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A Nursing Conceptual Model  
Grounded in Christian Faith

by

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A Dissertation Submitted in Partial Fulfillment of the  
Requirements for the Degree of

DOCTOR OF PHILOSOPHY

in the School of Nursing

We accept this dissertation as conforming  
to the required standard

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ABSTRACT

*Parish nursing* is an emerging, innovative practice in faith communities. *Christian parish nursing*, as defined by the author, is a health promotion ministry, based in churches, the focus of which is preventative and in which faith and health are clearly linked and spiritual care is central. Development of parish nursing's theoretical base has not kept pace with the rapid expansion of its practical and educational programs since the initial project in 1985. The literature provides no evidence that existing nursing conceptual models have been critically evaluated as to their relative utility in, or compatibility with Christian parish nursing, and no particular existing model has yet become identified with the practice.

The purpose of this dissertation was to develop a nursing conceptual model clearly grounded in an explicitly biblical Christian world-view. This model is primarily a product of the author's own process, including the personal activities of rational inquiry, intuition, meditation on biblical passages, contemplation, and prayer. Fourteen Christian nurses served as prayer partners in this process. The methodology also included review of literature (The Bible, theology, health/wellness, nursing theory and spiritual care), informal focus groups and interviews (with the national leaders in parish nursing in the U.S.). Twenty reviewers provided critiques of a draft of the model.

The four major components of the model are: Person/Parishioner, Health/Shalom-Wholeness, Nurse/Parish Nurse, and Community/Parish. The integrating component is The Triune God. Key concepts include stewardship, ministry, and communion.

Underlying premises of this dissertation are that: (a) nurses' theoretical world-views affect nurses' professional actions, and (b) nurses can mutually benefit from the continuing processes of informing and allowing for comparative critiques of one another's models. Although intended primarily for parish nurses, the model may be useful for Christian nurses in other settings. It may also enhance understanding of how faith and health are linked in nursing practice.

The model's grounding in Christian faith extends prior nursing theory development work. Its integration of basic Christian tenets and health promotion concepts thus contributes to the theoretical base of, and has implications for, future nursing theory development, practice, education and research.

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DEDICATION

This dissertation is dedicated to

Melody Renée Martin

my daughter and encourager extraordinaire

# CHAPTER 1

## INTRODUCTION

*"I believe in Christianity as I believe that the sun has risen. Not because I see the sun, but because by it I see everything else." (Lewis, 1944, p. 92)*

### 1.1 Introduction to the Chapter

This chapter provides an overview of the Ph.D. dissertation titled A Nursing Conceptual Model Grounded in Christian Faith. It presents the purpose of the research and the background of the problem. It includes a brief history of parish nursing and a discussion of the importance of theory development for parish nursing practice, education and research. The thesis statement and scope of the paper are explained and key terms are defined. The author then describes the personal process involved in developing the conceptual model, including specific research activities. The chapter concludes with a summary and an overview of subsequent chapters.

### 1.2 Background and Statement of the Problem

#### 1.2.1 Purpose of the Dissertation

The purpose of this dissertation is to propose a nursing conceptual model that is grounded in a biblical Christian world-view. The model's integration of tenets of Christian faith and concepts of health promotion is intended to provide a theoretical basis for Christian nursing practice, education and research.

### 1.2.2 Theory Development and Parish Nursing

Although a specific interest of this enquiry is theory development in the emerging practice known as "parish nursing," the author's nursing conceptual model (See Chapter 3) may be useful in a wide variety of practice settings. The author defines Christian parish nursing as a health promotion ministry, based in Christian churches, the focus of which is preventative and in which faith and health are clearly linked and spiritual care is central. Parish nursing in its broadest sense may be practiced in diverse religious and spiritual community contexts. The original Christian prototype is currently being adopted, for example, in Jewish and Muslim faith settings. The author's purview in this paper, however, is that of the Christian parish nurse.

#### 1.2.2.1 Historical Background of Parish Nursing

Promoting health and healing in the Christian faith community through designated members, particularly deacons, began in Apostolic times and is evident in the New Testament record and throughout church history (Numbers & Amundsen, 1986). The modern profession of nursing itself traces its own history from early Church roots and on through the nursing work in later centuries of Catholic nuns, Lutheran deaconesses, and Florence Nightingale.

Parish nursing emerged from a project of church-based "wholistic health centers" (Westberg, 1990, p. 27) envisioned in the late 1960's by the Reverend Granger

Westberg, a clergyman with a joint appointment as Hospital Chaplain and Professor in the University of Chicago Medical School. These centers employed teams consisting of a family physician, a pastor, and a nurse in a whole-person health care approach. Dozens of these centers were set up over the next fifteen years, including at least one in Canada (at the First Lutheran Church, Vancouver, BC), but most were not economically viable (Martin, 1996). Evaluators of the centers observed that the nurses served as "translators" (Westberg, 1990, p. 28) because of their understanding of both the humanities and the sciences, and of the languages of both religion and medicine.

In 1984, Westberg observed a wellness clinic project in Tucson in which a nurse educator from the University of Arizona served alone as a Minister of Health in a local Lutheran church. She provided health promotion seminars and personal health counselling, which included physical examinations. "Tremendously impressed with the success of the Tucson venture," (Westberg & McNamara, 1987, p. 29) implemented the first parish nurse project in 1985 by placing six nurses in Chicago-area churches in conjunction with the Lutheran General Hospital, in Park Ridge, IL.

Through the parish nurse project, as in the wholistic health center project which preceded it, Westberg hoped to "stimulate the dialogue between science and religion at the grass-roots level" (Westberg & McNamara, 1987, p. 6). Viewing health as "a natural part of the vocabulary of the

Bible and of Christian theology," he proposed that parish nurses could "assist in encouraging people toward the whole-person goals of the highest scriptural injunctions"

(Westberg, 1990, p. 37). He saw the role as "basically reaching out for more whole-person ways of ministering to people who are hurting" (Westberg, 1990, p. 38). He had also observed, particularly in the process of interviewing applicants for the initial parish nurse positions, that most of the candidates indicated that their decision to enter nursing was strongly motivated by "a desire to incorporate the spiritual dimension into their work" (Westberg, 1990, p. 31). He noted that they were "interested in a type of nursing which would allow the kind of creativity they had always longed for" and he found them "stimulated by the potential of a whole-person approach" (Westberg, 1990, p. 30).

Westberg (1990) argued that there was a direct relationship between personal health/illness and personal outlook/philosophy of life, and hence argued that "religious institutions must be integrated into the health care system" (p. 33). He saw churches as the "natural setting" (p. 37)-- and "spiritually mature" parish nurses as the "natural organizers" (p. 33)--for promoting the integration and well-being of body, mind, and spirit. Thus, the pivotal role of the parish nurse became that of an "integrator of faith and health" (p. 37).

Interest in the Lutheran General project grew so rapidly that the National Parish Nurse Resource Center was established the following year to handle the flood of enquiries for information and consultation. In 1996, its name was changed to The International Parish Nurse Resource Center. Its Director currently estimates that there are 48 educational programs and approximately 3,000 practicing parish nurses across many denominations in at least 48 American states, not including those nurses who may be informally involved in health promoting ministries not labelled "parish nursing" as such (A. Solari-Twadell, personal communication, February 7, 1996). Also currently expanding is the Health Ministries Association, a closely affiliated non-profit, ecumenical, inter-faith and inter-disciplinary membership organization formed in 1989. One task of this organization that is relevant to parish nursing is the drafting of Standards of Practice, toward the goal of future certification by the American Nurses Association as a specialty practice.

From its inception, parish nursing has been described as a "ministry" of health promotion, not as a "hands-on" health care service (Solari-Twadell & Westberg, 1991, p. 25). The role is a developing one, in that each parish nurse's specific roles are determined by the composition and concerns of the local church congregation and the community it serves (Solari-Twadell, Djupe, & McDermott, 1990). The role generally includes, however, a range of functions such

as health educator, personal health counsellor, advocate, trainer/coordinator of volunteers, facilitator/coordinator of support groups, and liaison with community resources (Striepe, King, & Scott, 1993). Some churches have developed "ministers of health" (Solari-Twadell, 1990, p. 58) (not necessarily nurses) or a "wellness committee" (Solari-Twadell & Westberg, 1991, p. 25) within a concept of congregational wholistic health and healing ministries (Droege, 1995). The foundational context for the role, however, is that of the church as a "health and healing place" (Wylie, 1990, p. 11).

Judith Ryan (1990b), former Executive Director of the American Nurses Association, reports two general purposes of the current parish nurse programs of the Lutheran General Health System in Park Ridge, IL (where, until 1995, she was senior vice-president): (a) to integrate concepts of health into the teaching, preaching, stewardship, and fellowship mission of the Church; and (b) to promote communication across congregations, between congregations and health care providers, and among congregations and community organizations involved in the provision of health care service (p. 51). Ryan describes the role of the parish nurse as one which:

promotes the health of a faith community by working with the pastor and staff to integrate the theological, psychological, sociological and physiological perspectives of health and healing into the word, sacrament and service of the congregation...[and which] focuses on the clinical application of health promotion concepts specific to adults and families. (p. 51)

Nurse educator Norma Small (1990) (a former Director of Graduate Programs in the School of Nursing, Georgetown University, Washington, DC) has compared the development of parish nursing practice to nursing theorist Hildegard Peplau's five stages of evolution of any new professional nursing role. This process includes (a) role identification and differentiation, (b) role definition, (c) standard setting, (d) curriculum development, and (e) certification. Evans and Small (1989) state that neither role differentiation nor role definition for the parish nurse has yet been achieved. For example, Small (1990) asserts that there must be clear differentiation of the parish nurse role from that of the community health nurse. Small (1990) also warns that if there is "just a generic nurse located in a church" (p. 21), or if health promotion services are "just add-on to the church's programming, a new role has not been developed" (p. 236).

Furthermore, Small (1990) presents a case for the role of the parish nurse being comparable to the advanced nursing practice role titled Clinical Nurse Specialist (CNS). She argues that because the parish nurse, like a CNS, has specialized knowledge (e.g., clients' Christian beliefs in relation to health) and skills in the continuing care of a specific population in a specific practice location (i.e., a church congregation), the parish nurse likewise could assume a leadership position as an expert practitioner, educator, manager, advocate, researcher, or consultant.

No nursing practice equivalent to parish nursing in the United States had been reported in Canada prior to the author's article in the January 1996 issue of The Canadian Nurse (Martin, 1996). That report includes three Canadian nurses who had completed parish nursing educational programs in the U.S., only one of whom is currently actively serving in a designated parish nurse position. In 1995, one preparation course for a pilot project in Ontario was completed by five nurses, and two educational programs in other provinces (Alberta and British Columbia) were in the early stages of planning.

#### 1.2.2.2 Importance of Theory Development in Parish Nursing

Nursing theory is both process and product (Martin, 1994). Both provide a means of viewing phenomena of interest to nursing and of structuring them in useful ways. From the time of Florence Nightingale to the present, the development of nursing's meta-paradigm and conceptual models has directly influenced nursing practice, education and research. It was Nightingale's philosophy of nursing that resulted in (a) her definition of nursing as distinct from medicine and (b) her establishment of schools of nursing that were separate from medicine and controlled by nurses (Nightingale, 1946). Nursing theory has contributed significantly to the growing body of scientific knowledge required for nursing's academic credibility as a human science and as a profession. The development of theory in conjunction with practice has enhanced nurses' self-esteem

and public recognition of their collective identity as professionals. Theoretical description of what nurses do makes the nature and expertise of nursing practice more visible and provides a clearer language for communication among nurses (including theorists, researchers, and "front-line" practitioners) and with others in health care disciplines.

There has long been a tendency in common social usage, and in discussion among nurses, to separate and contrast the theoretical and the practical (Chinn & Kramer, 1991). Belief in this false dichotomy has unfortunately been reinforced when practitioners have tried unsuccessfully to apply nursing's highly abstract conceptual models to specific nursing problems. Scholars acknowledge that these models do not often represent nursing care as it now is. However, they do provide a kind of "sounding board" for basic assumptions about nursing and the "ultimate purposes" for which nursing practice exists (Chinn & Kramer, 1991, p. 22). Kikuchi and Simmons (1992) support this viewpoint in their reflection on the current state of nursing theory and research. They encourage what they have observed as a "trend" to engage in "sustained philosophic study of what constitutes its [i.e., nursing's] own distinctiveness" (p. 106) from other disciplines. They also encourage nurses to enter sustained, disciplined, "pleasurable and profitable philosophic dialogue" (p. 107) by asking questions of each other that are likely to reveal the assumptions and

presuppositions which shape both nurses' thinking and actions. Theory and theoretical thinking are not limited to nursing theorists, but are integral to all the roles that nurses fulfill. All parish nursing educators, practitioners, and researchers bring to their work unique and common conceptualizations which they may or may not be able to make explicit, yet which affect their thinking and actions.

All levels of conceptualizing can affect nursing practice and can contribute to a well-founded scientific basis for practice. Theories help nurses to evaluate practice, and theoretic rationales inform nurses' deliberative choices for implementing changes in practice. For example, theory can encourage questioning of certain nursing care practices which have become cherished or "sacred." Meleis (1992) further suggests that, in turn, truly "meaningful" (p. 119) theories emerge through this kind of integration of theory, research, and practice. Because the service that nursing renders to society is both practical and intellectual, both the scientific knowledge and theoretical base on which the service rests must be continually developed. Research and theory are both reflective processes which interact, inform and guide each other (Johnson, 1992).

Thus, there is general consensus in the nursing literature that nursing as a profession requires a sound and explicit theoretical foundation (Fawcett, 1995). For

example, the criteria for accreditation of educational programs of both the U.S. National League for Nursing and the Canadian Nurses Association include explication of the theoretical foundations of the nursing curricula. Continuing analysis and comparison of nursing's meta-paradigm and conceptualizations of nursing practice have helped to articulate such generally agreed upon "ends" as health, well-being, caring, self-care, coping, and advocacy (Kikuchi & Simmons, 1992, p. 1). This theoretical process is crucial for an educational program's response to its mandate, given by society, to prepare graduates for nursing roles which are still evolving. The importance of a theoretical underpinning for an independent nursing role, such as parish nursing, is also reflected in the Canadian Nurses Association's Definition and Standards of Nursing Practice (1987). The Association's position is that the basis for independent nursing practice is an explicit conceptual model.

### 1.2.3 Statement of the Problem

The problem which this dissertation addresses is that in parish nursing's short history scant attention to date has been paid to conceptual models for current or future practice, education and research. Reasoned development of parish nursing's educational foundations has not kept pace with the demand for trained parish nurses. For example, in a 1990 survey of 18 parish nursing training programs only 25% of the curricula reviewed included any conceptual model

(King & Striepe, 1990). In addition, other reviewers of parish nursing curricula express concern that programs have adopted a variety of theoretical concepts without due consideration of their basic assumptions and underlying world views (A. Solari-Twadell, personal communication, June 1, 1993; Stoll, 1990a; R. Stoll, personal communication, May 31, 1993).

Nurse educator Rilla Taylor (1986) asserts that "Christian nurses do not have a clearly stated conceptual framework upon which to build their professional practice, educational programs, or research projects" (p. 33). Ruth Stoll, also a nurse educator and a leader in parish nursing, agrees that theoretical "clarity is crucial" and "long overdue," noting that currently there are only "tiny glimmers of what the conceptual framework could be" and how it could be used "to make a solid case for health promotion nursing in the church" (personal communication, May 31, 1993).

### 1.3 Thesis Statement

The preceding background and statement of the problem presents parish nursing as an emerging practice at an early stage of development of its theoretical and practical knowledge base. Its literature provides no evidence that existing nursing models have been explicitly evaluated on their relative utility in, or compatibility with, its distinctively Christian context, nor that any particular

conceptual model has yet become identified with parish nursing.

The work of this dissertation is to develop a nursing conceptual model grounded in a Christian world-view. The model's integration of Christian faith and biblical *shalom*-wholeness is intended to provide a theoretical basis for Christian nursing practice, education and research. The specific focus in this paper is parish nursing practice in the context of the Christian faith community. Because of the author's nursing specialty interests in gerontology and health promotion, illustrative examples in the model are drawn from those areas.

#### 1.4 Definition of Key Terms

Diversity in the definitions of theoretical terminology is problematic in the literature of nursing theory development. The resulting confusion has doubtlessly hindered communication and limited the use of nursing conceptual models (Meleis, 1991). In this section, key terms to be used in later discussions are defined briefly. Specific concepts of the author's model are described fully in Chapter 3.

##### 1.4.1 Conceptual Model

Nursing scholar Jacqueline Fawcett (1995), noted for her extensive work in the analysis and evaluation of conceptual models of nursing, states that "everything that a person sees, hears, reads, and experiences is filtered through the cognitive lens of some conceptual frame of

reference" (p. 2). This paper adopts her definition of a conceptual model as "a set of abstract and general concepts and the propositions that integrate those concepts into a meaningful configuration" (p. 2). She considers the term synonymous with "conceptual framework," "conceptual system," "disciplinary matrix," and "paradigm," in that they all refer to global ideas about the individuals, families, groups, communities, situations, and events of interest to a discipline. Concepts are defined by Fawcett (1995) as "words describing mental images of phenomena" and propositions as "statements that describe or link the concepts" (p. 2).

#### 1.4.2 Theory

Fawcett (1992) carefully distinguishes between the terms "conceptual model" and "theory." Whereas the concepts and propositions of conceptual models are general and at a high level of abstraction, the concepts and propositions of theories are specific and concrete. Thus nursing conceptual models themselves cannot be used directly in practice or research, but can be operationalized through one or more theories which in turn may be empirically measured.

#### 1.4.3 Nursing

The theoretical meta-paradigm of nursing is defined by four central or domain concepts: (a) person, (b) environment, (c) health, and (d) nursing (Fawcett, 1995, p. 7). The discipline of nursing can then be defined by

propositional statements about the relationships among these concepts:

The discipline of nursing is concerned with: (a) the principles and laws that govern the life-process, well-being, and optimal functioning of human beings, sick or well, (b) the patterning of human behavior in interaction with the environment in normal life events and critical life situations, (c) the nursing actions or processes by which positive changes in health status are effected, and (d) the wholeness or health of human beings, recognizing that they are in continuous interaction with their environments. (p. 7)

#### 1.4.4 World-View

A world-view is a philosophical perspective which includes presuppositions, beliefs and values (Fawcett, 1995; Sire, 1988). More basic and foundational than a conceptual model, an individual's world-view may be more or less coherent, consistent or conscious, and serves as a frame of reference for all thought and action (Sire, 1988).

#### 1.5 Methodology

The author's starting point in researching this dissertation was a personal research interest--as a nurse and as a Christian--in the role description of the parish nurse as an "integrator of faith and health" (Westberg, 1990, p. 37). A dictionary definition of "integrate" (from the Latin *integer* meaning *whole*) is "bringing parts together into a whole" (Guralnik, 1975). The development of this model has required the bringing together of a multiplicity and diversity of parts (e.g., concepts and tenets) from a variety of sources.

This section begins with a self-inventory of the author's own beliefs and values, followed by a list of the research process activities which contributed to the development of the model. The self-inventory is written in the first person to reflect the personal process involved in identifying one's own assumptions and biases.

#### 1.5.1 Self-Inventory

Immediately after being introduced to parish nursing at the 1992 National Westberg Symposium, I sensed a personal spiritual calling to this ministry (see a later discussion of the term "calling" in 3.2.4.2.1). I then began asking many what, how, and why questions. For example, one that seemed critical for me to consider was: "How do I integrate my own faith and my health?" I subsequently identified the following underlying beliefs and values about (a) health promotion nursing, (b) conceptual models, and (c) Christian faith beliefs.

##### 1.5.1.1 Health Promotion Nursing

1. The promotion of the health/well-being of individuals, families, and groups is a valued and appropriate Christian nursing practice within faith communities.

2. People (e.g., parishioners and parish nurses) can be empowered--within their community/church congregation--by health-promoting knowledge, attitudes, actions, and support.

3. An independent specialty practice of health promotion nursing (e.g., parish nursing) assumes a basic

nursing education which meets the licensing requirements and standards of practice for Registered Nurses, plus adequate preparation and experience in family and community health nursing.

#### 1.5.1.2 Conceptual Models

Conceptual models reflect world-view attitudes, assumptions, beliefs, and values which in turn affect actions relevant to health and health care.

#### 1.5.1.3 Christian Faith Beliefs

1. There are some major, basic tenets of the historic Christian faith, relevant to health, about which there is unifying agreement among Christians across cultural and denominational diversity.

2. One's conceptions of the Triune God inform all other conceptions of life.

3. My life/health is a gift from God with no guarantees and I am entrusted by God with responsibility for the choices I make which affect it.

4. A challenge to my well-being in one area (e.g., spiritual, physical, mental, emotional, social, or cultural) affects, and is affected by, the others in wholly interconnected ways. (For example, a recent experience of injury to my physical body equally impacted me both emotionally and spiritually.)

5. I live in loving personal relationship with the Triune God: God(Father)/Christ(Son)/The Holy Spirit as revealed in the Bible and in my own faith experience.

6. The Bible is God's Word in written form: inspired, infallible, authoritative and applicable to all areas of life. (For example, my Christian world-view provides moral and ethical guidance in my daily decision-making.)

7. I also acknowledge here my own bias as a Christian. My personal theological/faith community education and experience (in urban and suburban churches, ranging in size from 100 to 700 members, in both the U.S. and Canada) are primarily from a conservative, evangelical, Protestant perspective.

#### 1.5.2 Research Process Activities

The process of developing a conceptual model is open-ended. Over the three-year period of this research, the author used a variety of approaches and resources. The following is a list of these research process activities:

1. The author conducted an extensive literature search and review in the fields of nursing theory, health/wellness, human development, theology, and pastoral/spiritual care, focusing particularly on the interrelationships of faith and health.

2. Using The Bible as the primary source, and theological, pastoral/spiritual care and Christian nursing literature as secondary sources, the author identified (from both the Old and New Testaments) major tenets of health/well-being and nursing. Particularly useful was an integrated software program (Biblesoft, 1994) for the study of the Bible, including several versions, a concordance, a

commentary, and dictionaries of Greek, Hebrew, and other biblical terms.

3. As a participant-observer, the author attended two national conferences on Christian nursing, two regional and five national conferences on parish nursing, and one national conference on congregational health ministries.

4. At these conferences, the author met informally with individual presenters (parish nursing pioneers and national leaders in the field) and with small focus groups to discuss their perspectives on parish nursing concepts. The author particularly asked them (a) "What is Christian nursing?" and, (b) "What distinguishes parish nursing from other nursing?".

5. The author reviewed the proceedings (all papers presented and poster abstracts) of five national Westberg Symposia on Parish Nursing, from 1991 to 1995, to identify major topics, themes and theoretical materials presented or referenced.

6. The author collected and reviewed documents from a wide variety of parish nursing educational and service programs, dated from 1985 to 1995, thus identifying theoretical and theological concepts, assumptions and values.

7. The author collected and reviewed the nursing curricula materials of several Christian colleges and universities, dated from 1989 to 1995, and identified

theoretical and theological concepts, assumptions and values, and theoretical materials referenced.

8. Within the review of nursing-theory literature, the author analyzed the major current nursing models (particularly those referenced in activities 5, 6, and 7 above) to identify, where possible, their philosophical foundations.

9. The author collected and reviewed the work-in-progress of several Christian nurses in the areas of the Christian world-view and spiritual care.

10. Throughout the three-year period, the author had regular interaction (meetings with individuals and in small groups, in person and by telephone, for discussion and prayer), with fourteen Christian nurses, and with several older persons, who had agreed to be co-participants as advisors and prayer partners.

11. Over the past two years, the author met regularly with an ordained minister/spiritual director for Bible study, for meditation, and for prayer regarding the dissertation work.

12. The author circulated the initial draft of the model for critical review by selected nurse educators, nurse practitioners, theologians, and others (see **Appendix A: List of Reviewers of the First Draft**). The 24 reviewers were requested to consider and respond to the following:

- (1) Clarity of concepts.
- (2) Internal consistency within the model.
- (3) Interrelationships of components and concepts.

- (4) To what extent the model is consistent with your own beliefs, values, assumptions and Christian world-view.
- (5) Concepts which could be addressed further, or added
- (6) What you think might be possible implications, and useful applications, in nursing practice, education and research.
- (7) What you see as difficulties or limitations.
- (8) Any other comments or suggestions you would like to make.

13. Revisions to the model were then made based on the reviewers' critiques.

In the course of the above research activities, the author's personal processes in the development of this conceptual model included rational inquiry, critical thinking, deductive/inductive logic, intuition, studying/meditating on biblical passages, contemplation, and prayer.

Lastly, it is important to state here that the model, as presented in Chapter 3, is the product primarily of the author's own process. There has been no attempt, for example, to obtain consensus among the reviewers. The intention, rather, is to put forward a model which represents a beginning effort in the area of theory development from a Christian world-view and which may encourage further development by others.

#### 1.6 Summary of Chapter 1

In summary, the author has discussed in this chapter the rationale and research process for the development of a nursing conceptual model integrating Christian faith and health/*shalom*-wholeness. The significance of the problem of a lack of theory development from a Christian world-view has

been noted. Background has also been provided on the emerging practice of parish nursing as the context which is the particular focus of this dissertation.

### 1.7 Overview of Chapters 2, 3, 4 and 5

Chapter 2 reviews literature relevant to the dissertation. This includes a wide range of literature sources related to Christian faith and to health. Nursing theory is also a primary focus of the review. In Chapter 3 the model itself is presented, beginning with its major components and concepts, followed by a discussion of their interrelationships. Chapter 4 discusses implications, applications, limitations and difficulties relevant to the model. Parish nursing practice, education and research are the principal contexts. The dissertation's summary and conclusions are presented in Chapter 5.

There are three Appendices: (a) **Appendix A**, which contains the list of reviewers of the first draft of Chapter 3, (b) **Appendix B**, which contains cited quotations from The Holy Bible: New International Version (1984), (c) **Appendix C**, which contains textual materials (such as poems and Creeds) cited in Chapter 2 and Chapter 3, and (d) **Appendix D**, which contains figures cited in Chapter 2. [Note: Appendices C and D contain copyrighted materials and are thus excluded from microfilming by the National Library of Canada.]

## CHAPTER 2

### REVIEW OF THE LITERATURE

*For any of us to be fully conscious intellectually we should not only be able to detect the world views of others but be aware of our own--why it is ours and why in light of so many options we think it is true.*  
(Sire, 1988, p.[1])

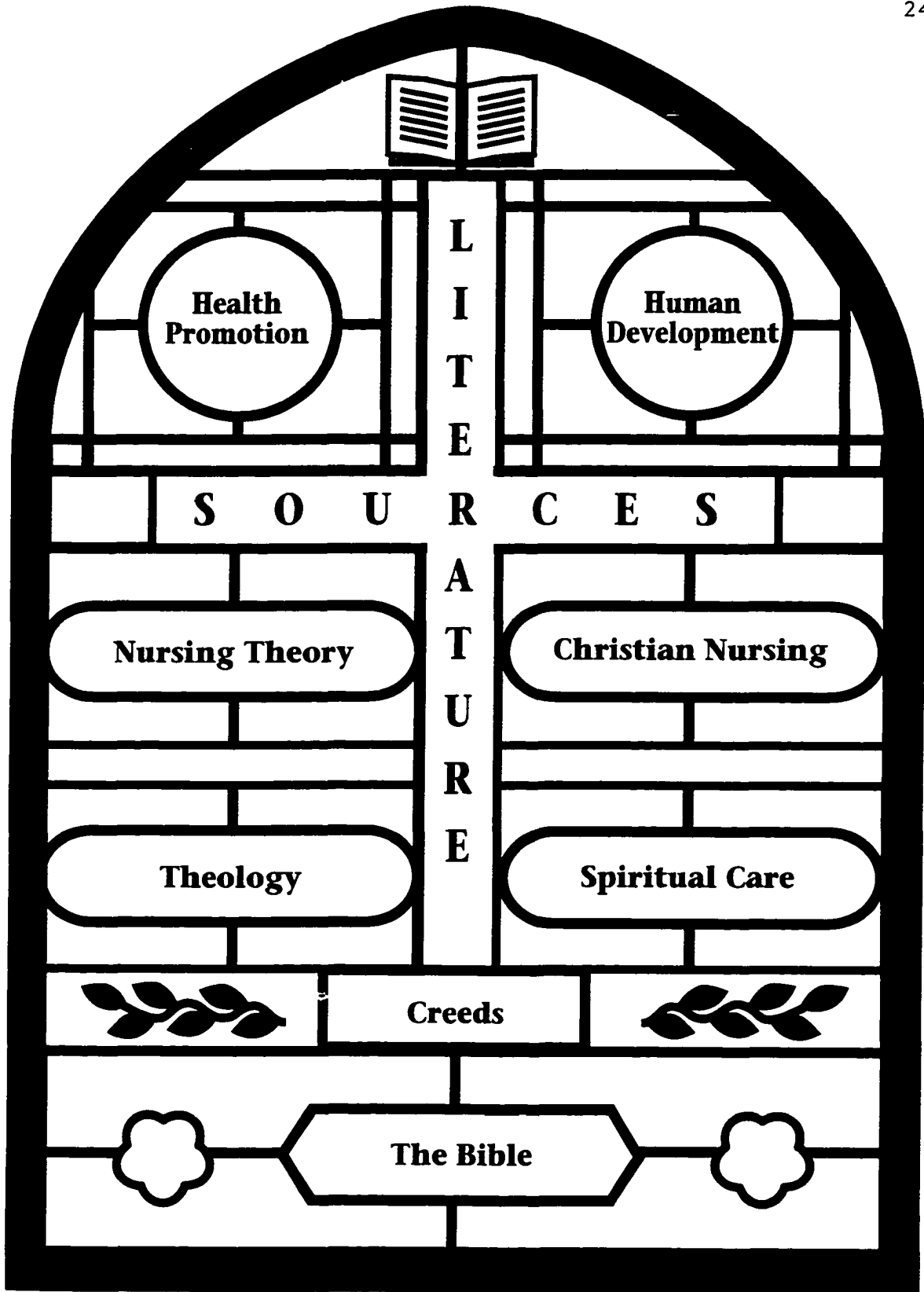
#### 2.1 Introduction

In this chapter literature from various fields relevant to this enquiry is reviewed. The review is organized in relation to the dissertation's two major areas of focus: (a) nursing theory development, and (b) the theoretical integration of tenets of Christian faith and concepts of health promotion.

The nursing theory development section, which begins with an introductory discussion of underlying world-views, includes examples both of established general nursing conceptual models and of emerging theoretical work specific to Christian nursing/parish nursing and spiritual care. The second section (on integrating faith and health) includes literature from the diverse perspectives of Christian theology, the social sciences and health/wellness (see Figure 1: Literature Sources of the Model, page 24).

#### 2.2 Nursing Theory Development Literature

This section begins with an introductory discussion of major world-views reflected in the nursing literature reviewed later.



**Figure 1: Literature Sources of the Model**

## 2.2.1 Major World-Views Reflected in Nursing Literature

### 2.2.1.1 Definitions

In the Introduction to this dissertation (see 1.4.4), the term "world-view" has been defined as a philosophical perspective that is more basic and foundational than a conceptual model and that includes presuppositions, beliefs and values (Fawcett, 1995; Sire, 1988). To reiterate, an individual's world-view may be more or less coherent, consistent or conscious, and serves as a frame of reference for all thought and action (Sire, 1988). One's world-view is reflected in one's answers to such questions as: (a) Who am I?; (b) Where do I fit, or belong?; and (c) What makes life worth living?

James Olthuis (1989), Senior Member in Philosophical Theology at the Institute for Christian Studies, Toronto, further defines world-view as:

the integrative and interpretative framework,...the set of hinges on which all our everyday thinking and doing turns....A world-view is simultaneously a vision "of" life (describes the way life *is*) and a vision "for" life (directs the way life *ought* to be). (p. 29)

He also adds that holding similar world-views binds individuals together into community (p. 29). Nurse educator Barbara Hoshiko (1991) defines a person's world-view as "what makes sense out of life...[and] gives coherence, direction, and meaning to life" (p. 57). Observing that these are the same terms often used to describe a person's spirituality, Hoshiko suggests that "world-view

disequilibrium" and the nursing diagnosis "spiritual distress" are also equivalent (p. 58).

World-views include the belief systems of recognized monotheistic religions (e.g., Christianity, Judaism, and Islam), Eastern religions (e.g., Buddhism and Hinduism) and western thought systems (e.g., humanism, materialism, relativism, and pragmatism). In a pluralistic society such as Canada or the United States, people hold diverse world-views. There are significant differences among these world-views, including different assumptions of Eastern thought compared to Western thought. Differences would be revealed, for example, in the world-views' respective answers to basic questions, such as: (a) Is there a transcendent reality? If so, is it impersonal (energy/force) or personal (God)?; (b) What is a human being?; (c) On what basis does one determine right and wrong? Or distinguish good-better-best?; (d) Is there meaning in suffering?; and (e) What happens to human beings at death? (Sire, 1988). Of relevance to this dissertation are the essential beliefs of the major world-views represented in current nursing theory literature.

#### 2.2.1.2 Background Description of Five Major World-Views

Of primary interest to this dissertation are the underlying world-views of selected nursing conceptual models cited in parish nursing literature. The following greatly abbreviated (and admittedly simplified) descriptions of five major world-views are intended as background information only. The author acknowledges that each of these world-views

is far more complex than can be captured in the brevity necessitated by the scope of this chapter. (For in-depth discussions see Smart (1983, 1989), Smith (1966), and Stumpf (1993).) The Christian world-view is not included here because it is discussed at length within the author's model in Chapter 3.

2.2.1.2.1 Mechanistic, rationalistic, and materialistic. The dominant Western world-view today is mechanistic, rationalistic, and materialistic (Olthuis, 1989). Simply stated, in this view the world is described in a terminology of discrete parts or elements of quantifiable matter. In a health care context, this view underlies the bio-medical model: the perspective of the human body as a machine. Human beings are viewed as compartmentalized (the sum of biological, psychological, sociological and spiritual parts) (Fawcett, 1995). It is a rational approach--a generally empirical, linear way of thinking about human-environment actions and reactions--which considers change predictable (Fawcett, 1989).

2.2.1.2.2 Holistic and organismic. A second major world-view is holistic and organismic. Living organisms and their interdependent environmental systems are viewed as more than the sum of their parts: ever-changing and expanding. Human beings are viewed as unitary beings who evolve through stages of organization and disorganization to a more complex organization (Fawcett, 1995, p. 17). Change is considered probabilistic and non-linear, and nurse

researchers use qualitative as well as quantitative methods of enquiry to focus on patterns of personal knowledge and experience (Fawcett, 1989).

