying degrees, at any given point in time." "Stability; A state of balance or harmony requiring energy exchange as the client adequately copes with stressors to retain, attain, or maintain an optimal level of health, thus preserving system integrity." "Lines of Resistance; Protective factors activated when stressors have penetrated the normal line of defense, causing a reaction symptomatology. The resistance lines ideally protect the basic structure and facilitate reconstruction toward wellness during and following treatment, as stressor reaction is decreased and client resistance is increased."
			NURSING
			"A unique profession concerned with all variables affecting clients in their environment." "Prevention as intervention; Intervention typology or modes for nursing action and determinants for entry of both client and nurse into the health care system. <i>Primary prevention</i> : before a reaction to stressors occurs. <i>Secondary prevention</i> : treatment of symptoms following a reaction to stressors. <i>Tertiary prevention</i> : maintenance of optimal wellness following treatment." "Goal; The system goal is stability for the purpose of client survival and optimal wellness."

<sup>®</sup>Betty Neuman, *The Neuman Systems Model*, 3rd ed. (Stamford, Conn.: Appleton & Lange, 1995), pp. 45-48.

### Dorthea Orem: Self-Care Deficit Theory<sup>3</sup> (Conceptual Model: Grand Theory)

GOD	ENVIRONMENT	PERSON	HEALTH	NURSING
Not identified. Relevant only to the patient's understanding.	Physical, chemical, biological and social (family, community) features with which the person interacts. Contributes to the person's development.	Human beings are: 1. Persons moving toward personalization (maturation & achievement of human potential) while living a life of faith in respect of things hoped for & to perfect themselves as responsible human beings who raise questions, seek answers, reflect and become aware of the relationship between knowledge and behavior. 2. A unity of structures and functions that actively maintains self-care and/or dependent-care agency by regulating factors affecting life, health or well-being. Seek health care for self-care or dependent-care deficiencies.	A state of being structurally and functionally whole or sound; psychologically, biologically and socially. It includes the individual's view of self as a self-care or dependent-care agent and the freedom with which the individual acts with responsibility in matters of self-care or dependent-care.	Nurses help patients meet or develop their self-care agency—or their dependent care agency. Includes (1) doing for, (2) guiding, (3) teaching, (4) supporting, (5) providing a developmental environment. Nursing care is therapeutic in sustaining life and health, in recovering from disease or injury, or in coping with their effects (primary, secondary, and tertiary prevention). It contributes to personal development and maturation.

<sup>3</sup>Dorthea E. Orem, *Nursing Concepts of Practice* 3rd ed. (New York: McGraw Hill, 1985), pp. 55, 136-43, 176-83.

<sup>4</sup>Care of children or others for whom the person is responsible.

### Madeleine Leininger: Culture Care Theory<sup>4</sup> (Middle Range Theory)

GOD	ENVIRONMENT	PERSON	HEALTH	NURSING
Defined by the culture.	Technology, religion, kinship and society, values and traditions, politics and law, economy, education, language and history of the culture.	Individuals, families, communities as defined by the culture.	Well-being: Culturally defined and reflects the ability of individual or groups to perform their daily activities according to their culture.	Directed toward assisting, supporting or enabling an individual or group with evident or anticipated needs to maintain or regain their well-being in culturally meaningful and beneficial ways, or to help them face death.

<sup>4</sup>Madeleine M. Leininger, "The Theory," in *Culture Care Diversity & Universality: A Theory of Nursing*, ed. Madeleine M. Leininger (New York: National League for Nursing, 1991), pp. 5-68.

### St. Callista Roy: Adaptation Model<sup>5</sup> (Conceptual Model: Grand Theory)

GOD	ENVIRONMENT	PERSON	HEALTH	NURSING
God is intimately revealed in the diversity of creation and is the common destiny of creation.	All conditions and influences surrounding & affecting the development & behavior of persons or groups. Persons must adapt to positive & negative factors in environment.	A biopsychosocial being in constant interaction with a changing environment. A living, complex, adaptive system. A whole made of parts or subsystems that function as a unity for some purpose.	<ul style="list-style-type: none"> <li>• <i>Health</i>: a state and process of being and becoming integrated and whole that reflects person and environmental mutuality.</li> <li>• <i>Adaptation</i>: the process and outcome whereby thinking and feeling persons, as individuals and in groups, use conscious awareness and choice to create human and environmental integration.</li> </ul>	Helping persons to adapt to changes in their physiological needs, self-concept, role function, and interdependent functions during health & illness. <ul style="list-style-type: none"> <li>• Nursing is the science and practice that expands adaptive abilities and enhances person and environment transformation.</li> <li>• Nursing goals are to promote</li> </ul>

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...Individuals, families, communities as defined by the culture.

...Technology, religion, history and society, values and traditions, politics and law, economy, education, language and history of the culture.

...Defined by the culture.

Madeline M. Leininger, "The Theory," in *Culture Care Diversity & Universality: A Theory of Nursing*, ed. Madeline M. Leininger (New York: National League for Nursing, 1991), pp. 5-68.

