6

The Person as a Cultural Being

Purpose: To examine the relationship between culture and spiritual needs

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

1. Define culture
2. Contrast *ethnocentrism, radical cultural relativism* and *modified cultural relativism*
3. Assess spiritual and cultural influences in health practices
4. List guidelines for Christian crosscultural nursing in a pluralistic world

Keywords: culture, diversity, pluralism, enculturation, supracultural realm, ethnocentrism, radical cultural relativism, modified cultural relativism, multiculturalism, crosscultural

A visibly distraught mother rushed into the emergency room clutching a small child. Although the child appeared acutely ill, the mother spoke only Russian and could explain the problem only by making gestures. No one spoke Russian. Finally someone remembered the nurse on another unit who was also an Orthodox priest. When he arrived and spoke words of greeting in Russian, the mother calmed down. At last here was someone who would understand her plight. The physician diagnosed the child's illness, and treatment began.

As we have cared for people from other cultures in the course of our long nursing experience, we have seen all kinds of unusual practices—pans of water and pots of burning paper under beds, bags of herbs or amulets tied around necks, copper bracelets on arms and bottles of foul-smelling potions at the bedside—all purported to ward off various illnesses. Along the way we have learned some key words in other languages. Patients from various ethnic backgrounds and their families have enriched our nursing and introduced us to a wide variety of foods and customs.

Consider the following scene. I (Arlene) visited an African American home in Pennsylvania with a Cambodian student. The grandmother was dying from congestive heart failure. The family had moved the living-room furniture into the dining room to make room for the grandmother's bed. While we were there, the pastor came to give Communion. Then the grandson stopped in to see his parents and his grandmother. The dying woman's son was handicapped. The student and I were concerned about the weary daughter-in-law, who was the primary caregiver. It was a crowded, people-filled environment. Yet everyone present focused on the well-being of the dying woman.

My student from Cambodia, who was the only Christian in her Buddhist immigrant family, attempted to assess the needs of this multigenerational African American family. My own Swiss-German heritage added another flavor to the mix, my father having been raised in the Amish church. I felt acutely aware of the cultural diversity. Yet we were joined in our common concern for the welfare of a dying woman.

Both of us (Arlene and Judy) have lived in other cultures outside the United States. We have been honored as guests in Asian, European and African homes. Returning this kindness to international guests has been our privilege. We have attended international conferences where nurses from many countries shared common concerns and also faced unique issues. The different cultural perspectives have broadened our thinking and enriched our lives.[1]

Most nursing texts today include information about cultural aspects of health and illness. Dr. Madeleine Leininger developed a nursing theory she calls Culture Care. In her book she relates the story of how she came to see the importance of educating nurses in cultural theory to improve nursing care.[2] Dr. Rachel Spector has spent years teaching and researching the rich cultural diversity in American society. Her book *Cultural Diversity in Health and Illness,* first published in 1985, is now in its fourth edition. A literature search reveals a rapidly expanding body of material about cultural health practices in general nursing journals. Furthermore, a growing number of organizations and

[1]For example, I (Arlene) taught nursing for three years in Zambia. Living in that Bantu culture enriched my understanding of the Bible. The Tonga people, among whom I lived, understood the power of anger in a way that deepened my appreciation for Paul's injunction: "Be angry but do not sin; do not let the sun go down on your anger, and do not make room for the devil" (Eph 4:26-27). Anger was the precursor to cursing and all sorts of evil for the Tonga. This illustrated Paul's warning that nursing anger was making room for the devil.

[2]Madeleine M. Leininger, ed., *Culture Care Diversity and Universality: A Theory of Nursing* (New York: National League for Nursing Press, 1991).

journals focus entirely on cultural perspectives in nursing.[3]

The renewed interest in complementary, or alternative, health practices has exploded the interest in cultural health practices. Nursing and medical texts now include modalities from Native American, Chinese, Indian, Tibetan, Japanese, Latin American, African and pre-Christian European cultural traditions. In most instances these practices are presented as complementary to scientific medicine, not as replacements. Even though these texts present a plethora of practices, the common theme is that those using them must believe in them—the practices must be consistent with their larger belief system. The only criterion given for judging these practices from widely divergent cultures is whether or not they bring comfort and healing to the patient.

The diversity of human cultures shows many complex ways in which people have organized their social relationships and their response to their environment. The Bible itself reflects a diversity of cultures. Its writings were collected over a period of at least fifteen hundred years by people from a wide range of social backgrounds. "Customs are recorded from a diversity of middle-eastern, Judaic and Hellenistic cultures, though some are condemned, and none is regarded as ultimate."[4] Some people, whose stories we read in the Old Testament, thought that their culture reflected a life with God (Ruth, Samuel, Huldah), while others (Esther, Ezekiel, Daniel) were quite aware that their lives were lived over and against the dominant culture. "In the New Testament churches, no culture is identified as either wholly home for, or wholly inimical to, the gospel."[5]

Cultural Pluralism

Nurses are experiencing the cultural pluralism of our society and, even more, the cultural pluralism of the world. We are forced out of cultural isolation by modern communication and travel. We live in each other's neighborhoods: we see each other in health care settings. For the most part, we view this diversity as a positive development. Yet there is also trouble in the global village. Hatred between cultural and ethnic groups spills over into violence and war.