2.2.1.2.3 Naturalistic and secular humanistic. Either of the above two world-views may also be naturalistic. Naturalism is based on the proposition that the nature of the cosmos is primary: a closed system with no transcendent creator. An underlying premise is that humans, planet earth, and the universe have resulted from a self-activating process (Sire, 1988, p. 68). Humans, although unique among animals in cognitive and cultural capacities, are made of the same substance as the cosmos. Thus, this view precludes both human self-transcendence and the supernatural. It also precludes the life of a human spirit surviving the death of the human body (Sire, 1988).

Naturalistic ethics arise from the overall view of the significance of the individual person. This view, labelled secular humanism, is expressed in the tenets of the Humanist Manifestos I and II (Kurtz, 1973). For example, the Manifesto states that the source of all moral values is "human experience" and the locus of ethics is "autonomous and situational, needing no theological or ideological sanction" (p. 17). A continuous theme in secular humanism is to "strive for the good life, here and now" (p. 17). This view, which places the individual in the center of the picture, is reflected in the well known poetic verse "I am the master of my fate, I am the captain of my soul" (Henley,

1936, p. 73) (see the text of "The Invictus," (Henley, 1936) and the contrasting "My Captain" (Day, 1936) in **Appendix C**). A primary value in the secular naturalistic world-view is human survival (Sire, 1988). The prevailing humanist world-view also views human nature as basically good and evolving toward closer harmony with the natural world (Colson, 1992).

2.2.1.2.4 Pantheistic and monistic. The Eastern world-views of pantheism and monism are becoming increasingly popular in the West. According to the monistic view, human language cannot exhaustively express the oneness of the cosmos which is meant in the statement "Atman (the essence, the soul, of any person) is Brahman (the essence, the Soul of the whole cosmos)" (Sire, p. 140). This "oneness of all" is only "realized" by "being one with the all": an infinite, impersonal, ultimate reality (Sire, p. 140). At the ultimate level one thing cannot be distinguished from another. Also indistinguishable are the notions of true and false, and of good and evil (that is, seeing everything as good is the same as seeing nothing as good, or everything as evil). The personal and individual are thus illusory, and only impersonal Atman is eternal and valuable. Reincarnation and *karma* are related notions of each soul's journey "on its way back to the One" (Sire, p. 148). *Karma* may be described as a "memory trace...[which] remains in the unconscious as a predisposition" (Coward, 1983, p. 49) to repeat an action or thought. This predisposition, however,

does not preclude the exercise of free choice of one's actions (Coward, 1983).

2.2.1.2.5 New age. Another emerging world-view in Western culture, especially among avant-garde academics in both the humanities and sciences and among health-related practitioners, is referred to as New Age (Reisser, Reisser, & Weldon, 1988; Sire, 1988). Combining selected elements of Eastern philosophy and Western naturalism, the varied approaches broadly termed New Age embrace such diverse pursuits as psychoneuroimmunology, human potential psychology, astrology, social deconstructionism, and channelling (Wade, 1989). Identifying consensus in current New Age literature is difficult because, according to Wade (1989), New Age beliefs are "as diverse as those held by all the rest of the world's religions put together" (p. 7). Particularly influenced in the last 40 years by the philosophy of Pierre Teilhard de Chardin, this world-view includes the assumption of a human consciousness that survives bodily death and which, through "progressive incarnations," (Wade, 1989, p. 6) may evolve to higher levels of wisdom. It is an atheistic view of human divinity and personal creative power. Present ecological and social turmoil is seen as symptomatic of "the universe trying to reorganize itself" (Wade, p. 6) to a higher, more harmonious order. New Age is the predominant world-view represented in what is commonly termed "holistic health" and "alternative" or "complementary" medicine (Reisser et al., 1988).

## 2.2.2 Nursing Conceptual Models

### 2.2.2.1 Definitions

As noted in Chapter 1, there is inconsistency in the definitions of key terms and a profusion of coined terms in nursing theory literature. In this section the author reviews the definitions of three key terms relevant to the development of nursing conceptual models: (a) conceptual model, (b) theory, and (c) nursing.

2.2.2.1.1 Conceptual model. Fawcett's (1995) definition of a conceptual model is "a set of abstract and general concepts and the propositions that integrate those concepts into a meaningful configuration" (p. 2). She considers the term synonymous with "conceptual framework," "conceptual system," "disciplinary matrix," and "paradigm," in that they all refer to global ideas about the individuals, families, groups, communities, situations, and events of interest to a discipline. Concepts are defined as "words describing mental images of phenomena" and propositions as "statements that describe or link the concepts" (Fawcett, 1995, p. 2). The conceptual models of nursing theorists put together ideas or notions in a unique way to describe a particular area of concern to nurses (Brockopp & Hastings-Tolsma, 1989, p. 80). Their purpose is to "articulate a body of knowledge for the whole of the discipline of nursing" (Fawcett, 1995, p. 28).

2.2.2.1.2 Theory. Fawcett (1992) carefully distinguishes between the terms "conceptual model" and

"theory." Whereas the concepts and propositions of conceptual models are general and at a high level of abstraction, the concepts and propositions of theories are specific and concrete. Thus, nursing conceptual models themselves cannot be used directly in practice or research, but can be operationalized through one or more theories, which in turn may be empirically measured. Fawcett (1995) further differentiates between "grand theories" and "middle-range theories" based on their relative scope (p. 25). The purpose of theories is to "describe, explain or predict specific and concrete phenomena" (Fawcett, 1995, p. 28).

Meleis (1991) identifies six types of definitions of nursing theory according to whether a definition's primary focus is on (a) structure, (b) practice goals, (c) tentativeness, (d) research, (e) concepts and their use in practice and research, or (f) nursing phenomena (p. 15).

Chinn and Kramer (1991) provide a different perspective on defining the term "theory." In the third edition of Theory and Nursing, their definition differs significantly from that in previous editions. They state that this redefinition reflects what they see as dramatic shifts in the types of theory now deemed appropriate to human science in general and to nursing practice in particular. Their earlier definition of "theory" was "a set of concepts, definitions, and propositions that projects a systematic view of phenomena by designating specific interrelationships among concepts for purposes of describing, explaining, and

predicting phenomena" (p. viii). Their new definition is "a creative and rigorous structuring of ideas that project a tentative, purposeful, and systematic view of phenomena" (p. 72).

Chinn and Kramer's (1991) current view of nursing theory emphasizes the "many processes...[by which] nursing realities can be represented in words or other symbols" (p. 20). What they term "empiric theory" is intended to be useful and is always deliberately and systematically designed for a specific purpose (p. 20). Purposes vary, as do the many forms theories can take, but they are always "patterned" (p. 20). Chinn and Kramer's analogy for this "patterning" is that of an artist's mosaic, which "does not evolve haphazardly through the adding of various individual tiles to a background," (p. 20) but rather is created through disciplined organization of the abstract ideas in the artist's mind. Their new definition also reflects their view that the theorist does not "objectively" analyze concepts or evaluate theoretical "facts" but rather is "subjectively central" in the processes of "contextualizing" and "creating conceptual meaning" (p. viii). They also assert that theorizing is not simply a cognitive phenomenon, but is "developed by being and acting in the world" (p. 20). For nursing, this means integrating empirical knowledge with other "ways of knowing" inherent in the actual experiences of nursing practice (Carper, 1992). Simmons (1992), for example, acknowledges the role in nursing theory development

of nurses' "private knowledge" and "lived experience" (p. 5).

The theoretical work reported in the contemporary literature of human science and women's studies, such as that of Belenky, Clinchy, Goldberger, and Tarule (1986), and of Gilligan (1982), has further expanded the notion of different "ways of knowing." Barbara Carper (1992) has identified the following four "fundamental patterns of knowing in nursing" (p. 216): (a) empirics (the science of nursing), (b) aesthetics (the art of nursing), (c) ethics (moral knowledge in nursing), and (d) personal knowledge.

2.2.2.1.3 Nursing. There is general agreement that nursing is concerned with the interaction of persons and the environment in relation to health; but, the many conceptual models within nursing literature provide different views of these four central or domain concepts: (a) person, (b) environment, (c) health, and (d) nursing (Fawcett, 1995). According to Fawcett (1995), "person" refers to the recipient of nursing, including individuals and groups (e.g., families and communities). "Nursing" refers to (a) the "actions taken by nurses on behalf of or in conjunction with the person" (p. 7); as well as (b) the nursing process (assessment, labelling, planning, intervention, and evaluation); and (c) the "goals or outcomes of nursing actions" (p. 7). "Health" is defined by Fawcett (1995) as "the person's state of well-being," and "environment" as "the person's significant others and physical surroundings,

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as well as...the setting in which nursing occurs" (p. 7). She then defines the discipline of nursing by propositional statements about the relationships among these four domain concepts, as follows:

The discipline of nursing is concerned with: (a) the principles and laws that govern the life-process, well-being, and optimal functioning of human beings, sick or well, (b) the patterning of human behavior in interaction with the environment in normal life events and critical life situations, (c) the nursing actions or processes by which positive changes in health status are effected, and (d) the wholeness or health of human beings, recognizing that they are in continuous interaction with their environments. (p. 7)

Chinn and Kramer (1991) incorporate the experiences of both the nurse and others in their definition:

By *nursing practice* we mean the experiences a practicing nurse encounters during the process of caring for people. Some experiences are those of the client, others are those of the nurse, some are interactive, and some are environmental. These experiences may also occur in other settings, but when they occur in the context of providing nursing care, they are considered part of nursing practice. (p. 162)

The Canadian Nurses Association (CNA) (1987), in its document titled A Definition of Nursing Practice, offers a more general definition of nursing practice as "a dynamic, caring, helping relationship in which the nurse assists the client to achieve and maintain optimal health" (p. iii). The CNA further emphasizes that it is necessary that: (a) nurses determine *specific* definitions of nursing practice in their given settings, according to the particular conceptual model(s) they choose; and that (b) any specific definition reflect the assumptions, values and major units of the conceptual model(s) (p. iii).

In summary, nursing conceptual models are developed from each nurse theorist's personal assumptions about, and views of, nursing and the world. Further, each model presents a distinctive perspective of the four domain concepts.

#### 2.2.2.2 Conceptual Models Cited in Parish Nursing Literature

All nurses have a set of beliefs and values which direct their attitudes and behavior as nurses, although they frequently are unable to express them as a framework for their practice (Stoll, 1990a). Such private, personal frames of reference are often like "a blurred picture [which] needs to be clearly focused...so that it is cleanly outlined and gives a complete and explicit conceptualization" (Adam, 1991, p. 3). Over the last 30 years, interest in nursing conceptual models has heightened as nurses have become increasingly involved in research specific to nursing. In addition, as the number of doctoral programs in nursing has increased, more nurses have become involved in creating nursing theories. In the last ten years a number of nurse researchers have systematically analyzed and evaluated the major nursing conceptual models and theories, and have identified their respective key concepts and basic assumptions. Particularly relevant here is the work of Fawcett (1995), Marriner-Tomey (1989b), Meleis (1991), Chinn and Kramer (1991), Nicoll (1992) and Adam (1991).

Of principal interest to this dissertation are the nursing conceptual models cited in Christian nursing/parish nursing literature. Parish nursing curricular sources and specific research studies cite a wide variety of nursing theorists. In this section, the four models most frequently cited are reviewed, specifically with regard to their underlying world-views. The author notes at the outset that this is a difficult task because nursing theorists' world-views are rarely explicitly stated and no systematic examination of the philosophical bases of nursing conceptual models has yet been published (Karns, 1993). A secondary purpose of this review is to identify whether the theorists address a spiritual dimension within any of the four domain concepts (that is, person, health, nursing, or environment).

Theorist Jean Watson (1988) makes her position clear in the following statements:

In developing a theory of nursing, it is helpful to clarify one's values and views of human life because those underlying values and beliefs give direction and meaning to nursing, the human care process, and other components of the theory. (p. 47)

The nursing theory I am developing attempts to make explicit my metaphysical position regarding mind, body, and soul. (p. 40)

I have been directed by my own values and beliefs about "the person" and life which are reflected in the inclusion of the soul as an important force in my concept of the person. My orientation is clearly "phenomenological-existential" and spiritual. (p. x)

She cites a wide array of philosophical sources, including Hegel, Marcel, Whitehead, Kierkegaard, and Eastern philosophies. She also notes that her work was "inspired

and enhanced by" her international travels, including "profound cultural-spiritual encounters in New Zealand, Australia, Indonesia, Malaysia, The Republic of China, Thailand, India and Egypt" (p. x).

Watson (1988) asserts that the "human-to-human caring transactions of nursing cannot be explained or understood with a positivistic, deterministic, materialistic mind set" (p. 8). The world-view of secular humanism is reflected in her descriptions of human science, human care, and ethic of caring. However, she suggests that nursing's concept of human development "need not stop with ideas of self and self-actualization, but can allow for spiritual awakening and pursuit of harmony among the mind, body, and soul" (p. 40). Her holistic world-view is evident, for example, in her description of the human as a "gestalt of whole being (not only more than sum of parts, but different)" (p. 10) and in her philosophical assumption that "there is an interconnected evolution of the human and the world" (p. 16).

Watson (1988) considers the traditional natural science model and the medical model inadequate for nursing science and advocates a "paradigmatic shift" (p. 19) to a subjective, relativistic approach which assumes "multiple realities" (p. 20). She argues there is need for an "alternative world view of nursing...[which] will place nursing within a metaphysical context and establish nursing as a human-to-human care process with spiritual dimensions"

(p. 37). She does not, however, describe what is meant by "spiritual dimensions." The use of the terms "soul," "spirit," and "self" in some sections of the theory description suggests a differentiation, while in other sections the terms are used interchangeably. For example, Watson states that the "highest sense of the self connotes the spiritual self, the geist, soul, or the essence of the person's self" (p. 55) and she cites William James' view of the soul with "potential forms of consciousness entirely different from our waking consciousness" (cited in Watson, 1988, p. 55). A footnote acknowledges Watson's (1988) diverse mix of sources: "These ideas are influenced by writings on gestalt psychology and existential psychology by Carl Rogers, Kurt Goldstein, and Kurt Lewin, as well as by Eastern psychology" (p. 55). It is not clear on what basis Watson made her personal selection of particular elements from multiple and divergent philosophical perspectives.

Karns (1991, 1993) raises the question of whether either existentialist or Eastern thought can indeed provide a foundation for a caring ethic. She argues, for example, that existentialism's focus is inward on oneself and on personal meaning, not outward on concern for the well-being of others. Karns (1993) also suggests that the inherent relativism--which views all personal realities and values as self-ascribed and equally valid--provides no basis for making the ethical judgments (of right/wrong, good/bad, better/worse) involved in nursing care. Although the term

New Age does not appear in Watson's (1988) model, the resultant mixture of underlying notions is probably most representative of the New Age world-view (see 2.2.1.2.5).

A second major nursing theorist cited in parish nursing literature is Margaret Newman (1986). Marriner-Tomey (1989a) classifies Newman's work as an "energy field" theory (p. 12) and Fawcett (1995) categorizes the world-view of Newman's theory as "unitary transformative" (p. 15). Building on the earlier nursing conceptual model of Martha Rogers, Newman's (1986) specific focus is the concept of "health," which she defines as "a pattern of evolving, expanding consciousness...which never ends" (p. 3). Her emphasis is on processes, patterns and meaning. For example, Newman (1986) states that the "process of life is toward higher levels of consciousness" (p. 31) and "patterning is somehow intimately involved in energy exchange and transformation" (p. 14). The underlying world-views of Newman's theory are (a) holistic and organismic (see 2.2.1.2.2), and (b) New Age (see 2.2.1.2.5). This is exemplified by the following statement:

The whole of a person or of a universe is a pattern in which the parts cannot stand alone as separate. The important factor is the relationship between the entities: the self-regulating transformation by which the parts are continually being articulated into an ever changing whole. (pp. 15-16)

Newman's (1986) proposal of a "new paradigm," which is "based on a dialectical fusion of opposites" and in which "disease is a manifestation of health" (p. 9), also reflects

an Eastern-influenced philosophical view of reality as illusion (see 2.2.1.2.4).

In the introduction to her recent book, Newman (1986) recalls that in 1959 she "uttered a prayer of willingness to follow...[a] call to nursing" (p. 2) and that while in graduate school in nursing in the early 1960s she was introduced to Teilhard de Chardin's philosophy. She specifically recalls that his "belief that a person's consciousness continues to develop beyond the physical life and becomes a part of a universal consciousness had made sense to me" and that it was "consistent with my Christian belief of life after death" (p. 5). It is interesting to note, however, that this belief is in fact contrary to the Christian world-view of humans after death (on earth) living eternally (in heaven or hell) as distinct persons (not as merged impersonal consciousness) in bodies specially created for that spiritual life in relationship with the Triune God (Wade, 1989).

Whereas Watson's and Newman's work is considered theoretical, there is general agreement that the work of Virginia Henderson (Henderson & Nite, 1978) is both a philosophy of nursing and a fully developed nursing conceptual model (Adam, 1991; Fawcett, 1995; Marriner-Tomey, 1989a). Published more than 30 years ago, Henderson's (1966) definition of nursing is still evident in current nursing literature:

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible. (p. 15)

Henderson emphasizes the art of nursing and delineates nursing functions autonomous of medicine (DeMeester, Lauer, Neal, & Williams, 1989). She describes the individual as a complex whole and identifies 14 basic needs or requirements (not "lacks") (Adam, 1991, p. 13). Her list includes physical, mental, emotional, social, and spiritual needs. The last item is stated as the need to "worship according to one's faith" (Adam, 1991, p. 15). The existence of some form of transcendency (e.g., God) and the possibility of personal faith experience are underlying world-view assumptions in this statement.

Although Henderson does not state it directly, a basic assumption of her model is that when a need is not satisfied the person is not complete, whole or independent (Adam, 1991). One analysis of Henderson's various publications suggests additional underlying assumptions: that (a) the mind and body of the person are inseparable (DeMeester et al., 1989, p. 83); (b) the patient and his family are a unit; (c) health promotion is more important than care of the sick; and (d) the nurse may be a substitute for the patient, a helper to the patient, or a partner with the patient (p. 84).

Theorist Joyce Travelbee's (1966) work is categorized as an interpersonal theory of nursing (Marriner-Tomey, 1989a). It uses, but does not specifically define, the term "spiritual." The model is wholistic in its view of illness as a spiritual experience as well as a physical and an emotional experience. Major concepts of the theory are (a) illness, (b) suffering, (c) pain, (d) hope, (e) communication, (f) interaction, (g) therapeutic use of self, (h) empathy, (i) sympathy, and (j) rapport.

One major premise of the model is that "there is an utter uniqueness to every individual" (Travelbee, 1966, p. 29). Another premise is that "the spiritual values a person holds will determine, to a great extent, his perception of illness" (p. 13). Also expressed is the view that the nurse's own spiritual and philosophical values are significant in determining the extent to which the nurse is able to fulfill what Travelbee considers a professional responsibility to assist people to find meaning in their health problems. She asserts that a nurse "cannot suppose she is educated" if she has not explored "her feelings and ideas about death and dying, her religious convictions, her philosophy of death and philosophy of life" (p. 12). Travelbee does not indicate the philosophical sources which influenced the development of her theory. Her definition of a human-being as a biological organism "possessing the innate ability to transcend the material aspect of his nature--yet imprisoned in his nature" (p. 26), and "who will

one day cease to exist" (p. 27), suggests a secular humanistic world-view.

Barbara Blattner (1981) is not a theorist equivalent to those reviewed above, but her textbook Holistic Nursing includes diagrams and a discussion of a conceptual model originally proposed by Shirley Chater (1975) and later elaborated by Fay Bower and Em O. Bevis (1977). Based on Smuts' notions of "flowing, growing, expanding, and evolving" (cited in Blattner, 1981, p. 22) it clearly represents the world-view of holism. Blattner (1981) describes holism as "a philosophical and biological concept which implies wholeness, relationships, processes, interactions, freedom, and creativity in viewing living and even nonliving entities" (p. 4). Paterson and Zderad's (1988) theory of humanistic nursing also influenced the model and contributed to it the additional world-view of secular humanism (see 2.2.1.2.3). For example, their theory "calls for a recognition of each man as existing singularly in-his-situation and struggling and striving with his fellows for survival and becoming, for confirmation of his existence and understanding of its meaning" (Paterson and Zderad, p. 4). Blattner (1981) views nursing primarily as "a human response to a human situation" (p. 26) and cites Paterson and Zderad's description of humanistic nursing as a "responsible searching, transactional relationship whose meaningfulness demands conceptualization founded on a nurse's existential awareness of self and of the other"

(cited in Blattner, 1981, p. 26)). A key assumption is self-awareness, and self-responsibility is viewed as "the cornerstone of holistic health nursing" (Blattner, 1981, p. 25). Blattner (1981) also defines holistic nursing as a process (rather than as a function) which involves the use of "preventive, nurturative and generative activities to assist clients towards achieving their own high-level wellness" (p. 22). Nine "life processes" and three "systems, areas, or lifespaces" are identified (Blattner, 1981, p. 22). These three systems--intra personal, interpersonal and community--are described as "interrelated, interdependent and...worked in simultaneously" (Blattner, 1981, p. 22).

Blattner (1981) defines health as "the maintenance of the dynamic relationship of body, mind, and spirit in a constantly fluctuating society and environment" (p. 13). Blattner does not clarify, however, what is meant by the term "spirit." She notes that "whenever possible, an Eastern perspective is utilized to balance our predominantly Western view of the world" (p. 31). This is particularly evident in her references to the belief systems of Buddhism, and Taoism as they are expressed, for example, in Chinese medicine. A related assumption of the model is that humans have the ability to "create" their own reality, such as "a negative state of being filled with ill health, unhappiness, and accidents...[or] a positive state of being" (p. 25).

This is again an assumption of Eastern philosophy (see 2.2.1.2.4) and the New Age world-view (see 2.2.1.2.5).

In summary, then, the underlying world-views of the nursing theories of Watson, Newman, Henderson and Blattner have been identified. It would be of interest, though beyond the purposes of this dissertation, to explore the rich diversity of possible answers reflected in the above nursing theories to the basic questions which world-views address (see 2.2.1.1). All these nursing conceptual models include the prevailing humanistic view in current nursing theory literature of person and nursing, and all include holistic assumptions regarding person, health, and environment. All of them also acknowledge a spiritual dimension. Concepts in Watson's and Blattner's work, in particular, represent Eastern and New Age thinking.

Theory development within Christian nursing/parish nursing is reviewed next.

### 2.2.3 Christian Nursing/Parish Nursing Theory Development

As parish nursing is still in an early developmental stage, so is its own specialized body of knowledge. Its literature is sparse, consisting mainly of descriptions of the development of the parish nurse role and of implementation models. No literature is specifically devoted to the theoretical foundations of parish nursing education, practice, or research. Also, none of the parish nursing curricula reviewed use conceptualizations from

either nursing theory or Christian theology as an organizing matrix for their courses or practicum experiences.

A number of nurses who have made significant contributions to general nursing theory development acknowledge their Christian faith. These include Florence Nightingale (1946), Joyce Travelbee (1966), Sister Clarista Roy (Roy & Roberts, 1981), Patricia Benner (Benner & Wrubel, 1984), and Evelyn Adam (1991, personal communication, January 15, 1996). With the exception of Nightingale, no one explicitly relates her nursing theory to a Christian world-view. Roy's (1976) conceptual model, for example, is clearly based on notions of naturalism. However, her discussion of the model's philosophical assumptions 12 years later includes a statement that "absolute truth is known as a creator, God" (Roy, 1988, p. 29). Likewise, although Benner's earlier work does not address spirituality, Benner and her colleagues (Phillips & Benner, 1994) note in the introduction to their current book that they now "want to explore the spiritual and moral dimensions of their scholarly work," including "study and dialogue...[with] scholars and helping professionals interested in reflecting on everyday life and practice in the light of faith" (p. ix).

Nursing theory development began in the late 1880s with Florence Nightingale (Choi, 1989). Nightingale (1946) viewed all her nursing work from her personal Christian faith perspective. This is evidenced particularly by her

private diaries and personal letters as, for example, in the following diary entries:

[Writing on her 30th birthday:] I am thirty, the age at which Christ began His mission...Now let me think only of Thy will. (cited in Miller, 1947, p. 47)

My imagination is filled with the misery of this world that the only thing in which to labor that brings many returns seems to me to be helping and sympathizing there....The foundation of all must be the love of God. (cited in Miller, 1947, p. 37)

Her Christian world-view is also evidenced by her theoretical descriptions of health and nursing which make reference to "those laws which God has assigned to the relations of our bodies with the world in which He has put them" (Nightingale, 1946, p. 7). She sees in every patient "God's precious gift of life" (Nightingale, 1946, p. 71) and states that God's "laws of life" (p. 7) are the "same laws of health or of nursing, for they are in reality the same, [and] obtain among the well as among the sick" (p. 6). Her theory assumes that a person would desire to be well and that the patient and the nurse would cooperate with the above-mentioned "laws" to allow the natural "reparative process" (deGraaf, Marriner-Tomey, Mossman, & Slebodnic, 1989, p. 69).

Nightingale emphasizes the importance of the nurse's observations, actions, and teaching being directed both to the care of the sick and to the prevention of illness. The theory particularly focuses on the role of (a) environmental factors, including physical conditions (e.g., adequate ventilation, warmth, food, quiet, and sanitation); and on

the role of (b) psychosocial considerations (e.g., comforting surroundings, flowers, pleasant conversation, and confidentiality), including promoting health and healing through nurse-patient-family interactions (deGraaf et al., 1989; Nightingale, 1946). Nightingale (1946) argues strongly that the nurse should be primarily interested in, and concerned for, the person and the ambient environment affecting the person, rather than being interested in illness *per se*. She also insists that nursing theory, practice, and education should be kept separate from medicine.

Within the Christian nursing/parish nursing literature, a major contributor to nursing theory development is Ruth Stoll. Her work in collaboration with Jean Stallwood (Stallwood & Stoll, 1975) is based on the premise that "nurses need a conceptual basis for inquiry into the spiritual dimension of persons" (p. 1086). Stallwood and Stoll state that "a nurse's perception of faith, hope, love, and other elements of human spirit...are fundamental...[to] the qualitative factors of care and compassion" (p. 1086). Central to their "conceptual model of the nature of man" is the concept of spirit, which is defined as "God-conscious" and "relatedness to deity" (p. 1087). The biological dimension of the five senses is labelled "world-conscious," while the psychosocial dimension is "self-conscious" and includes "self-identity" and "the soul" (p. 1087) (see **Appendix D: Conceptual model of the nature of humans**). They

cite the writings of Watchman Nee (1972), a noted Christian leader in China in the 1930s, in distinguishing the concepts of soul and spirit. Their model defines "spiritual needs" as "any factors necessary to establish and maintain a person's dynamic, personal relationship with God (as defined by that individual)" and includes examples of "spirit responses" via intellect, will, emotion, and moral sense (Stallwood & Stoll, 1975, p. 1088). The Christian worldview is clearly expressed by them in the following statement:

The person who chooses to allow his spirit creative expression may discover a desire for God to reach him. Then, a personal, spiritual relationship can be sought that will influence the total expression of his person. (p. 1089)

In 1990, Stoll edited the book Concepts in Nursing: A Christian Perspective in the introduction of which she states that Christian nurses "are seeking a way to practice nursing which reflects the values of Christ and the Scriptures" (1990c, p. 3). She takes the position that Christian nurses need to (a) consider nursing a "ministry" to which they have a "calling" by God, (b) examine their own philosophy of nursing, and (c) integrate into their practices--with "clarity of thinking and purposefulness of intent"--Biblical beliefs and fundamental values "inherent in nursing which honor the truth of the Scriptures" (p. 4). Over a ten-year period, in collaboration with other nurses and nurse educators in various regions of the U.S., Stoll (1989a, 1990a) extended earlier work on spiritual care by

Fish and Shelly (1983). Included in Concepts in Nursing: A Christian Perspective are papers which thoroughly treat seven key concepts: (a) health (Stoll, 1990b), (b) person (Sherburne, 1990), (c) relationship (Ryan, 1990a), (d) communion (Piles, 1990a), (e) servanthood (Fordyce, 1990), (f) stewardship (Christopher, 1990), and (g) community building (Wessman, 1990). This body of significant work has strongly influenced the development of the author's model and is cited further in Chapter 3.

Stoll's (1990b) conception of a human being is that of a "truly a simultaneously complex, multidimensional person and a unitary organism," (p. 162) with Christ as the source of integration through the dimension of the spirit. She sees health as the goal of nursing and describes it as a "multidimensional and elusive concept" which is "very personal" (p. 156). It is a "gift...conceived in the mind of and for the purposes of God...given to people as He wills" (p. 182). It begins "within the inner being of the person and proceeds outwardly, slowly affecting the person's relationships, behavior and life-style" (p. 157). Stoll's (1990b) dimensions of health include wholeness, relationship, transformation, coping and adaptation, as well as the "human paradox of living with sin, redemption, and restoration" (p. 158). Nursing is viewed as "the significant vehicle for the nurse to convey the restorative process of health to each client in God's love, truth, and grace" (p. 182). In other theoretical writing on nursing

and spirituality, Stoll (1979, 1989b) incorporates a "development-time continuum" and a "health-illness continuum" with the concept of "spiritual inter-relatedness" (Stoll, 1989a, p. 9) of the person with God, self, others, and environment (see **Appendix D: The person's spiritual interrelatedness**).

A Christian nursing conceptual model which reflects the particular faith and health beliefs of the Seventh Day Adventist Church is proposed by Rilla Taylor (1986) in her book Christian Concepts: Core of Professional Nursing Practice. Taylor argues that "Christian nurses do not have a clearly stated conceptual framework upon which to build their professional practice, educational programs or research projects" and that "a separate conceptual framework would be useful" (p. 33). She also argues that nurses who are Christian "need an identity, a clarity of purpose and practice, and sense of integrity and accountability to their own values" (p. 193). Taylor describes Christian nursing as a human service and as an:

accountable, professional service which, beyond supporting medical care,

1. provides care reflecting the value of the individual created in God's image and redeemed by divine sacrifice, and which
  2. promotes health and prevents, resists or combats disease and its complications via the patient's own decision-making responses translated into self care behaviors which move the patient toward harmony with divine law and acknowledge his/her potential of glorifying God by increasingly reflecting His image.
- (p. 198)

She also cites the Andrews University School of Nursing's definition of Christian nursing as a:

professional service which contributes to the restoration of humans to the image of their Maker by the promotion of health and the prevention of illness through the facilitation of informed decision-making and self-care behaviors, and the provision of care to clients and families in times of health, illness and death. (cited in Taylor, 1986, p. 206)

Taylor (1986) views the goal of nursing as human wholeness or wellness. Her theory development work is a response to the questions:

Is a distinctive and characteristic mode of nursing practice defined by the concepts of the gospel?  
If so, what are the characteristics of such a practice?  
(p. 33)

Taylor cites the Bible as the primary source of her concepts, but relies solely on the biblical interpretative commentaries of Ellen G. White, a founder of the Seventh Day Adventist Church in the late 1890s. The core concepts of the model are developed in the context of "the Gospel" (p. 34). Taylor describes these core concepts of God, Humans, Law, Society (Environment), Change, Health, Disease, and Nursing in greater depth than those of other models reviewed (see Taylor's diagram in Appendix D).

In a chapter titled "Foundations," Taylor (1986) defines God in terms of Trinity, Creator, Incarnate Christ, loving Judge, and Ruler. She states that there is an "ultimate truth" or "a single, overarching, unified and universal truth" (p. 17). It is her assumption that all the "bits of truth" which humans perceive come from God, and

that the Bible is "a valid source of truth for all aspects of human experience," including human health/well-being and professional nursing performance (p. 18). Human health is conceptualized as "that state of positive well-being which is one expression of harmony with God's law (fundamental order)" (p. 120). The model's particular Adventist emphasis on lifestyle is reflected in such statements as: "Changes in life style which increase harmony with the divine plan increase all aspects of human well-being" (p. 123). Taylor views lifestyle as important regardless of whether a person is "healthy, unwell, sick or terminally ill...[and] whether the person believes God to have a law or not" (p. 204).

Taylor is currently revising her model because, as she says, "the decade since I have written it has matured my thinking in some areas" and because the concepts of Law, Health, Disease, and Nursing "badly need serious re-working" (R. Taylor, personal communication, September 13, 1994). Nonetheless Taylor's theoretical foundations and core concepts are generally compatible with the author's own model (see Chapter 3).

A number of religiously affiliated schools of nursing make the Christian world-view explicit in the organizing framework of their nursing curricula. Included in Appendix D are three diagrammatic examples from (a) Cedarville College (1994), (b) Oral Roberts University (Tjelta, 1982), and (c) Trinity Western University (1995).

One example of a beginning effort to develop a conceptual model specifically within the context of parish nursing is the work of Sandra Bergquist and Jean King (1994). Their model is primarily a descriptive summary of key elements of parish nursing programs and research studies; but, it is useful in its organization of others' material in relation to Fawcett's (1995) domain concepts. They describe five broad categories: (a) the client, (b) health, (c) the environment, (d) the parish nurse, and (e) the nursing process (see **Appendix D: Parish nursing: A conceptual framework**). "Client" refers to individuals, families and groups and is defined as a physiological, emotional and spiritual person (Bergquist & King, 1994, p. 156). "Health" is optimal wellness and wholeness (e.g., physical, emotional and spiritual aspects) (p. 157). "Environment" includes the faith community and the broader community (e.g., health care professionals, agencies and other people external to the faith community) (p. 159). Their model conceptualizes the faith community as a "natural support system which enables access to all age, ethnic and faith groups and all socioeconomic levels" (p. 159).

An underlying premise of the model is that the spiritual dimension of the person integrates the physical and emotional dimensions. Bergquist and King (1994) clearly state, for example, that the Christian "belief in the sanctity of the body provides the spiritual basis for parish nurse healthy living programs" (p. 157). Another premise is

that "unity with the individual's God provides self-identity, self-actualization, healing and wholeness" (p. 166); however, none of these terms is defined. Facilitating "unity and harmony between the individual and his or her God toward holistic health" (p. 157) is viewed as an intentional nursing activity. Also identified as specific parish nursing activities are: (a) encouraging, (b) empowering the disadvantaged, (c) touching, (d) being compassionate, (e) accompanying (being with clients), (f) values clarification, (g) spiritual nurturing, and (h) providing faith and hope.

Bergquist and King (1994) also emphasize the role of the faith community as an alternative method of health care delivery, when public systems are no longer able or willing to provide what is needed. They state that "parish nurses actualize the faith community as caring community by mobilizing and working with" others to assist people in need (p. 164).