Sr. Callista Roy: Adaptation Model <sup>1</sup> (Conceptual Model: Grand Theory)	
	NURSING
<b>GOD</b>	Helping persons to adapt to changes in their physiological needs, self-concept, role function, and interdependent functions during health & illness.
<b>ENVIRONMENT</b>	<ul style="list-style-type: none"> <li>• Nursing is the science and practice that expands adaptive abilities and enhances person and environment transformation.</li> <li>• Nursing goals are to promote adaptation for individuals and groups in the four adaptive modes, thus contributing to health, quality of life and dying with dignity.</li> <li>• This is done by assessing behavior and factors that influence adaptive abilities and by intervening to expand those abilities and to enhance environmental interactions.</li> </ul>
<b>PERSON</b>	<ul style="list-style-type: none"> <li>• <i>Health</i>: a state and process of being and becoming integrated and whole that reflects person and environmental mutuality.</li> <li>• <i>Adaptation</i>: the process and outcome whereby thinking and feeling persons, as individuals and in groups, use conscious awareness and choice to create human and environmental integration.</li> <li>• <i>Adaptive Responses</i>: responses that promote integrity in terms of the goals of the human system, that is, survival, growth, reproduction, mastery, and personal and environmental transformation.</li> <li>• <i>Ineffective Responses</i>: responses that do not contribute to integrity in terms of the goals of the human system.</li> <li>• <i>Adaptation levels</i>: represent the condition of the life processes described on three different levels: integrated, compensatory and compromised.</li> </ul>
<b>HEALTH</b>	<ul style="list-style-type: none"> <li>• An adaptive system being in constant interaction with a changing environment. A living, complex, adaptive system. A whole made of parts or subsystems that function as a unity for some purpose.</li> <li>• An adaptive system with coping processes.</li> <li>• Described as a whole comprised of parts.</li> <li>• Functions as a unity for some purpose.</li> <li>• Includes people as individuals or in groups (families, organizations, communities, nations and society as a whole).</li> <li>• An adaptive system with cognitive and regulator subsystems acting to maintain adaptation in the four adaptive modes: physiologic-physical, self-concept-group identity, role function and interdependence.</li> </ul>
<b>ADAPTATION</b>	<ul style="list-style-type: none"> <li>• All conditions, circumstances and influences surrounding and affecting the development and behavior of persons or groups. Persons must adapt to positive &amp; negative factors in environment.</li> <li>• All conditions, circumstances and influences surrounding and affecting the development and behavior of persons and groups with particular consideration of mutuality of person and earth resources.</li> <li>• Three kinds of stimuli: focal, contextual and residual.</li> <li>• Significant stimuli in all human adaptation include stage of development, family and culture.</li> </ul>

<sup>1</sup> Carolyn L. Blue et. al., "Adaptation Model," in *Nursing Theorists and Their Work*, ed. Ann Martine-Tomey, 3rd ed. (St. Louis: Mosby, 1994), pp. 246-68.

<sup>2</sup> Callista Roy, *Boston College Nurse Theorist Web Site*, accessed February 3, 2004 <<http://www2.bc.edu/%7Eroyca/>>.

Martha Rogers' Science of Unitary Human Beings' (Conceptual Model: Grand Theory)

GOD	ENVIRONMENT	PERSON	HEALTH	NURSING
Not identified as a distinct being(s). All reality is pan-dimensional, infinite energy fields, characteristics usually associated with God.	An irreducible, pan-dimensional energy field identified by pattern, manifesting characteristics of the whole and integral with the human field. <sup>9</sup> Each environmental field is specific to its given human field. Both change continuously, mutually and creatively. <sup>10</sup>	The unitary human being (human field) is an irreducible, indivisible, four-dimensional/pan-dimensional, energy field identified by pattern; manifesting characteristics that are different from those of the parts (specific to the whole) and cannot be predicted from knowledge of the parts. <sup>11</sup> In continuous mutual total process with the environment. <sup>12</sup> Capacity for thought, imagination and emotion.	Passive health symbolizes wellness and absence of disease. Positive health is rhythmic consistency. <sup>13</sup> The life process evolves irreversibly onward along the space-time continuum that may continue after death. <sup>14</sup> "Health is a value term defined by the culture or individual. "Health and illness are manifestations of pattern and are considered to denote behaviors that are of high value and low value." <sup>15</sup> Events manifested in the life process indicate the extent to which man achieves maximum health according to some value system. <sup>16</sup>	A science and an art. Promotes symphonic interaction between the environment and man, to strengthen the coherence and integrity of the human being and to direct and redirect patterns of interaction between man and his environment for the realization of maximum health potential. <sup>17</sup>

Martha E. Rogers, *An Introduction to the Theoretical Basis of Nursing* (Philadelphia: F. A. Davis, 1970); Joann Sebastian Daly et al., "Unitary Human Beings," in *Nursing Theorists and Their Work*, ed. Ann Martiner-Tomey, 3rd ed. (St. Louis: Mosby, 1991), pp. 211-50; Martha E. Rogers, "Science of Unitary Human Beings," in *Explorations on Martha Rogers' Science of Unitary Human Beings*, ed. Violet M. Malinski (Norwalk, Conn.: Appleton-Century-Crofts, 1986).

<sup>9</sup>Rogers, "Science of Unitary," pp. 4-5.