Our culture's conventional wisdom views tolerance as the virtue to resolve cultural conflict—tolerance for diversity in ideas and lifestyle. *Multiculturalism* is the widely used term describing North American society today—there are

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[3]Rachel E. Spector, *Cultural Diversity in Health and Illness,* 4th ed. (Stamford, Conn.: Appleton & Lange, 1996). Dr. Spector's book includes many listings of resources for those interested in further information about cultural health practices.

[4]Charles Sherlock, *The Doctrine of Humanity* (Downers Grove, Ill.: InterVarsity Press, 1996), p. 131.

[5]Ibid.

many cultures and subcultures. *Pluralism* and *multiculturalism* are related terms, describing the plurality of beliefs and practices in our world. However, multiculturalism is only one aspect of pluralism. We encounter differing economic systems, political systems, philosophical systems and religions as well. Both of these concepts go beyond mere definition. Proponents tend to use them as political agendas for recognizing and respecting the differences within the human family. Furthermore, advocates of multiculturalism demand equal acceptance of all cultural viewpoints in academia and the workplace. Pluralism and multiculturalism, when used as philosophical or political positions, forego judgments about the relative goodness of any one culture. Tolerance, even approval, for all points of view and ways of living is advocated. Stan Gaede, however, asks the question, "Is tolerance based on a commitment to truth and justice, or is it merely indifference?"[6] We will return to this question later.

A Christian Understanding of Culture

What do we mean by culture? There are numerous definitions, and none of them is completely adequate. Some are so broad as to include the total way of life of a group of people. Others are very abstract—for example, culture as a set of symbols. Missionary theologian Bruce Nicholls defines culture as "the sum total of the learned behavior patterns and attitudes of a given community."[7] His thinking guides much of our discussion about culture.

Culture is learned, passed on from one generation to another through a process of *enculturation*. It is the *nurture,* not *nature,* aspect of human behavior. Enculturation is both deliberate and conscious, when we are taught by parents, teachers and clergy. Yet it also happens unconsciously, when we imitate elders and peers and absorb their values and ideas. Because culture is acquired, not inherited, it is constantly changing—sometimes rapidly and at other times more slowly. Even traditional cultures that are not exposed to outside influences change.

Several models help us to understand the various aspects of culture and how they relate to one another. One model pictures culture as a series of four layers.[8] The deepest layer consists of the cultural worldview, assumptions that answer questions about people and the world: (1) What is prime reality—the really real? (2) What is the nature of external reality, the world around us? (3) What is a human being? (4) What happens to a person at death? (5) How is it possible to

[6]S. D. Gaede, *When Tolerance Is No Virtue* (Downers Grove, Ill.: InterVarsity Press, 1993).
[7]Bruce J. Nicholls, *Contextualization: A Theology of Gospel and Culture* (Downers Grove, Ill.: InterVarsity Press, 1979), pp. 11-12.
[8]This model is suggested by G. Linwood Barney and is discussed in Nicholls, *Contextualization,* p. 11.

know anything at all? (6) How do we know what is right and wrong? (7) What is the meaning of human history?[9] The second layer, closely related and largely derived from the worldview, is that of values, particularly ethical and moral values. Based on both the worldview and values, the next layer of culture is social institutions such as marriage, law, education and so on. Finally, at the surface but growing out of the layers below, there is the layer of material artifacts (technology, art, clothing) and observable behavior and customs. This surface layer is more easily described and more easily changed. It is this layer where nurses see health-related practices. (See figure 6.1.)

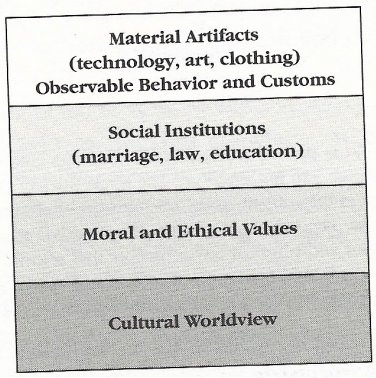

Figure 6.1. Levels of culture

Nicholls suggests that the interaction between these layers of a culture can be viewed as a pyramid with the worldview as an unseen hidden base. The values, institutions and observable behavior form the three sides interacting with each other. (See figure 6.2.)

Anthropologists consider religion integral to culture—a *human factor* influencing and influenced by each aspect of the culture. *Religion* is a slippery term and hard to define. It can be applied to the assumptions of a worldview, even if the culture claims to be secular, because worldviews are based on faith, not empirical observations. Secular societies relegate religious practices to people's private lives. In more religious societies, such as tribal groups and some Islamic countries, religion permeates all levels of the culture and strongly influences health practices. Anthropologists focus their study on the human side of religion.

[9]These seven worldview questions are the model proposed by James W. Sire in *The Universe Next Door,* 3rd ed. (Downers Grove, Ill.: InterVarsity Press, 1997), pp. 17-18. There are other models, but we have found this one helpful. It has guided much of our thinking for this book.