Sandra Miskelly's (1995) "model for parish community health nursing" (p. 4) utilizes Stanhope and Lee's (1991) community health-program planning framework. Focusing particularly on role definition of the parish nurse as a community health nurse whose population is a church congregation, Miskelly (1995) suggests that the parish nurse: (a) performs needs assessments, (b) identifies aggregates, (c) plans targeted programs, (d) explores coalition building and resource sharing with other community

health promoting agencies, (e) implements programs and (f) performs process and outcome evaluation (p. 4).

In the discussion of her own survey of health-related needs in a Wisconsin church community (1,000 adult members/173 respondents), Miskelly (1995) notes, for example, that the majority (83%) of respondents "subscribed to the holistic belief that spiritual well-being relates to physical and mental wellness" (p. 7). She does not discuss, however, the finding that 26% of the respondents denied having a "relationship with a god or ultimate reality [which] guides [their] life" (p. 7). She also does not include in her recommended "population-specific program plan" (for the church community she surveyed) any nursing activity related to the spiritual dimension except "values clarification" (p. 12).

The continuing collaborative work of Sharon Fish, Judy Shelly, and Arlene Miller in clarifying Christian values and viewpoint in nursing is highly regarded by members of the Nurses Christian Fellowship (NCF) and other Christian nurses (Mary Thompson, NCF Director, personal communication, June, 1995). For example, Fish and Shelly (1983) co-authored the well-known book Spiritual Care: The Nurse's Role. Miller's (1995) recent article titled "Toward a Theology of Nursing" provides a rationale for this dissertation. Together, all three are currently writing a book devoted to theory development for Christian nursing practice (J. Shelly, personal communication, April 16, 1996). Shelly (1991)

raises the question "Do spiritual foundations matter?" in an editorial in *Journal of Christian Nursing*. She argues that "throughout history health and healing have rested on a spiritual foundation" and that the role of a "caring nurturer--aside from motherhood--is absent outside the Christian tradition" (p. 3). She views "spiritual concepts cloaked in scientific terminology" and "a new generic spirituality" as "the antithesis of nursing" (p. 3). Citing specifically the central tenet of New Age spirituality that "matter is an illusion controlled by the mind," she suggests that this world-view offers people a "false hope" (p. 3) that they will be like God: in control of themselves and their own world. She also argues that "there is no reason for nurturing and attending the sick" as a caring profession "without the example of Jesus Christ and the empowering of the Holy Spirit" (p. 3). In a later editorial, "What Is Christian Nursing?", Shelly (1994) uses the Bible as the primary source for defining characteristics of Christian nursing. These characteristics include (a) a motivation as a response to God; (b) a function that is integral to the concern of the whole church; (c) a view of the person as created in the image of God; (d) a concern for health care that is just and ethical; (e) giving wholistic care (physical, psychosocial, and spiritual); and (f) giving care characterized by love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control. She

concludes that Christian nursing "demonstrates the character of God to the world" (p. 4).

More recently Shelly (1995a, June 22) proposes the following definition of nursing:

Nursing is an interpersonal process, in partnership with God, of compassionate physical, psychosocial and spiritual care which aims to maintain and/or restore optimum health and bring comfort in suffering. It is a public role that does not discriminate against people in need of care, either by age, sex, status, ethnic origin, diagnosis or ability to pay. (p. [1])

Arlene B. Miller (1995) concurs on the need for a clearly articulated, biblically based Christian philosophy and theory for nursing practice. Her approach, as a Christian, to evaluating the currently available conceptual models is to ask; (a) "Does the theory reflect a biblical understanding of the person, the environment, health, and nursing?"; and (b) "Can I be faithful to Jesus Christ in using this theory?" (p. 18). She states that most nursing theories already reflect nursing's historically Christian thinking and core values and that there are "traces of God's truth even in theories reflecting a world view quite opposed to Christianity" (p. 19). However, she holds that today's climate of postmodern pluralism, the proliferation of world-views, and their adoption by influential nurses and institutions will make it "increasingly difficult to practice nursing faithfully as Christians" (p. 19). Miller does not further discuss or give examples of opposing world-views or of "faithful" practice. Citing Luke 4:18, she defines nursing as "cooperating with God, continuing the

work of Christ: serving the sick, the blind, the oppressed, and extending his rule and grace in the world" (p. 19). Predicting that "there will probably not be a single theology of nursing," she concludes that the further development of Christian nursing theory must be a cooperative effort, undergirded by prayer, and viewed as serving both nursing and the kingdom of God (p. 21).

The Nurses Christian Fellowship (NCF) is an organization which over the past 30 years has contributed significantly to theory development with a Christian worldview. This organization, both directly and indirectly, has also influenced the author's work (see Chapter 3). Although based in the U.S., the NCF is international in scope and serves as a publisher (e.g., Journal of Christian Nursing, books, and monographs) and as a coordinator of local workshops and national conferences. For example, in 1985 the NCF commissioned a Task Force to "define and characterize a Christian perspective of nursing care... [and] to stimulate response and action" (Stoll, 1990c, p. 5). The NCF sponsors the annual Christian Nursing Research Institute, and in 1995 jointly established with Messiah College (in Grantham, PA) a special "collection of scholarly manuscripts that express a Christian perspective in the thought life of nursing" (A. Miller, personal communication, January 12, 1996). The NCF's Philosophy is a comprehensive statement of the foundational beliefs its members hold in common about Christian nursing (Nurses Christian Fellowship,

1985) (see **Appendix C: Nurses Christian Fellowship Philosophy**).

Next, the literature of spiritual care in nursing that has relevance to interrelationships of Christian faith and health is reviewed.

#### 2.2.4 Spiritual Care in Nursing

The current "Code of Ethics" of the International Council of Nurses states that all nurses have a responsibility for "spiritual care" (cited in Schnorr, 1990, p. 203). Specific nursing diagnoses, such as "spiritual distress" (Carpenito, 1992, p. 815) and "functional health pattern: spiritual support" (Houldin, Saltstein, & Ganley, 1987, p. 141), have also been described. There is no consensus in current nursing literature, however, on the meaning of the term "spiritual care." According to nurse researcher Karen Soeken (1989), there is:

little published research in this area to address, for example, whether spiritual care should be a part of nursing, the signs and symptoms of spiritual diagnoses, how the spiritual needs of clients can be assessed most effectively, or how spiritual interventions differ from emotional support. This lack of reported research findings no doubt reflects the level of interest in studying spirituality in nursing in general. (p. 356)

The literature of Christian spiritual care in nursing reflects its close connection to the field of clinical pastoral care, or currently referred to today more broadly as "spiritual and religious care" (Canadian Association for Pastoral Practice and Education, p. [1]). The term "pastoral care" has its roots in the Judeo-Christian image

of a shepherd caring for sheep and is applied generally to all leaders of faith communities and more specifically to chaplains in health care settings (Smyth & Bellemare, 1988). Phyllis Smyth and Daniel Bellemare (1988) of Royal Victoria Hospital, Montreal, provide a useful working definition of a pastoral care worker which could also apply to a nurse: "a professional who enters into a relationship aimed at helping the patient use spiritual resources and/or traditions to integrate the experience of illness, suffering, or dying" (p. 87). Sally Eaton (1988), a chaplain at Ottawa Civic Hospital adds that providing spiritual care requires: (a) "knowledge of the dynamics of loss and the grief process and crisis management," and (b) "honed skills" in "active listening" with empathy and love (p. 91).

Although it is generally assumed that the care of the dying incorporates spiritual care, Amenta (1988) states that a recent report of the Joint Commission on Accreditation of Healthcare Organizations in the U.S. indicates that "spiritual care is one of the weakest of hospice program elements" (p. 47). Florence Wald (1988), a nurse educator and a founder of the Connecticut Hospice, observes that Dame Cicely Saunders conceived England's hospice movement within the Anglican tradition of "pastoral care of the sick, poor and distressed...as the concern of the church with the laity taking a leading part" (p. 95). In the U.S., more eclectic models developed. In 1985, an international,

interdisciplinary, interfaith spiritual care work group formed to (a) "document patients', families', and caregivers' spiritual needs"; and to (b) "discuss how these needs could be met" (Wald & Bailey, 1990, p. 65). The group's work resulted in a list of 31 "Assumptions and Principles of Spiritual Care" (Wald & Bailey, 1990, pp. 66-67). Statements salient to this dissertation include:

7. Health care systems presuming to offer total care should plan for and include spiritual care as reflected in a written statement of philosophy, and resources of time, money, and staff. (p. 66)

27. Spiritual counselors from the community should be integral members of the caregiving team. (p. 67)

29. Health care curricula should foster an awareness of the spiritual dimension in the clinical setting. (p. 67)

Sister Rosemary Donley's (1991) review of the periodic nursing literature between 1985 and 1990 identifies 163 articles under the heading of spirituality. She notes that many of these are written by the same authors and are published primarily by the Journal of Christian Nursing. She presents well, from a Roman Catholic perspective, the notion of nursing reclaiming its "mission" (p. 178) in health care. Donley views the current crisis in health care in the U.S. as "one of meaning and values," and argues that "concern for those who suffer" should be "at the core of the nursing ethic" (p. 178). She sees "compassionate presence, meaning giving, and the alleviation of suffering" as a "paradigm for nurses' spiritual mission" (p. 182). She also sees spiritual dimensions of nursing practice as providing

(a) "a sense of worth, meaning, and comfort to nurses themselves"; and (b) "an antidote to a sense of powerlessness and alienation often called 'professional burnout'" (p. 182).

In the book Concepts in Nursing: A Christian Perspective (reviewed above), Marilyn Gustafson (1990) distinguishes "spiritual care" as nurses addressing specific spiritual needs of clients from a broader conception of "nursing care that is spiritual" (p. 10). She states that "care that is spiritual comes from one's being (as differentiated from *doing*) and demonstrates how a Christian nurse is a reflection of God in the performance of her professional nursing role" (p. 11). Although this kind of person-to-person relationship may be considered simply "the therapeutic use of self," a Christian nurse has "a sense of the effect of the self on the spirit of another" (Solari-Twadell et al., 1990, p. 233).

Sharon Fish and Judy Shelly (1983) suggest that this kind of therapeutic use of self involves commitment, humility and vulnerability; further, it involves "giving supportive presence" to a patient as a fellow human being rather than as a nurse with the authority of that professional role (p. 96). Care that is spiritual also involves the nurse's dependence on the Holy Spirit rather than on self alone (p. 95). Fish and Shelly view a person's dynamic relationship with God as the primary source of (a) meaning and purpose in life, (b) love and relatedness, and

(c) forgiveness. They also view a lack of any one of these three factors as producing a "spiritual need" (p. 39).

A review of the nursing literature from 1983 through 1993 by Toni Bauer and Cecilia Barron (1995) found little research on spiritual care nursing interventions. Their own study focused on the interventions preferred by a sample of community-based older adults who, overall, "considered belief in a Higher Power as prominent in their lives" (p. 277). The most frequently selected interventions were (a) "respects my religious beliefs," (b) "treats my religious articles and rituals with respect," (c) "provides an atmosphere that helps me perform spiritual activities," (d) "helps me feel hopeful," and (e) "listens to me when I want to talk" (p. 277). Bauer and Barron found that praying with the person and discussing thoughts about God were among the least frequently selected interventions. A suggested explanation is that these interventions may not be perceived as being within nursing's domain (p. 277). Interpretation of the study's findings is difficult, however, because the context in which the sample experienced the nursing interventions is not reported.

Josepha Campinha-Bacote (1995) developed her conceptual model of spiritual competence in the context of psychiatric nursing. She observes that "most mental health professionals tend to ignore or pathologize the religious and spiritual" (p. 22) in their assessments of clients. She asserts that nurses must be able to (a) differentiate

between healthy and unhealthy spirituality and religious beliefs and practices, and (b) make an accurate nursing diagnosis (such as "spiritual distress") based on "an indepth spiritual assessment" (p. 25). Campinha-Bacote suggests an approach based on her model's three components of (a) "spiritual awareness" (of spiritual biases and stereotyping, using spiritual sensitivity); (b) "spiritual knowledge" (of diverse expressions of spirituality and religious beliefs/practices); and (c) "spiritual skill" (in assessment and diagnosis) (p. 23). She does not, however, describe these components and simply cites without comment several spiritual assessment tools in current Christian literature.

Verna Carson (1993), whose background is also in psychiatric nursing, is well recognized in the nursing spiritual care literature for various research projects on spirituality and the assessment of spiritual well-being. Carson defines spirituality as (a) a trait; and (b) a process, with both a vertical dimension (the interaction between the individual and God) and a horizontal dimension (the interaction of self, others, and the environment) (p. 26). She distinguishes between several different expressions of spirituality, representing a variety of world-views: (a) a "generic spirituality which contains no clear reference to spirit but focuses on a humanistic quest for transcendence and meaning in life"; (b) a "Jewish spirituality characterized by a belief in the God of the Old

Testament and an expectation for a Messiah"; and (c) a "pantheistic spirituality which infuses Eastern philosophies and the New Age movement, and is even represented in many current nursing theories" (p. 25). To Carson, the human spirit is a person's "unique essence" which is "God-given," and Christian spirituality--viewed as a relationship with Jesus Christ--"reflects the ultimate spiritual expression" (p. 25).

In her textbook Spiritual Dimensions of Nursing Practice, Carson (1989c) traces the history of nursing's holistic and health promotion perspectives. She also reviews the positions of prominent nursing theorists of the twentieth century (i.e., Henderson, Peplau, Wiedenbach, Travelbee, King, Orem, and Levine) and concludes that "the focus of nursing to provide holistic care is a unifying theme" (Carson, 1989b, p. 72). Carson's (1989a) conceptual model incorporates spiritual and religious development across the life span. It draws on theories of stages of psychosocial development (i.e., those of Erikson) and faith development (i.e., those of Fowler, Aden, and Westerhof).

Nurse educator Carole Piles (1990b) surveyed a sample of nurses across the U.S. regarding educational preparation to provide spiritual care. She reports that although 96.5% of the nurses surveyed agreed that wholistic care includes spiritual care, 65.9% felt inadequately prepared to perform spiritual care skills (p. 38). Only 13% used the nursing diagnosis of spiritual concern/distress and only 11%

included spiritual needs, interventions, and goals on a nursing care plan (p. 38). Piles identifies a major problem in current nursing curricula as the lack of differentiation of (a) psychosocial and spiritual dimensions of the human being, and (b) psychosocial and spiritual intervention skills of the nurse. She defines the spiritual dimension as concerning a person's "relationship to a higher being or God, as defined by the individual," (p. 40) and the psychosocial dimension as concerning relationship to self or the environment. Respondents (89.2%) in her study agreed that spiritual care content should be included in every basic nursing program (p. 38).

Marcia Schnorr's (1990) 1985 survey (unpublished) of nursing education programs in Illinois found that 56% of the responding schools equated the spiritual dimension with the psychosocial dimension, while less than half included it in their curricula. Schnorr's theory development research focuses specifically on spiritual nursing care. For example, based on her grounded theory study of 46 nurses in diverse types, levels, and locations of practice, Schnorr (1990) describes "the provider of spiritual nursing care" as "any nurse who has the interest, knowledge, skills, and commitment necessary to care for the whole person" (p. 207). Her "C-i-r-c-l-e Model" includes six concepts: (a) caring, (b) intuition, (c) respect for religious beliefs and practices, (d) cautious, (e) listening, and (f) emo<sup>t</sup>ional support (p. 206) (see **Appendix D: Schnorr's CIRCLE model**).

Schnorr, a leader in the parish nursing movement, observes that the practice setting of parish nurses within Christian churches makes "spiritual care an accepted component of their ministry" (p. 216).

Christian caregiving which promotes the health of the whole person is not, of course, limited to professionals (e.g., clergy or nurses). There are many lay people who serve as formal, or informal, spiritual caregivers within the Christian faith community. One formalized type of caregiving, for example, is known as "Stephen Ministries": an interdenominational organization which trains and supervises lay persons for caring ministry in their local congregations (Haugk, 1984). Founder and Director Kenneth Haugk (1984) asserts the need for "unique and distinctive Christian caregiving" and identifies the following as caregivers' "distinctively Christian resources" (p. 155): the Bible, prayer, confession, forgiveness, servanthood, hope, blessings, and fellowship in Christian community. He also argues from his perspective as both a pastor and a clinical psychologist that:

psychology and the health sciences make substantial contributions to the well-being of people. So does theology. When the two are wedded in a practical and healthy union, the possibilities are boundless.  
(p. 157)

The integration of theology, social sciences and health sciences is discussed further in the next section.

### 2.3 Literature Which Integrates Tenets of Christian Faith and Concepts of Health Promotion

As noted in the Introduction (see Chapter 1), the primary literature source in the development of this Christian nursing conceptual model (see Chapter 3) is the Bible. The biblical tenets underlying the Christian worldview which have particular relevance to the integration of faith and *shalom*-wholeness are discussed in Chapter 3. In this section, relevant work from secondary sources of theology relevant to health is highlighted. The author's wider review of related work from the literature of psychology, sociology, human development/gerontology, and health promotion/wellness is also reflected in the discussion.

In an article titled "The Tradition of the Church in Health and Healing," Chicago Divinity School professor and theological scholar Martin Marty (1990b) states that "God, or the language about God, is the subject of theology" and "what the people of God believe it is that is handed over (*traditum*) to them through the generations makes up the tradition of the Church" (p. 48). Marty's particular contribution to that literature which addresses faith and health issues is his extensive work as author and editor in conjunction with The Park Ridge Center for the Study of Faith, Health and Ethics. This includes a ten-volume series on health and medicine in various faith traditions (Marty &

Vaux, 1982) and a publication titled *Healthy People 2000: A Role for America's Religious Communities*" (Marty, 1990a).

Marty (1990b) notes that although "true fullness, in biblical language, belongs to God alone; to Christ as embodiment of God (Colossians 1:19)," there is for all Christians "a moving toward fullness of life" (p. 48). Marty cautions Christians, however, not to "jump on the bandwagon to the holistic market" by forming "alliances with holism," because there is no "assured 'wholeness' as a reward for human striving" (p. 50). Rather, he suggests adopting philosopher William James' concept of "some-ness" (p. 50); that is, acknowledging that each part of the world is in some ways connected, but in other ways not connected. Marty's (1990b) position is that "the Church believes in the ultimate and invisible connection of everything with God's wholeness and Christ's fullness--but it overreaches when it claims to realize these fully or advertises that they can and must be thus realized in the here and now" (p. 52). In the Christian world-view only God, the Creator, is God; humans are creatures who are partial, finite, transient, and living in a world of suffering and death. Thus, Marty contends that the Christian Church, through its theology and tradition, has its own "some" resources to contribute (alongside the "some" of secular health-related fields) to individuals and communities for promoting health.

Mary Knutsen (1995), a professor of systematic theology, offers the following definition of theology as:

a discipline committed to a mutually critical, mutually illuminating, and mutually enlivening dialogue between the classic texts and practices of a religious tradition and the distinctive characteristics and issues of contemporary life, for the sake of the enhancement of life in community with God, each other, and creation. (p. 460)

Describing the recovery of the trinitarian understanding as "one of the most exciting developments in Christian theology in the past thirty years," Knutsen suggests that the concepts of God's personal relationship and deep involvement in individual and community life provide a "powerful new framework...[that] could transform approaches to the economy, property, work, and justice" (p. 465). Knutsen argues from her own perspective as a trinitarian theologian that "the reality of God's own life as a trinitarian community...provides the ultimate context" and "a new paradigm of human life and human community" (p. 462).

As a feminist theologian, Knutsen (1995) describes the root of feminist theology as the "single simple, albeit profound, affirmation: Women are fully human" and identifies two tasks for feminist theology: (a) to expose "ways in which our institutions and ideologies ignore, distort, or demean the humanity of women," and (b) to generate "new, fuller visions of humanity, society, cosmos, and God" (p. 460). She critiques theoretical models in which human development is related to work and, specifically, those of Erik Erikson and Victor Frankl which emphasize individuation, autonomy, and self-determination. In contrast, the biblical Christian paradigm views every stage

of development of the human being as fundamentally a "self-in-relation" and thus healthy aging as characterized by increasingly mature and complex interrelationships (Knutsen, 1995, p. 468).

Others have also raised critical concerns in the theological literature about the merging of psychological and theological thought systems. Theological scholar Don S. Browning (1987), for example, states that "it is essential that the sciences of the human remain sciences and not become, in addition, our functional religions, world views, or ethics" (p. ix). He contends that modern psychologies "transcend themselves and play roles which they are not designed nor well equipped to fulfill" (p. x). His comparative critique of prominent modern philosophers (Ricoeur, James, and Neibuhr) and psychological theorists (Freud, Rogers, Maslow, Perls, Jung, Skinner, Erikson, and Kohut) is comprehensive. Browning's examination of the differing world-views of the traditional Judeo-Christian religion and of the various modern psychologies in the shaping of one's individual identity is relevant to this dissertation.

K. Brynolf Lyon (1985), a professor of Pastoral Care, is also concerned that Christian "ministers, doctors, nurses, social workers, and other helping professionals are turning more to psychology, human development, and sociology [than to Christianity] to get oriented in their care" (p. 10). He challenges the claims of human science to provide

adequate answers to such ultimate questions of personal meaning as "What is the nature of human fulfillment?". He also challenges social science research tools such as the "Life Satisfaction Index" (p. 95) for their underlying assumptions of an individualistic moral ethic as normative. He argues that this normative individualism is inconsistent with some of Christianity's basic tenets of spiritual fulfillment in communion with God and self-sacrificing service to others. His examples of applications to pastoral care, however, fail to illustrate his "model of human fulfillment" clearly (p. 10).

James Lapsley (1992), a Princeton Theological Seminary professor, proposes a theoretical model applicable to both pastoral care and counselling and to Christian health professionals. Using a metaphor of mathematical vectors to denote the characteristics of direction and magnitude, Lapsley's model includes seven kinds of relationships which a person's self-spirit may have with (a) his or her own body, (b) a spouse, (c) children, (d) friends, (e) the human community, (f) nature/culture, and (g) God. It is a useful, though limited, interactional and wholistic model.

The review for this dissertation of the extensive theological and related literature devoted to health, illness, and healing found little which conceptualized health as biblical *shalom*-wholeness. Authors who are physicians, for example, typically reflect the dominant

biomedical model. Three exceptions, however, are Paul Tournier, Daniel Fountain, and Kenneth Bakken.

The books of Paul Tournier (1965), a Swiss psychiatrist, contain much theological content. Although not published in English until 1965, Healing of Persons, written in 1940, is surprisingly current in its wholistic emphasis on (a) assessing each patient's life "as a whole," including a "spiritual history" (p. 57); and on (b) treating a patient "in his entirety" (p. 136). To Tournier, "man is a personal unity, in which there is a necessary and absolute interdependence between the physical, the psychical, and the spiritual" (p. 135). The spirit "expresses itself through both the mind and the body but in itself it is indefinable...[and] is reached only when one is face to face with God" (p. 61). A personal relationship with God, and a discernment of God's plan for one's life, provide a sense of purpose. Tournier also asserts: "Since God created man and gave the universe its laws, obeying Him must mean that man puts himself in the conditions most favorable to health" (p. 189). The "source of power" to obey God is Christ (p. 260). A number of theological tenets and components of wellness are summed up in Tournier's conclusion that:

happiness, inner harmony, acceptance of our lives, the solving of conflicts with others, satisfaction in work, victory over sin, over idleness, and over selfishness have doubtless more influence on our vitality than all the other physical factors of diet, heredity, constitution, or rest. (p. 172)

Daniel Fountain's (1989) book Health, the Bible and the Church, written from the author's perspective as a physician with thirty years of Baptist mission service experience in Africa, contrasts clearly the secular and the biblical world-views of the person, health and medicine. He states that "secular thinking starts from the world" and says "we begin from ourselves," whereas "biblical thinking starts from God" and comes from biblical revelation (p. 31). Fountain, like Lyon, laments that too often the practice of Christian health professionals conforms to the narrow biomedical model and to a secular humanistic world-view dominated by individualism and pluralism that "fragments life, the person, and the community" (p. 3).

Fountain (1989) states that to try to define health is to think secularly about health. He suggests that, instead, Christians should view health as "life, a gift we receive, an endowment we are to develop, and a journey we are to pursue," the whole of which can never be comprehended by the human mind and thus always remains in some way "a mystery" (p. 52). His concept of "radical health" as "saving health through Jesus Christ" (p. 211) (*yeshuwah* in Hebrew) regards both proclamation (of the Good News) and service as integral, and includes liberation from oppressive structures of cultural, economic and political systems. He also asserts that health must always be viewed in a community context (see **Appendix D: The Biblical World View and Health**).

Four of the eight biblical world-view principles that Fountain lists as crucial to an understanding of health and healing are:

2. God intends all people to be healthy and he is actively working to move us toward wholeness.

4. We must wrestle with the mysteries of evil, sin, and suffering, and try to understand the work and ministry of Jesus Christ, who came to restore all of creation to God's original plan of wholeness.

5. Disease is everything that makes us less human, that diminishes the image of God within us. It comes from the Evil One and is to be combated with every means God has given us.

8. The church as a whole is God's chosen channel for healing, for the restoration of wholeness, and for the transformation of society. (p. 6)

In addition, he lists ten biblical health-promoting world-view principles, including (a) "confidence in the goodness of God"; (b) "awareness of human responsibility and accountability" to God, family, and community; (c) "compassion for others" as motivation; and (d) "recognition of absolute moral values...[which] promote respect, order...and concern for justice for all" (p. 173). He also suggests a variety of strategies for health promotion, including parish nursing.

Another physician whose work includes a theoretical model of health promotion based in Christian theology is Kenneth Bakken (Bakken & Hofeller, 1988). Extending a model developed by wellness pioneer John Travis (Travis & Ryan, 1988), Bakken's (1992) model describes two life courses: (a) "living in neutral," leading to premature death; and (b)

"growth," leading to wholeness (p. 53) (see Bakken's diagram in Appendix D). The neutral living axis traces a course through states of lack of awareness, signs and symptoms, disease, and disintegration, which are characterized by fear. The growth axis' stages are awareness, understanding, transformation, and integration, which are characterized by love. Bakken views health as wholeness and identifies personal spiritual conversion as the turning point from neutral living to the growth toward wholeness. He asserts that:

We cannot be transformed unless we surrender ourselves to God in every sphere of our existence: the personal, psychological, and spiritual as well as the social, economic, and political....Conversion means letting God touch every part of us. The call to us is to allow God to lovingly redeem and liberate us from our worst deeply ingrained habit patterns. (Bakken, 1992, p. 55)

Bakken (1992) is also a Lutheran pastor. His work thus attempts to integrate the medical, psychological, and spiritual-sacramental approaches to promoting health and healing of the whole person. His listed underlying assumptions include:

The triad of body/mind/spirit is one of integral interrelatedness.

Wellness is not in and of itself the ultimate goal.

Wholeness is never fully attained in this life but is an on-going process of transformation and growth.

Prayer is a real source of power in achieving wholeness and promoting health, as well as preventing and curing sickness. (p. 47)

Although Bakken illustrates his model from the perspective of the individual and emphasizes self-responsibility, he

also strongly emphasizes the contributing role of social conditions and argues for faith communities to take a more active role in promoting health and healing at all levels. Bakken and Hofeller (1988) note, however, that "healing is fully possible only in a communal/societal context of God's *shalom*: peacemaking, working for justice, caring for the earth and all living things" (p. 63).

Another useful book with both a theological and a health and healing perspective is Caring and Curing: Health and Medicine in the Western Religious Traditions (Numbers & Amundsen, 1986). Its historical overview reveals the diversity in the theological perspectives of early Christian believers and of the New Testament writers themselves. For example, the New Testament Epistles include references to both expectations of healing (e.g., instructions to lay hands on and pray for the sick) and exhortations to patiently accept, and even to rejoice in, suffering (Rom. 5:3-5). The Apostle Paul lists healing as one of the "gifts of the Spirit" (I Cor. 12:4-11) to the church, but also expresses his sorrow over the life threatening illness of his friend Epaphroditus (Phil. 2:27) and reports that Trophimus (II Tim. 4:20b) could not travel because of sickness. Thus, at times people were healed miraculously, sometimes they recovered by ordinary means, and sometimes they remained unhealed. Amundsen and Ferngren (1986) suggest that "the presence of miraculous healing was regarded by early Christians as evidence that the messianic

age had come, but they do not appear to have expected that God intended to heal all disease miraculously" (p. 45). They note that there also appears to be a "much stronger imperative to alleviate the ills of others than to seek to lessen one's own suffering" (p. 47). Citing a quotation of Basil the Great (ca. 329-379), they conclude that Christians in the earliest centuries appear to have employed both traditional medical remedies and spiritual practices of the church to promote their health:

We must take great care to employ this medical art, if it should be necessary, not as making it wholly accountable for our state of health or illness, but as redounding to the glory of God....When reason allows, we call in the doctor, but we do not leave off hoping in God. (cited in Amundsen & Ferngren, 1986, p. 52)

Differences of theological opinion, from ancient times to the present, continue to make the subject of the relationships of sin, suffering, sickness, healing and wellness a complex and controversial one. Theologian Thomas Droege (1979, 1995) observes that historically the church has emphasized healing more than health ministry *per se*. However, the report of the Christian Medical Commission of the World Council of Churches (1990), titled Healing and wholeness: The churches' role in health, provides evidence of an increasing interest in wellness by their member churches around the world. Through "grass roots" regional consultations with 650 pastors, theologians, and health professionals over a ten year period, the Commission's purpose was to stimulate both discussion and action toward

greater concern for health care by member churches as healing communities. The report addresses health as a justice issue, a peace issue, an issue of "the integrity of creation," (p. 3) and as a spiritual issue. Nearly half of the report is devoted to reflections on "the theology of health, healing and wholeness" (p. 35). **Appendix D** of this paper contains a diagram from the report which is intended to "facilitate further thinking about health, healing, and wholeness" (p. 38) from a Christian perspective.

In 1992, the Carter Center at Emory University established the Interfaith Health Program under the direction of Thomas Droege (1995) and William Foege (1990), a former medical director of the U.S. Center for Disease Control. Its primary purpose is to encourage faith groups to "improve the individual and collective health of the local and global communities they serve" (Droege, 1995, pp. 122-123). Droege (1995) observes:

The wide variety of perspectives and the lack of unified vision make it premature to speak of a full-blown faith and health movement, but it is clear that religious and health leaders are eager to join the forces of faith and health in order to realize a common vision for improving health. (p. 122)

Parish nursing programs are cited by him as an example encompassed in this common vision.

#### **2.4 Summary**

In this chapter the author has reviewed the literature of the diverse fields from which she has drawn in developing her conceptual model for Christian nursing/parish nursing

(see Chapter 3). The influence of world-view on one's life (personal and professional) is generally acknowledged. In the theological and pastoral care literature, for example, there is agreement that individuals' and their societies' views of human nature and of humans in relationship to God greatly affect attitudes and actions relevant to the experience of health. Increasing interest in promoting health of the whole person--body/mind/spirit--is evident in the literature; but, a relative lack of attention to the spiritual dimension in nursing theory, practice, education and research is noted.

## CHAPTER 3

## A NURSING CONCEPTUAL MODEL GROUNDED IN CHRISTIAN FAITH

Musings on the Miller Modelby Lynda W. Miller<sup>©1996</sup>**-The Triune God-**

Infinite. Intimate.

creating, sustaining, restoring, enjoying.

Love-in-Three Persons

always there.

**-Human Being-**

dependent, dignified.

living, needing, struggling, changing.

Body-Soul-Spirit

Shalom-wholeness.

**-Community of Faith-**

believing, bonded.

worshiping, learning, serving, healing.

Light and Salt

'til Christ returns.

**-Parish Nurse-**

called, competent.

listening, helping, encouraging, connecting

Faith and Health.

Compassionate care.

## 3.1 Introduction

In this chapter the nursing conceptual model developed through the author's dissertation research process is described. It is a beginning effort to lay a broad foundation clearly consistent with a biblically-based Christian world-view, and is intentionally at a high level of abstraction. Emphasis is placed on those core concepts and interrelationships which reflect the integration of Christian faith and health. More particularly, emphasis is placed on concepts central to parish nursing which could serve to distinguish parish nursing practice from other forms of health promoting nursing practice.

The core and integrating conceptualization of the model--the Triune God: God(Father)/Christ(Son)/The Holy

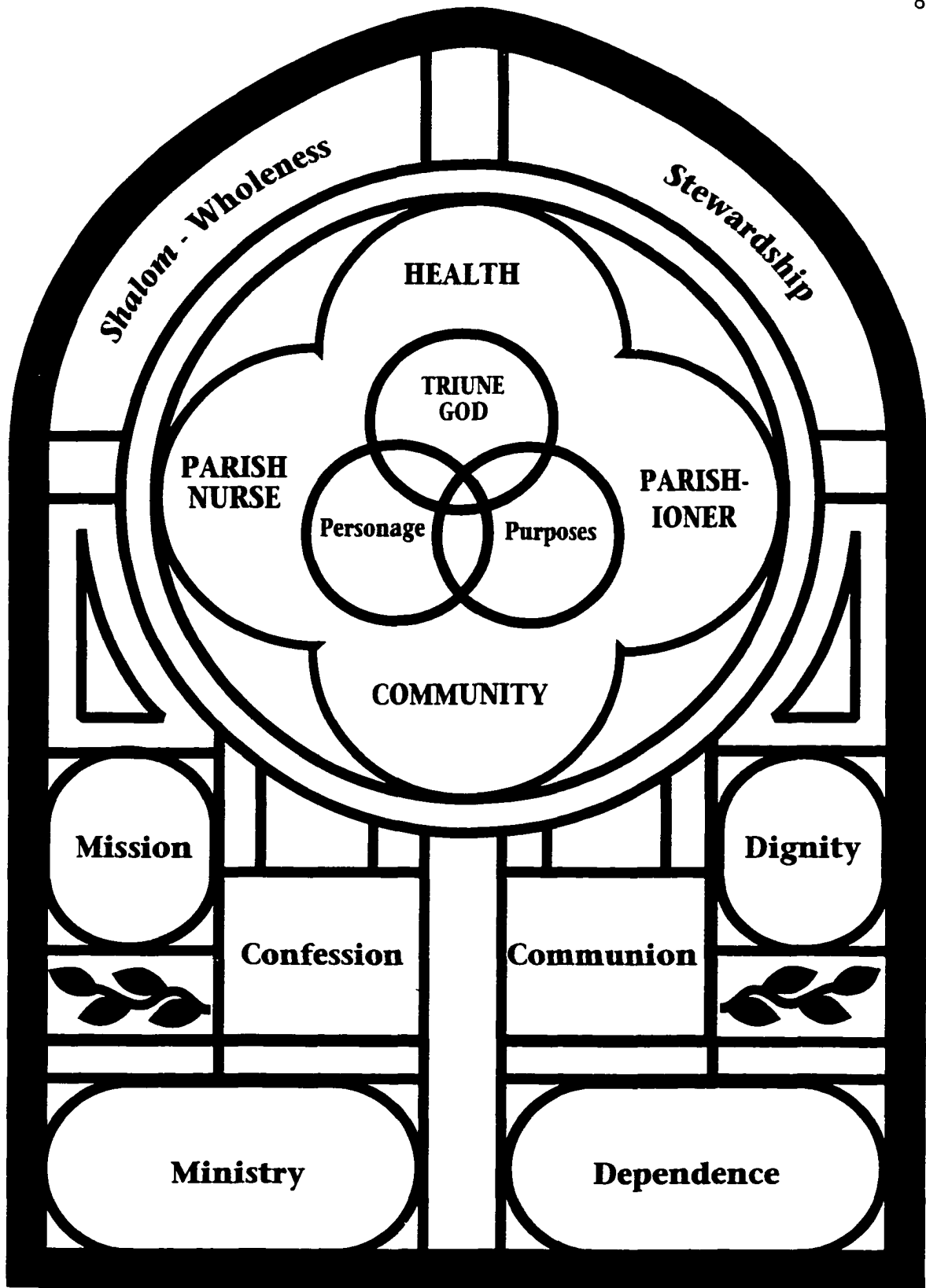
Spirit)--is described first. Four separate components are then described: (a) Person/Parishioner, (b) Nurse/Parish Nurse, (c) Health/*Shalom*-Wholeness, and (d) Community/Parish. These four components are analogous to those identified through meta-analysis of other nursing models (Fawcett, 1995), but are modified here to remain within the parameters of this dissertation's particular focus. Specific concepts within each component are defined and described separately and in relation to one another. Interrelationships among the components are also suggested. Symbolic representations (figures) are presented in the form of stained glass windows, a metaphor chosen because of their association with Christian churches. (See Figure 2: **Components and Major Concepts of the Model**, page 85, and also the author's poem "**Musings on the Miller Model**" above.)