<sup>10</sup>Violet M. Malinski, "Nursing Practice Within the Science of Unitary Human Beings," in *Explorations on Martha Rogers' Science of Unitary Human Beings*, ed. Violet M. Malinski (Norwalk, Conn.: Appleton-Century-Crofts, 1986), p. 26.

<sup>11</sup>Ibid., p. 5.

<sup>12</sup>Daly et al., "Unitary Human Beings," p. 230.

<sup>13</sup>Rogers, "Science of Unitary," p. 5.

<sup>14</sup>Daly et al., "Unitary Human Beings," p. 215.

<sup>15</sup>Rogers, "Science of Unitary," p. 5.

<sup>16</sup>Daly et al., "Unitary Human Beings," p. 216.

<sup>17</sup>Rogers, *Introduction*, pp. 67-73.

<sup>18</sup>W. Richard Cowling, "The Relationship of Mystical Experience, Differentiation, and Creativity in College Students," in *Explorations on Martha Rogers' Science of Unitary Human Beings*, ed. Violet M. Malinski (Norwalk, Conn.: Appleton-Century-Crofts, 1986), pp. 131-39.

<sup>19</sup>Malinski, "Nursing Practice," p. 26.

<sup>20</sup>Daly et al., "Unitary Human Beings," p. 216.

<sup>21</sup>Malinski, "Nursing Practice," p. 29.

<sup>22</sup>Daly et al., "Unitary Human Beings," p. 216.

<sup>23</sup>Ibid., p. 214.

Jean Watson: Philosophy and Science of Caring' (Philosophy)

GOD	ENVIRONMENT	PERSON	HEALTH	NURSING
The sacred unconscious, the universal mind. A deeper higher energy source.	The universe is alive, conscious, intelligent and compassionate.	Mind-body-spirit oneness; person-nature-universe as oneness.	Health is consciousness, human-environmental energy field.	"Clinical Caritas (Love) Process." Nursing is a transpersonal caring relationship.
Caring consciousness as energy within the human environment field of a caring moment.	Caring consciousness as energy within the human environment field of a caring moment.	Transpersonal, transcendent, evolving consciousness.	Phenomenal field/unitary consciousness; unbroken wholeness and connectedness of all.	Transpersonal caring is consciousness. Aims to facilitate individuals gaining a higher degree of harmony within the mind, body and soul, which generates self-knowledge, self-reverence, self-healing and self-

**Jean Watson: Philosophy and Science of Caring<sup>8</sup> (Philosophy)**

GOD	ENVIRONMENT	PERSON	HEALTH	NURSING
The sacred unconscious, the universal mind. A deeper higher energy source.	The universe is alive, conscious, intelligent and compassionate. Caring consciousness as energy within the human environment field of a caring moment.	Mind-body-spirit oneness; person-nature-universe as oneness. Transpersonal, transcendent, evolving consciousness. Consciousness as energy. Embodied spirit.	Health is consciousness; human-environmental energy field. Phenomenal field/unitary consciousness: unbroken wholeness and connectedness of all.	"Clinical Caritas (Love) Process." Nursing is a transpersonal caring relationship. Transpersonal caring is consciousness. Aims to facilitate individuals gaining a higher degree of harmony within the mind, body and soul, which generates self-knowledge, self-reverence, self-healing and self-care processes while allowing increasing diversity.

<sup>8</sup>See Jean Watson, *Postmodern Nursing* (Edinburgh: Churchill Livingstone, 1999), p. 147, accessed February 3, 2004 <<http://www2.uchsc.edu/son/caring/content/wct.asp>>.

**Rosemarie Parse: The Human Becoming Theory<sup>9</sup> (Middle Range Theory)**

GOD	ENVIRONMENT	PERSON	HEALTH	NURSING
Not clearly identified. "The universe" seems to fill the role of higher power.	"The universe." A pattern and organization of energy. Man and environment interchange energy to create what is in the world. Humans construct what is real for them from choices made from many realms of the universe.	The human is: 1. coexisting while coconstituting, rhythmical patterns with the universe. 2. an open being, freely choosing meaning in situation, bearing responsibility for decisions. 3. a living unity continuously coconstituting, patterns of relating, transcending multi-dimensionally with the possibles.	Health is a synthesis of values, a way of living. A process of being and becoming. Becoming is: 1. an open process, experienced by the human. 2. a rhythmically coconstituting human universe process. 3. the human's pattern of relating value priorities. 4. an intersubjective process of transcending with the possibles. 5. human evolving.	Directed toward illuminating and mobilizing family interrelationships in light of the meaning given to health. "True presence," including: 1. Illuminating meaning. 2. Synchronizing rhythms. 3. Mobilizing transcendence.

<sup>9</sup>Rosemarie Rizzo Parse, ed., *The Human Becoming Theory in Practice and Research* (New York: National League for Nursing Press, 1995), pp. 5-8, 81-83; and Rickard E. Lee et al., "Man-Living-Health," in *Nursing Theorists and Their Work*, ed. Ann Marmier-Tomey, 3rd ed. (St. Louis: Mosby, 1994), pp. 445-59.