Everything inside the circle is part of creation. God is above creation and sustains it. He is bringing people of all cultures into his kingdom. The three sides of the pyramid represents the three interacting aspects of culture: Institutions, Customs and Behavior, and Values. The values are the base of the pyramid. The values come from the worldview on which the pyramid sits. Cultures live within spiritual and physical environments that also influence their values, institutions and practices. Some spiritual influences are good and others are evil. Every culture has both good and evil aspects. God has left his "footprints" in every culture.

Figure 6.2. Culture and worldview

The Supracultural Realm

From a Christian perspective, religion is far more than a human factor. Throughout this book we have referred to reality as both seen and unseen. Nicholls refers to unseen reality as the *supracultural realm*—"the phenomena of cultural belief and behavior that have their source outside of human culture."[10] The biblical writers assume the reality of a spiritual realm that includes God, angels, Satan and demons. In contrast, secular anthropologists assume that all the factors that determine religion are contained within the culture itself. Christians accept the biblical view that the unseen reality—the supracultural realm—interacts with the culture.

God manifests his goodness in every culture. Human beings bear God's image, both as individuals and as a social group. The gift of language enables people to create culture and to pass on traditions. All cultures have some idea of the family as the foundation for social organization. All cultures have respect for human life. All persons show God's gift of creativity when they create institutions,

[10]Nicholls, *Contextualization,* p. 13.

art and music—all things beautiful. At the same time, because of human rebellion against the Creator, humans look to their own creations to save them. Paul wrote, "They exchanged the truth about God for a lie and worshiped and served the creature rather than the Creator" (Rom 1:25). This is the essence of idolatry.

God works in human history to establish his rule in the hearts of those who accept the gospel. The church is the community of those who have come under his rule.

It follows, therefore, that where Christ is truly Lord of his church the cultural design for the living of its members will be different from those of the wider community. There will be a progressive movement toward a "Christian culture" that will reflect both the universality of the gospel and the particularity of the human environment.[11]

For example, the fruit of the Holy Spirit will be present in a church of a particular culture, as in Christian churches elsewhere. At the same time, each church will reflect the specific culture of which it is a part, but to some extent divested of the worldview, values and customs that are contrary to the gospel.[12]

We see many examples where Christians are different from and yet identify with their larger culture. Navajo Christians retain the strong Navajo sense of family and their keen awareness of the spirit world. Instead of calling the hand-trembler and medicine man for the traditional healing "sing," they substitute Christian prayer at community camp meetings. Zambian Christians reject the traditional practice of polygamy and teach monogamous marriage instead. But they retain the culture's concern for support and help within the extended family. In North America, Christians struggle to free themselves from the rampant individualism of our culture and yet retain a strong sense of personal responsibility. Korean Christians maintain their deep respect for the elderly. At the same time they gather for daily early-morning prayer meetings instead of practicing traditional shamanistic rituals.

The boundary line between what is Christian and what belongs to the culture can be exceedingly difficult to draw. Only Christ's lordship and the illumination of the Holy Spirit on Scripture can guide the individual Christian and the church to make this distinction. It is usually best done by those within the culture itself, rather than by outsiders. At the same time those from other cultures often see things about beliefs and practices to which insiders are blind. For example, African and Asian Christians help North Americans to see the way we neglect our

[11]Ibid.

[12]Church history attests to the influence of culture on the beliefs and practices of Christians, hence the need for prophetic voices and constant reformation.

elders. Christians from poor countries help us to see how often we equate God's blessing with affluence.

The demonic comprises the other supracultural source of cultural beliefs and practices. As we saw earlier, Satan is a powerful spiritual being ruling over other evil beings. Satan is a real being whom John calls "the ruler of this world" (Jn 12:31; 14:30; 16:11). John also says, "The whole world lies under the power of the evil one" (1 Jn 5:19). Paul writes of Satan seducing people into worshiping him (1 Cor 15:24, 26; Eph 1:21; 3:10; 6:12; Col 1:16; 2:10, 15). The world is not a closed system, as secular anthropologists believe; it is the arena of a battle between the kingdom of God and the kingdom of Satan.[13] Although Christ decisively won the victory over Satan on the cross, it is being worked out in human history. The culmination will come with the return of Christ to establish his reign on earth. In the meantime the effects of the conflict are played out within every culture. Look again at figure 6.2, where the chasm between good and evil runs right through the culture. No culture is fully good or completely evil, but neither is it neutral.

Each culture contains evidence both of evil and of God's goodness. On one occasion, when Paul and Barnabas healed a man in Jesus' name, the crowd wanted to worship them. The people thought these men were appearances of the gods Zeus and Hermes, and the priest was prepared to sacrifice to them. Paul and Barnabas barely restrained them with these words:

> Friends, why are you doing this? We are mortals just like you, and we bring you good news, that you should turn from these worthless things to the living God, who made the heaven and the earth and the sea and all that is in them. In the past generations he allowed all the nations to follow their own ways; *yet he has not left himself without a witness in doing good—giving you rains from heaven and fruitful seasons, and filling you with food and your hearts with joy.* (Acts 14:15-17, italics ours)

Both good and evil were present in that culture just as they are in every other culture, including our own.