### 3.2 Components and Concepts of the Model

#### 3.2.1 The Triune God:God(Father)/Christ(Son)/The Holy Spirit

##### 3.2.1.1 Introduction

The first conceptualization addressed in the process of developing this nursing model was the Triune God: God(Father)/Christ(Son)/The Holy Spirit. It is described first because it is (a) the core and integrating concept of the model, and (b) that which most clearly distinguishes the model from other current nursing conceptual models. The theological conception of the Triune God (i.e., God-in-three-persons) is absolutely central to Christianity itself. It is a Christian truth which has been affirmed across



**Figure 2: Components and Major Concepts of the Model**

twenty centuries of church history and which unifies Christians amidst cultural and denominational diversity. It is also essential to understanding the spiritual nature of each Christian's relationship (or communion) both with the the Triune God and with other Christians within a particular church community.

That the Triune God described in the Bible exists, and that He reveals Himself to--and can be known by--human beings, whom He specially created, are basic tenets confessed and taught by all branches of the Christian Church (Pelikan, 1989; Sire, 1988). Another important tenet of both the Old and New Testaments is that God reveals Himself to human beings both as individuals and as communities, in inner lives and in outer events. It is the author's premise in this nursing model that a Christian's conceptions of the Triune God inform all other conceptions of life.

A full description of this conceptualization is an impossible task for a dissertation because the infinite Trinity is, in biblical terms, a mystery which finite humans cannot fully comprehend and which, indeed, has not yet been fully revealed (Luke 10:21-22; Eph. 5:32; Job 38:1-4, 42:3b) (see **Appendix B: Quotations from the Bible**). This model is drawn from the two major perspectives referred to in theological literature as "Trinitarian theology" (O'Donnell, 1989) and "Kingdom of God theology" (Ladd, 1974). The foundational literature of the model is the Bible and two historic creeds of the Christian Church: "The Apostle's

Creed" and "The Nicene Creed" (Book of Alternative Services, 1985) (see Appendix C). These creeds are important because they provide a synopsis of the core biblical truths in the form of brief authoritative statements of beliefs of authentic Christian faith world-wide (Lockyer, 1986; Smart, 1983). (See also Appendix C: "The Westminster Confession II, 1" and "The Prayer of the Trinity".)

The author readily acknowledges that her own human understanding of the Triune God and His Kingdom is limited. It is possible, however, to identify a number of specific, significant beliefs about God(Father)/Christ(Son)/The Holy Spirit (a) which distinguish a Christian world-view, (b) which are commonly held by Christians today, and (c) which are relevant for nurses practicing health promotion in churches. These selected beliefs are organized under two headings: Personage and Purposes. There is considerable overlap between them, however, because the nature (character) and the will (purposes and activities) of the Triune God are not truly separable. The relevance of these beliefs in this model and more specific concepts are discussed later in the four separate component sections: Person/Parishioner (see 3.2.2), Health/*Shalom*-Wholeness (see 3.2.3), Nurse/Parish Nurse (see 3.2.4), and Community/Parish (see 3.2.5).

#### 3.2.1.2 Personage

In response to the statement "I believe in God," one might ask "What God do you believe in?". Perceptions of

"God" may differ greatly among individual members of any given faith community. This model attempts to describe the personage of God as revealed in the Bible. It is beyond the scope of this dissertation, however, even to list the many aspects and attributes of the nature or character of God as described in the Bible. The selected major concepts of God's personage in this model may be stated thus: (a) The Triune God is a personal God, in intimate, loving relationship, and (b) the Triune God is sovereign, good (righteous), just, and merciful (gracious).

3.2.1.2.1 The Triune God is a personal God, in intimate, loving relationship. The central conceptualization here is that of a personal God revealed as three Persons (God(Father)/Christ(Son)/The Holy Spirit) in intimate relationship. The Trinity may be conceptualized as three consciousnesses, or as one divine consciousness shared by the three persons, with a "pure reciprocity and perfect harmony both with respect to one another and in their relationships with human beings and the whole of creation" (O'Donnell, 1989, p. 107). In the Old Testament, the Genesis accounts of the Creation of the world and humankind speak of "I" (Gen. 1:29), "us" (Gen. 1:26) and "The Spirit of God" (Gen. 1:2). Read from a Christian theological perspective, these passages refer to the Trinity. The Triune God is "eternally self-existent, though the created order is not" (Bloesch et al., 1982, p. 16).

The essential nature of the Triune God is Spirit (John 4:24), but Christ was also fully human in His incarnation (from the Latin *caro*, meaning *flesh*) (John 1:14; Stein, 1973). The intimate personal relationship of God with the incarnate Jesus Christ is that of Father and Son. In the New Testament, Jesus is described as being "with God" from the Beginning, involved in creating everything (John 1:1-3; Col. 1:16). Jesus refers to this relationship in His statements that "I and my Father are One" and "No one comes to the Father except through me" (John 14:6,10-11; Eph. 4:3-6). As a human person, however, Jesus expressed a separate identity in that He frequently prayed to God, including His last prayer, at His death, "Father, into Your hands I commit my spirit" (Luke 23:46).

The following statements from the Creeds (Book of Alternative Services, 1985) (see also **Appendix C: Creeds**) express these basic beliefs about the personage of God:

I believe in God, the Father almighty, creator of heaven and earth. I believe in Jesus Christ, his only Son, our Lord. [The Apostles Creed] (p. 189)

We believe in one God, the Father, the Almighty, maker of heaven and earth, of all that is, seen and unseen. We believe in one Lord, Jesus Christ, the only Son of God, eternally begotten of the Father, God from God, Light from Light, true God from true God, begotten, not made, of one being with the Father. [The Nicene Creed] (p. 188)

The intimate inter-connectedness of the Holy Spirit with both God and Christ is reflected in promises Jesus made to His disciples, before His death, and in appearances to them after His resurrection:

God will give you another Counselor to be with you forever--the Spirit of truth....He lives with you and will be in you. I will not leave you as orphans; I will come to you. (John 14:16-18)

Unless I go away, the Counselor will not come to you; but if I go, I will send him to you....He will not speak on his own...he will bring glory to me by taking from what is mine and making it known to you. (John 16:7b,13b-14)

Wait for the gift my Father promised....In a few days you will be baptized with the Holy Spirit. (Acts 1:4-5)

The intimate relationship of the divine Spirit with humans is a significant, integrating concept in all components of the model.

3.2.1.2.2 The Triune God is sovereign, good (righteous), just and merciful (gracious). The sovereignty of the Triune God as Creator and Sustainer of the universe is a central theme throughout the Bible. This theme is particularly evident in the many references to "The Kingdom of God" (for example, Matt. 12:28; Mark 10:15; John 3:3) which in its essence is the reign, or rule, of God as King in personal relationship with individuals as subjects. The term includes "the rule of God, the rule of justice in the human spirit and the rule of love in the human heart" (Pelikan, 1989, p. 213). The concept of God's rule is one of loving concern for, and ultimate authority over, all the actions of His universe (Sire, 1988, p. 28).

The Bible also reveals God's personage as good (or righteous), just and merciful (or gracious) (Deut. 32:4; Ps. 145:9). God is a holy judge concerned with personal and

social righteousness. Inherent in these descriptions of the character of God is the existence of sovereignly established Law. Justice requires a moral foundation, and there are moral absolutes of right and wrong within Christianity. The Law of the Old Testament and Jesus' teachings in the New Testament present specific ethical standards. The Triune God Himself is the standard by which all moral judgments are measured, the fullest embodiment being the person of Jesus Christ (Sire, 1988). At Christ's future return He will "judge the living and the dead" (Book of Alternative Services, 1985, p. 189) (see also **Appendix C: Creeds**, and Acts 17:31a; John 5:27-29).

There is no contradiction in the dual beliefs that the Triune God personifies Love and Judgment. For example, "God hates sin but loves the sinner" is a familiar axiom among Christians. A simple analogy could also be drawn here to human parents whose love for their children is demonstrated by making their expectations of behavior clear and by holding their children accountable (Gaede, 1993, p. 72).

#### 3.2.1.3 Purposes

Among the various purposes of God revealed in the Bible, the limited scope of this dissertation confines selection to only two major beliefs which unify Christians and which are particularly relevant to the model. Both are extensions of the personage belief statements above. These are that: (a) In the Beginning, the Triune God created everything good, intended for harmonious relationships, and

(b) Since the Fall, restoration of relationships is made possible through Christ's life, death, resurrection, and ultimate return.

3.2.1.3.1 In the Beginning, the Triune God created everything good, intended for harmonious relationships.

According to the biblical record, the self-existent Triune God brought into existence everything else and declared all His creation good (Gen. 1:31; John 1:1-3). Human beings were made "in the image of God" (Gen. 1:27) to enjoy harmonious intra-personal and inter-personal relationships with the Triune God and all of His creation. They were created male and female, in full and equal partnership, with shared responsibility in work and family life, and in stewardship of the natural world (Gen. 1:27-30, 2:18-28; Eccles. 2:24-26, 3:11). God loved and "blessed" human beings, making them "a little lower than the heavenly beings and crowned with glory and honor" (Ps. 8:5-6).

The Christian Humanist Manifesto (Bloesch et al., 1982) refers to God's purpose in creation in these statements:

The meaning of human life is moral and spiritual: moral, in the performance of God's will, which is both just and loving; spiritual, in a fellowship with God and other persons....Labor and leisure, science and art, family and state, belong to human life as God meant it to be. Yet the meaning of life is not found in these activities but in the God who enables them.  
(p. 16)

God created humans to be volitional--capable of intellectual and spiritual discernment and of moral choice--but not to be autonomous. Human life was to be received as

a gift and responded to in acts of loving worship. Harmonious relationships were to result from continuing dependence on, and obedience to, the Creator (Gen. 2:7, Ex. 20:2-3, Deut. 4:39-40, I Kings 3, Job 21, Ps. 100:3-5; Rom. 1:20). From the biblical perspective, then, moral goodness is seen as human obedience and its consequences, and evil is seen as human (or angelic) rebellion and its consequences (Isa. 14:13-14; Wright, 1992). The disobedience involved in the Fall recorded in Genesis 3 caused damage to all creation, alienation from the Creator, and discord in all relationships (Ex. 34:5-7a; Rom. 3:23, 8:22-23). For example, both the rebellious angelic beings (e.g., Satan) (Rev. 12:9) and humans (e.g., Adam and Eve) presumed to become "like God" and to usurp His authority (Gen. 3:5). Thus, in the present fallen world, the fallen angels and fallen human nature continue to oppose the Rule of God (John 16:8,11b; Ladd, 1974; Rev. 12:17b). The relevance of this theology to the model will be discussed later in separate component sections.

3.2.1.3.2 Since the Fall, restoration of relationships is made possible through Christ's death, resurrection, and ultimate return. All of the descriptions of the personage of the Triune God discussed above--sovereignty, love, goodness, justice, and mercy--are exemplified in the second purpose statement: Since the Fall, restoration of relationships is made possible through Christ's death, resurrection, and ultimate return. Both in the Old (First)

Covenant between God and His people in Old Testament history, and in the New (Second) Covenant with believers in Christ Jesus, God took the initiative to restore relationships; but, reconciliation requires a personal response of repentance and turning to God in obedience to God's will (Mark 1:15, 10:15; Matt. 7:21; John 3:3; Rom. 1:16). The Triune God is the author and agent of "the Gospel of Salvation" (a translation from the Greek meaning "Good News").

Various answers could be given to the question "What is The Gospel?". One answer could simply be the Apostle John's statement: "For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life" (John 3:16-18). In the Bible to "believe" is to "take into the heart, to adopt, to feel akin to or morally related to" (Moore, 1993, p. 48). Thus, to "believe the Gospel" requires more than intellectual assent to the historical person Jesus Christ and the historical facts of what He did. The verb "believe" is linked with the Anglo-Saxon words *lief* and *luf* meaning "to love," and the related word "faith" is linked to the Latin *fidere* meaning "to trust" (p. 48). Thus in the Bible, to have faith in Christ is to have a personal relationship which trusts in him alone for salvation. It involves submission--a surrender of will--to Jesus Christ as Savior and as Lord (Moore, 1993; Wright, 1992).

Another response to the question "What is The Gospel?" is that in Christianity "Jesus is more than a messenger of the gospel; He is the gospel" (Lockyer, 1986). The Apostle Paul, for example, expressed concern that Christians in the early churches at Colossae and Corinth not be later misled by "deceptive philosophy" or "a different gospel":

See to it that no one takes you captive through hollow and deceptive philosophy, which depends on human tradition and the basic principles of this world rather than on Christ. (Col. 2:8)

But I am afraid that just as Eve was deceived by the serpent's cunning, your minds may somehow be led astray from your sincere and pure devotion to Christ. For if someone comes to you and preaches a Jesus other than the Jesus we preached, or if you receive a different spirit from the one you received, or a different gospel from the one you accepted, you put up with it easily enough. (II Cor. 11:3-4)

Further discussion of the theological distinctions between such related biblical terms as atonement, justification, and reconciliation, is beyond the parameters of this dissertation. It is sufficient here to state simply that the Gospel is "Good News" because God did for humans what they could not do themselves by providing a way through Christ to restore relationships (Heb. 9:14-15,22,26; I John 4:10).

The overall theological perspective of the Triune God's Rule (i.e., the Kingdom of God) defined earlier in this chapter is relevant both to the discussion of gospel above, and to the sections which follow, because it "binds together the Old and New Testaments' historical accounts of God's royal redemptive acts" (Ladd, 1974, p. xi). In identifying

Jesus as the "definitive climax" (Ladd, 1974, p. xiii) of those acts, it also integrates Jesus' message and mission (Matt. 12:28; Luke 4:18-19,21). The Gospel thus looks back on Jesus's first coming to earth as Christ on the cross, looks forward to the hope of His second coming in the future, and proclaims His empowering presence in the here and now (Shelly, 1995b). The complete fulfilment of the Kingdom of God is still in the future, but the signs of the Kingdom were present in Jesus and the powers of the Kingdom are present today, though only partially revealed and experienced. Thus today Christians (e.g., parish nurses and the persons they serve) experience tension because they are living, physically and spiritually, in the overlap of two contrasting worlds: (a) the temporal, sin-afflicted present ("the kingdom of darkness"); and (b) the eternal past-present-future ("the kingdom of light") (John 3:19-21; A. Petrie, personal communication, November 1995). The Kingdom viewed as the reign of God is in some sense past, present and future, both now and not yet. Implications of this for everyday living will be included in Chapter 4.

### 3.2.2 Person/Parishioner

#### 3.2.2.1 Introduction

The person component in a nursing conceptual model is particularly important because the nurse's beliefs about human nature (one's own and others') affect how the nurse works with people. The nurse's viewpoints on human health, aging, illness, suffering, healing and death also impact

nursing care. It is the author's premise that what she (the author) brings to the process of creating this model--and to her relationships with others as a nurse--is not merely her nursing knowledge, skills, or role, but herself as a whole person. Likewise, in this model people relate *wholly* to the nurse as *co-participants* in the process of promoting their health. Concepts relevant to personhood (of both the nurse and the people with whom the nurse works) are included in this component, while concepts specific to the working relationship are discussed later in the component Nurse/Parish Nurse (see 3.2.4).

As noted in the literature review (see Chapter 2), current nursing models generally define personhood in terms of the individual as an autonomous self. Most reflect a secular humanist world-view in which the human self is central and in which no transcendent, sacred "higher power" external to human self exists. What distinguishes this nursing model from others is not that it *acknowledges* a wholistic body-mind-spirit view of person, for various others do as well (for example, Blattner's (1981), Henderson's (1966) and Watson's (1988)). Many models allow for spiritual care of persons. However, most incorporate spirituality within broader psycho-social or culturally sensitive approaches. Usually, current conceptual models applied to nursing education curricula: (a) define the spiritual in psychological terms of finding strength, meaning, or hope in the face of illness, suffering, or

death, and (b) treat spiritual care as "add-on" rather than core content (Miller, 1995; Shelley, 1993).

The core of this model is spiritual in its integrating conceptualization (the Triune God), and personhood is defined in terms of spiritual relationship with the Triune God. It is the author's premise that the personage and purposes of the Triune God (as described in the preceding section) are transformative of people, providing them more than a Christian system of thought or philosophical world-view. Discussion is based primarily on biblical texts (see **Appendix B**) which refer to the origin and nature of human beings in relationship. Discussion of the specific concepts of this component are organized under two headings: Dignity and Dependence.

#### 3.2.2.2 Dignity

This component's concept of human dignity, including the related ideas of personal worth, respect, and self-esteem, derives from the Christian belief in the special creation of humans "in the image of God" (Gen. 1:27) (see 3.2.1.3.1). It also derives from the unconditional love of the Triune God toward all people, and the special covenant relationship with those who accept the gospel of Christ (Jer. 31:3; John 3:16; John 4:10; Rom. 5:7-8). Discussion here intentionally parallels the two earlier sections' belief statements of the personage and purposes of the Triune God, and is organized under the two concepts of inspired whole/person and fallen image-bearer.

3.2.2.2.1 The concept of inspirited whole/person. From the Creator's perspective, every person (e.g., parishioner and parish nurse) is valued as a unique, special creation who bears resemblance to the Triune God. That inherent value, regardless of a person's outward appearance or performance, is commonly referred to today as the "sanctity" or "sacredness" of human life, and is an acknowledgement of humans' inner spiritual nature. In this model, the concept of human spirit is so central to the component of person that a more detailed discussion is warranted here.

It is important to note that in the Old Testament's concept of human being there is no trichotomy of body, mind, and spirit. In the Genesis account of creation, God first forms the human body from the "dust" (the Hebrew 'aphar ) and then blows into the nostrils "living breath" (*ruach*) to animate the body as a "living being" (*nephesh hayyah*) (Gen. 2:7; Isa. 42:5; Robinson, 1946, p. 70). Throughout the Old Testament, the words *ruach* (moving air or wind) and *nephesh* (the organ of breathing) refer to the basic principle and vital power of human life (breath) (Wolff, 1974). *Nephesh* can also be rendered "an inspirited whole" or simply "person" (Brittain, 1986, p. 107). These words never referred to an intellectual "mind"--as the Greek word *psyche* represents--or to a disembodied "soul" which exists before birth or after death (Robinson, 1946, p. 70). God created embodied persons, not souls now captive to bodies. Pelikan (1989) further notes that the Genesis 2:7 statement "And man

became a living soul" makes clear that man "did not merely possess it, he became it...the man in the man" (p. 206).

Biblically defined, every person has a spiritual identity separate from the Creator both before human biological conception and after biological death (Ps. 139:13). The Bible does not fully reveal what life after death is, but individuality continues in new resurrected bodies (Rom. 8:22-23; 2 Cor. 4:14). Statements from the creeds (Book of Alternative Services, 1985) (see also **Appendix C: Creeds**) of this belief are:

I believe...in the resurrection of the body, and the life everlasting. [Apostles Creed] (p. 189)

We look for the resurrection of the dead, and the life of the world to come. [Nicene Creed] (p. 188)

This model's Christian concept of the human spirit thus differs from nursing models whose philosophical base views death either as extinction or as transcendent merging of individual identities with impersonal life force/energy (see 2.2).

Stoll's (1989b) definition states that "man is truly a simultaneously complex, multidimensional person and a unitary organism" whose "differing facets of...personality and life" (as a Christian) are integrated into a whole by "Jesus Christ as Lord and Savior" (p. 162). This is consistent with this model's definition of human beings as whole persons, in that both definitions maintain the central Christian conception of the spiritual dimension as that which animates and integrates all the dimensions of the

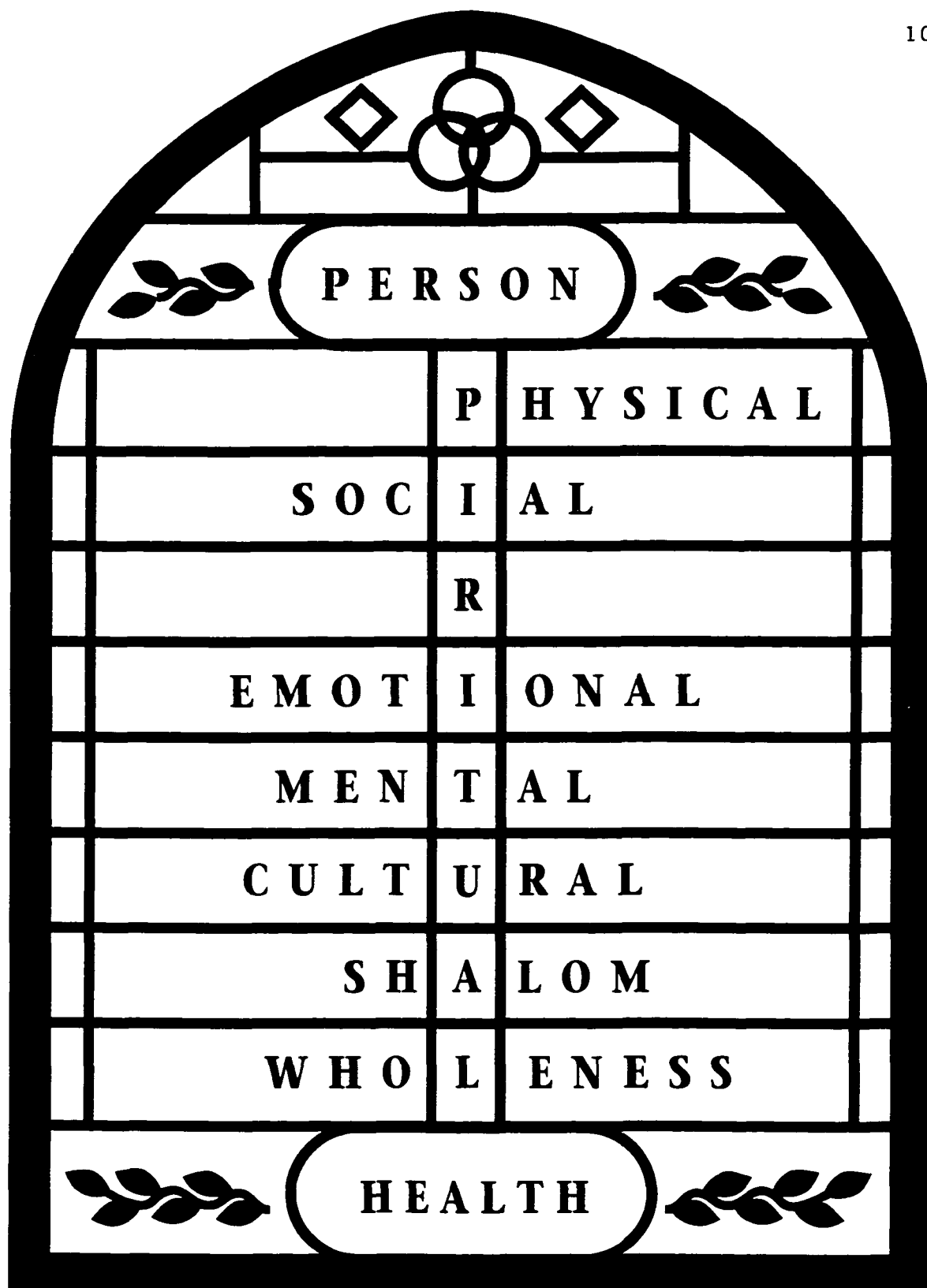
whole person. The author prefers the term "aspect" to "dimension," however, because dimension suggests quantifiable measurement of separate parts, whereas aspect means "a way in which a thing may be viewed" (Stein, 1973). Here, aspect is intended to convey a notion inclusive of the spiritual as well as of the physiological and psychological.

In stating the "Greatest Commandment," Jesus uses terms which could be considered four aspects of the person: "Love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind" (Luke 10:27). Biblically speaking, "heart" refers to the inner being or spiritual nature, while "soul" describes the personality (psychological nature) and "mind" relates to cognition. "Strength" could refer to one's will expressed bodily in physical action.

For the purposes of the model here, the author describes the Person/Parishioner component in terms of an integrated whole which encompasses six aspects: (a) spiritual, (b) physical, (c) mental, (d) emotional, (e) social, and (f) cultural. Two figures are presented to illustrate the Person/Parishioner component: **Figure 3: Person and Health--Representation of the Spiritual as Integrating All Other Aspects of the Whole Person,** and **Figure 4: Aspects of the Whole Person (Spiritual, Physical, Mental, Emotional, Social, Cultural) and Health Promoting Resources of the Person.**

**Figure 3** is a stained glass window with panes in a crossword puzzle configuration representing the six aspects of the whole person. The spiritual is central and connects all other aspects. This figure also represents the inclusion of all six aspects within the domain concept of health as *shalom*-wholeness. (See **Figure 3: Person and Health--Representation of the Spiritual as Integrating All Other Aspects of the Whole Person**, page 103.)

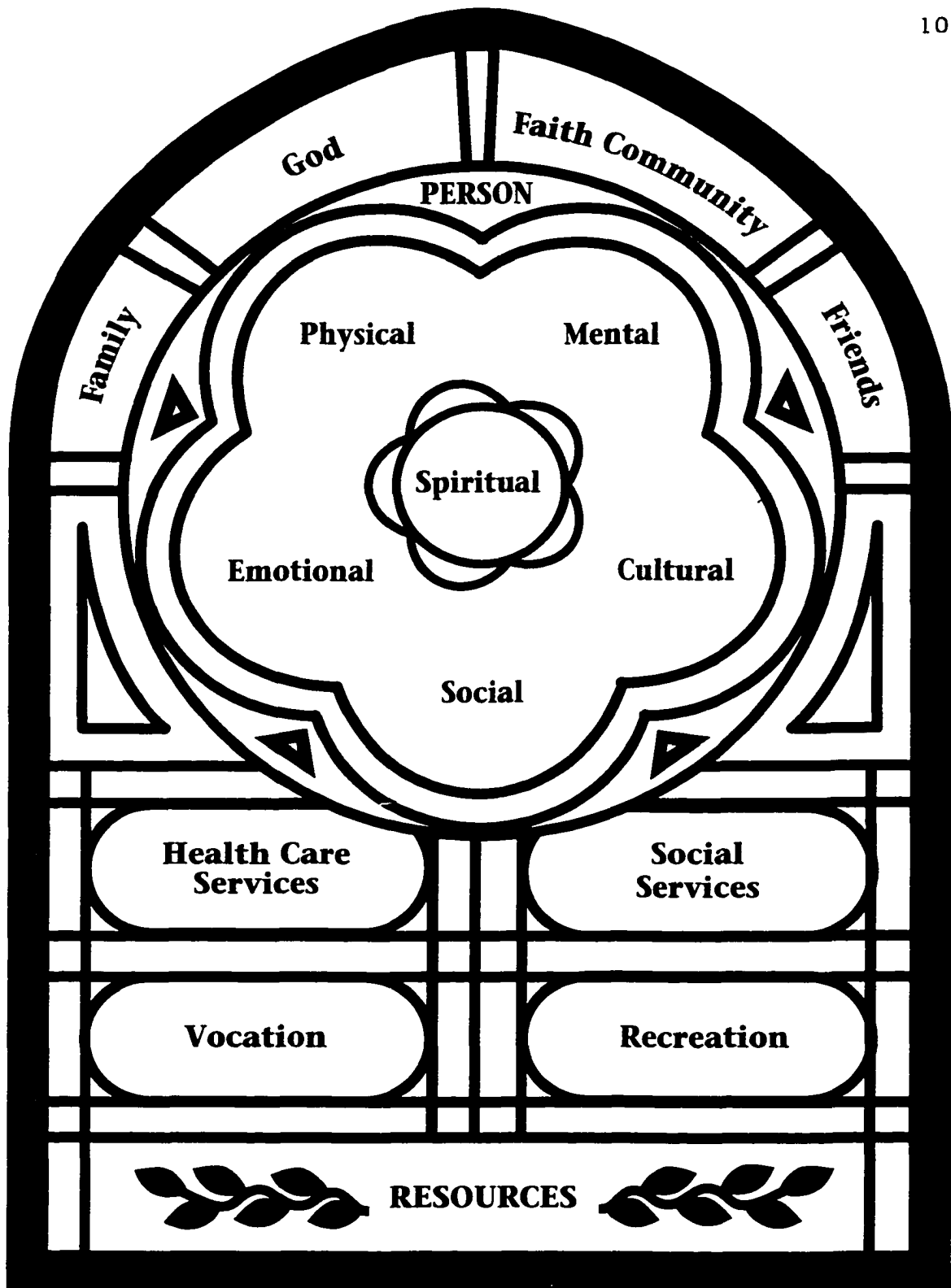
Another useful way of depicting the same six aspects is the human hand. The fingers and thumb can represent the physical, mental, emotional, social, and cultural aspects, and the palm of the hand can represent the spiritual. Because these may be viewed as parts of a functioning whole, it is a useful metaphor for discussing differing aspects of a person's life or health. This metaphor could be used, for example, by the parish nurse (and parishioners) in assessing health-related needs and resources, and as a teaching tool. The author is not suggesting that either **Figure 3** or the simple metaphor of the hand adequately represents the complexity of a human being. One reviewer of the model, for example, reports that she personally "gave up trying to diagram the person [because] it would be putting Hebrew thinking into Greek-style models--they just don't fit together" (J. Shelly, personal communication, December 19, 1995). Neither **Figure 3** nor the hand metaphor conveys interactions between the aspects, but both serve to illustrate the major and central place of the spiritual.



**Figure 3: Person and Health - Representation of the spiritual as integrating all other aspects of the whole person**

Figure 4 uses the metaphor of a stained glass window in which the rose window in the center represents the six aspects of Person/Parishioner and the surrounding panes suggest various types of resources which promote personal health/*shalom*-wholeness. (See Figure 4: Aspects of the Whole Person (Spiritual, Physical, Mental, Emotional, Social, Cultural) and Health Promoting Resources of the Person, page 105.) Although the window, like the hand, is descriptive of the centrality of the spiritual in integrating all aspects of the person, it too does not adequately reflect interrelationships or the relative contribution of the various resources to promoting health. In that a hand functions as an interdependent whole, and a stained glass window is composed of interdependent panes, both figures do symbolize fully integrated wholeness. It is a premise of this model that a challenge to personal health in any one aspect affects and is affected by every other aspect. Both figures are thus relevant to all of the model's components: Person/Parishioner (see 3.2.2), Nurse/Parish Nurse (see 3.2.3), Health/*Shalom*-Wholeness (see 3.2.4) and Community/Parish (see 3.2.5).

3.2.2.2.2 The concept of "fallen image bearer". This model also differs from others in its conception of human beings as "fallen image bearers" (Crabb, 1987, p. 112). This refers to the Christian belief, discussed earlier, that the human reflection of the divine image of the Triune God has been distorted by the Fall (see 3.2.1.3.1). Every



**Figure 4: Aspects of the Whole Person (Spiritual, Physical, Mental, Emotional, Social, Cultural) and Health Promoting Resources of the Person**

person sins (i.e., "misses the mark" of perfection intended in creation) and no one can earn God's forgiveness or favor, which the just and loving Father *offers* as a gift through the Son's death and resurrection to those who accept it (Rom. 3:23; 1 Cor. 15:21-22; 2 Cor. 5:17; Eph. 2:8-9; 4:22-24; Col. 3:10; I Pet. 1:23). Thus, both the new biological life of the new-born baby and the renewed spiritual life of the "born-again" believer in Christ are gifts.

A central theme of the Bible is love, particularly "covenant love." Fallen image bearers are valued primarily because they are loved (Sherburne, 1990; Sire, 1988). The Greek word *agapao* (translated "love" in the New Testament) means to have "esteem or high regard" (Lockyer, 1986). The same word is used to describe both the loving relationship of God the Father toward Jesus the Son and of the Triune God toward people (John 3:16, 14:21, 17:25-26). It is also the basis of the love of Christians for one another, which is discussed further in the later component Community/Parish (see 3.2.5.3) (Lewis, 1963; Lockyer, 1986).