<sup>1</sup>Daly et al., "Unitary Human Beings," 416.  
<sup>2</sup>Jagers, *Introduction*, pp. 67-74.  
<sup>3</sup>W. Richard Cowling, "The Relationship of Mystical Experience, Differentiation, and Creativity in College Students," in *Explorations on Martha Rogers' Science of Unitary Human Beings*, ed. Violet M. Malinski (Storwalk, Conn: Appleton-Century-Crofts, 1966), pp. 131-39.  
<sup>4</sup>Malinski, "Nursing Practice," p. 26.  
<sup>5</sup>Daly et al., "Unitary Human Beings," p. 216.  
<sup>6</sup>Malinski, "Nursing Practice," p. 29.  
<sup>7</sup>Daly et al., "Unitary Human Beings," p. 216.  
<sup>8</sup>*Ibid.*, p. 214.

Betty Neuman's systems model is an example of the influence of both GST and the concept of *holism* on nursing theory. She first published her theory in 1972, four years after von Bertalanffy published his book. In Neuman's theory, *holism* is viewed comprehensively. A person is viewed as a whole, and all dimensions—psychological and social—are attended to in care. Neuman added a spiritual dimension in the second edition of her book.<sup>7</sup>

The theories of Betty Neuman, Dortha Orem and Sr. Callista Roy represent the influence of GST and the comprehensive sense of *holism*. Each of these theories presents a rational modern approach to nursing and science. Each theory directs nurses to attend to all aspects of the patient in caregiving and provides an organizing framework for nursing care. Neuman and Roy acknowledge God in some way, while Orem recognizes patients' understanding of God. Although each of these theories is basically secular, we can see the strong influence of biblical views in the concepts of person, health, environment and nursing.

The philosophical meaning of *holism* undergirds more recent theories, even those that do not use the term itself. *Holism* in these postmodern theories is the idea that all things are interconnected and that the larger environment is contained within the individual, even the smallest aspects of the person. In principle these theories reject a systems approach. Hence, analyses of the bio-psychosocial dimensions are not stressed. What is emphasized is the spiritual nature of the whole person, and nursing care often involves helping patients move along in their spiritual development.

The most common interventions advocated by *philosophical holism* include energy therapies of various kinds, guided imagery and other mental therapies, and different forms of spiritism including channeling and shamanistic rituals. Prayer may or may not be addressed to a god separate and distinct from the one who prays. If it is directed to a *god*, the individual defines that god. Often prayer is seen as merely good intentions on the part of the nurse healer toward the ill person.

Martha Rogers's postmodern theory, science of unitary human beings, is based on *philosophical holism*. Her definitions for person, health, environment and nursing all read pretty much the same. If any concept stands for god it would be *energy field*. All dimensions of reality make up everything that exists, from the microcosm to the macrocosm, and there are no boundaries between them. Rogers uses the impersonal language of physics but redefines it.

<sup>7</sup>Betty Neuman, *The Neuman Systems Model*, 2nd ed. (Norwalk, Conn.: Appleton Lange, 1989).

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<sup>8</sup>F. Biley, "The tha Rogers s nal, winter

Rogers opened the door to the mystical and the paranormal in her theory. Nurse educator Francis Biley suggests that Rogers's ideas were strongly influenced by the cultural changes taking place in Greenwich Village in New York City in the 1940s and 1950s. Authors and artists were creating new movements in writing and art, attempting to move beyond the rational way to knowledge. Many sought an altered consciousness and an experience with the loss of boundaries through drugs.<sup>8</sup>

Jean Watson's philosophy of science and caring reflects Rogers's thinking and language but goes beyond it. *Philosophical holism* in Watson's postmodern theory moves toward a revived paganism. She freely uses personal and religious terms like "sacred unconscious," "universal mind" and "spirit." All reality is spiritual with personal qualities of consciousness, intelligence and compassion. At times Watson seems to make distinctions between aspects of reality (for example, a deeper higher energy source and increasing diversity), but she also seems to suggest that obliterating boundaries leads to harmony. Her language often reflects Christian influence, but it also opens the door to the spirit world Christians are warned against in Scripture.

Rosemarie Parse's postmodern Human Being Becoming theory reflects influences of Rogers and humanistic psychology based on existentialism. Shades of GST are seen in her definitions in that they are not all the same. The *holism* underlying her theory mixes both comprehensive and philosophical uses of the term. The human being becoming is human-centered. Persons with the power to choose create their own reality—thus replacing God. The responsibility for making good choices is consistent with Scripture, but Parse's humanistic psychology goes too far by eliminating the need for God.

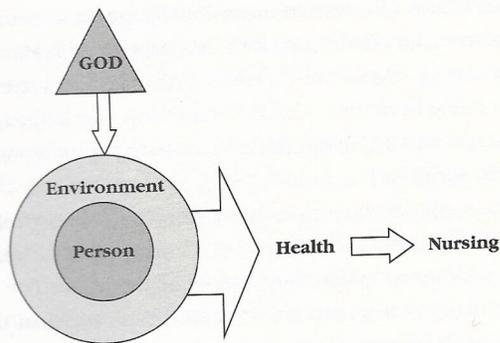
Madeline Leininger's culture care theory takes a different approach from the other postmodern theories discussed. It is postmodern in the sense that she sees truth as defined by each culture, not by a transcultural reality or God. If anything stands above culture, it would be *health*, but even that is defined by the culture. In another sense Leininger's theory is modern in that she uses anthropological language and tools. She uses the terms *person*, *health*, *environment* and *nursing*, but allows each culture to define them differently. Leininger's theory is useful for nurses in crosscultural nursing, especially for learning about the differences in their own and other cultures. But she does not give us transcultural truth for evaluating them.