Recognizing the supracultural source of evil explains the similarities of evil in many different cultures. Eugene D. Dukes compares the practice of modern witchcraft with medieval witchcraft. He concludes, "It certainly is placing a heavy burden on the reader and student to accept as coincidence or misinterpretation the closeness in appearance of modern witchcraft as now practiced with the medieval variety. I think it is obviously true *that a single source of*

[13]See chapter four.

supernatural evil best explains this similarity."[14]

We would extend this conclusion to other kinds of evil in both ancient and modern cultures. One example is the widespread abuse of women, of which female genital mutilation is a prime example. Another example is trying to manipulate the natural world through rituals, mental techniques and shamanistic trances. These practices have similar characteristics whether in the religions condemned by the ancient Hebrew prophets or the current "new religions" and reversions to pre-Christian religions.

"Idolatry is the worst sin of all, because it moves God to the periphery of our lives and puts something else in his place."[15] In the eighth century B.C. the prophet Isaiah railed against the idolatry of the Hebrews, the very people God had chosen for his own (Is 44:6-23). Idolatry is not only offensive to God, it is absurd; those who feed on it feed on ashes and their deluded hearts deceive them (v. 20). Human beings make idols (v. 9), but the Lord has made Israel [the Hebrews] (v. 21) and displays his glory through her (v. 23). What an honor![16] Likewise, those in God's kingdom are to bring honor to him. Jesus said to his followers, "You are the light of the world. A city built on a hill cannot be hid. . . . Let your light shine before others, so that they may see your good works and give glory to your Father in heaven" (Mt 5:14, 16).

The danger of idolatry, in one enticing form or another, is always with us. "Chameleon-like, it constantly disguises itself so that we are scarcely aware of its presence, even when we are most in the grip of it."[17] The apostle Paul writes that greed is idolatry, because it puts things in place of God, looking to them to bring satisfaction and salvation (Col 3:5). Cruder forms of idolatry, such as worshiping images of gods, may seem far removed from secular Americans. Yet looking to crystals (things God created) to bring spiritual healing, wearing amulets (bags of herbs or objects of art) to protect us from evil or using mental techniques (various forms of energy manipulation) are no less idolatry. They all are seeking from other sources what only God can do for us.

Jesus Christ, the Only Way to God

In the present climate of cultural pluralism, saying that the Christian worldview is correct and that Jesus is the only way to God offends many. How can all other

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[14]Eugene D. Dukes, *Magic and Witchcraft in the Dark Ages* (Lanham, Md.: University Press of America, 1996), p. 266. Italics added.
[15]Barry G. Webb, *The Message of Isaiah* (Downers Grove, Ill.: InterVarsity Press, 1996), p. 180.
[16]Ibid., p. 181.
[17]Ibid., p. 180.

religions be wrong? We do not claim that *everything* taught and practiced in other religions is wrong. There are some true aspects of other religions. For example, they may be understood as expressions of the longings for communion with God, an essential human characteristic. We were created to worship and serve him.[18] An example of this longing is the Temple of Heaven in Beijing, where the emperor would offer yearly sacrifices for the blessings of heaven. The architecture of the circular buildings is beautiful, and the many altars with plaster images of sacrificial cattle surrounding the main temple speak of human awareness of the need for sacrifice.

Yet even though traces of truth and beauty can be seen in other religions, Christians believe "there is salvation in no one else, for there is no other name under heaven given among mortals by which we must be saved" (Acts 4:12). While such a claim is indeed exclusive, we would note that, when taken seriously, all other religions are also exclusive. Those who argue that all religions are the same, or that they are only different paths to the same God, have only a superficial understanding of what each of them teaches. Each religion prescribes a path of salvation, and each one describes a different god or gods. To argue this point is beyond the focus of this chapter. We only want to say that it is the very nature of religion to make exclusive claims. So we make no apology for the exclusive claims of Christianity.

At the same time, Christianity is the most inclusive of religions. Many other religions are ethnic in nature, including only those of a certain tribe or race. Christianity encompasses people worldwide in every culture. Even the Old Testament, in which God specifically chooses the Jews as his special people, alludes to this international character of God's kingdom. God called Abraham from the city of Ur with its pagan religion to follow him—in other words, Abraham had to change his religion.

God promised Abraham that all the nations of the earth would be blessed through him and his descendants (Gen 18:8). The apostle Paul wrote that this promise was fulfilled in Jesus Christ (Gal 3:14). God spoke through the Hebrew prophet Zechariah: "Many nations shall join themselves to the LORD on that day, and shall be my people; and I will dwell in your midst" (Zech 2:11). Jesus' last words to his disciples instructed them to proclaim the good news to all nations: "Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything that I have commanded you" (Mt 28:19-20). John, to whom God gave a vision of the new heaven and earth, wrote that in the heavenly city, lighted by God's glory,

> The nations will walk by its light, and the kings of the earth will bring their glory into it. . . . People will bring into it the glory and the honor of the nations. But nothing unclean will enter it, nor anyone who practices abomination or falsehood, but only those who are written in the Lamb's book of life. (Rev 21:24, 26-27)

God both judges and redeems all cultures with their religions. What is evil must be put away; what is good will be transformed and preserved. God extends his grace to all through the work of Jesus Christ—his death and resurrection. The apostle Paul wrote, "May I never boast of anything except the cross of the Lord Jesus Christ, by which the world has been crucified to me, and I to the world" (Gal 6:14).