The Incarnation itself expressed esteem for humanity. In Jesus' life He demonstrated equal regard for all persons, and in His death and resurrection equal access to the Kingdom. His gospel message of the Kingdom and His ministry of healing were equally available to all. Jesus' personal relationships--with women, children, and the outcast or despised in Jewish society (e.g., lepers, adulterous women, Samaritans, and Roman soldiers)--were clearly non-

discriminatory on the basis of gender, age, ethnicity or social status (Matt. 8:5-7, 12:25; John 4:9-10). He related to people as individuals, as whole persons (body/soul/spirit). He was not only concerned with people's spiritual condition, but also addressed their physical health and social and economic condition (Matt. 11:4-5; Wright, 1992). The following passage reflects Jesus' recognition of the plight of fallen image bearers. At the beginning of His ministry, Jesus proclaimed himself as the fulfillment of the following prophecy concerning physical, emotional and social ills:

[Jesus reading from the scroll of the prophet Isaiah:] "The Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord's favor."...[Jesus speaking:] "Today this scripture is fulfilled in your hearing." (Luke 4:18-19,21)

Thus, an important concept in this component of the model is that all persons have intrinsic, God-ascribed value, and therefore are to be esteemed (by themselves and others) irrespective of their physical, mental, or social status (Taylor, 1986). The expectation that older persons in particular be duly respected and cared for by their immediate family and by members of their faith community is clearly presented in the Bible. One example is the instruction: "Rise in the presence of the aged, show respect for the elderly and revere your God. I am the Lord" (Lev. 19:32). Also, within The Ten Commandments of the Old

Testament, the commandment to "honor your father and your mother" is coupled with a promised reward of long life (Exod. 20:12). This injunction to honor one's parents applies not only during childhood, but throughout one's life (Ex. 20:12, 21:17; Lev. 19:3; Deut. 27:16; Prov. 23:22; Mark 10:19). This injunction is extended in the New Testament to communal caring for all, especially the most vulnerable (widows, orphans, the poor), in the church family (Jas. 1:27). The familiar "Golden Rule" (Matt. 7:12) guides Christians to treat all persons as they themselves would like to be treated (Mark 7:10-13a; I Tim. 5:1).

#### 3.2.2.3 Dependence

The second major concept of this component is the Judeo-Christian view of persons as being utterly dependent on God. Beyond creating, the Triune God continues to be active in sustaining humans and their world (I Kings 3:14; Isa. 46:4; Pelikan, 1989). In the Christian world-view, God is not comparable to a clock-maker no longer involved after starting the ticking. Rather, as noted at the beginning of this chapter, humans were designed for relationship--personal, co-operative partnership--with their Designer. In this model, a core reality of human existence in a fallen world is that there is a deep spiritual hunger for relationship which will only be fully satisfied in heaven (Crabb, 1987). The importance of inter-dependence in relationships with others will be addressed in the later component Community/Parish (see 3.2.5). The focus here is

on the concept of dependence on the Triune God as Provider. Two concepts are particularly relevant to promoting health: pardon and presence. The following words from a familiar hymn, based on Lamentations 3:22-23, express well these Christian faith beliefs:

Great is Thy Faithfulness, O God my Father. Thy compassions they fail not. Morning by morning new mercies I see; All I have needed thy hand has provided. Great is thy faithfulness, Lord, unto me! Pardon for sin and a peace that endureth, thy own dear presence to cheer and to guide; strength for today and bright hope for tomorrow, blessings all mine and ten thousand beside! (by T. Chisholm and W. Runyan, 1923, cited in Hustad, 1992, Hymn #60)

3.2.2.3.1 Pardon. The parish nurse conceptualizes the person as a choice-maker: an actor, not a mere reactor, to the environment. However, it is important that choices be made in accordance with God's will. Every person has a unique personality and character, which is expressed in that individual's attitudes and actions (Sire, 1988). As fallen image-bearers, humans may arrogantly assert that they are self-sufficient. They may think that they have no need for God and may base their behaviors on what feels right, or what works for them. This attitude of "I did it *my way*" is illustrated in the Bible as the foolishness of sheep who, disregarding their shepherd, go their own separate ways (Isa. 53:6; Jer. 2:13).

This waywardness is a sin which grieves God. For example, on one occasion in Jesus' life, He compared His desire to lovingly provide for people (in Jerusalem) to that of a mother-hen's spreading of her wings over her chicks.

As He recalled the Jewish people's repeated refusals to receive, He wept (Matt. 23:37; Luke 19:41). As discussed earlier (see 3.2.1.2.2), if people acknowledge their actions as sin and repent (i.e., turn from going in the wrong direction to following God), God pardons (forgives) them (Acts 10:43; Rom. 6:14; Heb. 10:16-23).

The notion of self-sufficiency is particularly reinforced in North American society by the high value placed on individual autonomy and independence. Closely linked is industrialized society's de-valuing view of elderly people as non-productive and a drain on public resources. People thus may fear unduly the natural aging process and health problems which lead to what society labels a "loss of independence."

The nurse/parish nurse's perspective is quite different. The nurse views people as participants in promoting their own health, but does not expect them to do it by their own power (physically or psychologically), or on their own (socially or spiritually). The concepts of empowerment and co-participation with others will be discussed later in the Nurse/Parish Nurse component (see 3.2.4).

3.2.2.3.2 Presence. The nurse does not present an idealized view of life in this world. Christians are to expect difficulty, opposition and suffering as normal experiences in the present age. Although a person may be assured of being loved and pardoned, there is still the

daily reality of living in a fallen world which naturally brings feelings of fear and powerlessness. For Christians in the early Church, for example, suffering and evil did not have to be explained. They were seen as providing practical challenges requiring a response, and opportunities for "living in a way more faithful to their new life in Christ" (Hauerwas, 1990, p. 49). However, in modern society in general, and in secular health care science in particular, sickness challenges the cherished presumption that humans can assume control of their existence. Furthermore, suffering such as chronic illness is interpreted as pointless (Becker, 1973). Likewise, the empirical biomedical model orients practitioners to "delay endings, not to help patients integrate their illnesses and deaths into an ongoing way of life" (Hauerwas, 1990, p. 125).

In Christianity, God is not an "indifferent spectator of human affairs" (Ladd, 1974, p. 332). He has not abandoned the world to self-destruction or evil, and people are not expected to overcome by their own strength (Ps. 34:18, 46:1). Christians are reassured by the knowledge that the power of God is present and actively engaged in the struggle against evil. The forces of evil are submissive to God's ultimate will, and Christians can appropriate this knowledge into their daily life struggles and their ministries (Holst, 1982).

The parish nurse sees human beings as self-transcendent (i.e., capable of transcending their natural circumstances).

Through faith in the sovereignty of God, people can at least partially make sense of the disorder and distress in this world. Awareness of the presence of the Triune God and faith in His power can provide strength, peace and hope in any personal experience. For example, a frail elderly person can draw on spiritual resources to deal with anxieties about aloneness and dying. A number of references from the Bible are relevant here. For instance, in the Old Testament, Moses declared:

Be strong and courageous. Do not be afraid or terrified because of them, for the Lord your God goes with you; he will never leave you nor forsake you....The Lord himself goes before you and will be with you; he will never leave you or forsake you. Do not be afraid; do not be discouraged. (Deut. 31:6,8)

The psalmists wrote of God as "our refuge and strength, a very present help in trouble" (Ps. 46:1), and of God's promise to "comfort me once again" (Ps. 71:21). Other relevant promises of God are found in the following:

Because he loves me, [says the LORD] I will rescue him; I will protect him, for he acknowledges my name. He will call upon me, and I will answer him; I will be with him in trouble, I will deliver him and honor him. With long life will I satisfy him and show him my salvation. (Ps. 91:14-16)

Even to your old age and gray hairs, I am he, I am he who will sustain you. I have made you and I will carry you; I will sustain you and I will rescue you. (Isa. 46:4)

Jesus also offered comfort and encouragement in times of trouble. For example, Jesus said:

"...do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own." (Matt. 6:34)

"Peace I leave with you; my peace I give you. I do not give to you as the world gives. Do not let your hearts be troubled and do not be afraid." (John 14:27)

"I have told you these things, so that in me you may have peace. In this world you will have trouble. But take heart! I have overcome the world." (John 16:33)

The Apostle Paul reminds people of the Triune God's working in their daily lives when he writes:

And we know that in all things God works for the good of those who love him, who have been called according to his purpose....He who did not spare his own Son, but gave him up for us all--how will he not also, along with him, graciously give us all things? (Rom. 8:28,32)

...we do not lose heart. Though outwardly we are wasting away yet inwardly we are being renewed day by day. (II Cor. 4:7)

In another significant passage, Paul testifies to the power of prayer in relieving anxiety and providing strength and peace--whatever the circumstances:

Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus....for I have learned to be content whatever the circumstances....I have learned the secret of being content....I can do everything through him who gives me strength....God will meet all your needs according to his glorious riches in Christ Jesus. (Phil. 4:6,11-13,19)

In Christian thinking, to acknowledge dependence on God is not passive fatalism, however. The Christian nurse's faith is very different from notions of karma (see

2.2.1.2.4) and fate. The latter stresses the inevitability, irrationality and impersonal nature of one's lot in life. Christian faith, on the other hand, stresses the reality of an interpersonal love relationship. This kind of dependence, then, is an active turning to God, trusting in God, and a putting into God's hands. The faith and hope that sustain Christians thus cannot be labeled "blind" because it is evidence-based: it is grounded firmly in the reality of the constancy of God's benevolence (Heb. 1:10-12, 13:8; Demaray, 1975; Miller, 1995). The presence of The Holy Spirit as personal Counselor (in Greek, *parakletos*, "one who speaks in favor of") supports even the act of faith itself (John 14:16; Stein, 1973). Relevant here is social scientist Maton's (1989) concept of "spiritual support" which he describes as, "[when] perceived in the context of an individual's relationship with God, particularly perceptions and experiences of God's personal love, presence, constancy, guidance, and availability for the self" (p. 319).

To acknowledge dependence on God is also not a denial of personal responsibility. The human response to receiving the benevolence of God is expected to be not only attitudes (e.g., love, gratitude, or worship) but also actions. Some of these actions, particularly as relevant to promoting *shalom*-wholeness (of oneself, others, and the world), are discussed in the next component of the model.

### 3.2.3 Health/Shalom-Wholeness

#### 3.2.3.1 Introduction

The notions of health, wellness, and well-being, as described in the literature reviewed in Chapter 2, are exceedingly broad and complex. All three are ill-defined and often confused in their application. Unfortunately, the original meaning of the English word "health" as "wholeness" has become obscured by the reductionist bio-medical model of health care (Moberg, 1990, p. 9). Also, society deems people *healthy* if they are *not sick*. The author prefers the term "well-being" to "health" for at least two reasons. First, health in its common usage is most often associated only with the state of the physical body. A second reason is the confusion of the meaning of the term "health" resulting from its increasing application to institutions and medical services devoted nearly exclusively to treating illness, rather than to promoting health (e.g., hospitals being renamed health centers).

"Wellness" is a less problematic term because it is closely identified philosophically with holism (i.e., human body-mind-spirit integration). However, Christians may be reluctant to adopt the term "wellness" if they negatively associate it with New Age philosophy and certain alternative medicine or holistic health therapies. The term "well-being" does not have this negative association and has not been "medicalized." Both "wellness" and "well-being" are inclusive terms which embrace cognitive concepts and

concrete activities. "Well-being," however, is more descriptive of a dynamic process and thus not as suggestive of an idealized end state.

The term "well-being" is thus compatible with the earlier described concept of inspired whole/person (body/soul/spirit) (see 3.2.2.2.1) and is reflective of the unity and synergy of the physical, mental, emotional, social, cultural and spiritual aspects of life (Tubesing & Tubesing, 1983). Unfortunately, its recent popularity in scientific and lay literature has muddled its meaning. The author has thus chosen to define health as biblical shalom-wholeness (see 3.2.3.2.1 below).

The discussion of the specific concepts of the health/*shalom*-wholeness component of the model is organized under two headings: *Shalom-Wholeness* and *Stewardship*.

### 3.2.3.2 Shalom-Wholeness

3.2.3.2.1 Definitions and descriptions. The English noun "health" derives from an Anglo-Saxon root *hael* meaning "hale" or "whole" (Moberg, 1990, p. 9). The related verb "to heal" connotes "to make whole" (Ott, 1991). Health and healing thus both refer to a fullness of human experience not limited to the physical body.

Before proceeding to a further discussion of the biblical concept of *shalom*-wholeness, it is important to address briefly this model's view of the relationship between health promotion and healing. The question may be raised, for example, whether parish nursing's focus on

health promotion involves a "rather major shift in the church's tradition" of focusing on healing "as represented [for example] by Jesus, the early church, healing shrines, medical missions, and chaplaincy" (T. Droege, personal communication, December 28, 1995). Current usage of these two terms supposes a strong line between the two. The author is persuaded by her review of the literature, however, that they cannot be sharply distinguished, particularly if what is being "promoted" is understood as biblical *shalom*-wholeness. To contrast them thus creates a false dichotomy similar to that of "cure versus care" as is applied to the roles of physicians versus nurses. Historically, the church's involvement in promoting health has indeed been less obvious, but nonetheless present (K. Bakken, personal communication, January 6, 1996; Bakken, 1992). In recent decades the public's increasing awareness of preventive health measures has been also reflected in church members' growing interest in exploring whole-person health within the faith community (Westberg, 1990).

The biblical conception of health is best expressed by the Hebrew word *shalom*, which is translated in English as either "wholeness" or "salvation," depending on the context (Wilson, 1966, p. 19). The Latin word *salvus*, from which the English "salve" and "salvation" are derived, also refers to "wholeness" (Wilson, 1966, p. 19). In the New Testament the same Greek word is used to mean both "saved" in a theological context, and "made whole" or "healed" in a

medical context (p. 19). Thus, the biblical conception of sickness (i.e., "dis-ease") is disruption of any dimension of wholeness, and healing is restoration of wholeness (Christian Medical Commission, 1990). It is also important to note that in the New Testament the terms "wholeness" and "holiness" are interchangeable (Evans & Small, 1989).

The health component of this model is thus broadly defined as biblical *shalom*-wholeness. The essence of biblical *shalom*-wholeness is spiritual and its full meaning, like the conceptualization of the Triune God, is a mystery beyond human comprehension. The closest word to *shalom* in English, "peace," does not reflect the richness of the Hebrew. *Shalom*'s basic meaning is dwelling at peace and in harmony in all relationships: within oneself, with God, with other people, and with the created natural world (Evans & Small, 1989; Tubesing & Tubesing, 1983). This peace comes from loving God and living by His instructions (Isa. 26:3; Lockyer, 1986; Ps. 119:165). The Old Testament meaning was completeness, soundness, and well-being of the total person. In the Old Testament the Hebrew word *shalom* is found mainly in prophetic, anticipatory contexts (Isa. 9:6-7a). In the New Testament, the Hebrew conception of *shalom* is further expanded as the revealing of "The Kingdom of God" through the work of Jesus Christ and of the Holy Spirit (John 14:27, 16:33).

The Bible describes *shalom* in terms of "inner peace" in a personal sense and "peace with justice" in a communal

sense (Robinson, 1946, p. 49). Christians are urged to work for the latter; but it is rarely and only temporarily achieved in the fallen world order. Christians frequently, however, attest to a personal *shalom*, described as "it is well with my soul," which includes experiences of faith, trust, forgiveness, joy, and serenity (Holst, 1982; Lockyer, 1986; Ps. 4:8; Phil. 4:6-7,11-13,19; Col. 3:15).

The Bible also describes *shalom*-wholeness in the metaphor of Christ as a "vine" and believers as fruit-bearing branches (John 15:4-11). In this image, being whole (well) arises from the vital relationship of the individual branches with the central vine. Jesus described this image in John 15:4-5, declaring:

"I am the vine; you are the branches. If a man remains in me and I in him, he will bear much fruit; apart from me you can do nothing."

The healthy growth of the branches is dependent on their vine source and is evidenced by the wholesome fruit produced (i.e., by the Holy Spirit in the lives of the believers) (Christian Medical Commission, 1990). This "fruit of the Spirit" is "love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control" (Gal. 5:22-23). The adjective "wholesome" is not a biblical term, but is applicable here in that its current meaning incorporates both bodily well-being and moral well-being (Stein, 1973).

In other passages *shalom* refers to "completeness" and "perfection" (Bakken & Hofeller, 1988, p. 8). In the Judaic tradition, God valued and desired perfection. For example,

the priest who served at the altar as well as the animal sacrifice itself were to be without defects (Bakken & Hofeller, 1988; Lev. 21:3; Deut. 15:21). In the New Testament, Jesus Christ's death fulfilled the Law's requirement of the perfect sacrifice (Rom. 8:1-6; Heb. 9:11-10:18; Gal. 3:10-13; I Tim. 3:16) and established the new and better covenant which made it possible to be "made perfect" (Heb. 10:14) through Him (Heb. 7:25, 8:6; Rom. 8:1-6; Phil. 1:6, 3:12). The Greek term *teleios* used in these passages, and in Jesus' exhortation to "be perfect as your heavenly Father is perfect" (Matt. 5:48; II Pet. 3:14-15a), does not mean perfection as purity, but translates as to "bring to completion" (Bakken, 1992, p. 8). The process of bringing to completion is life-long, involving growth through self-discipline and through the guidance of the indwelling Holy Spirit. It is a process of maturing, of being "imitators of Christ" (II Cor. 3:17-18) and "growing up in His likeness" (Eph. 4:13).

#### 3.2.3.2.2 Connecting faith and health/shalom-wholeness.

Thus, in this Christian model the conceptualization of well-being as biblical *shalom*-wholeness is necessarily Christ-centered and faith-centered. As discussed in the previous sections on the personage and purposes of the Triune God (see 3.2.1), the original plan was that human beings and all of creation would enjoy full and harmonious life (i.e., well-being). The Genesis description of Adam and Eve living harmoniously, walking and talking with their Creator in a

world which was deemed "very good" (Gen. 1:31), could thus be considered a biblical model of well-being (Ott, 1991). The Fall brought disorder, disharmony and death. Through Christ, personal *shalom*-wholeness became possible, though it cannot be fully experienced in the fallen state of life on earth (Rom. 5:1-2; Col. 1:16-22). Thus, by biblical definition, personal *shalom*-wholeness is possible only through personal relationship with Christ, and ultimate well-being of the human community (full completion of God's *shalom*) will come only as part of the peace and harmony of all creation after the return of Christ in the future "new heaven and new earth" referred to in Revelation 21:1 (Bakken, 1992; Lockyer, 1986; Rev. 21:1-5a; Rom. 8:20-23; II Pet. 3:13-15a).

The personal faith response which brings *shalom*-wholeness must be active and volitional "confidence" or "trust" (from the Latin *fiducia*), not mere intellectual "belief" (from the Latin *assentio*) (Robinson, 1946, p. 105) (see also 3.2.1.3.2). It presupposes acknowledgement of one's dependence on the Triune God to satisfy the deepest longing in what the Bible refers to as one's "innermost being" (from the Greek *koilia*, literally meaning open space or cavity; metaphorically, a void or empty space to be filled) (Crabb, 1987, p. 105; John 7:37b-38). Such faith makes it possible to be "fully alive": that is, to live life with "enthusiasm," a word derived from the Greek *en* and *theos* (Stein, 1973), meaning a state of being "in God,"

"full of God" and "in God's fullness" (Eph. 3:19, 4:13).

This Christian concept of *shalom*-wholeness as fulfillment is also reflected in Jesus' own statement of purpose: "I am come that they may have life, and have it to the full" (John 10:10).

It is important to note here that although the health of the physical human body is valued, from a Christian perspective it has never been viewed as an end in itself, or as an object of ultimate concern. Rather, as one biblical scholar has stated, it is an "agency for the projects of the total self, to provide a fit instrument for the growth and maturation of men and women in community with others and communion with God" (A. C. Outler, cited in Ott, 1991, p. 49). Valuing of the human body is inherent in the earlier discussed conception of inspired whole/person (body/soul/spirit) (see 3.2.2.2.1). Jesus himself responded to the physical needs of people for food and for healing (Brittain, 1986; Matt. 14:14-16, 11:4-5). The importance of caring for one's body is also iterated in the following two biblical passages:

After all, no one ever hated his own body, but he feeds and cares for it, just as Christ does the church--for we are members of his body. (Eph. 5:29-30)

Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your body. (I Cor. 6:19-20)

However, a Christian's body is never to become an idol.

Indeed, one's health may even need to be sacrificed for the

sake of a higher good (Bouma, Diekema, Langerak, Rottman, & Verhey, 1989; I Tim. 4:7-8; Heb. 13:16; Rom. 5:7; Matt. 10:37-39; John 12:25). A relevant quotation here is:

Therefore I urge you, brothers, in view of God's mercy, to offer your bodies as living sacrifices, holy and pleasing to God--this is your spiritual act of worship. Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. (Rom. 12:1-2a)

A Christian's personal faith experience and personal health experience (*shalom*-wholeness) cannot be separated. This truth is reflected--as noted above in the Definitions section of this component (see 3.2.3.2.1)--in the New Testament writers' inter-changeable usage of words meaning health, wholeness, healing, salvation and holiness. The Judaic tradition strongly related bodily health to moral health, as illustrated, for example, in the Old Testament book of Job (7:20) (see also Ps. 38:3, 41:1-3, 73:3,16-18, 107:17; Isa. 38:16-17). In the New Testament, references to the human experiences of sickness and death continue to be closely associated with sin, but Jesus' own responses to specific questions put to him on the subject challenge the early Hebrew belief that personal sin, or God's punishment of it, is always the cause of sickness and death (Luke 13:4; John 9:2-3). As discussed earlier (see 3.2.1.2), however, sin--whether a specific sin of a person, the sin of humanity in general, or the evil forces at work in the world--impacts the well-being of people today, as it did in Jesus' time, and will until the end of time (Rev. 21:4). No one as a

fallen image-bearer living in a fallen world can yet experience perfection or be unaffected by struggles and suffering of some kind (Gal. 5:16-17; Rom. 8:1-6; II Cor. 12:9-10).

Faced with human frailty, the Triune God is always gracious as, for example, Jesus demonstrated in His response to the disciples who failed to keep watch with him and fell asleep: "The spirit is willing but the body is weak" (Matt. 26:38,41). Regardless of the cause of suffering, however, Christians are accountable (as stewards) to promote health/*shalom*-wholeness in themselves, in others and in their community as best they can (I Cor. 6:19-20; II Cor. 4:5,7; Eph. 5:29-30; I Thess. 5:23; I Pet. 2:9-10). With the struggle may come the personal experience of the paradox of Christian living described by the Apostle Paul as "when I am weak, then I am strong" (II Cor. 12:7b-10). For Paul, living the Christian life in his human body was to have a "treasure" (i.e., knowledge of Christ) in a "jar of clay" (II Cor. 4:7). There is also an acknowledgement of human dependence on the Triune God as the source of health/*shalom*-wholeness in Paul's benediction:

May God himself, the God of peace, sanctify you through and through. May your whole spirit, soul and body be kept blameless at the coming of our Lord Jesus Christ.  
(I Thess. 5:23)

*Shalom*-wholeness also involves the challenge of balancing one's caring for self with caring for others. This is an ongoing concern throughout a Christian's life

which will be discussed here under the next major concept in the model, Stewardship.

### 3.2.3.3 Stewardship

Although the term stewardship (from the Greek *oikonomia*) appears infrequently in the Bible, the concept is clearly expressed in both the Old and New Testaments (Christopher, 1990). Human stewardship is to be a reflection of the Triune God's own compassionate concern for the well-being of all Creation. Thus the "dominion" and "rule" over the created world given by God to humans, as recorded in Genesis (Gen. 1:26-30, 2:15), was intended to sustain the created world benevolently as does He (Green, 1994). To be a "steward" means to be entrusted with something valuable and to be accountable for it (Lockyer, 1986). Old Testament principles of stewardship include caring for the land, preventing poverty, using God-given skills in His service, and balancing work and rest (Christopher, 1990; Ex. 20:9-10; Ps. 116:16; Prov. 3:5-8).

Examples of stewardship in the New Testament include showing compassion for the poor, demonstrating forgiveness in relationships, being accountable and managing wisely whatever one has received from God (Christopher, 1990; I Cor. 4:1-2; I Tim. 4:7-8; Heb. 13:16; Jas. 3:17; I Pet. 4:10-11a). The Christian view of all of nature as being created by God and belonging, with humankind, to God's kingdom, implies specific obligations for Christians to live in ways which use--but do not in any way abuse--their

natural environment (Coward, 1993). Thus, loving concern for promoting health of people encompasses environmental health.

The above principles apply generally both to persons as individuals and as members of communities. The concept of stewardship in the latter context will be addressed further in the Community/Parish component (see 3.2.5). The concept will be applied more specifically to nursing in the Nurse/Parish Nurse component (see 3.2.4).

3.2.3.3.1 Discipline as instruction re: health/*shalom*-wholeness. Central to an understanding of Christian stewardship within the component of health/*shalom*-wholeness in the model is the concept of discipline. This term commonly carries an incorrect negative connotation of punishment, but a dictionary definition useful for discussion here is "to bring to a state of order and obedience by training and control" (Stein, 1973). The word "discipline" derives from the Latin *disciplina* meaning instruction and is equivalent to the Latin *discipulus* meaning disciple (Stein, 1973). In the Bible the term "disciple" is rare in the Old Testament (the Hebrew *immud*, rendered "one instructed," for example in Isaiah 8:16) (Unger, 1961, p. 265). However, the term is common in the New Testament, particularly in reference to the followers of Jesus (the Greek *mathetes*, rendered "learner" and meaning "one who professes to have learned certain principles from

another and maintains them on that other's authority," for example in Matthew 5:1-2) (Unger, 1961, p. 265).

For Christians the guiding principle in the disciplined life is to be "imitators of God" (Eph. 5:1), living a "life of love" (Eph. 5:2a), seeking to "find out what pleases the Lord" (Eph. 5:10; Heb. 13:16) and not "grieving the Holy Spirit" (Eph. 4:30). Humans loving one another imitates the loving relationship within the Triune God (John 17:24-26). Jesus thus provided His disciples a human role model of *shalom*-wholeness in living a life of love. When asked which of God's laws was the most important, His reply was:

"'Love the Lord your God with all your heart and with all your soul and with all your mind.' This is the first and greatest commandment. And the second is like it: 'Love your neighbor as yourself.'" (Matt. 22:36-38)

Jesus clearly linked obeying God's law of love with the experience of joy:

"As the Father has loved me, so have I loved you. Now remain in my love. If you obey my commands, you will remain in my love, just as I have obeyed my Father's commands and remain in his love. I have told you this so that my joy may be in you and that your joy may be complete. My command is this: Love each other as I have loved you." (John 15:9-12)

Jesus even declared love to be that which would distinguish Christians:

"A new command I give you: Love one another. As I have loved you, so you must love one another. By this all men will know that you are my disciples, if you love one another." (John 13:34-35)

The importance of love is reiterated in the following quotations from Luke, Paul and John:

[Jesus speaking] "Which of these three do you think was a neighbor to the man who fell into the hands of robbers?" The expert in the law replied, "The one who had mercy on him." Jesus told him, "Go and do likewise." (Luke 10:36-37)

The entire law is summed up in a single command: "Love your neighbor as yourself." (Gal. 5:14)

And now these three remain: faith, hope and love. But the greatest of these is love. (I Cor. 13:13)

If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him? Dear children, let us not love with words or tongue but with actions and in truth....This is the command: to believe in the name of his Son, Jesus Christ, and to love one another as he commanded us." (I John 3:17-18,23)

We love because he first loved us....And he has given us this command: Whoever loves God must also love his brother. (I John 4:19,21)

The first step to one's living a disciplined life of love is being restored in a personal loving relationship with the Triune God, followed by the life-long, day-by-day experience described in the New Testament as "keeping in step with the Spirit" (Gal. 5:25) (see also Gal. 5:16-17; Col. 3:12-14; I Tim. 4:7-8; III John 1:2). The core Christian concept here again, as described earlier in the Triune God section of the model (see 3.2.1), is relationship. Stewardship is one form of human response to what has been received (examples of other responses are gratitude and worship). The desire of Christians (i.e., disciples) to demonstrate love in faithful stewardship of their own bodies, and of the human and material resources which have been entrusted to them, strongly motivates healthy attitudes and actions.

3.2.3.3.2 Examples of biblical instructions re: health/*shalom*-wholeness. A discussion of the various instructions in the Bible related to health/*shalom*-wholeness is beyond the scope of this dissertation, but a few examples will illustrate the above principles. These include hygienic practices which aid in disease prevention, such as the washing of hands and clothing, and the burial of excrement (Lev. 15:8; Deut. 23:12-13). Also included are prohibitions regarding both under and over eating, the consumption of certain meats, and the overindulgence in intoxicating drinks (Lev. 11:6-8; Prov. 23:20-21; Eccles. 2:24-26, 3:12-13, 8:15). A final example is the balancing of work and rest through the Sabbath Day (one day of rest from work in every seven days) and the Sabbatical Year (one year of rest for cultivated land every seven years) (Exod. 20:9-10; Eccle. 3:12-13, 5:12; Lev. 25:4-5, 23-24).

There are also specific commandments against human attitudes and behaviors (i.e., sin) which are contrary to the nature of the Triune God, and which cause personal and social disharmony (i.e., sickness): for example, commandments against adultery, lying, and stealing (Exod. 20:14-16; Eph. 4:25-31, 5:3-5). There are also instructions for practices which promote harmony (i.e., well-being) in relationships, such as showing kindness and forgiveness:

Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. Bear with each other and forgive whatever grievances you may have against one another. Forgive as the Lord forgave you. And over all these virtues put on love, which binds them all together in perfect unity. (Col. 3:12-14,17)

Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen....Be kind and compassionate to one another, forgiving each other, just as in Christ God forgave you. (Eph. 4:29,32)

In addition, there are a number of the classical spiritual disciplines which the church historically has encouraged Christians to use to promote their health/*shalom*-wholeness, including worship (personal and congregational), solitude, meditation, prayer (alone and with others), confession, guidance (e.g., through a "spiritual director"), fasting, study of the Bible (alone and with others), celebration of the sacraments, the practice of "laying on of hands", social fellowship, the practice of "sharing the peace" (i.e., exchange of the traditional greeting "the peace of the Lord be with you" and/or the kiss of peace), hospitality, tithes and offerings, submission to those in authority, living in simplicity, and serving (Bakken, 1992; Whitney, 1991; Wilson, 1966).

### 3.2.4 Nurse/Parish Nurse

#### 3.2.4.1 Introduction

As stated in Chapter 1, in this dissertation the author defines parish nursing as a health promotion ministry, based in Christian churches, the focus of which is preventative, and in which faith and health are clearly linked and spiritual care is central. Throughout the process of developing both the above definition and this conceptual model for parish nursing, the author has asked the question "Is there anything distinctive about how Christian nurses work with people in restoring, maintaining and promoting health?". The answer, based on the research presented in this dissertation, is affirmative. It is acknowledged, however, that it is often difficult to separate specific concepts which are distinctively Christian from those which characterize current secular nursing in North America in general. This is partly because the historical roots of nursing as a profession today are so tightly inter-twined with nursing as a Christian vocation (Shelly, 1994; Taylor, 1986). The difficulty of separating concepts in respect to spiritual care, for example, also points to some common ground shared by all nurses sensitive to the spiritual dimension of humans and of health, regardless of their individual world-views (Carson, 1993). Certainly, Christian nurses do not have the "corner" on caring. However, as this model is built on a foundation of which Christ is the "cornerstone" (Eph. 2:20), the concepts of the nurse/parish

nurse component reflect the strong ethic of caring inherent in the Christian world-view.

The Christian faith is both philosophical and practical, as is parish nursing. As noted earlier, in the human person there is no separation of spirit/soul/body. In daily Christian living there is also no separation of the sacred from the secular, in that all human work--such as nursing work--is endowed by the Triune God with spiritual significance; the transcendent resides in the common and ordinary aspects of life (Demaray, 1975). Thus, the person who is a Christian (by profession of faith in Christ) and is a nurse (by professional licensure in society) expresses the philosophical *in* the practical.

All of the concepts of human personhood--already discussed in the sections on the Triune God (see 3.2.1.3), Person/Parishioner (see 3.2.2), and Health/*Shalom*-Wholeness (see 3.2.3)--are applicable to the nurse/parish nurse as a person. That is, described in the terminology of this model, every parish nurse is a whole person and fallen image bearer who is a co-participant (with the Triune God, other individuals and groups) in promoting health (biblical *shalom*-wholeness and stewardship) of self, of other persons, and of the wider community in which the parish nurse serves. The focus of discussion in this component is how all of these concepts specifically relate to the role, functions, and key characteristics of parish nursing practice.

This discussion is organized in two major sections: Mission and Ministry. The Mission section addresses the philosophical *why* and undergirding motivation of Christian nursing in general, while the Ministry section addresses the pragmatic *what* and *how* of parish nursing practice.

#### 3.2.4.2 Mission

The broad concept labelled mission in this component encompasses the notions of (a) vocation or calling, (b) meaning and purpose in life, and (c) motivation to service. The term "mission" is derived from the Latin *mittere* meaning "to send out," particularly to perform a special duty (Lockyer, 1986). The related term "vocation" (from the Latin *vocare*, "to call") in a Christian context means a calling from God to a holy purpose to which one's life is devoted (Lockyer, 1986). Florence Nightingale, recognized as the founder of modern nursing, recorded her own calling in a diary entry on February 7, 1837: "God spoke to me and called me into His service" (cited in Collins, 1985, p. 5). (See also Appendix C: Florence Nightingale Pledge.)

3.2.4.2.1 Vocation or calling. Examples of mission as calling of people to fulfill specific purposes of the Triune God are found throughout both the Old and New Testaments. These include prophets and leaders of the nation of Israel, Jesus' disciples and other members of the early church (Isa. 6:8; Acts 2:36, 16:10; Esth. 4:14; John 15:15-16, 21:16; Rom. 1:1). The early church appointed some of its members as deacons to devote themselves to caring for the physical

needs of widows and orphans (Acts 6:2-3; I Tim. 3:8-13). As noted in Chapter 1, this role of deacon later expanded to include care of the sick and led to the establishment of Christian nursing orders and hospitals.

The concept of calling can be applied to all Christians in the general sense that the Triune God has a claim on the life of every person who receives salvation. Jesus himself fulfilled a mission--"to seek and to save" (Luke 19:10) and "to serve" (Matt. 20:25)--which He instructed His disciples to continue, as illustrated by the following:

[Jesus speaking] "As the Father has sent me, I am sending you." (John 20:21)

[Jesus speaking] "I tell you the truth, anyone who has faith in me will do what I have been doing. He will do even greater things than these." (John 14:12)

[Jesus speaking] "You are the salt of the earth....You are the light of the world. A city on a hill cannot be hidden. Neither do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. In the same way, let your light shine before men, that they may see your good deeds and praise your Father in heaven." (Matt. 5:13-16)

The parish nurse is sent out both by God and by the congregation. Anglican clergyman Alistair Petrie observes that "people whom God appoints, He also anoints with the spiritual gifts necessary for the task to which they are appointed" (personal communication, November 1995). For example, the particular spiritual gifts of a parish nurse might include teaching, healing, giving generously and encouraging (Rom. 12:6-11b,13). The role of parish nurse

will be addressed further in the Ministry section (see 3.2.4.3).