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<sup>8</sup>F. Biley, "The Impact of the Beat Generation and Popular Culture on the Development of Martha Rogers's Theory of the Science of Unitary Beings," *International History of Nursing Journal*, winter 1999, p. 5.

### *Nursing from a Christian Worldview*

What we believe about God shapes our understanding of human persons and the environment in which we find ourselves. That, in turn, informs our concept of health and directs us to the means by which we nurture one another toward health and healing (see figure 3.1). So as Christians, we begin with a *theology* of nursing more than a philosophy or theory. If we truly believe what we say we believe about God, we cannot help but act in obedience to him, which means communicating the good news of salvation, health and healing through word and deed.



**Figure 3.1. Nursing from a Christian perspective**

The Christian worldview affirms good empirical science and the appropriate use of technology. They are gifts from God to be used for the benefit of creation. The methods of science give us knowledge of the physical aspects of creation. However, science has its limits. The personal, spiritual aspects of creation are veiled, and, while manifested in the physical world, they cannot be explained by science. The meaning of the personal and spiritual are seen only in the context of a larger worldview.

Christians also affirm many of the concerns and goals of the New Paradigm, although our understanding of the concepts involved may differ. We share the concern for a more personal approach to health care, including the use of touch. We hold a holistic view of the person and recognize the need to provide comfort in human suffering. The Christian worldview includes the reality of the spiritual and unseen and the importance of faith and prayer. We recognize that

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### *Christi*

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there may be forms of physical energy that we cannot yet measure, and we reject the scientism that reduces all reality to physical or material phenomena.

The uniqueness of Christ-inspired nursing lies in its emphasis on caring for the whole person as embodied, respecting each person as created in the image of God. It is both a science and an art, but primarily it is a response to God's grace and a reflection of his character.

### **Christian Uniqueness**

While Christian values such as unconditional love and compassionate caring have been widely appreciated, even by postmodern nurses, other aspects of Christian faith are coming under intense criticism. Consider the following discussion we recently had with a group of nursing faculty members.

"With increased diversity and the rapid proliferation of other religions in our society, nursing has to become more inclusive," one professor explained, then continued, "We have to be more open-minded and approach spirituality from a broader perspective."

Another added, "It is presumptuous for Christians to think they can know God better than people of other religions. Although the Christian faith is right for me, I think we have to respect their traditions as well."

"All truth is God's truth," interjected another. "If alternative therapies work, we should use them, regardless of the worldview behind them."

While all of these nurses are Christians, they are also postmodern in their understanding of spirituality. Their comments echoed the spirit of our age.

A Christian worldview cannot simply be superimposed on any other worldview. One of the unique features of Christianity—the one that grates most on the postmodern conscience—is the scandal of particularity. The Bible teaches that God singled out one people (the Hebrews) at a particular time and place in history to whom he revealed himself as the only true God. He drew firm boundaries, requiring absolute faithfulness. Any worship of other gods he labeled idolatry or spiritual adultery. He then took on human flesh in the one person of Jesus Christ, who said, "I am the way, and the truth, and the life. No one

### **The Nursing Metaparadigm**

The nursing metaparadigm begins with God in the Christian worldview. God created the world (environment) and everything in it. God created human beings (persons) and placed them within this created environment, to live in *shalom* (health). This kind of health allows the person to live at peace in a God-centered human community with a sense of physical, psychosocial and spiritual well-being. Nursing, then, works toward *shalom* among individuals and the community.

comes to the Father except through me" (Jn 14:6). You can't get much more exclusive. However, Jesus also said,

I am the bread of life. Whoever comes to me will never be hungry, and whoever believes in me will never be thirsty. . . . This is indeed the will of my Father, that all who see the Son and believe in him may have eternal life; and I will raise them up on the last day. (Jn 6:35, 40)

God's offer of salvation is, in reality, the most *inclusive* belief system. He calls all of creation into relationship with himself. It is a free gift, but it is on his terms. When Job, in the Old Testament, questioned God's design, the Lord responded by charging, "Where were you when I laid the foundation of the earth? Tell me, if you have understanding" (Job 38:4). When we presume to know a better way than what God has revealed to us in Scripture, we are like children crying, "Everybody else is doing it!" Every wise parent knows that what "everybody else" is doing is not necessarily right or good. The call to be spiritually inclusive sounds virtuous but ends in practical rebellion against God. Furthermore, the kind of tolerance advocated by many people in our society is merely indifference, not kindness and compassion. This tolerance can be compared to nurses allowing patients to remain in bed too long because it hurts for them to move.