Nursing, Health and Culture

In light of both the exclusiveness and the inclusiveness of God's invitation in Jesus Christ, we turn to those observable aspects of culture where nurses practice. Nursing texts are replete with lists of how culture affects health care. Rachel Spector cites six categories: environmental control, biological variations, social organization, communication, space and time orientation.[18] Most texts include discussions about cultural views of birth, health, illness, death and behaviors associated with each of these. There is usually some discussion of various folk remedies and healing practices. True to the multicultural emphasis of our own culture and of nursing, these practices are usually described with no attempt to evaluate them other than how they might benefit the patient's sense of well-being or recovery.

Health-related practices belong to the most superficial level of observable behavior in a culture. At the same time, most nurses in secular North America have not been accustomed to considering the relationship between folk practices and the underlying worldview. The worldview and religious links of such practices may not be explicit. However, more writers are beginning to identify these underlying cultural views and links with approval.[19]

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[18]Spector, *Cultural Diversity,* pp. 14-16.

[19]Barbara Montgomery Dossey says that the concept of *transpersonal self* (a self-induced movement toward greater health—physical, mental, emotional, spiritual) is based on the Patanjali system of yoga, as well as theosophy, Buddhism, Hinduism, Sufism and American Indian philosophy. "Transpersonal Self and States of Consciousness," in *Holistic Health Promotion: A Guide for Practice,* ed. Barbara Montgomery Dossey, Lynn Keegan, Leslie Goodling Kolkmeier and Cathie E. Guzzetta (Rockville, Md.: Aspen, 1999), p. 30.

Larry Dossey asserts that three principles underlie prayer: (1) there is a telepathic link be-

Problems of Cultural Relativism

One problem with cultural and religious pluralism is that *human salvation* becomes the heart and norm of all religion, "thereby making the human self the decisive center of all meaning and value. Such pluralism is egocentric and fundamentally similar to monistic religions such as Hinduism and the New Age philosophy."[20] Following this approach to health care is not an option for Christians. Making *health* the sole criterion for evaluating a practice is misguided.[21] Bringing honor to God's name by obeying him is what should guide us.

First we must ask how various health practices, with their worldview and religious underpinnings, promote God's honor. Even though these practices represent the most superficial layer of a culture, their worldview and religious links must be discerned because they may have serious implications and effects. A leading nurse-advocate of alternative therapies says these "healing rituals both reflect and create the values of an individual and a culture."[22]

In other words, health-related practices create values and worldviews as well as reflect them. This is true whether the practices are shamanistic or scientific and high-tech. Rather than giving uncritical acceptance to a different worldview, we must use critical judgment when assessing health-related prac-

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tween all people, plants, stones, and heaven and earth; (2) the universe is a pulsating unity to which anyone can open themselves; and (3) there is empathic attunement with all things. These principles can be used for good or ill and are the same principles on which shamanism and hexing operate. These principles "operate at deep levels, whether we know it or not." Larry Dossey, *Healing Words* (San Francisco: HarperSanFrancisco, 1993), p. 150. These principles are the essence of spiritual monism, the belief that there are no distinctions in reality.

Deepak Chopra quotes freely from Hindu, Taoist and Buddhist texts to support his claims that aging can be prevented by right thinking in *Ageless Body, Timeless Mind: The Quantum Alternative to Growing Old* (New York: Harmony Books, 1993).

Andrew Weil advocates the Zen Buddhist form of meditation in *Natural Health, Natural Medicine* (Boston: Houghton Mifflin, 1995), p. 126.

Each of these authors is not a believer in the sense that they would identify themselves with any one of these religions. They are much more pragmatic. Only if these techniques work for the individual are they considered helpful.

[20]WEF Manila Declaration, in *Unique Christ in Our Pluralist World,* p. 15.

[21]Even C. Everett Koop, who openly professes his Christian faith, seems to approve of this pragmatic approach to health. He writes in a medical textbook of complementary medicine: "My experience with physicians has convinced me that they are healers first. As such, they are willing to use any ethical approach or treatment that has been proven to work." To his credit, he does call for scientific research to assess the usefulness of alternative medicine. Nevertheless, the criterion is still usefulness. C. Everett Koop, foreword to *Fundamentals of Complementary and Alternative Medicine,* ed. Marc S. Micozzi (New York: Churchill Livingstone, 1995), p. xi.

[22]Jeanne Achterberg, Barbara Dossey and Leslie Kolkmeier, *Rituals of Healing* (New York: Bantam, 1994), p. 4.

tices. For example, many persons who were originally skeptical of therapeutic touch have been convinced by what they experienced and subsequently changed their view of life.[23]

Observable behavior and the underlying worldview and values (the area of religion) can be separated. Sometimes people do the right thing for the wrong reason. For example, some forms of massage are based on the theory that it balances the flow of *chi.* However, the benefits of massage can be explained physiologically through processes of muscle relaxation and blood flow. For centuries, people learned those things that promote health through trial and error, long before they could explain them scientifically. Much of even present-day health care practice remains empirical; we know it seems to work but not exactly how and why. The scientific fields of psychoneuroimmunology (PNI) and psychoneuroendocrinology (PNE) have described many of the physiological responses associated with psychological states. Neither PNI nor PNE, however, can establish the exact mechanism between states of mind and the bodily response.