3.2.4.2.2 Meaning and purpose in life. The concept of mission is thus inherent in every Christian's finding of personal meaning and purpose in life. Because the human body is "the temple of the Holy Spirit" (I Cor. 6:19-20), the Triune God is present in all of a Christian's being and doing. Thus, personal endeavors are given meaning by transcendent goals, and every act of Christian service, no matter how small, has significance as activity of the Kingdom of God in the present age (Harakas, 1990; Miller, 1995). Jesus' teaching on this concept altered traditional Jewish understanding by equating service to God with service to others (Lockyer, 1986). Caring was given new meaning and consequence when Jesus declared:

"I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me....I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me." (Matt. 25:35-36,40)

"If anyone gives even a cup of cold water to one of these little ones because he is my disciple, I tell you the truth, he will certainly not lose his reward." (Matt. 10:42)

The present-day work in India of Mother Theresa, who has been quoted as saying, "the poor are our Lord" (Tower, 1987, p. 199), could be cited here as an example of service rendered to others as to Christ himself. Application to the nurse/parish nurse is also apparent. The Director of

Northwest Parish Nurse Ministries, for example, has described the theoretical base of their educational program as "The Mother Theresa Model" (A. Stixrud, personal communication, June 1994).

3.2.4.2.3 Motivation to service. It is important to note that Christians are instructed in the Bible to continually examine their motivation to service. As fallen image bearers struggling with negative forces within and without, their motives may not be pure. Good works are viewed in the New Testament as integral to living out the Christian faith. They are also not onerous obligations, and are not to be done to earn favor either with God or other people (Green, 1994; Matt. 6:1-4). Rather, they are practical expressions of love and gratitude in response to, and in reflection of, the character and purposes of the Triune God.

Viewed as a calling, parish nursing arises from more than mere sense of duty or from awareness of human need. It means more than simply doing the job (Shelly, 1994). In contrast, if caregiving is motivated by the parish nurse's own need to be needed, or to be controlling of the attitudes or behaviors of other people, it is self-gratifying and selfish: it becomes self-serving. The example of Christ's caring is self-less serving.

True service, biblically speaking, is done "to the glory of God" (in the Latin, *solī gloria Dei*) (I Cor. 10:31; I Pet. 4:11). The apostle Paul makes this clear, for

example, in saying: "whatever you eat or drink or whatever you do, do it all to the glory of God" (I Cor. 10:31), and in urging Christians to "live a life worthy of the calling you have received...[and] be completely humble and gentle; be patient, bearing with one another in love" (Eph. 4:1-2). The connection of acts of giving to others with the experience of having received from God is clearly expressed in the statement: "We love because he [God] first loved us" (I John 4:19) and in Paul's declaring:

For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do. (Eph. 2:8-10)

Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms. If anyone speaks, he should do it as one speaking the very words of God. If anyone serves, he should do it with the strength God provides, so that in all things God may be praised through Jesus Christ. (I Pet. 4:10-11a)

The concept of calling is also commonly associated with specific roles and functions within the faith community, which will be discussed next as examples of ministry.

### 3.2.4.3 Ministry

3.2.4.3.1 Definitions. The biblical presentation of the concept of ministry encompasses the previously discussed concept of stewardship (see 3.2.3.3). In the Bible the terms "minister" and "servant" are interchangeable, and are applied to a variety of official and lay roles. The use of the word "ministry" today in its broadest sense denotes (a) "the service to which the whole people of God is called, whether as individuals, as a local community, or as the

universal Church," and (b) "the particular institutional forms which this service may take" (World Council of Churches, 1982, p. 21). It includes proclamation of the gospel in both word and works of service. There are differences of opinion among theologians along denominational lines, however, regarding whether clergy and laity should all share in all forms of ministry (e.g., liturgical and pastoral functions) (Shelly, 1995c). In addition, there are some churches today which still do not permit women to hold certain positions of authority. How these respective views of ministry may affect the role of the parish nurse, however, is not specifically addressed in the literature.

Particularly descriptive of the ministry concept is the use in the New Testament of the Greek word *doulos*, meaning "a bondsman," which in biblical times was a slave who was offered freedom but who voluntarily surrendered that freedom in order to remain a servant (Lockyer, 1986; Matt. 20:26). Instruction given to members of the early church who were literally slaves or servants also applied figuratively to all members. For example, in writing to the church in Ephesus the apostle Paul advises slaves to:

Obey your earthly masters with respect and fear, and with sincerity of heart, just as you would obey Christ. Obey them not only to win their favor when their eye is on you, but like slaves of Christ, doing the will of God from your heart. Serve wholeheartedly, as if you were serving the Lord, not men, because you know that the Lord will reward everyone for whatever good he does, whether he is slave or free. (Eph. 6:5-8)

As noted above (see 3.2.4.2.2), Jesus taught His disciples to serve in the same manner in which He himself was a servant fulfilling His purpose in the Kingdom of God. Jesus counters the typical way human beings "lord it over" those under them (Matt. 20:25) with the challenge "not so with you" (Matt. 20:26) and an alternative:

Instead, whoever wants to become great among you must be your servant, and whoever wants to be first must be your slave--just as the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many. (Matt. 20:26-28)

I no longer call you servants, because a servant does not know his master's business. Instead, I have called you friends, for everything that I learned from my Father I have made known to you. (John 15:15-16)

Jesus' re-definition of servanthood thus reflects His own experience of the submission of equals within the intimate loving relationship of the Triune God (see 3.2.1.2.1).

Later the apostle Paul reminds all believers that their own attitudes should be "the same as that of Christ Jesus: Who, being in very nature God, did not consider equality with God something to be grasped, but made himself nothing, taking the very nature of a servant" (Phil. 2:5-7). (See also **Appendix C: "Servant Song".**)

As noted earlier (see 3.2.2.2.2), Jesus modelled a radically different way of being with people than the accepted norm of society then (and today). He related to each person with the respect shown between equals, the concerned interest between neighbors, and the love between friends. It is this model of mutually serving one another

which Christ directed His disciples to emulate (Fordyce, 1990; Green, 1994; Mark 10:43-45; Phil. 2:5-7; Luke 10:36-37; John 13:14-15; Rom. 12:6-11). However, in applying the concept today to Christian nursing, a question of "ideal" versus "real" nursing practice could be raised, particularly from a feminist standpoint. Given the human history of oppression--especially of women, including at times within Christianity itself--the term servanthood carries negative connotations. It is admittedly not a popular notion in present-day North American society in general, nor in the nursing profession in particular. North American culture today, for example, generally values individualism so highly that it is relatively permissive of motivations which may be self-gratifying and assertiveness which may be self-centered. In such a cultural climate, the biblical concept of self-sacrificing ministry may be difficult for Christian nurses to defend in their practice settings (Miller, 1995). The author's concept of self-sacrificing ministry in this model, however, suggests neither a demeaning role of submissive servitude nor surrender of the nurse's voice (Haugk, 1984).

Another question could be raised regarding the "ideal" versus the "real" in that a recent survey of parish nurses found only 41% being paid (A. Solari-Twadell, personal communication, January 20, 1996). Is parish nursing then another unpaid or underpaid (relative to the public or private sector) role for women? Certainly there is

heightened sensitivity today to implied power differentials associated in the labelling of particular roles as "women's work." As approximately 98% of parish nurses are women, the over-riding concern that women not be exploited to do free work must be addressed in evaluating paid versus unpaid positions. The Bible speaks to this point in supporting workers as deserving of pay for their services to others. For example, the Mosaic law states in Deuteronomy 25:4 "Do not muzzle an ox while it is treading out the grain." In the New Testament both Jesus and Paul quote this commandment and apply it to people. In Luke 10:7 Jesus declares "the worker deserves his wages." Paul, in letters to early church congregations, asks the rhetorical question "Is it about oxen that God is concerned?" and immediately answers "Surely He says this for us" (I Cor. 9:9-14). Paul then makes application to both the work of plowmen and threshers and to the work of church elders (I Tim. 5:17-18) and others (including women, such as Phoebe) (Rom. 16:1-2) who served in teaching and preaching the gospel. He argues strongly that Christians who minister within the church have "the right of support" and should "receive their living from the gospel," just as the Hebrew temple servers "share in what is offered on the altar" (I Cor 9:9-14). Thus if parish nursing is true to this biblical valuing of all workers and to Jesus' inclusive way of being and working with (ministering to) people, missionaries of health would be appropriately valued and adequately paid.

A further point could be made here, too. that doing nursing work from altruistic motives and being paid are not incompatible concepts in the church community. Indeed, as noted earlier (see 3.2.4.1), within the Christian world-view there is no separation of secular work from sacred work.

For this nursing conceptual model, a different term than "servanthood" may be needed; but, to define parish nursing work as ministry is compatible with beliefs and practices of the present day Christian faith community. Nursing in relation to that context will be discussed later in the Community/Parish component (see 3.2.5).

#### 3.2.4.3.2 Ministry roles and functions in the church.

There is much in the New Testament regarding specific ministries in the early church. A number of the roles and functions listed, and their associated spiritual gifts, are relevant to the nurse/parish nurse. These include:

It was he [Christ] who gave some to be apostles, some to be prophets, some to be evangelists, and some to be pastors and teachers, to prepare God's people for works of service, so that the body of Christ may be built up until we all reach unity in the faith and in the knowledge of the Son of God and become mature, attaining to the whole measure of the fullness of Christ....From him the whole body, joined and held together by every supporting ligament, grows and builds itself up in love, as each part does its work. (Eph. 4:11-13,16)

There are different kinds of gifts, but the same Spirit. There are different kinds of service, but the same Lord. There are different kinds of working, but the same God works all of them in all men. Now to each one the manifestation of the Spirit is given for the common good. To one there is given through the Spirit the message of wisdom, to another the message of knowledge by means of the same Spirit, to another faith by the same Spirit, to another gifts of healing by that one Spirit, to another miraculous powers, to another prophecy, to another distinguishing between spirits, to another speaking in different kinds of tongues, and to still another the interpretation of tongues. All these are the work of one and the same Spirit, and he gives them to each one, just as he determines. (I Cor. 12:4-11)

We have different gifts, according to the grace given us. If a man's gift is prophesying, let him use it in proportion to his faith. If it is serving, let him serve; if it is teaching, let him teach; if it is encouraging, let him encourage; if it is contributing to the needs of others, let him give generously; if it is leadership, let him govern diligently; if it is showing mercy, let him do it cheerfully. Love must be sincere...serving the Lord...Share with God's people who are in need. Practice hospitality. (Rom. 12:6-11b,13)

These passages are relevant to parish nurses' contributions to the corporate well-being of their church family, both personally in their membership as individuals and professionally in their official leadership positions.

As noted in Chapter 1, the parish nurse role in its broadest sense is as an "integrator faith and health" (Westberg, 1990, p. 37). It is this central focus and the related emphasis on spiritual care which distinguish parish nursing from other types of health promoting nursing practice, such as occupational health or community health nursing. Defining health in the biblical terms of *shalom*-

wholeness also distinguishes the goal of parish nursing practice.

The parish nurse's role as an integrator of faith and health requires compatibility and effectiveness in working closely with the parish pastor. This requires a clear sense of the mission and goals of the parish as a whole and of their respective leadership roles. Such delicate issues as accountability, confidentiality and the overlapping of roles need to be addressed (Belleau & Warskow, 1995). Roles in a parish, as elsewhere, are defined both by training and by expectation. Although full cooperation, not competition, is intended, tensions may arise from differing expectations (both of members of the congregation and the parish staff themselves), perspectives and emphases within the shared ministry team (Djupe, 1990).

Each parish nurse's specific roles (as stated in Chapter 1) derive from the context (congregational and community) of the practice, but primarily involve health education, counselling, and linking to resources. Parish nursing is frequently described as a specialized independent practice. In none of the roles and functions, however, is the nurse autonomous: there is shared responsibility and accountability among clergy, lay leaders and church members (Bakken, 1992; Shelly, 1994). There is also close collaboration with others in diverse health-related roles in the wider community. Viewed from the spiritual perspective, the parish nurse also acts with, and is ultimately

accountable to, God. Stated in the terminology of this model, the parish nurse is called to stewardship in one particular ministry among the many ministries expressing the work of the Kingdom in the world today.

Professional competence is inherent in this model's concept of ministry. To adequately fill parish nursing roles and functions is a challenge which requires a solid foundation of relevant nursing knowledge and skills consistent with current professional standards of practice. (At present, parish nursing educators recommend preparation at the baccalaureate level and a minimum of five years experience, plus the completion of an introductory course specific to parish nursing) (Solari-Twadell, McDermott, Ryan, & Djupe, 1994). In addition, a good working knowledge of the Bible and comfortable familiarity with the particular faith beliefs, traditions and practices of the congregation are important. It is also essential that the parish nurse's life evidence moral character and a personal faith relationship with Jesus Christ as Savior and Lord (Shelly & Miller, 1991).

3.2.4.3.3 Concepts central to parish nursing. As noted in the introduction to this component (see 3.2.4.1), all of the major concepts discussed in previous components are relevant to the Nurse/Parish Nurse component, either as they relate to the nurse as a person or as a professional working with people. Through reviewing the literature (see Chapter 2) and conferring with practicing parish nurses, the author

identified the following four concepts as central to parish nursing viewed as Christian ministry: (a) love, (b) gracious compassion, (c) co-participation, and (d) spiritual care.

Love is the bedrock of the Christian faith and, therefore, central to Christian nursing. The parish nurse reflects the character and purposes of God when love is the inner motivation and outer expression of the practice. As discussed earlier (see 3.2.2.2.2), this is biblical *agapao* love experienced in intimate relationship with the Triune God and fellow members of the Christian faith community. It is not superficial sentimentality or simply being nice to old people. It is seeing in every person what the Triune God sees: a dignity which comes from being loved by the Creator and the Savior. It is acknowledging the realities of people's lives as imperfect, fallen image bearers, struggling in a fallen world. It is also demonstrating gracious compassion.

The parish nurse who acts from the above conception of love can reflect something of the gracious compassion of the Triune God (II Cor. 1:3-4). The word "compassion" derives from the Latin *com + pati* meaning "to suffer with" and is closely related to compatibility, meaning "going well together with" (Lockyer, 1986; Stein, 1973). Synonyms include "mercy" and "tenderness." Gracious compassion encompasses attitudes and actions: of the head, the heart, the hands and the spirit. It implies a strong desire to

alleviate the suffering itself and/or to remove the causes (for example, by advocacy and social activism) (Donley, 1991). It has been described as "compassionate accompaniment" (Donley, 1991, p. 179). This requires of the nurse a capacity both to *feel with* and *be with* people. Gracious compassion transcends human empathy because the Holy Spirit is actively involved, too.

Compassion defined in this way is costly. It requires a willingness by the parish nurse to feel something of the vulnerability, loss, or alienation parishioners feel during and after experiences which affect their health/*shalom*-wholeness. Since the nurse enters into the process as a whole person, the nurse takes the risk of being wounded. Gracious compassion also implies a willingness to make some sacrifice, to go beyond expected norms. It stretches helping as part of the job to "going the second mile" (Matt. 5:41) (Green, 1994; Thomasma, 1994).

Nursing in North American society today is considered a helping profession and the helping relationship is regarded as integral to nursing itself (Adam, 1991; Travelbee, 1966). In this model the concept of helping implies interpersonal relationships of co-participation in promoting biblical *shalom*-wholeness and stewardship of: (a) self, (b) other individuals, (c) families, and (d) the wider community in which the parish nurse serves. As noted in the introduction above (see 3.2.4.1) and in the previous Person/Parishioner

component (see 3.2.2), co-participation also involves the Triune God.

The quality of a helping relationship is a significant determinant of its effectiveness. Use of the term co-participant recognizes that the interpersonal relationship with the parish nurse is only helpful if the individual (or family or group) perceives it to be so. Relevant here are the cautions raised above (see 3.2.4.2.3) regarding nursing from one's own "agenda."

The nurse's professional competencies, as noted above (see 3.2.4.3.2), are obviously important too, particularly the nurse's skills in communication. Included in this is communication with the Triune God. Praying for oneself, praying for and with others, and teaching people to pray, are all essential to care that is spiritual (Gustafson, 1993; Peterson, 1994).

In this model, the term "parishioners" refers to all persons (individuals, families, and groups) with whom the parish nurse works within the scope of the professional nursing practice. There are several reasons why the term "parishioner" is preferred to the more commonly used terms "patient" or "client." First, "patient" is associated with a relatively powerless and passive role as a recipient of care within a medical care delivery system. Second, although "client" does not have the same associations as "patient" it also does not connote a relationship of equals. Key to co-participation in a working relationship is the

focus on shared process. Because the parish nurse is generally perceived by parishioners as "one of us" by virtue of the role's base within local congregations and the Christian faith community, the sense of "we-ness" may enhance the process.

The following excerpt--from an interview transcript (E. Gallagher, personal communication, 1992) of an older person's reflection on her experience at a Seniors' Wellness Center--is an illustration relevant to the concept of co-participation in this model:

I didn't feel anybody was preaching at me at all--I felt like [the nurse] was one friend telling another--which is marvellous when you think of it! PROFESSIONALS, if you please, talking to ME, not like to a bar of soap! At eye level--which is the only comfortable place to live. I learned that here. It makes sense--good sense--common sense. No, I don't think it's *common* at all--I rarely find it! [laugh]

This example also illustrates co-participation as empowerment.

Empowerment is a key concept in the current literature of gerontology and health promotion (Labonte, 1989). Generally, the concept is defined in terms of the secular humanist world-view. Empowerment within the Christian world-view, on the other hand, reflects the earlier discussed relationship of human beings (as dignified, dependent image-bearers) with the Triune God (as Omnipotent) (see 3.2.1). Inherent in parish nursing practice is a recognition of the parish nurse's and parishioner's mutual dignity and mutual dependence as finite fellow beings

in loving relationship with the infinite Triune God. The mutual bond of fellowship (*koinonia*) within a congregation, a concept which will be discussed further in the later Community/Parish component (see 3.2.5), is also empowering.

As noted above, viewing a person as an active co-participant, rather than as a passive patient, is in itself empowering. It also discourages a tendency for the nurse to be ascribed a higher status or authority as the perceived health expert who "has the answers" and should "know what's best" for others. The parish nurse can be professionally competent at an expert level (as described by Benner & Wrubel, 1984) yet not be the expert in the helping relationship. In this model all of the co-participants are experts and teachers of one another. The relationship is thus not viewed in terms of the roles of "helper" and "helpee," and certainly not as "fixer/fixee" or "healer/healee."

Parish nursing, like nursing in other settings, utilizes the nursing process, assisting parishioners to (a) identify their needs, goals, strengths, resources and options, and to (b) acquire the necessary attitudes, knowledge, tools, skills and support. There are, however, important differences between the particularly Christian understanding of empowerment in relation to health, and the general secular notion. For example, other nursing models view the self, alone or in conjunction with others, as responsible for personal empowerment. They also value

maximizing one's sense of personal control. However, Christians view personal control to the exclusion of the sense of God's control (i.e., His benevolent will) as a negative attribute (Maton & Rappaport, 1984). The metaphor of independently "pulling up one's own bootstraps" is inconsistent with the Christian tenet of dependently drawing closer to the Triune God as the only source of truly transforming power. In parish nursing it is also recognized that health-related experiences that empower parishioners in the direction of living more Christ-like lives are more salient than the experience of health *per se*.

In this model, who the parish nurse *is* as a whole person (spirit/soul/body) is more salient than what the parish nurse *does* in the professional role. *Being* is stressed more than *doing* because nursing's traditionally task-oriented focus is clearly reflected in the task lists included in parish nursing program design and evaluation reports in the literature. A familiar maxim which could apply here is: "Who you are speaks so loudly I can't hear what you're saying." Stated positively in theological terms, the parish nurse promotes *shalom*-wholeness of parishioners by living out the Gospel in partnership with God. In practice, for example, the nurse at times may be caring (*being*) by not caring (*not doing*): that is, by sitting still and being still, thus creating sacred space for the Holy Spirit's ministry.

As noted in Chapter 2, relatively little attention has been given in nursing to the spiritual dimension. There is also little consensus in the nursing literature about the concepts of spirituality and spiritual care (Emblen, 1992). In one sense, all interactions between Christian nurses and the people with whom they are working are spiritual, because the human spirit of each person and the Holy Spirit are present. The nurse's caring can also be deemed spiritual when it is demonstrating in some way the character and purposes of the Triune God. More specifically, spiritual care refers to actions which address an individual's spiritual beliefs, values, and faith practices. This includes finding spiritual meaning in life events which impact health. It also includes identifying and using various spiritual resources to promote, maintain or restore health. These resources include, but are not limited to, (a) personal inner resources (such as spiritual gifts); (b) other people; (c) devotional and worship materials and activities (e.g., Sacraments); and (d) the Triune God. Spiritual care thus is applicable to every person, including the nurse.

The nursing concept of spiritual care in this model is closely linked to the ministry of pastoral care, which is particularly identified with the roles of the Christian clergy (specifically pastors, ministers, priests and missionaries), as well as with chaplains, pastoral counsellors and spiritual directors. As noted in the

discussion of the concept of mission above (see 3.2.4.2), the parish nurse holds a position of leadership within the church congregation. The author's review of the parish nursing literature found "spiritual maturity" frequently listed, although not defined, as a qualification for the role of parish nurse (Bergquist & King, 1994; Westberg & McNamara, 1987). It is also unclear how spiritual maturity may relate to spiritual care. An intention to provide opportunities for nurses to increase their knowledge and skills in this area is reflected in the recently published guidelines for parish nursing educational programs. They recommend curriculum components comparable to clinical pastoral education programs for chaplains (Solari-Twadell et al., 1994).

Spiritual care is central to parish nursing, but is an aspect of ministry shared with those in other pastoral roles and with all who are co-participants within the Christian community/parish.

Discussion of this component concludes with a reflection on "our parish nurse" from the perspective of an older person as a parishioner:

Without the parish nurse program some of us would be poorer in body and spirit. But with it there comes a feeling that God is near--that He comes and loves, that He heals and redeems. My wife and I have had various illnesses that seem to come with the aging process. We have been under the care of our parish nurse ever since this program was begun five years ago. We look forward to her visits, because she comes on behalf of the Church, not only with medical knowledge and skill, but also with compassion and love which are uplifting and sustaining. (Nelson, 1990, p. 287)

### 3.2.5 Community/Parish

#### 3.2.5.1 Introduction

This Community/Parish component of the model encompasses concepts relevant to the context or environment of the Christian nursing practice of health promotion. In this model all the contexts are viewed from the perspective of the parish nurse. That is, whatever is labelled "parish" is determined by the parameters of the parish nurse role. For example, one particular context is the local church congregation. This includes both people and church-related activities. A second context is the larger parish with which the local church is identified denominationally and/or ecumenically. Parish in this sense is generally defined in terms of geographical regions or organizational structures. On another level, the Church world-wide is a further Christian context. There is, in addition, the immediate context of the socio-cultural community. This community context includes, for example, cultural norms, and public

and private sector resources relevant to parish nursing.

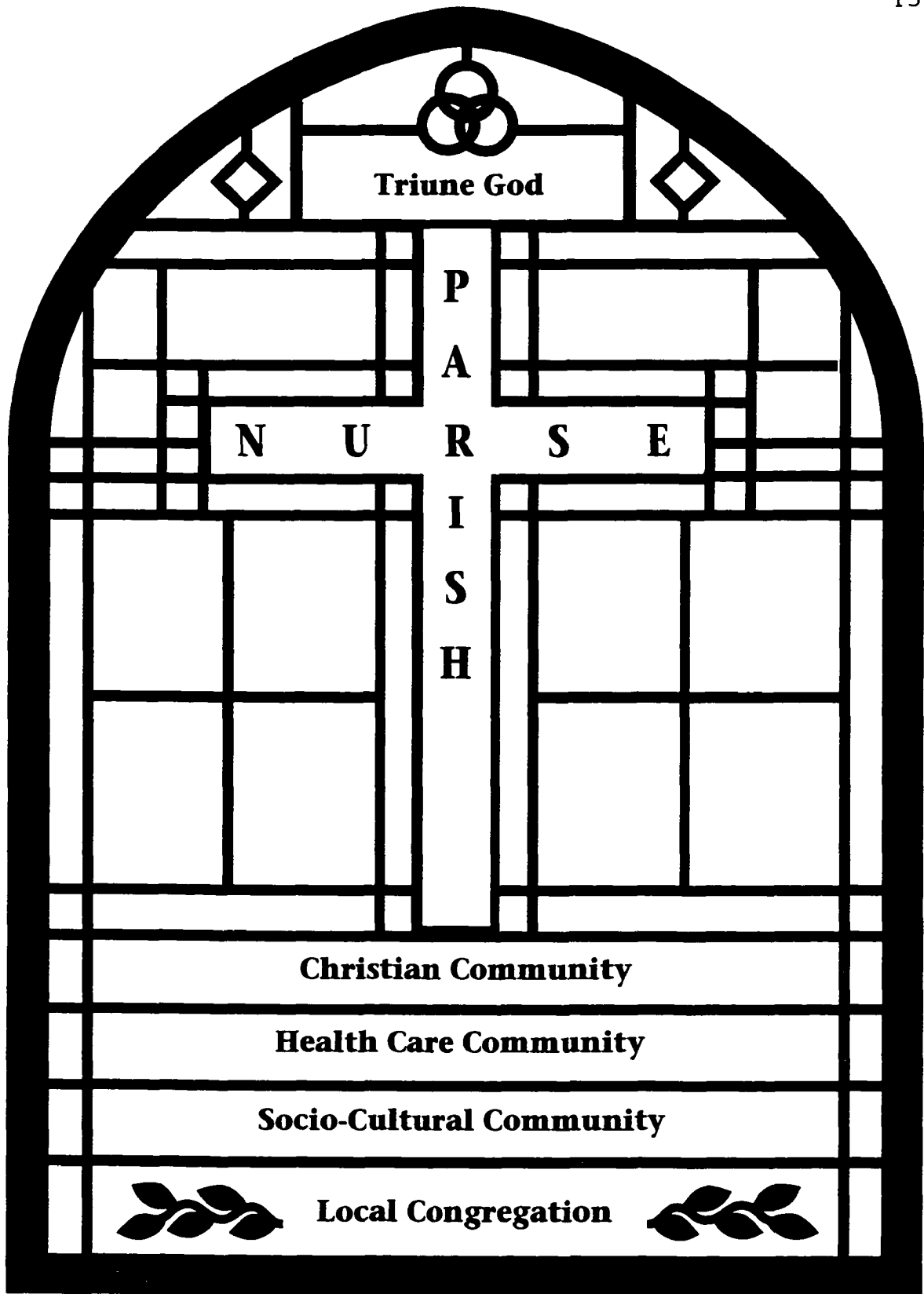
(See **Figure 5: Contexts of the Parish Nurse Role**, page 156.)

In this section key concepts relevant to community/parish are discussed.

In the Bible, "church" and "congregation" are translations of the Greek *eklesia* and "ecclesiology" refers to studies related to the church (Lockyer, 1986). The Christian Church has been described as "an international, multiracial community of forgiven sinners [which]...despite failures, inconsistencies, and hypocrisies, has pioneered a many-sided humanitarianism" (Bloesch et al., 1982, p. 18). The local church is the visible operation of the Church in a given time and place (Lockyer, 1986). Brueggemann's (1976) concept of "*shalom* community caring" (p. 182) is included in his description of Christian community as:

*a network of persons in covenant with each other, who have made solemn promises to one another about sustaining and caring, defending and enhancing one another. Community is enhanced when all its members are seriously committed to the well-being of all. Conversely, community is diminished when some members hold out on others, set themselves above others, or just plain don't care. (p. 181)*

Anderson's (1990) definition of a faith community reflects both its individual and societal contexts: "An assembly of people whose beliefs about God combine with a common identity, a shared history, regular worship and common values, in order to effect personal and social transformation" (p. 264). The term "parish," derived from the Greek *paroikos* meaning "neighbor," refers today to the



**Figure 5: Contexts of the Parish Nurse Role**

inhabitants and activities of an ecclesiastical district (Stein, 1973). In Christian usage, "parishioner" may also be translated "sojourner," reflecting the view of one's physical life on earth as a temporary stay in one place within the eternal spiritual Kingdom.

Health and healing are integral to the Church's mission and ministry (terms defined earlier in 3.2.4), and when local church congregations reflect Jesus' example and teachings they are by definition "communities of health and healing" (Droege, 1995, p. 117). Churches are concerned about the health of their members and the health of the communities in which they are located (Droege, 1995; Evans, 1995). As stable and respected institutions in society, representing all social strata, they provide social as well as spiritual resources for individuals and families across all ages and life stages. Congregations promote health both in philosophical ways (e.g., nurturing spiritual values) and in practical ways (e.g., sponsoring health-related programs) that can have an impact on the health of people and their environment.

Regarding the natural environment, the following basic tenets foundational to the Christian world-view have already been discussed in previous sections:

1. In the Beginning, everything in the natural world was created by the Triune God and declared "good."

2. The Creator entrusted humans to be guardians and caretakers of the natural environment.

3. Since the Fall, all of creation suffers negative consequences (e.g., abuse and destruction of land, vegetation, and animals).

4. All of creation will be restored in the future when the "Kingdom of God" is ultimately established.

The term "environment" is also used in health-related literature to refer to the physical surroundings in which people live. These include, for example, the essentials that support human life (e.g., air, water, and food) and promote physical health (e.g., adequate clothing, housing, and sanitation). The impact of this sense of environment on health is well documented and has long been a primary focus of nursing care, particularly in public health (Pender & Pender, 1987). A broader view of environment recognizes in addition various psycho-socio-cultural dynamics (Fawcett, 1995). For example, one reviewer of nursing theories suggests that "environment" refers to "the recipient's significant others and surroundings, as well as to the setting in which nursing actions occur" (Fawcett, 1989, p. 6). Another reviewer includes "all the internal and external conditions, circumstances, and influences affecting the person" (Wesley, 1992, p. 8).

It is beyond the scope of this model to address all of these uses of the term "environment." Rather, the author has limited this component to concepts specifically descriptive of Christian faith communities. It is readily acknowledged that these characteristics of Christian

community are the ideal, and thus may not be evident in all church congregations, or in any church at *all* times. The discussion of these concepts has been organized under two major headings: Confession and Communion.

### 3.2.5.2 Confession

The term confession in the Bible refers to at least two different activities identified with membership in a faith community: (a) profession of belief of certain doctrines, or a specific declaration of faith, and (b) admission of sin (Lockyer, 1986). Theological literature reflects the former activity in referring to various denominational groups as "confessions" (Lockyer, 1986). Both the former and the latter activities above are relevant to promoting *shalom*-wholeness, individually and corporately, in churches today.

3.2.5.2.1 Profession of belief of certain doctrines, or a specific declaration of faith. Confession as profession of faith means to affirm or declare one's beliefs openly. The Apostle Paul describes the essential linking of inner belief (in one's "heart") and outer expression (in behavior --with one's mouth):

If you confess with your mouth, "Jesus is Lord," and believe in your heart that God raised him from the dead, you will be saved. For it is with your heart that you believe and are justified, and it is with your mouth that you confess and are saved. (Rom. 10:9-10)

It has been stated that "Christian faith is intensely personal, but it is not private" (Moore, 1993, p. 8). Personal beliefs are shared in common with Christians across continents and centuries, including the approximately 1.7

billion other members of the Christian Church world-wide today (Colson, 1992). Great diversity is evident in what aspects of faith are emphasized and in how they are expressed, but unity of agreement on the core set of major beliefs far outweighs doctrinal differences on more minor points (Colson, 1992; Moore, 1993; Pelikan, 1989). (See also **Appendix C: The Rule of Faith, The Apostles Creed, and The Nicene Creed.**) It is thus important for the parish nurse to recognize that, despite obvious differences, those who hold a basically Christian world-view have more in common with one another than with those who hold either a predominantly naturalistic, pantheistic or pragmatic secularist world-view (Colson, 1992).

The sharing of faith beliefs in common contributes to an acknowledgement of shared humanity and likeness in the Church universal, and to a sense of belonging within the local church congregation. The public profession of faith, for example, in the universal practices of baptism and communion brings individual Christians into union with the Triune God, with each other, and with the Church of every time and place (World Council of Churches, 1982, p. 3). As signs in the present of the Kingdom of God, these practices also anticipate the future time when "at the name of Jesus every knee should bow, in heaven and on earth and under the earth, and every tongue confess that Jesus Christ is Lord, to the glory of God the Father" (Phil. 2:10-11).

3.2.5.2.2 Confession as admission of sin. The second use of the term "confession," as admission of sin, and the subsequent section on Communion (see 3.2.5.3), are relevant to the earlier discussed central concept of relationship (see 3.2.1, 3.2.2, and 3.2.3). Right relationships, in both the "vertical" dimension (i.e., with the Triune God) and the "horizontal" dimension (i.e., with self and others), are inherent in this model's conceptualization of health as *shalom*-wholeness and stewardship, and of community both as confession and communion.

Confession as admission of sin means to "agree with" the Triune God about the need for repentance and for restoration of relationship(s) (Lockyer, 1986). Confession is a discipline of self-disclosure of who one really is behind one's idealized images or "masks" (Granberg-Michaelson, 1991). Confession is thus important in the processes of (a) articulating personal brokenness and pain; (b) seeking forgiveness; and (c) being restored to harmony with God, self and others. These processes are central to working with people through pastoral care, Christian counselling and spiritual direction. Also, the self-help, Twelve-Step Programs reflect these processes in seven of their twelve steps for recovery from addictions (Al-Anon Family Groups, 1990) (see also **Appendix C: The Twelve Steps**).

The connection made in the Bible between sin and sickness has already been discussed (see 3.2.3.2.2), but the

following quotations draw specific attention to the importance of personal confession of sin to the receiving of forgiveness, both from God and from other persons:

But if we walk in the light, as He [i.e., God] is in the light, we have fellowship with one another, and the blood of Jesus, His Son, purifies us from all sin. If we claim to be without sin, we deceive ourselves and the truth is not in us. If we confess our sins, He is faithful and just and will forgive us our sins and purify us from all unrighteousness. If we claim we have not sinned, we make Him out to be a liar and His word has no place in our lives. (I John 1:7-10)

Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise him up. If he has sinned, he will be forgiven. Therefore confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous man is powerful and effective. (Jas. 5:14-16)

These passages also emphasize prayer by all persons--for themselves and for one another within the community of faith--to promote healing in every aspect of well-being (spiritual, physical, mental, emotional, social and cultural). Thus, all members are to be "pray-ers," especially if they serve in roles such as elder or deacon.