To see the effects of our belief systems on nursing practice today, we will first look at what we know about God, then briefly compare the concepts of the nursing metaparadigm in the biblical worldview to the two other worldviews that prevail in our culture today, modernism and postmodernism. The chapters that follow will further explore the practical implications of the biblical worldview and other worldviews in the nursing metaparadigm. In the process we will discover some of the reasons why the present health care system has evolved into the impersonal, highly technological "body shop" approach of managed care, while at the same time it has turned to energy-based theories with their widening array of often bizarre and unproven alternative therapies. We aim to propose a more satisfying alternative.

### ***A Biblical View of God***

A theology of nursing must be centered in Christian doctrine as contained in the Scriptures and affirmed by the historic Christian creeds. Although some Christian traditions would like to avoid referring to creedal formulations, preferring instead to claim "Christ alone" as their only creed, in today's religious climate the terms *God*, *Jesus* and *Christ* mean many different things. The historic creeds of the church provide a definitive summary of essential theological understandings. Theologian Timothy Lull explains:

The early church discovered it could not live by Scripture alone in the simple sense of settling every question on the basis of biblical teaching. Some rule of faith was needed to distinguish true Christians from those many others who used Christian writings—and even the person of Jesus Christ—as a character in a very different story. The ancient world was full of competing religious groups, almost any one of which could incorporate the Jesus story in some way and use him for their own purposes.

The three Creeds specify the precise Jesus story which is the authentic witness of the Bible. They speak with increasing precision and length about the God who loved the world and about his coming among us in Jesus Christ. They speak of one God who made the world, but did not stand afar off when human beings fell into sin. Rather, “for us and for our salvation he came down from heaven and . . . was made man.”<sup>9</sup>

The three creeds Lull references are the Apostles', Nicene and Athanasian Creeds. The Apostles' Creed was developed in the second century out of a baptismal liturgy used by the church in Rome. The Nicene Creed was constructed by the Council of Nicea in 325 and revised to its present form in 381, to counter the heresy of Arianism (which denied the divinity of Christ). The Athanasian Creed developed in about the fifth century.

The trinitarian nature of God—Father, Son and Holy Spirit—forms the basic structure for each of the historic creeds. God is described as Creator of the universe, who established both time and eternity; Redeemer of the

#### The Apostles' Creed

I believe in God, the Father almighty,  
creator of heaven and earth.  
I believe in Jesus Christ, his only Son,  
our Lord,  
who was conceived by the Holy Spirit  
and born of the Virgin Mary,  
suffered under Pontius Pilate,  
was crucified, died, and was buried;  
He descended to the dead (*or* into Hell).  
On the third day he rose again.  
He ascended into heaven,  
and is seated at the right hand of the Father,  
and he will come again to judge the living  
and the dead.

I believe in the Holy Spirit,  
the holy catholic church,  
the communion of saints,  
the forgiveness of sins,  
the resurrection of the body,  
and the life everlasting. Amen.

<sup>9</sup>Timothy F. Lull, *Called to Confess Christ* (Philadelphia: Parish Life, 1980), p. 37.

world, who entered history in human form to suffer and die for our sins; and Sanctifier of his people, who continues to dwell among and within us. We can know God personally, but we cannot become God or force him to do our bidding. Furthermore, we can know God only as he reveals himself to us. We cannot merely shape God into whatever we want him to be. The Bible calls that *idolatry*.<sup>10</sup>

God requires our obedience and faithfulness, and he cannot be manipulated or controlled (Job 38:4—40:1; Is 43:13). He is both transcendent (beyond us) and immanent (with us). The prophet Isaiah tells us,

For thus says the high and lofty one who inhabits eternity, whose name is Holy: I dwell in the high and holy place, and also with those who are contrite and humble in spirit, to revive the spirit of the humble, and to revive the heart of the contrite. (Is 57:15)

We are to worship God in spirit and in truth (Jn 4:23), not turn to him as a good luck charm or try to bargain with him. He is not a celestial candy machine, ready to churn out treats if we insert the right coins.

Just as the Christian creeds were developed in times of upheaval and controversy, when many conflicting views of God vied for adherents in the church, we need to clearly identify the essential components of Christian theology today. The problem of heterodoxy is not new. Many old heresies simply reappear in new forms, but as our culture moves from modernism to postmodernism, the lines may once again need to be drawn in new places. Jesus warned that false doctrines would develop and that his followers would need discernment:

Not everyone who says to me, "Lord, Lord," will enter the kingdom of heaven, but only the one who does the will of my Father in heaven. On that day many will say to me, "Lord, Lord, did we not prophesy in your name, and cast out demons in your name, and do many deeds of power in your name?" Then I will declare to them, "I never knew you; go away from me, you evildoers." (Mt 7:21-23)

At strategic points in history, ecclesiastical councils, reformations and revivals developed to root out heresy and reform the church. The reformers knew that the way people viewed God not only affected their worship and personal salvation but also shaped their ethics and morality—the way they related to one another, and their use and abuse of power. These results are evident in church history as it relates to nursing history. With a few exceptions, during times when

<sup>10</sup>See Isaiah 44 for a graphic description of how God views our idolatry.

the church remained faithful to Scripture and orthodox in beliefs, nursing flourished. When the church grew weak and corrupt, nursing suffered and declined.<sup>11</sup>

### **God the Creator**

When St. Paul preached to Greek philosophers in Athens, he commended them for being very religious and even erecting an altar to an unknown god. He claimed to know who this god was: "The God who made the world and everything in it, he who is Lord of heaven and of earth . . . he himself gives to all mortals life and breath and all things. From one ancestor he made all nations to inhabit the whole earth . . . he is not far from each one of us" (Acts 17:22-27). Paul then quoted two of their poets, "For 'In him [God] we live and move and have our being'; as even some of your own poets have said, 'For we too are his offspring'" (Acts 17:28). Paul was asserting what Jews and Christians believe, that God alone is the only uncreated reality, the only being who is eternally self-existent. All else that exists, living and nonliving, is created and sustained by the Creator.