If some alternative therapies seem to relieve pain or help patients relax, it seems best to admit that we just do not know how they work, rather than to explain them in a way that conflicts with Scripture. Some practices, however, require that the users suspend judgment based on their own religious beliefs in order for the method to work. Some go even further and advocate entering into the unseen reality, or *supracultural realm,* through meditative techniques that put the meditator in contact with spiritual beings. Such practices bypass the clear scriptural teaching that we can approach God only through Jesus Christ.

In some practices the ties to specific religions and worldviews are so close that it is not possible for followers of Jesus to use these therapies.[24] Other practices—massage or use of herbs, for example—can be separated from non-Christian roots.[25] Well-designed research may help us find a physiological explanation, and then again we may need to rely on empirics.

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[23]Conversation with Sharon Fish, who interviewed practitioners of therapeutic touch. One practitioner became a spirit medium after several years of involvement in therapeutic touch.

[24]We have found that many Christian nurses are unable to discern the difference between a biblical understanding of reality and those of other faiths. As a result, guided by good intentions to be helpful but also by the cultural virtue of tolerance, they naively adopt practices that are antithetical to saying, "Jesus is Lord." Sometimes this error stems from lack of knowledge; however, it also comes from an inability to view all of life, including nursing, from a biblical perspective.

[25]An example is Chinese medicine. The benefit of various herbs and other substances are explained by the *yin* and *yang,* the two energies that must be in harmonious relationship for health. Indeed, many of these substances may be beneficial physiologically, and research is being conducted to isolate the active ingredients.

Other Problems of Multiculturalism

Beyond the religious worldview problems of multiculturalism, other problems related to pluralism and multiculturalism are being raised by nurses. June F. Kikuchi, Helen Simmons and Donna Romyn sound an alarm for nurses who are increasingly accepting a subjective view of reality.[26] They are concerned about epistemology—how and what we can know about reality. If there really is no objective reality and everything that exists is only an individual or cultural perception, then how can nurses agree on what is true about nursing? How can nurses from different cultures come to any agreement about standards for nursing? If every worldview is equally acceptable, can we even communicate with each other? Is there a way to think about reality—our environment—that allows for both diversity and universality? Of course, we believe that the Christian worldview does exactly this.

June Kikuchi also sees multicultural ethics as a potential threat to responsible nursing practice. She takes issue with advocates of multicultural ethics who claim that diversity is the only thing to say about human behavior—that people have nothing in common beyond physiological functioning. In other words, there is no such thing as human nature. She also argues against multiculturalists who deny the possibility of deriving any universal, objective moral truths from experience. She explores the implications of saying that moral conduct can be guided and judged only by the values and norms of each particular culture, that any claims for universal moral principles are false. She concludes that this view, taken to its logical conclusion, would prevent nurses from trying to influence or change the health practices of anyone from a culture other than their own.

In practice, nurses who say that ethical teachings are entirely subjective and relative to each culture violate their own beliefs when they try to influence the behavior of members of another culture. She gives the example of a nurse trying to change the minds of parents who are refusing immunizations for their children because of religious beliefs.

Kikuchi is correct in her concern for the implications of multicultural ethics. Readers who have followed us so far in this book will know that we (Arlene and Judy) do believe there is a common human nature beyond the physical. Further, God has shown us what is good, what should guide our ethics. We can observe human life to gain moral knowledge, as Kikuchi suggests. But more than that, God has given us, in Scripture, guidelines that shed light on our experience. We are not left to human reason alone to discern moral principles.

[26]June F. Kikuchi, Helen Simmons and Donna Romyn, eds., *Truth in Nursing Inquiry* (Thousand Oaks, Calif.: Sage, 1996), pp. 151-54.

Guidelines for Finding Our Way

After the preceding discussion, we are ready for some practical guidelines for finding our way in a culturally pluralistic world. Theologian Charles Sherlock suggests three general approaches:

1. We should put away the idea that any one culture embodies Christian faith (this is especially true for those of us who live in cultures that have been most influenced by Christianity).

2. We should use crosscultural relationships to reflect on our own culture—both to identify our prejudices and to be enriched by others' experiences and ways of thinking.

3. We must recognize the effects of sin on all human cultures: the outworkings of human pride, self-centeredness and the desire to be in control are present in every culture.[27]

We also return to the question raised early in this chapter, "Is tolerance based on commitment to justice and truth or is it merely indifference?" We can respond that there is a kind of tolerance based on commitment to the God of truth and justice, who respects the freedom of every person to choose either to follow him or to reject his ways. Those who reject him, however, will find themselves in bondage to evil that leads ultimately to spiritual death. But this same God is also the God of love, who invites, even pleads, with his creatures to return to him. He is not indifferent; he acts with sacrificial love.

What does this kind of tolerance look like for Christian nurses? Here are some guidelines for nursing in a pluralistic world.

Avoid ethnocentrism. Judging other cultures by the standards of our own is wrong. Scripture, rightly interpreted, is the only standard by which cultures are to be judged.