The example and teachings of Jesus closely link the receiving and the giving of forgiveness, such as in "The Lord's Prayer" (i.e., "forgive us our debts, as we also have forgiven our debtors") (Matt. 6:9b-13) (see also **Appendix C: The Lord's Prayer**) and in other instructions Jesus gave in saying:

"When you stand praying, if you hold anything against anyone, forgive him, so that your Father in heaven may forgive you your sins." (Mark 11:25)

"Do not condemn, and you will not be condemned.  
 Forgive, and you will be forgiven." (Luke 6:37b)

Forgiveness of one another is also important to promoting healthy relationships within the Body of Christ. This conceptualization of relatedness as a congregation is discussed next under the heading Communion.

### 3.2.5.3 Communion

The term communion, like "community," implies relatedness. Communion in this model is discussed as relationship in three ways: communion as (a) covenant (relationship with the Triune God), (b) koinonia (relationship with other members within The Church), and (c) collaboration (relationships within the wider community). All three are viewed as relevant to the practice of promoting health/*shalom*-wholeness.

3.2.5.3.1 Communion as covenant relationship with the Triune God. As noted in earlier discussion (see 3.2.1.2.2 and 3.2.2.2), the Triune God enters into relationship with people corporately as well as individually. The English word "corporate" derives from the Latin *corpus* meaning "body." The New Testament's reference to the Christian Church, both general and local, as the "Body of Christ" (I Cor. 10:17, 12:27) reflects the corporate nature of the covenant relationship with the Triune God. The nature of the relationship between the literal body of Jesus Christ (i.e., resurrected and glorified) (I Tim 3:16) and the figurative body of His believers (i.e., the Body of Christ,

the Church) is viewed as supernatural: a mystery beyond human comprehension (Col. 1:18, 1:24b-29; Eph. 5:29-30,32).

The term "communion" also refers specifically to The Lord's Supper or Eucharist, which Jesus instituted as a sign of "the new covenant" (I Cor. 11:25; Heb. 8:6,13). This public expression of communion as a literal "sharing in common" (Lockyer, 1986) (i.e., of bread and wine) contributes to the personal and corporate experience of communion as the sharing a common faith in Christ in community (I Cor. 10:16-17).

In the Apostles' Creed the statement "I believe in the holy catholic church, [and] the communion of saints" (Book of Alternative Services, 1985, p. 189) includes both confession (as described above in 3.2.5.2) and communion (as described as covenant here and as *koinonia* next). (See also **Appendix C: The Apostles' Creed.**)

3.2.5.3.2 Communion as *koinonia*. The New Testament Greek word *koinonia*, translated "communion," means "sharing in common" (II Cor. 8:3-5), or "participating in fellowship" (I John 1:3; Lockyer, 1986). Christians view themselves as members of "God's household" (Eph. 2:19) bonded as a family by their common faith in Christ. The development of such close relationships implies spending significant time together, not only in worship but also in work and play.

As in the conceptualization of the Triune God, in the conceptualization of the Church as Christ's Body there is both uniqueness and unity. With Christ as "the head," the

mutually-interdependent individual members of the corporate church "body" are to function together as equally necessary, and equally valued, parts of a unified whole (I Cor. 12:12-27; Eph. 4:3-6; Col. 1:18). These biblical tenets of equal valuing and vital interdependence within the Christian community are clearly expressed in the following quotation:

Those parts of the [human] body that seem to be weaker are indispensable, and the parts that we think are less honorable we treat with special honor. And the parts that are unpresentable are treated with special modesty, while our presentable parts need no special treatment. But God has combined the members of the [church] body and has given greater honor to the parts that lacked it, so that there should be no division in the body, but that its parts should have equal concern for each other. If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it. Now you are the body of Christ, and each one of you is a part of it. (I Cor. 12:22-27)

In Judaism, based in the Old Covenant, membership in the faith community is exclusive to Abraham's descendants. The New Covenant on which the Christian Church is founded is inclusive of whoever believes in Christ (John 3:16). Thus, the early church membership embraced people of diverse nationalities (e.g., Jew, Greek, and Roman) and social groups (e.g., men, women, children, rulers, servants, and slaves) (Gal. 3:26-28). In the terminology of today, this could be deemed a "paradigm shift." An example of this shift, significant particularly from a modern feminist perspective, is the change of the symbol of initiation into the faith community: from circumcision, which is gender-based, to baptism, which is not (Baptist Convention, 1993). Christ came to liberate. Thus, as noted above and in

earlier sections (see 3.2.2.2 and 3.2.4.3.1), equality is an inherent, core value of the Christian community. Ideally then, the functions of members within a congregation are gift-based (i.e., personal abilities or spiritual gifts), not power-based, and authority is community-based, not individual-based (i.e., authority not over, but on behalf of one another). Within the faith community, then, individuals' gifts may be discovered, developed and affirmed in ways which are profoundly empowering (Granberg-Michaelson, 1991). To share one's gifts and resources (e.g., as a parishioner or a parish nurse) within the wider community, in collaboration with others involved in health promotion in society, is also empowering.

3.2.5.3.3 Communion as collaboration with all involved in promoting health/shalom-wholeness of parishioners.

Another aspect of communion is the sharing in Christ's mission and ministry as expressed in humanitarian activities beyond the congregation itself. The presence of Christians, both individually and corporately, is to be, biblically speaking, "light" and "salt" (Matt. 5:13-16) which benefit their wider communities in the world. As noted in Chapter 1, the Christian Church throughout its history has been actively involved in providing many kinds of health-related services. Professionally, Christian parish nurses are members of the larger community of all Christian nurses, and of the much larger community of all health care workers. The increasing numbers and types of health-promoting

programs supported jointly by churches and health care organizations (e.g., hospitals, public health, home care, and continuing care agencies) reflects the Christian commitment to collaboration with others in society toward a common good.

### 3.3 Interrelationships of the Model's Components and Concepts

Throughout the description and discussion of each of the components and concepts of the model, cross-references have been made among them. In this section these interrelationships will be briefly reviewed. Some interrelationships are depicted in **Figure 2: Components and Major Concepts of the Model** (see page 85). As the center of the rose window, the model's conceptualization of the Triune God: God(Father)/Christ(Son)/The Holy Spirit integrates the model's four components as a whole: (a) Person/Parishioner, (b) Health/*Shalom*-Wholeness, (c) Nurse/Parish Nurse, and (d) Community/Parish. The themes of the personage and the purposes the Triune God are also evident in all concepts of the model. The intimate interpersonal relationship of the God-in-three-persons makes relationship itself an integrating concept of all the components. Co-participation, viewed as one expression of relationship, is a particularly important concept in the components of Nurse/Parish Nurse and Community/Parish.

Because righteousness and gracious compassion characterize the Triune God, the notions of being right with

God and of doing right in one's daily life are also imbedded in each component. Loving (of the Triune God, oneself, and others) and caring (for oneself, others, and the natural world) are key concepts throughout the model as well. More specifically, what the Bible refers to as the fruit of the Holy Spirit--love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control (Gal. 5:22-23a)-- is inherent in the larger inter-related concepts of stewardship and ministry, which are common to all four components. As the model is intended for use within the context of the Christian faith community, it is clearly centered in Jesus Christ, including his past, present and future roles in the Kingdom of God and the Church. An example is the model's premise that health/*shalom*-wholeness is experienced in the present life only through personal relationship with Christ.

#### 3.4 Summary

This chapter presents a conceptual model for Christian nursing practice of health promotion in churches. The four major components (Person/Parishioner, Nurse/Parish Nurse, Health/*Shalom*-Wholeness and Community/Parish) of the model are integrated by the core conceptualization (the Triune God: God(Father)/Christ(Son)/The Holy Spirit). Specific concepts are organized under two main headings within each component. Definitions, descriptions and interrelationships of the components and concepts are discussed. Figures and

examples from parish nursing practice are included to illustrate the model.

The foundational Christian world-view of the model is explicitly stated. Basic tenets of the Christian faith relevant to the parish nurse's role as integrator of faith and health are emphasized and the Bible as the primary source is extensively quoted. The centrality of spiritual care, and the intended use within a Christian context, distinguishes this nursing conceptual model from other current models.

The following chapter (see Chapter 4) will address the implications, applications, difficulties and limitations of the model.

## CHAPTER 4

### IMPLICATIONS, APPLICATIONS, LIMITATIONS AND DIFFICULTIES

*A nurse who cherishes the idealism of a traditionally religious life, practices in the realism of legal demands for scientific defense of professional acts, feels the pressures for self enhancement of humanistic peers and administers by the rule of pragmatism is not so much worn by tasks as fragmented by philosophical discongruence. (Taylor, 1986, p. 1)*

#### 4.1 Introduction

In this chapter, the implications, applications, limitations, and difficulties of the author's conceptual model are discussed in relation to nursing in general, and to parish nursing in particular, in the areas of (a) theory development, (b) practice, (c) education, and (d) research. Also included in the discussion are recommendations for future research.

#### 4.2 Implications and Applications of the Model

##### 4.2.1 Nursing Theory Development

Fawcett (1995) states she is convinced that any conceptual model nurses may select--whether an existing public model or of the nurses' own design--must be "explicit and open to public scrutiny to determine its credibility" (p. 537). The author's review of the nursing theory development literature (see 2.2) identifies a need for further work in this area, particularly in regard to making explicit the underlying world-views.

The explicitly biblical, Christian-faith grounding of the conceptual model developed in this dissertation extends the prior theory development work reported in the Christian

nursing literature. An implication of the author's work is that it puts forward another model to which Christian nurses can respond. The author's model may also stimulate the interest of nurses who hold different religious/ spiritual or secular world-views in developing comparable alternative models. Nurses can mutually benefit from the continuing processes of informing and allowing for comparative critiques of one another's models.

Emblen (1992) concludes from her review of the use of the term "spirituality" in nursing literature that "nursing must define key terms and use them consistently in practice, research, and education" (p. 41). The author has noted inconsistencies of key terms in the nursing theory development literature. One purpose of a conceptual model is to provide a common language of concepts which can then enhance communication. As stated earlier, when nurses enter sustained, disciplined, philosophic discussion with one another, the assumptions and presuppositions which shape both their thinking and actions become apparent (Kikuchi & Simmons, 1992). The author's model presents basic tenets of Christian faith as they relate to basic concepts of health. These tenets and concepts are also expressed in terms which are in common usage in the Christian faith community.

The author's model can promote discussion of personal life experiences relevant to the integration of faith and health. In particular, the model allows nurses who hold a Christian world-view to experience intellectual and

spiritual integration in their approach to their profession. The model can also contribute to clearer thinking and communication among nurses (theorists, educators, researchers and practitioners) and other interested parties, including health care personnel, clergy and the people served by them.

#### 4.2.2 Nursing Practice

According to Fawcett (1995), a nursing conceptual model by definition (see 1.4) cannot be directly applied to nursing practice. Because conceptual models are at a high level of abstraction, they primarily provide broad structures and general directions for the less abstract theories. It is only the more specific and concrete concepts of the respective theories which can be operationalized (Fawcett, 1995).

All levels of conceptualization can affect nursing practice and can contribute to a well-founded scientific basis for practice. For example, models and theories help nurses evaluate practice, and theoretical rationales inform nurses' deliberative choices for implementing changes in practice. A theoretical description of what nurses do makes the nature and expertise of nursing practice more visible. Thus, theory development in conjunction with practice contributes to enhancing both nurses' self-esteem and public recognition of their collective identity as professionals.

As stated above, conceptual models cannot be discussed in terms of their *applications*. However, the author's model

can serve the dual functions of providing both a *framework* and a *rationale* for practical activities of Christian nurses/parish nurses. The model does so in particular through its identification of the Triune God as the foundational, integrating conceptualization. For example, the model's concept labelled "gracious compassion" is grounded in the foundational biblical tenet of Christian faith that the Triune God is the quintessence of gracious compassion. The model thus provides a framework for nursing practice in that it gives a definitive term (the label)--and a descriptive meaning of that term (the concept)--within one of Fawcett's (1995) four, broader organizing domain concepts (nursing). Such a framework can help Christian nurses both think and communicate more clearly on a subject. It encourages nurses to reflect on their own attitudes, knowledge, skills, and performance in relation to the concept of gracious compassion as described by the model. The model also provides a rationale--answering such questions as "Why show gracious compassion?"--based on such Christian tenets as the dignity of persons created in the image of God and the mandate to follow Christ's example of compassionate caring.

By clarifying concepts and terminology, the author's model can assist with the further development of nursing assessment tools and interventions which integrate Christian faith and health. For example, the model's definition of health as biblical *shalom*-wholeness broadens

the scope of nursing assessment to encompass a person's relationship with the Triune God and the Christian faith community. Furthermore, the model encourages the incorporation of personal spiritual beliefs, strengths and resources, for example in any nursing care/self-care plan.

As noted in Chapter 1, the research process of this dissertation began with the author's interest in the particular nursing practice of parish nursing. Although the author's model can be useful to Christian nurses (and perhaps to others) in most practice settings, it is likely to be utilized most readily where the spiritual dimension of health/health care is deemed important and is explicit in the organizations' mission statements and nurses' job descriptions. These practice settings include, for example, religiously affiliated institutions/agencies and hospice services. In settings which do not make spiritual care central, the author's model could be cited to give Christian nurses more confidence in linking faith and health in their care for the whole person (body/soul/spirit).

#### 4.2.3 Nursing Education/Parish Nursing Education

The author's model has implications for (a) general nursing education programs, (b) nursing programs based in Christian institutions and, in particular, (c) parish nursing educational programs.

All levels of conceptualization (i.e., world view and general/specific concepts and theories) which are currently guiding curricular decisions need to be made explicit. The

ethical implications of various conceptualizations need to be openly and fully debated as well (Reed, 1992).

Nursing curricula today generally address the theoretical domain concepts of person, health, nursing and environment from a perspective which includes (a) physical, (b) mental, (c) emotional, (d) social, (e) vocational, (f) cultural, and (g) spiritual dimensions. The author's review of the literature of spiritual care in nursing (see 2.2.4) suggests that nursing education needs to devote more attention to developing nurses' knowledge and skills related to the spiritual dimension. The curricula of nursing programs within Christian institutions evidence or make explicit their Christian world-view to varying degrees. Both faculty and students may need help to identify their own world-views and to examine the array of choices in current nursing conceptual models. The author's model also encourages the consideration of the role of world-view (the nurse's and the co-participant's), for example in each step of the application of the nursing process.

Another area of curricula relevant to this dissertation is trans-cultural, or culturally sensitive, nursing. The Christian faith community may be viewed, for example, as a sub-culture in contemporary society. The author's work could serve as a resource to nurse educators in expanding students' understanding of the Christian world-view and the significance of Christians' specific faith beliefs in relation to their experiences of health and healing.

The identified problem to which this dissertation is a direct response is the current lack of adequate theoretical frameworks in parish nursing education curricula (see 1.2.3). Parish nurse educators may not recognize the power they have in this early stage of curriculum development to shape the future of parish nursing. If this power is not clearly recognized, control could easily be lost to others not attuned to Christian nursing's core values.

The author's model will have to be incorporated in parish nursing programs to determine its comprehensiveness and utility. Nurses and nurse educators will have to evaluate and/or adopt the model. That process, and the later responses of other nurses, will contribute to the model's further development. The modification of current models or the stimulation of the development of additional models could also result.

One specific implication for educational programs preparing nurses for practices based in the Christian faith community is that the curricula must provide a solid foundation of biblical and theological knowledge related to health and healing. Particular faith traditions and practices relevant to specific denominations, for example, also need to be included. The author's model raises issues of standards of practice, competency, accountability and ethics which must be addressed in the educational programs as well.

#### 4.2.4 Nursing Research

Throughout the research process of this dissertation, the author has identified a need for further research in areas of nursing theory development, practice and education. Parish nursing literature includes little substantive research to date, perhaps due to the early developmental stage of parish nursing and the limited funding thus far available to researchers in this area. As educational programs and practitioners proliferate, research questions will naturally arise from the stimulating process of theory/education/practice interaction. Current theoretical conceptualizations of the author's model (and others') will also inevitably be challenged by interested parties, both inside and outside of the parish nursing area.

A basic premise of this dissertation is that nurses' theoretical world-views affect nurses' professional actions. This premise is clearly reflected in the nursing literature; but, the author's review found no research focused directly on this topic.

Regarding the need for research to further evaluate currently available nursing conceptual models, Evelyn Adam (personal communication, January 25, 1996) suggests that "it might be interesting sometime for someone to look at different conceptual models for nursing in order to evaluate their usefulness for Christian, Jewish and other nurses as well as their significance and congruence for clients of various faiths." The importance of matching nursing's

conceptual models to patients/clients' world-views has also received little attention in nursing research literature to date (Fawcett, 1989). Another specific project which could contribute to theory development would be the identification of core spiritual values shared by all nurses who intentionally incorporate the spiritual dimension (including, for example, Jewish, Christian, Buddhist and other religious or spiritual orientations) in their nursing work.

The author's model highlights the need for much more specific inquiry (by nurses and others) regarding the integration of faith and health. Two possible nursing research questions, for example, might be "How does parish nursing foster the integration of tenets of faith and concepts of health promotion?" and "What effects do parish nurses' actions (derived from the conceptual model) have on parishioners' health?". Nursing assessment tools could also be developed which would operationalize specific faith tenets and/or concepts of the author's model.

#### 4.3 Difficulties and Limitations of the Model

##### 4.3.1 Nursing Theory Development

The author is a novice in the field of nursing theory development, and this model is admittedly a beginning effort. Identified limitations of (a) the research process of the dissertation as a whole, and (b) the research product of the conceptual model itself, are discussed together because they are interrelated. For example, the model may

not be entirely acceptable to all branches of the Christian faith community. This limitation of the model is related to a limitation of the research process in that there was not great denominational and cultural diversity among the twenty reviewers of the model. The reviewers also did not constitute a representative sample group of Christian nurses, nurse educators, pastors, theologians or physicians. Another limitation of the critique process itself is that few reviewers responded directly to the specific list of concerns which the author provided (see 1.5.2). Wider circulation and further feedback are needed for further development of the model.

#### 4.3.2 Nursing Practice

There has long been a tendency in common social usage, and in discussion among nurses, to separate and contrast the theoretical and the practical. Belief in this false dichotomy has unfortunately been reinforced when practitioners have tried unsuccessfully to apply nursing's highly abstracted conceptual models to specific nursing problems. Conceptual models do not often represent nursing care as it now *is*. The author likewise acknowledges the representation of the *ideal* in this model.

Nurses' acceptance of the model could be affected by the relative extent to which their personal and professional life are informed and guided by spiritual beliefs and practices. For example, a Christian nurse's interest in the model may be influenced by whether the nurse is nominally

(or intensely) committed to the Christian faith and marginally (or devotedly) involved in the faith community.

The model's use of biblical passages and theological language may be a difficulty for nurses who lack background in these areas.

#### 4.3.3 Nursing Education

Although some content relevant to the spiritual dimension is commonly included in the curricula of general nursing educational programs, the Christian perspective may be avoided as too specifically religious. This could change, however, as health-related practices--such as meditation and therapeutic touch--based in other spiritual perspectives (including Chinese, aboriginal and New Age medicine) are beginning to be introduced.

#### 4.3.4 Nursing Research

A continuing difficulty in Christian nursing/parish nursing research is a lack of funding. This is primarily due to the relatively small numbers of (a) Christian schools of nursing, (b) graduate-level programs with a parish nursing focus, and (c) parish nursing researchers.

Another difficulty is the length of time and the amount of collaboration required to construct and revise a nursing conceptual model. Historically, it has taken many years for each of the current, major conceptual models in nursing to be developed and refined (e.g., 20 years for Orem's model, and 10 years for Roy's) (Fawcett, 1989, p. 361). This is partially because the complexity of nursing practices in a

wide variety of practice settings requires operationalization and testing of many and varied theories derived from the parent conceptual model. Thus, it will take considerable time for theories derived from the author's model to be generated and tested.

#### 4.4 Summary

A number of implications, applications, limitations and difficulties relevant to this dissertation have been discussed in this chapter. Although nursing conceptual models by definition do not have direct application to nursing practice, they do provide a framework and a rationale useful to practitioners, educators and researchers. As the importance of theory development becomes increasingly recognized by those involved in Christian nursing/parish nursing's continuing developmental process, existing nursing theoretical perspectives will be evaluated more critically and new ones will emerge. Parish nursing is an innovative practice in an early phase of theory development and there is much yet to be done. The author's model, despite its limitations, is a contribution to the field.

CHAPTER 5  
SUMMARY AND CONCLUSIONS

*The development of nursing theory has come a long way, but there is still much to be done, for the future of nursing as a discipline depends on theory development. (Bishop, 1989, p. 59)*

The dissertation titled A Nursing Conceptual Model Grounded in Christian Faith is a response to the lack of an explicit and sound theoretical foundation for the emerging practice of parish nursing. The author defines "Christian parish nursing" as a health promotion ministry, based in Christian churches, the focus of which is preventative and in which faith and health are clearly linked and spiritual care is central. The purpose of this research is to propose a nursing conceptual model developed from a clearly biblically based, Christian world-view.

Chapter 1 provides an introduction to the problem and background information on parish nursing. Although parish nursing in its broadest sense may be practiced in diverse religious and spiritual contexts, the dissertation's purview is that of the Christian parish nurse. Historically, the roots of nursing as a profession are closely intertwined with the Christian Church. The new, specialized, professional role of parish nurse which Westberg initiated in 1985 reflects the traditional role of deacons in the Christian community from biblical times to the present day.

The author's research methodology, described in Chapter 1, included a variety of specific research activities. A

computer software program assisted the process of identifying from The Bible the major tenets of Christian faith relevant to nursing's domain concepts (person, health, nursing, environment). Both published and unpublished materials regarding parish nursing practice, education and research were systematically reviewed to identify major theoretical themes and concepts. Informal focus groups, interviews with parish nursing leaders and the twenty critiques of the first draft of the model enriched the process.

A central and organizing theme throughout the dissertation is the integration of faith and health. Chapter 2 discusses this theme in the review of the literature from the diverse perspectives of nursing theory development, Christian theology and the social sciences. Contrasting world-views are summarized briefly and the underlying world-views of particular conceptual models cited in the parish nursing literature are identified.

The model presented in Chapter 3 is unique in its grounding in Christian faith. It is a beginning effort and is intentionally at a high level of abstraction. The core and integrating conceptualization of the model is the Triune God: God(Father)/Christ(Son)/The Holy Spirit. The four major components (a) Person/Parishioner, (b) Nurse/Parish Nurse, (c) Health/Shalom-Wholeness, and (d) Community/Parish --and the specific concepts within each component--are defined and described separately and in relation to one

another. Emphasis is placed on concepts which could serve to distinguish Christian parish nursing from other forms of health promoting nursing practice.

The author's model has implications for nursing practice, education and research. Some of these are discussed in Chapter 4, along with suggestions for further research, but the model must now be incorporated in parish nursing programs to determine its comprehensiveness and utility.

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**APPENDICES**

## APPENDIX A

## List of Reviewers of the First Draft (12/95)

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*\*Footnote: these four did not provide a review*

## APPENDIX B

Quotations from  
The Holy Bible: New International Version (1984)

Note: All quotations cited are listed in the order of the books in the Bible, and in numerical order by chapter and verse, as follows:

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## Quotations from the Old Testatment

GENESIS 1:26 Then God said, "Let us make man in our image, in our likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures that move along the ground."

GEN. 1:27 So God created man in his own image, in the image of God he created him; male and female he created them.

GEN. 1:29 Then God said, "I give you every seed-bearing plant on the face of the whole earth and every tree that has fruit with seed in it. They will be yours for food."

GEN. 1:31 God saw all that he had made, and it was very good.

GEN. 2:7 And the Lord God formed man from the dust of the ground and breathed into his nostrils the breath of life and man became a living being.

GEN. 2:15 The Lord God took the man and put him in the Garden of Eden to work it and take care of it.

GEN. 3:5 [Satan speaking to Eve] "For God knows that when you eat of it your eyes will be opened, and you will be like God, knowing good and evil."

EXODUS 20:9-10 Six days you shall labour and do your work. The seventh day is a sabbath to the Lord your God; in it you shall not do any work.

EXOD. 20:12-17 Honor your father and your mother as the Lord your God has commanded you, so that you may live long. You shall not murder. You shall not commit adultery. You shall not steal. You shall not give false testimony against your neighbor. You shall not covet your neighbor's house. You shall not covet your neighbor's wife, or his manservant or maidservant, his ox or donkey, or anything that belongs to your neighbor.

EXOD. 21:17 Anyone who curses his father or mother must be put to death.

EXOD. 20:14-16 You shall not commit adultery. You shall not steal. You shall not give false testimony against your neighbor.

EXOD. 34:5-7a Then the Lord came down in the cloud and stood there with him and proclaimed his name, the Lord. And he passed in front of Moses, proclaiming, "The Lord, the Lord, the compassionate and gracious God, slow to anger, abounding in love and faithfulness, maintaining love to thousands, and forgiving wickedness, rebellion and sin. Yet he does not leave the guilty unpunished."

LEVITICUS 11:6-8 The rabbit...and the pig...is unclean for you. You must not eat their meat or touch their carcasses.

LEV. 15:8 If the man with the discharge spits on someone who is clean, that person must wash his clothes and bathe with water...

LEV. 17:11 [God speaking] "For the life of a creature is in the blood, and I have given it to you to make atonement for yourselves on the altar; it is the blood that makes atonement for one's life."

LEV. 19:3 Each of you must respect his mother and father, and observe my Sabbaths. I am the Lord your God.

LEV. 19:32 Rise in the presence of the aged, show respect for the elderly and revere your God. I am the Lord.

LEV. 21:23 Yet because of his defect, he must not go near the curtain or approach the altar, and so desecrate my sanctuary. I am the LORD, who makes them holy.

LEV. 25:4-5 But in the seventh year the land is to have a sabbath of rest, a sabbath to the Lord. Do not sow your fields or prune your vineyards. Do not reap what grows of itself or harvest the grapes of your untended vines. The land is to have a year of rest.

LEV. 25:23-24 [God speaking] "The land must not be sold permanently, because the land is mine and you are but aliens and my tenants. Throughout the country that you hold as a possession, you must provide for the redemption of the land."

DEUTERONOMY 15:21 If an animal has a defect, is lame or blind, or has any serious flaw, you must not sacrifice it to the Lord your God.

DEUT. 23:12-13 Designate a place outside the camp where you can relieve yourself...dig a hole and cover up your excrement.

DEUT. 27:16 Cursed is the man who dishonors his father and mother.

DEUT. 31:6,8 [Moses speaking] "Be strong and courageous. Do not be afraid or terrified because of them, for the Lord your God goes with you; he will never leave you nor forsake you....The Lord himself goes before you and will be with you; he will never leave you or forsake you. Do not be afraid; do not be discouraged."

DEUT. 32:4 He is the Rock, his works are perfect, and all his ways are just. A faithful God who does no wrong, upright and just is he.

I KINGS 3:14 And if you walk in my ways and obey my statutes and commands...I will give you a long life.

ESTHER 4:14 [Mordecai speaking to Esther] "For if you remain silent at this time, relief and deliverance for the Jews will arise from another place, but you and your father's family will perish. And who knows but that you have come to royal position for such a time as this?"

JOB 7:20 [Job praying] "If I have sinned, what have I done to you, O watcher of men? Why have you made me your target? Have I become a burden to you?"

JOB 38:1-4 Then the Lord answered Job out of the storm. He said: "Who is this that darkens my counsel with words without knowledge? Brace yourself like a man; I will question you, and you shall answer me. Where were you when I laid the earth's foundation? Tell me, if you understand."

JOB 42:3b [God speaking] "Who is this that obscures my counsel without knowledge?" [Job replying] "Surely I spoke of things I did not understand, things too wonderful for me to know."

PSALMS 4:8 I will lie down and sleep in peace, for you alone, O Lord, make me dwell in safety.

PS. 34:18 The Lord is close to the brokenhearted and saves those who are crushed in spirit.

PS. 37:25 I was young and now I am old, yet I have never seen the righteous forsaken by God or their children begging bread.

PS. 38:3 Because of your wrath there is no health in my body; my bones have no soundness because of my sin.

PS. 41:1-3 Blessed is he who has regard for the weak; the Lord delivers him in times of trouble. The Lord will protect him and preserve his life; he will bless him in the land and not surrender him to the desire of his foes. The Lord will sustain him on his sickbed and restore him from his bed of illness.

PS. 46:1 God is our refuge and strength, a very present help in trouble.

PS. 73:3,16-18 For I envied the arrogant when I saw the prosperity of the wicked. They have no struggles; their bodies are healthy and strong. They are free from the burdens common to man; they are not plagued by human ills. Therefore pride is their necklace; they clothe themselves with violence....When I tried to understand all this, it was oppressive to me till I entered the sanctuary of God; then I understood their final destiny. Surely you place them on slippery ground; you cast them down to ruin.

PS. 91:14-16 "Because he loves me," says the Lord, "I will rescue him; I will protect him, for he acknowledges my name. He will call upon me, and I will answer him; I will be with him in trouble, I will deliver him and honor him. With long life will I satisfy him and show him my salvation."

PS. 107:17 Some became fools through their rebellious ways and suffered affliction because of their iniquities.

PS. 116:16 O Lord, truly I am your servant!

PS. 119:165-166 Great peace have they who love your law, and nothing can make them stumble. I wait for your salvation, O Lord, and I follow your commands.

PS. 139:5b,6,10,13 You have laid your hand upon me, such knowledge is too wonderful for me, too lofty for me to attain....Your hand will guide me, your right hand will hold me fast....For you created my inmost being; you knit me together in my mother's womb. I praise you because I am fearfully and wonderfully made.

PS. 145:9 The Lord is good to all; he has compassion on all he has made.

PROVERBS 3:5-8 Trust in the Lord with all your heart and lean not on your own understanding; in all your ways acknowledge him, and he will make your paths straight. Do not be wise in your own eyes; fear the Lord and shun evil. This will bring health to your body and nourishment to your bones.

PROV. 23:20-21 Do not join those who drink too much wine or gorge themselves on meat, for drunkards and gluttons become poor and drowsiness clothes them in rags.

PROV. 23:22 Listen to your father, who gave you life, and do not despise your mother when she is old.

ECCLESIASTES 2:24-26 A man can do nothing better than to eat and drink and find satisfaction in his work. This too, I see, is from the hand of God, for without him, who can eat or find enjoyment? To the man who pleases him, God gives wisdom, knowledge and happiness, but to the sinner he gives the task of gathering and storing up wealth to hand it over to the one who pleases God.

ECCLES. 3:11 God has made everything beautiful in its time. He has also set eternity in the hearts of men; yet they cannot fathom what God has done from beginning to end.

ECCLES. 3:12-13 I know that there is nothing better for men than to be happy and do good while they live. That everyone may eat and drink, and find satisfaction in all his toil--this is the gift of God.

ECCLES. 5:12 The sleep of a laborer is sweet, whether he eats little or much, but the abundance of a rich man permits him no sleep.

ECCLES. 8:15 So I commend the enjoyment of life, because nothing is better for a man under the sun than to eat and drink and be glad. Then joy will accompany him in his work all the days of the life God has given him under the sun.

ISAIAH 6:8 Then I heard the voice of the Lord saying, "Whom shall I send? And who will go for us?" And I said, "Here am I. Send me!"

ISA. 8:16 Bind up the testimony and seal up the law among my disciples.

ISA. 9:6-7a [speaking of Jesus Christ] "For to us a child is born, to us a son is given, and the government will be on his shoulders. And he will be called Wonderful Counselor, Mighty God, Everlasting Father, Prince of Peace. Of the increase of his government and peace there will be no end. He will reign on David's throne and over his kingdom, establishing and upholding it with justice and righteousness from that time on and forever."

ISA. 14:13-14 [speaking of Satan] You said in your heart, "I will ascend to heaven; I will raise my throne above the stars of God; I will sit enthroned on the mount of assembly, on the utmost heights of the sacred mountain. I will ascend above the tops of the clouds; I will make myself like the Most High."

ISA. 26:3 You will keep in perfect peace him whose mind is steadfast, because he trusts in you.

ISA. 38:16-17 Lord, by such things men live; and my spirit finds life in them too. You restored me to health and let me live. Surely it was for my benefit that I suffered such anguish. In your love you kept me from the pit of destruction; you have put all my sins behind your back.

ISA. 46:4 Even to your old age and gray hairs, I am he, I am he who will sustain you. I have made you and I will carry you; I will sustain you and I will rescue you.

ISA. 53:6 We all, like sheep, have gone astray, each of us has turned to his own way; and the Lord has laid on him the iniquity of us all.

ISA. 58:6-11 [God speaking] "Is not this the kind of fasting I have chosen: to loose the chains of injustice and untie the cords of the yoke, to set the oppressed free and break every yoke? Is it not to share your food with the hungry and to provide the poor wanderer with shelter--when you see the naked, to clothe him, and not to turn away from your own flesh and blood? Then your light will break forth like the dawn, and your healing will quickly appear; then your righteousness will go before you, and the glory of the Lord will be your rear guard. Then you will call, and the Lord will answer; you will cry for help, and he will say: Here am I." "If you do away with the yoke of oppression, with the pointing finger and malicious talk, and if you spend yourselves in behalf of the hungry and satisfy the needs of the oppressed, then your light will rise in the darkness, and your night will become like the noonday. The Lord will guide you always; he will satisfy your needs in a sun-scorched land and will strengthen your frame. You will be like a well-watered garden, like a spring whose waters never fail."

ISA. 61: 1-3 The Spirit of the Sovereign Lord is on me, because the Lord has anointed me to preach good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners, to proclaim the year of the Lord's favor and the day of vengeance of our God, to comfort all who mourn, and provide for those who grieve in Zion--to bestow on them a crown of beauty instead of ashes, the oil of gladness instead of mourning, and a garment of praise instead of a spirit of despair.

JEREMIAH 2:13 [God speaking] "My people have committed two sins: They have forsaken me, the spring of living water, and have dug their own cisterns, broken cisterns that cannot hold water."

JER. 29:10-11 "For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future."

JER. 31:3 The Lord appeared to us in the past, saying: "I have loved you with an everlasting love; I have drawn you with loving-kindness."

LAMENTATIONS 3:22-25 Because of the Lord's great love we are not consumed, for his compassions never fail. They are new every morning; great is your faithfulness. I say to myself, "The Lord is my portion; therefore I will wait for him." The Lord is good to those whose hope is in him, to the one who seeks him.

## Quotations from the New Testament

MATTHEW 5:1-2 Now when he saw the crowds, he went up on a mountainside and sat down. His disciples came to him, and he began to teach them.