We are God's offspring in the sense that he created us. By asserting that all humanity descended from one ancestor, Paul affirmed the unity of the human race as well as the source of our life in God. Some of the Athenians believed that their race had sprung from the soil of their city. Paul did not mean that humans were a mere manifestation of a universal divinity in which they would someday lose their individual existence. What he did mean was that we are totally dependent upon God for our life, *even if we do not recognize it*.<sup>12</sup>

While all created things are dependent upon the Creator, God, on the other hand, has life in himself. He is self-existent. Jesus said, "For just as the Father has life in himself, so he has granted the Son also to have life in himself" (Jn 5:26). Jesus, the Son, was both God and human (a mystery indeed), and here he was claiming to have the same self-existent life as God the Father. He spoke these words in the context of teaching about the resurrection of all who have ever lived and died. St. Paul wrote of Jesus Christ,

<sup>11</sup>Ann Bradshaw, *Lighting the Lamp: The Spiritual Dimension of Nursing Care* (London: Scutari, 1994), pp. 97-169.

<sup>12</sup>A word picture from the Old Testament envisions people being "bound in the bundle of the living under the care of the LORD your God" (1 Sam 25:29). Another picture is that of being held in God's hand: "In his hand is the life of every living thing and the breath of every human being" (Job 12:10). God is seen as a life-giving fountain of water: "For with you is the fountain of life; in your light we see light" (Ps 36:9). God is like a protective trail guide: "Bless our God, O peoples, let the sound of his praise be heard, who has kept us among the living, and has not let our feet slip" (Ps 66:8-9).

He is the image of the invisible God, the firstborn of all creation; for in him all things in heaven and on earth were created, things visible and invisible, whether thrones or dominions or rulers or powers—all things have been created through him and for him. He himself is before all things, and in him all things hold together. (Col 1:15-17)

### ***A Loving Heavenly Father***

Our knowledge of God is not something we can use to gain power over others. If we try it, we risk God's rejection (see Mt 7:21-23). Knowing God doesn't convey social status; instead it gives us a family identity. We understand God in terms of relationship—a relationship of faithfulness and trust. The Bible provides several vivid analogies. We relate to God as a child to a parent, as a bride to her husband and as a branch to the vine. These are intimate and essential relationships, necessary to create, sustain and nurture life itself.

We understand God as Creator most clearly when we see him as our loving heavenly Father. While many people struggle with the idea of God as Father because their relationship with an earthly father was marred, that does not negate the imagery. For it is in looking at God that we see how a father should relate to his children. Martin Luther, in constructing his *Small Catechism*, an instructional guide for children, put it this way:

I believe that God has created me together with all creatures. God has given me and still preserves my body and soul: eyes, ears, and all limbs and senses; reason and mental faculties. In addition, God daily and abundantly provides shoes and clothing, food and drink, house and home, spouse and clothing, fields, livestock, and all property—along with all the necessities and nourishment for this body and life. God protects me against all danger and shields and preserves me from all evil. God does all this out of pure, fatherly, and divine goodness and mercy, without any merit or worthiness of mine at all! For this I owe it to God to thank and praise, serve and obey him. This is most certainly true.<sup>13</sup>

We can learn a great deal about God from parenthood. In many ways we are all like two-year-olds who have broken away from our parents in a toy store. Surrounded by delightful playthings, we assume that they have been put there for us. We do not realize that they belong to someone else and will cost our parents dearly if we break them. Neither do we see the dangers that surround

<sup>13</sup>Martin Luther, *Luther's Small Catechism*, trans. Timothy Wengert (Minneapolis: Augsburg Fortress, 1996, original 1536), p. 21.

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us. We cannot read the labels that say "Not Safe for Children Under Three." Nor do we realize that kidnappers may be lurking in the aisles waiting to abduct children. Furthermore, it does not occur to us that our parents may be frantically looking for us, while we wander gleefully among the goodies.

Being the mother of teenagers has given me (Judy) even more insights into God's relationship with his people who are constantly trying to establish independence from him. It is a terribly personal and protective role. You watch your son go out, boldly naive to the dangers that await him—but you let him go, knowing that he must learn from the "school of hard knocks." You deny your daughter many of her deep desires, even when you could probably afford to buy them and would love to lavish them upon her, because you realize that doing so would only produce an arrogant, selfish child. You trust your good name to your children, only to receive a detention slip in the mail because one of them has called the teacher an inappropriate name. It is hard to be a parent, and yet we continue to love and nurture our children regardless of their behavior, to stick by them and to discipline them. Most of the time they don't understand or appreciate what we do—the carefully prepared meal is left uneaten; the intended surprise gift of clothing is left in a heap and never worn; the rules are broken. You become invisible and unacknowledged when their friends are present. I'm beginning to understand how God's heart is grieved by our unfaithfulness.