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[27]Charles Sherlock, *The Doctrine of Humanity* (Downers Grove, Ill.: InterVarsity Press, 1996), pp. 135-37. "Customs such as human sacrifice, female circumcision, widow-burning, foot-binding, prostitution, slavery and torture are clearly opposed to God's will for human life. Others are less obviously wrong, but reinforce sinful attitudes such as selfishness, greed or lust; television commercials provide plenty of evidence in the highly ambiguous culture of consumerism. Even in those aspects of a culture which embody the highest ideals to which human beings aspire, or which celebrate the goodness of God that pervades everyday life, sin is present. Consider birth, retirement, setting up a new home, or beginning a meal: a child can be seen only as evidence of a parent's achievement, whether in fertility or child-rearing; retirement as boasting or escaping to laziness; a new home can provide the chance for ostentatious display; and even grace at the table can be a means of controlling behavior. Indeed the worst idols are precisely the best things set in the place of God, and it is their God-given goodness which makes them attractive" (pp. 137-38).

Beware of radical cultural relativism. The view that truth, ethics and standards for health care can be defined only from within each specific culture is not a valid position. There *are* transcultural truths, ethics and standards for nursing. Nurses should work to define these in intercultural conferences and research.

Relating Crossculturally

1. Avoid ethnocentrism.
2. Beware of radical cultural relativism.
3. Practice modified cultural relativism.
4. Be humble and tolerant of differences.
5. Accept people where they are.
6. Respect people's freedom.
7. Refrain from non-Christian practices.
8. Pray continually.

Practice modified cultural relativism. Appreciation for the many cultural practices that make sense only within specific cultures is the best approach. It brings joy, and often frustration, to crosscultural relationships. Taking off one's shoes makes a lot of sense in Korean homes where traditionally people sit on the floor to eat and roll out mats for sleeping. We can learn much from the health practices of other cultures. Congenital hip displacement in children is not seen in rural Zambia. Infants may have been born with shallow acetabula, but the way mothers carry them on their backs for two years provides a natural corrective splint.

Remember that humility and toleration are essential virtues. Humility will keep us from being close-minded about what seems negative in others' ways of doing things. Much of what seems senseless or wrong is simply our misunderstanding. We begin by learning, observing, inquiring and trying to understand. Tolerance will help us to love in spite of differences that annoy or offend. It is a tolerance based not on indifference but on commitment to God's honor and his grace extended both to us and to others.

Accept people where they are. God takes a long time to work out his purposes in our lives. This is true both in individuals and within a culture. Practice kindness and courtesy even when health practices are clearly in conflict with the scriptural teaching. If the person is a Christian, you can give reasons for why you think the practice is wrong and then trust the Holy Spirit to convince the person in his time. If the person is of another religion or says he or she has no religion, you can simply explain that you see things differently because you are a Christian.

Respect people's freedom. Remember that the freedom to make choices—and accept the consequences—reflects God's image in us. Letting people make de-

cisions about their own health care is not the same as condoning what they are doing. Learning the language of those among whom we work is the highest form of respect. Having culturally appropriate literature is essential. Do those things that bring comfort and security to patients and families, even if they seem senseless to you, as long as they are not actually harmful to their health.

Refrain from non-Christian practices. Those customs connected to non-Christian religions or worldviews can be tied to evil powers. If rituals involve spirits, angels, demons, gods or goddesses, Christians should not be involved. Sometimes, in order to learn, observing such rituals and practices may be helpful, but not actual participation.

Pray continually. Pray, first, last and always. Ask God for wisdom, for understanding, for discernment. Pray that the Holy Spirit will work through you to make God's truth and love real in the situation. Pray for an opening to talk about Jesus Christ.

An Example of Crosscultural Nursing

Sonia, a friend of ours who works in India, exemplifies the best in crosscultural nursing. One of her patients was an elderly Sikh gentleman who was dying. She went out of her way to give him excellent care and in so doing endeared herself to his family. When the man died, the family asked her to take part in the funeral services. She agreed—and prayed for wisdom as to how she should participate in the ceremonies. After arriving she asked the Sikh priest if she would be permitted to sing a Christian hymn. He agreed, and when the time came she stood and sang. While singing she noticed tears in the eyes of the priest.

I (Arlene) asked her what she would do if a dying Hindu patient wanted her to chant prayers to Shiva, a common Hindu practice with dying patients. She replied that she could not do that, but she often asked for permission to pray to her God until the Hindu priest arrived. Patients rarely refused. She would send for the patient's religious leader if she was requested to do so. She prays for wisdom in her nursing interventions, guided by knowledge of Scripture and trusting the Holy Spirit to lead her. She models the meaning of Christian cross-cultural nursing.

For Further Thinking

1. Would it be ethical for a Christian nurse to encourage a patient from another religion to convert to Christianity? Why or why not?
2. To what extent would it be appropriate for a nurse to share personal faith convictions?

Theological Reflection

Read Psalm 67:1-7, Matthew 28:18-20, Acts 1:8, Romans 12:1-21 and Galatians 2:11-14.

1. According to Psalm 67, Matthew 28:18-20 and Acts 1:8, how does God view other cultures?
2. What principles does Romans 12:1-21 give in regard to crosscultural communication? What skills should we be developing?
3. The incident in Galatians 2 revolves around cultural practices. What was the problem here? Can you think of a nursing situation where you needed to participate in cultural practices in order to relate well with those in your care?
4. Where would you draw the line in participating in crosscultural practices? What guidelines would you use in deciding? (See Romans 2:1-16; 14:13-23; 1 Corinthians 10:23-33; Philippians 4:8-9.)