But the love and pain we feel as parents is nothing compared to the great love our heavenly Father has for us. Jesus tells us, "If you then, who are evil, know how to give good gifts to your children, how much more will your Father in heaven give good things to those who ask him!" (Mt 7:11). God faces the same tensions in his relationship to us, yet he remains absolutely faithful. The psalmist tells us, "As a father has compassion for his children, so the LORD has compassion for those who fear him" (Ps 103:13). The prophet Hosea quotes God as saying,

When Israel was a child, I loved him,  
and out of Egypt I called my son.  
The more I called them,  
the more they went from me;  
they kept sacrificing to the Baals,  
and offering incense to idols.  
Yet it was I who taught Ephraim to walk,  
I took them up in my arms;  
but they did not know that I healed them.

I led them with cords of human kindness,  
with bands of love.  
I was to them like those  
who lift infants to their cheeks.  
I bent down to them and fed them. (Hos 11:1-4)

The fact that God is our Creator and Father indicates that we owe him our full allegiance and gratitude. Although we represent him in all that we do, we can never impersonate him, much less become God. However, the relationship we experience with God is intended to be one of joy and delight. The *Westminster Shorter Catechism* puts it beautifully:

Q1: What is the chief end of man?

A1: Man's chief end is to glorify God, and to enjoy him forever.

The implications of this fatherly relationship with God for nursing are abundant. We serve a loving God who truly cares for us—and for our patients. He is concerned about our nutrition, hydration and appearance (Mt 6:25-34). He knows us intimately, even the number of hairs on our heads (Mt 10:30); he calls us by name (Is 43:1). Not only is he aware of human suffering, he walks with us through it (Ex 3:12; Is 43:2) and suffers with us (Heb 2:9). We can trust him in the midst of our suffering, just as young children trust their parents, because we know he is faithful. First Peter 4:19 tells us, “Therefore, let those suffering in accordance with God’s will entrust themselves to a faithful Creator, while continuing to do good.”

While the biblical understanding of God certainly does not answer all the *why?* questions, it puts them into perspective. Our children don’t understand why they have to eat their vegetables, or struggle through learning multiplication tables, or suffer the pain of immunizations, but as parents we know what is best for them. In the same way, we do not know why our patients suffer and die, but we can be assured that God loves them and cares for them far more than we do. What a contrast to the modernist worldview that sees God (if he exists at all) as dispassionate and uninvolved with creation. The contrast is even starker when compared to the view of God as impersonal energy served by an array of amoral spirits who must be manipulated and appeased.

### ***God in Human Form***

God’s relationship to his people is most clearly demonstrated in Jesus Christ. Jesus is not just a good example or cosmic consciousness. He is Almighty God himself who came to live among us as fully human. He shared our struggles,

experienced pain, suffered and died so that we could be restored to full relationship with God, our heavenly Father.

Since, then, we have a great high priest who has passed through the heavens, Jesus, the Son of God, let us hold fast to our confession. For we do not have a high priest who is unable to sympathize with our weaknesses, but we have one who in every respect has been tested as we are, yet without sin. Let us therefore approach the throne of grace with boldness, so that we may receive mercy and find grace to help in time of need. (Heb 4:14-16)

In Jesus we see God's presence with us in concrete terms. We know God is concerned about human illness and suffering because we can read about how Jesus healed the sick, cast out demons and even raised the dead. Furthermore, his whole earthly life was ordered around the ultimate purpose of going to the cross to suffer *for* us so that we could escape suffering. First Peter 2:24 tells us, "He himself bore our sins in his body on the cross, so that, free from sins, we might live for righteousness; by his wounds you have been healed."

It is through Jesus that we receive the motivation and power to care for others. He is the clear demonstration of God's love for us (Jn 3:16; 1 Jn 3:1), and it is because he first loved us that we can love others (1 Jn 4:19). Furthermore, he has blessed and commissioned us to go out in his name, continuing his works of caring, healing and exorcism (Mt 28:19-20; Mk 16:17; Lk 10:9). In John 14:12 Jesus tells us, "The one who believes in me will also do the works that I do and, in fact, will do greater works than these."

### ***Spirit of the Living God***

We experience God's ongoing intimate involvement in our lives through the work of the Holy Spirit. The Holy Spirit is not an energy field we can transmit, as practitioners of touch therapies might claim, nor is it the spark of divinity inherent in human beings as might be claimed by some new religious movements, or even God's female alter ego as misapprehended by some feminist groups.

Soon before his death, Jesus said that he would send the Holy Spirit as Counselor (Advocate) to be with us forever (Jn 14:16). This Spirit teaches us all things and guides us into truth. He comes from God the Father and bears witness to Jesus (Jn 14:25; 15:26; 16:13). The apostle Paul tells us,

Likewise the Spirit helps us in our weakness; for we do not know how to pray as we ought, but that very Spirit intercedes with sighs too deep for words. And God, who searches the heart, knows what is the mind of the