CASE STUDY: *A Prayer for Sarah*

Kimberle is a registered nurse and a grief counselor in a women's health unit of a community hospital. The surrounding neighborhood has a large Arabic population. Most of her Arabic patients are Muslim women, modestly dressed from head to toe. Their hair and neck are draped in a *hijab.* Sarah was one of these patients.

As Kimberle entered Sarah's room, Sarah lay in bed, curled up in a fetal position holding her abdomen. She was alone and crying quietly. Her head was still covered with her veil, and only her tear-stained brown eyes were visible. She was approximately fourteen weeks pregnant and had been admitted for a threatened/inevitable abortion.

Kimberle quietly sat down next to her and touched her arm softly. She attempted to assess her physical condition, as well as her ability to communicate. The previous shift had reported, "She doesn't speak English." She pointed to her abdomen and said the Arabic word for pain with a questioning tone in her voice. Eventually Kimberle discovered that Sarah did speak some English. She later expressed how touched she was at Kimberle's desire to talk to her in Arabic. She said, "It made me feel like you cared about me, like you wanted to be my friend."

After making Sarah as comfortable as possible, Kimberle silently prayed for wisdom and guidance for how to help her spiritually as well as she moved on to check on her other patients.

However, she was suddenly called back to Sarah's room to find her panicked in the bathroom. She was sitting on the toilet shaking and crying with a look of

fear in her eyes. She was holding her breath, moaning and beginning to bear down. Kimberle grabbed two gloves and reached underneath Sarah to grab the fetus. She cradled the fetus, still attached to Sarah, in her hand as she helped her back to the bed. She gently placed the fetus on a clean white pillowcase. The baby had ten little fingers and ten tiny toes. Everything looked appropriate to size and shape for a thirteen- to fourteen-week fetus.

Sarah cried silently and held her child in her hands. Kimberly softly asked Sarah, "Would you like me to say a *Du'a*?" This is a word in Arabic for a prayer for blessing and comfort.

Kimberle held Sarah's hand and prayed, as they both held the baby, "Lord God, I come before you in time of need. You know the needs of Sarah's heart. Please be with her, Lord; strengthen her and speak with her; comfort her. Draw close to her, and help her to see how much you love her. God, grant her peace." They embraced and cried together.

Sarah had delivered the placenta by the time the physician arrived to examine Sarah. Kimberle took the fetus and laid it on a small pillow, gathered a tiny pair of booties, a baby identification band and a memory quilt for Sarah. Volunteers provided these tokens for remembrance to comfort families who had to leave the hospital with empty arms.

The doctor stayed only about five minutes, but she encouraged Sarah to donate the fetus to a nearby university hospital that does genetic testing. Sarah readily signed the forms.

For many couples, genetic testing and investigation can help them learn what caused the miscarriage, but Kimberle realized that Sarah needed to know that the fetus would not be cremated once the tests were completed and that burial options would be available to the parents. Cremation of a fetus that has reached a point of human recognition violates the Muslim faith.

Kimberle privately approached the doctor who had witnessed the consent signing and expressed her concern. The doctor shrugged her shoulders and told Kimberle not to make a fuss.

Kimberle asked Sarah if she understood what would happen to the remains after the testing and asked her what her faith taught in regard to this situation. Sara said she was unsure, but would talk with the *Imam* (the spiritual leader in the Mosque). In the meantime, Kimberle held the release papers, knowing that once the process was put in motion she would be unable to stop it.

After Sarah talked with her *Imam*, she and her husband decided to bury their child. Kimberle helped make arrangements in the time period required by her religion. Ceremonial washing was performed at the hospital, and her child was buried the next morning.

The morning after the burial, Kimberle decided to tell Sarah about the Old Testament story of David and his child that died (2 Sam 12). Muslims use the Koran for their scriptures, but they respect Jesus as a prophet and will usually be open to the Bible, especially the Old Testament. Kimberle explained that although David was unable to bring the child back to life, he knew that he would one day go to be with the child (v. 23). She further explained that God had provided a way for her to see her child again through knowing Jesus as Savior.

Many weeks after Sarah was discharged, Kimberle received a note from her. She wrote, "I can't stop thinking about you and how you spoke with me. Something very different—I cry and smile both together. Thank you. Love, Sarah."

(Adapted from Kimberle S. Deller, "A Prayer for Sarah," *Journal of Christian Nursing,* summer 2003, pp. 18-19.)

Discussion Questions

1. In what ways did Kimberle demonstrate excellence in cultural care?
2. How does she maintain the integrity of her own Christian faith while meeting the spiritual needs of a Muslim patient?
3. Is it ethical for a Christian nurse to clearly present the gospel to a Muslim patient? Why or why not? (For further help on this question, see Julia Emblen and Perry Peverall, "Spiritual Care: Lingering Questions," *Journal of Christian Nursing,* spring 2002, p. 16.)
4. To what extent would it be appropriate for a nurse to share personal faith convictions?
5. If you were Sarah's visiting nurse, making a visit after her discharge from the hospital, or seeing her in a well baby clinic, how would you follow up on Kimberle's spiritual care?