MATT. 5:13-16 [Jesus speaking] "You are the salt of the earth...You are the light of the world. A city on a hill cannot be hidden. Neither do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. In the same way, let your light shine before men, that they may see your good deeds and praise your Father in heaven."

MATT. 5:41 [Jesus speaking] "If someone forces you to go one mile, go with him two miles."

MATT. 5:48 [Jesus speaking] "Be perfect, therefore, as your heavenly father is perfect."

MATT. 6:1-4 [Jesus speaking] "Be careful not to do your 'acts of righteousness' before men, to be seen by them. If you do, you will have no reward from your Father in heaven. So when you give to the needy, do not announce it with trumpets, as the hypocrites do in the synagogues and on the streets, to be honored by men. I tell you the truth, they have received their reward in full. But when you give to the needy, do not let your left hand know what your right hand is doing, so that your giving may be in secret. Then your Father, who sees what is done in secret, will reward you."

MATT. 6:34 [Jesus speaking] "Therefore do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own."

MATT. 7:12 [Jesus speaking] "So in everything, do to others what you would have them do to you, for this sums up the Law and the Prophets."

MATT. 7:21 [Jesus speaking] "Not everyone who says to me, 'Lord, Lord,' will enter the kingdom of heaven, but only he who does the will of my Father who is in heaven."

MATT. 8:5-7 When Jesus had entered Capernaum, a centurion came to him, asking for help. "Lord," he said, "my servant lies at home paralyzed and in terrible suffering." Jesus said to him, "I will go and heal him."

MATT. 10:37-39 [Jesus speaking] "Anyone who loves his father or mother more than me is not worthy of me; anyone who loves his son or daughter more than me is not worthy of me; and anyone who does not take his cross and follow me is not worthy of me. Whoever finds his life will lose it, and whoever loses his life for my sake will find it."

MATT. 10:42 [Jesus speaking] "And if anyone gives even a cup of cold water to one of these little ones because he is my disciple, I tell you the truth, he will certainly not lose his reward."

MATT. 11:4-5 Jesus replied, "Go back and report to John what you hear and see: The blind receive sight, the lame walk, those who have leprosy are cured, the deaf hear, the dead are raised, and the good news is preached to the poor."

MATT. 12:25 At that time Jesus said, "I praise you, Father, Lord of heaven and earth, because you have hidden these things from the wise and learned, and revealed them to little children."

MATT. 12:28 [Jesus speaking] "The kingdom of God has come upon you."

MATT. 14:14-16 When Jesus landed and saw a large crowd, he had compassion on them and healed their sick. As evening approached, the disciples came to him and said, "This is a remote place, and it's already getting late. Send the crowds away, so they can go to the villages and buy themselves some food." Jesus replied, "They do not need to go away. You give them something to eat."

MATT. 16:16-17 Simon Peter answered, "You are the Christ, the Son of the living God." Jesus replied, "Blessed are you, Simon son of Jonah, for this was not revealed to you by man, but by my Father in heaven."

MATT. 20:25-28 Jesus called them together and said, "You know that the rulers of the Gentiles lord it over them, and their high officials exercise authority over them. Not so with you. Instead, whoever wants to become great among you must be your servant, and whoever wants to be first must be your slave--just as the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many."

MATT. 22:36-40 "Teacher, which is the greatest commandment in the Law?" Jesus replied: "'Love the Lord your God with all your heart and with all your soul and with all your mind.' This is the first and greatest commandment. And the second is like it: 'Love your neighbor as yourself.' All the Law and the Prophets hang on these two commandments."

MATT. 23:4a,13 [Jesus speaking] "They tie up heavy loads and put them on men's shoulders....Woe to you, teachers of the law and Pharisees, you hypocrites! You shut the kingdom of heaven in men's faces. You yourselves do not enter, nor will you let those enter who are trying to."

MATT. 23:37 [Jesus speaking] "O Jerusalem, Jerusalem, you who kill the prophets and stone those sent to you, how often I have longed to gather your children together, as a hen gathers her chicks under her wings, but you were not willing."

MATT. 25:35-36,40 [Jesus speaking] "For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me....I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me."

MATT. 25:34,46 [Jesus speaking] "The King will say to those on his right, 'Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world.' Then they will go away...the righteous to eternal life."

MATT. 26:38,41 [Jesus speaking] "Stay here and keep watch with me....Watch and pray so that you will not fall into temptation. The spirit is willing, but the body is weak."

MARK 1:15 [Jesus speaking] "The time has come," he said. "The kingdom of God is near. Repent and believe the good news."

MARK 7:10-13a [Jesus rebuking the Pharisees] "For Moses said, 'Honor your father and mother,' and, 'Anyone who curses his father or mother must be put to death.' But you say that if a man says to his father or mother, 'whatever help you might otherwise have received from me is 'Corban' (that is, a gift devoted to God), then you no longer let him do anything for his father or mother. Thus you nullify the word of God."

MARK 10:15 [Jesus speaking] "I tell you the truth, anyone who will not receive the kingdom of God like a little child will never enter it."

MARK 10:19 [Jesus speaking] "You know the commandments... honor your father and mother."

MARK 10:29-30b "I tell you the truth," Jesus replied, "no one who has left home or brothers or sisters or mother or father or children or fields for me and the gospel will fail to receive...in the age to come, eternal life."

MARK 10:43-45 [Jesus speaking] "Whoever wants to become great among you must be your servant, and whoever wants to be first must be slave of all. For even the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many."

MARK 12:28-34 One of the teachers of the law came and heard them debating. Noticing that Jesus had given them a good answer, he asked him, "Of all the commandments, which is the most important?" "The most important one," answered Jesus, "is this: 'Hear O Israel, the Lord our God, the Lord is one. Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength.' The second is this: 'Love your neighbor as yourself.' There is no commandment greater than these."

MARK 13:10 [Jesus speaking] "And the gospel must first be preached to all nations."

LUKE 4:18-19, 21 [Jesus reading from the scroll of the prophet Isaiah] "The Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord's favor..."[Jesus speaking] "Today this scripture is fulfilled in your hearing."

LUKE 10:21-2 At that time Jesus, full of joy through the Holy Spirit, said, "I praise you, Father, Lord of heaven and earth, because you have hidden these things from the wise and learned, and revealed them to little children. Yes, Father, for this was your good pleasure..., and no one knows who the Father is except the Son and those to whom the Son chooses to reveal him."

LUKE 10:27 "Love the Lord your God with all your heart and with all your soul and with all your mind" [see Deut 6:5]; and, "Love your neighbor as yourself [see Lev 19:18]."

LUKE 10:36-37 [Jesus speaking] "Which of these three do you think was a neighbor to the man who fell into the hands of robbers?" The expert in the law replied, "The one who had mercy on him." Jesus told him, "Go and do likewise."

LUKE 12:31-32 But seek his kingdom, and these things will be given to you as well. Do not be afraid, little flock, for your Father has been pleased to give you the kingdom.

LUKE 13:4 [Jesus speaking] "Or those eighteen who died when the tower in Siloam fell on them--do you think they were more guilty than all the others living in Jerusalem?"

LUKE 19:10 [Jesus speaking] "For the Son of Man [i.e. Jesus] came to seek and to save what was lost."

LUKE 19:41 As he [Jesus] approached Jerusalem and saw the city, he wept over it.

LUKE 23:46 Jesus called out with a loud voice, "Father, into your hands I commit my spirit." When he had said this, he breathed his last.

JOHN 3:3 In reply Jesus declared, "I tell you the truth, no one can see the kingdom of God unless he is born again."

JOHN 3:16-18 For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life. For God did not send his Son into the world to condemn the world, but to save the world through him. Whoever believes in him is not condemned, but whoever does not believe stands condemned already because he has not believed in the name of God's one and only Son.

JOHN 3:19-21 [Jesus speaking] "This is the verdict: Light has come into the world, but men loved darkness instead of light because their deeds were evil. Everyone who does evil hates the light, and will not come into the light for fear that his deeds will be exposed. But whoever lives by the truth comes into the light, so that it may be seen plainly that what he has done has been done through God."

JOHN 4:9-10 The Samaritan woman said to him, "You are a Jew and I am a Samaritan woman. How can you ask me for a drink?" (For Jews do not associate with Samaritans.) Jesus answered her, "If you knew the gift of God and who it is that asks you for a drink, you would have asked him and he would have given you living water."

JOHN 4:24 [Jesus speaking] "God is spirit, and his worshippers must worship in spirit and in truth."

JOHN 5:27-29 [Jesus speaking] "And he [God] has given him [Jesus Christ] authority to judge because he is the Son of Man. Do not be amazed at this, for a time is coming when all who are in their graves will hear his voice and come out--those who have done good will rise to live, and those who have done evil will rise to be condemned."

JOHN 6:63 [Jesus speaking] "The Spirit gives life; the flesh counts for nothing."

JOHN 6:68-69 [Peter speaking] "Lord, to whom shall we go? You have the words of eternal life. We believe and know that you are the Holy One of God."

JOHN 7:37b-38 [Jesus speaking] "If anyone is thirsty, let him come to me and drink. Whoever believes in me, as the Scripture has said, streams of living water will flow from within him."

JOHN 8:31-32, 36 Jesus said, "If you hold to my teaching, you are really my disciples. Then you will know the truth and the truth will set you free."...So if the Son sets you free, you will be free indeed."

JOHN 9:2-3 His disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?" [Jesus replied] "Neither this man nor his parents sinned."

JOHN 10:10 [Jesus speaking] "I am come that they may have life, and have it to the full."

JOHN 12:25 [Jesus speaking] "The man who loves his life will lose it, while the man who hates his life in this world will keep it for eternal life."

JOHN 13:14-15 [Jesus speaking] "Now that I, your Lord and Teacher, have washed your feet, you also should wash one another's feet. I have set you an example that you should do as I have done for you."

JOHN 13:34-35 [Jesus speaking] "A new command I give you: Love one another. As I have loved you, so you must love one another. By this all men will know that you are my disciples, if you love one another."

JOHN 14:6 Jesus answered, "I am the way and the truth and the life. No one comes to the Father except through me."

JOHN 14:12 [Jesus speaking] "I tell you the truth, anyone who has faith in me will do what I have been doing. He will do even greater things than these..."

JOHN 14:16 [Jesus speaking] "And I will ask the Father, and he will give you another Counselor to be with you forever..."

JOHN 14:18 I will not leave you as orphans; I will come to you.

JOHN 14:21,23 [Jesus speaking] "Whoever has my commands and obeys them, he is the one who loves me. He who loves me will be loved by my Father, and I too will love him and show myself to him." "If anyone loves me, he will obey my teaching. My Father will love him, and we will come to him and make our home with him."

JOHN 14:27 [Jesus speaking] "Peace I leave with you; my peace I give you. I do not give to you as the world gives. Do not let your hearts be troubled and do not be afraid"

JOHN 15:4-11 [Jesus speaking] "Remain in me, and I will remain in you. No branch can bear fruit by itself; it must remain in the vine. Neither can you bear fruit unless you remain in me. I am the vine; you are the branches. If a man remains in me and I in him, he will bear much fruit; apart from me you can do nothing. If anyone does not remain in me, he is like a branch that is thrown away and withers; such branches are picked up, thrown into the fire and burned. If you remain in me and my words remain in you, ask whatever you wish, and it will be given you. This is to my Father's glory, that you bear much fruit, showing yourselves to be my disciples. As the Father has loved me, so have I loved you. Now remain in my love. If you obey my commands, you will remain in my love, just as I have obeyed my Father's commands and remain in his love. I have told you this so that my joy may be in you and that your joy may be complete."

JOHN 15:15-16a [Jesus speaking] "I no longer call you servants, because a servant does not know his master's business. Instead, I have called you friends, for everything that I learned from my Father I have made known to you. You did not choose me, but I chose you and appointed you to go and bear fruit--fruit that will last."

JOHN 16:8,11b [Jesus speaking of The Holy Spirit] "When he comes, he will convict the world of guilt in regard to sin and righteousness and judgment:...because the prince of this world now stands condemned."

JOHN 16:33 [Jesus speaking] "I have told you these things, so that in me you may have peace. In this world you will have trouble. But take heart! I have overcome the world."

JOHN 17:24-26 [Jesus praying] "Father, I want those you have given me to be with me where I am, and to see my glory, the glory you have given me because you loved me before the creation of the world. Righteous Father, though the world does not know you, I know you, and they know that you have sent me. I have made you known to them, and will continue to make you known in order that the love you have for me may be in them and that I myself may be in them."

JOHN 20:21 Again Jesus said, "Peace be with you! As the Father has sent me, I am sending you."

JOHN 21:16 Again Jesus said, "Simon son of John, do you truly love me?" He answered, "Yes, Lord, you know that I love you." Jesus said, "Take care of my sheep."

ACTS 2:36 For when David had served God's purpose in his own generation, he fell asleep.

ACTS 2:41-42,46-47 Those who accepted his [Peter's] message were baptized, and about three thousand were added to their number that day. They devoted themselves to the apostles' teaching and to the fellowship, to the breaking of bread and to prayer....Every day they continued to meet together in the temple courts. They broke bread in their homes and ate together with glad and sincere hearts, praising God and enjoying the favor of all the people. And the Lord added to their number daily those who were being saved.

ACTS 6:2-3 So the Twelve gathered all the disciples together and said, "It would not be right for us to neglect the ministry of the word of God in order to wait on tables. Brothers, choose seven men from among you who are known to be full of the Spirit and wisdom. We will turn this responsibility over to them..."[i.e. to oversee distribution of care for the widows and orphans]

ACTS 10:43 All the prophets testify about him [Christ] that everyone who believes in him receives forgiveness of sins...

ACTS 16:10 After Paul had seen the vision, we got ready at once to leave for Macedonia, concluding that God had called us to preach the gospel to them.

ACTS 17:31a For he has set a day when he [God] will judge the world with justice by the man [Jesus] he has appointed.

ROMANS 1:1 Paul, a servant of Christ Jesus, called to be an apostle and set apart for the gospel of God.

ROM. 1:16 I am not ashamed of the gospel, because it is the power of God for the salvation of everyone who believes: first for the Jew, then for the Gentile.

ROM. 1:20 For since the creation of the world God's invisible qualities--his eternal power and divine nature--have been clearly seen, being understood from what has been made, so that men are without excuse.

ROM. 3:22-26 This righteousness from God comes through faith in Jesus Christ to all who believe. There is no difference, for all have sinned and fall short of the glory of God, and are justified freely by his grace through the redemption that came by Christ Jesus. God presented him as a sacrifice of atonement, through faith in his blood. He did this to demonstrate his justice, because in his forbearance he had left the sins committed beforehand unpunished--he did it to demonstrate his justice at the present time, so as to be just and the one who justifies those who have faith in Jesus.

ROM. 5:1-2 Therefore, since we have been justified through faith, we have peace with God through our Lord Jesus Christ, through whom we have gained access by faith into this grace in which we now stand. And we rejoice in the hope of the glory of God.

ROM. 5:3-5 Not only so, but we also rejoice in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not disappoint us, because God has poured out his love into our hearts by the Holy Spirit, whom he has given us.

ROM. 5:7-8 Very rarely will anyone die for a righteous man, though for a good man someone might possibly dare to die. But God demonstrates his own love for us in this: While we were still sinners Christ died for us.

ROM. 6:14 For sin shall not be your master, because you are not under law, but under grace.

ROM. 8:1-6 Therefore, there is now no condemnation for those who are in Christ Jesus, because through Christ Jesus the law of the Spirit of life set me free from the law of sin and death. For what the law was powerless to do in that it was weakened by the sinful nature, God did by sending his own Son in the likeness of sinful man to be a sin offering. And so he condemned sin in sinful man, in order that the righteous requirements of the law might be fully met in us, who do not live according to the sinful nature but according to the Spirit. Those who live according to the sinful nature have their minds set on what that nature desires; but those who live in accordance with the Spirit have their minds set on what the Spirit desires. The mind of sinful man is death, but the mind controlled by the Spirit is life and peace;

ROM. 8:11 And if the Spirit of him who raised Jesus from the dead is living in you, he who raised Christ from the dead will also give life to your mortal bodies through his Spirit, who lives in you.

ROM. 8:20-23 For the creation was subjected to frustration, not by its own choice, but by the will of the one who subjected it, in hope that the creation itself will be liberated from its bondage to decay and brought into the glorious freedom of the children of God. We know that the whole creation has been groaning as in the pains of childbirth right up to the present time. Not only so, but we ourselves, who have the firstfruits of the Spirit, groan inwardly as we wait eagerly for our adoption as sons, the redemption of our bodies.

ROM. 8:28,32 And we know that in all things God works for the good of those who love him, who have been called according to his purpose....He who did not spare his own Son, but gave him up for us all--how will he not also, along with him, graciously give us all things?

ROM. 8:38-39 For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord.

ROM. 10:9-10 [Paul speaking] "If you confess with your mouth, 'Jesus is Lord,' and believe in your heart that God raised him from the dead, you will be saved. For it is with your heart that you believe and are justified, and it is with your mouth that you confess and are saved."

ROM. 10:14-15a How, then, can they call on the one they have not believed in?...And how can they hear without someone preaching to them? And how can they preach unless they are sent?

ROM. 10:17 Consequently, faith comes from hearing the message, and the message is heard through the word of Christ.

ROM. 12:1-2a Therefore I urge you, brothers, in view of God's mercy, to offer your bodies as living sacrifices, holy and pleasing to God--this is your spiritual act of worship. Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind.

ROM. 12:3 For by the grace given me I say to every one of you: Do not think of yourself more highly than you ought, but rather think of yourself with sober judgment, in accordance with the measure of faith God has given you.

ROM. 12:6-11b,13 We have different gifts, according to the grace given us. If a man's gift is prophesying, let him use it in proportion to his faith. If it is serving, let him serve; if it is teaching, let him teach; if it is encouraging, let him encourage; if it is contributing to the needs of others, let him give generously; if it is leadership, let him govern diligently; if it is showing mercy, let him do it cheerfully. Love must be sincere..., serving the Lord....Share with God's people who are in need. Practice hospitality.

ROM. 16:1-2 I commend to you our sister Phoebe, a servant of the church in Cenchrea. I ask you to receive her in the Lord in a way worthy of the saints and to give her any help she may need from you, for she has been a great help to many people, including me.

I CORINTHIANS 4:1-2 So then, men ought to regard us as servants of Christ and as those entrusted with the secret things of God. Now it is required that those who have been given a trust must prove faithful.

I COR. 6:19-20 Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your body.

I COR. 9:25-27 [Paul speaking] "Everyone who competes in the games goes into strict training. They do it to get a crown that will not last; but we do it to get a crown that will last forever. Therefore I do not run like a man running aimlessly; I do not fight like a man beating the air. No, I beat my body and make it my slave so that after I have preached to others, I myself will not be disqualified for the prize."

I COR. 10:16-17 Is not the cup of thanksgiving for which we give thanks a participation in the blood of Christ? And is not the bread that we break a participation in the body of Christ? Because there is one loaf, we, who are many, are one body, for we all partake of the one loaf.

I COR. 10:31 So whatever you eat or drink or whatever you do, do it all to the glory of God.

I COR. 11:25 In the same way, after supper he took the cup, saying, "This cup is the new covenant in my blood; do this, whenever you drink it, in remembrance of me."

I COR. 12:4-11 There are different kinds of gifts, but the same Spirit. There are different kinds of service, but the same Lord. There are different kinds of working, but the same God works all of them in all men. Now to each one the manifestation of the Spirit is given for the common good. To one there is given through the Spirit the message of wisdom, to another the message of knowledge by means of the same Spirit, to another faith by the same Spirit, to another gifts of healing by that one Spirit, to another miraculous powers, to another prophecy, to another distinguishing between spirits, to another speaking in different kinds of tongues, and to still another the interpretation of tongues. All these are the work of one and the same Spirit, and he gives them to each one, just as he determines.

I COR. 12:12-27 The body is a unit, though it is made up of many parts; and though all its parts are many, they form one body. So it is with Christ. For we were all baptized by one Spirit into one body--whether Jews or Greeks, slave or free--and we were all given the one Spirit to drink. Now the body is not made up of one part but of many. If the foot should say, "Because I am not a hand, I do not belong to the body," it would not for that reason cease to be part of the body. And if the ear should say, "Because I am not an eye, I do not belong to the body," it would not for that reason cease to be part of the body. If the whole body were an eye, where would the sense of hearing be? If the whole body were an ear, where would the sense of smell be? But in fact God has arranged the parts in the body, every one of them, just as he wanted them to be. If they were all one part, where would the body be? As it is, there are many parts, but one body. The eye cannot say to the hand, "I don't need you!" And the head cannot say to the feet, "I don't need you!" On the contrary, those parts of the body that seem to be weaker are indispensable, and the parts that we think are less honorable we treat with special honor. And the parts that are unpresentable are treated with special modesty, while our presentable parts need no special treatment. But God has combined the members of the body and has given greater honor to the parts that lacked it, so that there should be no division in the body, but that its parts should have equal concern for each other. If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it. Now you are the body of Christ, and each one of you is a part of it.

I COR. 15:21-22 For since death came through a man, the resurrection of the dead comes also through a man. For as in Adam all die, so in Christ all will be made alive.

I COR. 15:42,44...the body that is sown is perishable, it is raised imperishable;...it is sown a natural body, it is raised a spiritual body.

II CORINTHIANS 1:3-4 Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God.

II COR. 3:17-18 Now the Lord is the Spirit, and where the Spirit of the Lord is, there is freedom. And we, who with unveiled faces all reflect the Lord's glory, are being transformed into his likeness with ever-increasing glory, which comes from the Lord, who is the Spirit.

II COR. 4:5,7 For we do not preach ourselves, but Jesus Christ as Lord, and ourselves as your servants for Jesus' sake....But we have this treasure in jars of clay to show that this all-surpassing power is from God and not from us...therefore we do not lose heart. Though outwardly we are wasting away yet inwardly we are being renewed day by day.

II COR. 4:14 Because we know that the one who raised the Lord Jesus from the dead will also raise us with Jesus and present us with you in his presence.

II COR. 5:17 Therefore if anyone is in Christ he is a new creation. The old has gone; the new has come!

II COR. 8:3-5 [Paul speaking of the Macedonian churches] "For I testify that they gave as much as they were able, and even beyond their ability. Entirely on their own, they urgently pleaded with us for the privilege of sharing [koinonia] in this service to the saints. And they did not do as we expected, but they gave themselves first to the Lord and then to us in keeping with God's will."

II COR. 11:3-4 [Paul speaking to Christians] "But I am afraid that just as Eve was deceived by the serpent's cunning, your minds may somehow be led astray from your sincere and pure devotion to Christ. For if someone comes to you and preaches a Jesus other than the Jesus we preached, or if you receive a different spirit from the one you received, or a different gospel from the one you accepted, you put up with it easily enough."

II COR. 9:6-8 Remember this: Whoever sows sparingly will also reap sparingly, and whoever sows generously will also reap generously. Each man should give what he has decided in his heart to give, not reluctantly or under compulsion, for God loves a cheerful giver. And God is able to make all grace abound to you, so that in all things at all times, having all that you need, you will abound in every good work.

II COR. 12:7b-10 [Paul speaking] There was given me a thorn in my flesh, a messenger of Satan, to torment me. Three times I pleaded with the Lord to take it away from me. But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. That is why, for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong.

GALATIANS 3:22-24 But the Scripture declares that the whole world is a prisoner of sin, so that what was promised, being given through faith in Jesus Christ, might be given to those who believe. Before the faith came, we were held prisoners by the law, locked up until faith should be revealed. So the law was put in charge to lead us to Christ, that we might be justified by faith.

GAL. 3:26-28 You are all sons of God through faith in Christ Jesus, for all of you who were baptized into Christ have clothed yourselves with Christ. There is neither Jew nor Greek, slave nor free, male nor female, for you are all one in Christ Jesus.

GAL. 5:13b-14 Serve one another in love. The entire law is summed up in a single command: "Love your neighbor as yourself."

GAL. 5:16-17, 25 So I say, live by the Spirit, and you will not gratify the desires of the sinful nature. For the sinful nature desires what is contrary to the Spirit, and the Spirit what is contrary to the sinful nature. They are in conflict with each other, so that you do not do what you want....Since we live by the Spirit, let us keep in step with the Spirit.

GAL. 5:22-23a But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control.

GAL. 6:2,10 Carry each other's burdens, and in this way you will fulfill the law of Christ....Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers.

EPHESIANS 2:8-10 For it is by grace you have been saved, through faith--and this not from yourselves, it is the gift of God--not by works, so that no one can boast. For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do.

EPH. 2:19-22 Consequently, you are no longer foreigners and aliens, but fellow citizens with God's people and members of God's household, built on the foundation of the apostles and prophets, with Christ Jesus himself as the chief cornerstone. In him the whole building is joined together and rises to become a holy temple in the Lord. And in him you too are being built together to become a dwelling in which God lives by his Spirit.

EPH. 3:19 And to know this love that surpasses knowledge-- that you may be filled to the measure of all the fullness of God.

EPH. 4:1-2 [Paul speaking] "As a prisoner for the Lord, then, I urge you to live a life worthy of the calling you have received. Be completely humble and gentle; be patient, bearing with one another in love."

EPH. 4:3-6 Make every effort to keep the unity of the Spirit through the bond of peace. There is one body and one Spirit--just as you were called to one hope when you were called--one Lord, one faith, one baptism; one God and Father of all, who is over all and through all and in all.

EPH. 4:11-16 It was he [Christ] who gave some to be apostles, some to be prophets, some to be evangelists, and some to be pastors and teachers, to prepare God's people for works of service, so that the body of Christ may be built up until we all reach unity in the faith and in the knowledge of the Son of God and become mature, attaining to the whole measure of the fullness of Christ. Then we will no longer be infants, tossed back and forth by the waves, and blown here and there by every wind of teaching and by the cunning and craftiness of men in their deceitful scheming. Instead, speaking the truth in love, we will in all things grow up into him who is the Head, that is, Christ. From him the whole body, joined and held together by every supporting ligament, grows and builds itself up in love, as each part does its work.

EPH. 4:13 Until we all reach unity in the faith and in the knowledge of the Son of God and become mature, attaining to the whole measure of the fullness of Christ.

EPH. 4:22-24 You were taught, with regard to your former way of life, to put off your old self, which is being corrupted by its deceitful desires; to be made new in the attitude of your minds; and to put on the new self, created to be like God in true righteousness and holiness.

EPH. 4:25-31 Therefore each of you must put off falsehood and speak truthfully to his neighbor, for we are all members of one body. "In your anger do not sin": Do not let the sun go down while you are still angry, and do not give the devil a foothold. He who has been stealing must steal no longer, but must work, doing something useful with his own hands, that he may have something to share with those in need. Do not let any unwholesome talk come out of your mouths, but only what is helpful for building others up according to their needs, that it may benefit those who listen. And do not grieve the Holy Spirit of God, with whom you were sealed for the day of redemption. Get rid of all bitterness, rage and anger, brawling and slander, along with every form of malice.

EPH. 4:32 Be kind and compassionate to one another, forgiving each other, just as in Christ God forgave you.

EPH. 5:3-5 But among you there must not be even a hint of sexual immorality, or of any kind of impurity, or of greed, because these are improper for God's holy people. Nor should there be obscenity, foolish talk or coarse joking, which are out of place, but rather thanksgiving. For of this you can be sure: No immoral, impure or greedy person--such a man is an idolater--has any inheritance in the kingdom of Christ and of God.

EPH. 5:1-2a, 10 Be imitators of God, therefore, as dearly loved children and live a life of love...; and find out what pleases the Lord.

EPH. 5:21 Submit to one another out of reverence for Christ.

EPH. 5:29-30,32 After all, no one ever hated his own body, but he feeds and cares for it, just as Christ does the church--for we are members of his body....This is a profound mystery--but I am talking about Christ and the church.

EPH. 6:5-8 Slaves, obey your earthly masters with respect and fear, and with sincerity of heart, just as you would obey Christ. Obey them not only to win their favor when their eye is on you, but like slaves of Christ, doing the will of God from your heart. Serve wholeheartedly, as if you were serving the Lord, not men, because you know that the Lord will reward everyone for whatever good he does, whether he is slave or free.

PHILIPPIANS 1:6 Being confident of this, that he who began a good work in you will carry it on to completion until the day of Christ Jesus.

PHIL. 2:5-7 Your attitude should be the same as that of Christ Jesus: Who, being in very nature God, did not consider equality with God something to be grasped, but made himself nothing, taking the very nature of a servant, being made in human likeness.

PHIL. 2:10-11 At the name of Jesus every knee should bow, in heaven and on earth and under the earth, and every tongue confess that Jesus Christ is Lord, to the glory of God the Father.

PHIL. 2:27 [Paul speaking]...he [Epaphroditus] was ill, and almost died. But God had mercy on him, and not on him only but also on me, to spare me sorrow upon sorrow.

PHIL. 3:12 Not that I have already obtained all this, or have already been made perfect, but I press on to take hold of that for which Christ Jesus took hold of me.

PHIL. 4:6-7,11-13, 19 Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus...for I have learned to be content whatever the circumstances....I have learned the secret of being content....I can do everything through him who gives me strength....God will meet all your needs according to his glorious riches in Christ Jesus.

PHIL. 4:8 Finally, brothers, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable--if anything is excellent or praiseworthy--think about such things.

COLOSSIANS 1:16-22 For by him [Christ] all things were created: things in heaven and on earth, visible and invisible, whether thrones or powers or rulers or authorities; all things were created by him and for him. He is before all things, and in him all things hold together. And he is the head of the body, the church; he is the beginning and the firstborn from among the dead, so that in everything he might have the supremacy. For God was pleased to have all his fullness dwell in him, and through him to reconcile to himself all things, whether things on earth or things in heaven, by making peace through his blood, shed on the cross. Once you were alienated from God and were enemies in your minds because of your evil behavior. But now he has reconciled you by Christ's physical body through death to present you holy in his sight, without blemish and free from accusation--....

COL. 1:24b-29 For the sake of his [Christ's] body, which is the church. I have become its servant by the commission God gave me to present to you the word of God in its fullness--the mystery that has been kept hidden for ages and generations, but is now disclosed to the saints. To them God has chosen to make known among the Gentiles the glorious riches of this mystery, which is Christ in you, the hope of glory. We proclaim him, admonishing and teaching everyone with all wisdom, so that we may present everyone perfect in Christ. To this end I labor, struggling with all his energy, which so powerfully works in me.

COL. 3:10 [You] have put on the new self, which is being renewed in knowledge in the image of its Creator.

COL. 3:12-14,17 Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. Bear with each other and forgive whatever grievances you may have against one another. Forgive as the Lord forgave you. And over all these virtues put on love, which binds them all together in perfect unity.

COL. 3:15 Let the peace of Christ rule in your hearts, since as members of one body you were called to peace.

COL. 3:17 And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him.

I THESSALONIANS 2:7-8 As apostles of Christ we could have been a burden to you, but we were gentle among you, like a mother caring for her little children. We loved you so much that we were delighted to share with you not only the gospel of God but our lives as well.

I THESS. 5:23 May God himself, the God of peace, sanctify you through and through. May your whole spirit, soul and body be kept blameless at the coming of our Lord Jesus Christ.

I TIMOTHY 3:8-13 Deacons, likewise, are to be men worthy of respect, sincere, not indulging in much wine, and not pursuing dishonest gain. They must keep hold of the deep truths of the faith with a clear conscience. They must first be tested; and then if there is nothing against them, let them serve as deacons. In the same way, their wives are to be women worthy of respect, not malicious talkers but temperate and trustworthy in everything. A deacon must be the husband of but one wife and must manage his children and his household well. Those who have served well gain an excellent standing and great assurance in their faith in Christ Jesus.

I TIM. 3:16 Beyond all question, the mystery of godliness is great: He appeared in a body, was vindicated by the Spirit, was seen by angels, was preached among the nations, was believed on in the world, was taken up in glory.

I TIM. 4:7-8 Have nothing to do with godless myths and old wives' tales; rather, train yourself to be godly. For physical training is of some value, but godliness has value for all things, holding promise for both the present life and the life to come.

I TIM. 5:1 Do not rebuke an older man harshly, but exhort him as if he were your father; treat older women as mothers; give proper recognition to those widows who are really in need.

II TIM. 4:20b [Paul speaking]...I left Trophimus sick in Miletus.

HEBREWS 1:10-12 "In the beginning, O Lord, you laid the foundations of the earth, and the heavens are the work of your hands. They will perish, but you remain; they will all wear out like a garment. You will roll them up like a robe; like a garment they will be changed. But you remain the same, and your years will never end."

HEB. 7:25 Therefore he is able to save completely those who come to God through him, because he always lives to intercede for them.

HEB. 8:6, 13 But the ministry Jesus has received is as superior to theirs as the covenant of which he is mediator is superior to the old one, and it is founded on better promises....By calling this covenant "new," he has made the first one obsolete; and what is obsolete and aging will soon disappear.

HEB. 9:14-15, 22, 26 How much more, then, will the blood of Christ, who through the eternal Spirit offered himself unblemished to God, cleanse our consciences from acts that lead to death, so that we may serve the living God! For this reason Christ is the mediator of a new covenant, that those who are called may receive the promised eternal inheritance-- now that he has died as a ransom to set them free from the sins committed under the first covenant... In fact, the law requires that nearly everything be cleansed with blood, and without the shedding of blood there is no forgiveness...Then Christ would have had to suffer many times since the creation of the world. But now he has appeared once for all at the end of the ages to do away with sin by the sacrifice of himself.

HEB. 10:14 Because by one sacrifice he has made perfect forever those who are being made holy.

HEB. 10:16-23 "This is the covenant I will make with them after that time," says the Lord. "I will put my laws in their hearts, and I will write them on their minds." Then he adds: "Their sins and lawless acts I will remember no more." And where these have been forgiven, there is no longer any sacrifice for sin. Therefore, brothers, since we have confidence to enter the Most Holy Place by the blood of Jesus, by a new and living way opened for us through the curtain, that is, his body, and since we have a great priest over the house of God, let us draw near to God with a sincere heart in full assurance of faith, having our hearts sprinkled to cleanse us from a guilty conscience and having our bodies washed with pure water. Let us hold unswervingly to the hope we profess, for he who promised is faithful.

HEB. 12:2 Let us fix our eyes on Jesus, the author and perfecter of our faith.

HEB. 13:8 Jesus Christ is the same yesterday and today and forever.

HEB. 13:16 And do not forget to do good and to share with others, for with such sacrifices God is pleased.

JAMES 1:27 Pure religion and undefiled before God and the Father is this, to visit the fatherless and widows in their affliction, and to keep himself unspotted in the world.

JAS. 2:8-9 If you really keep the royal law found in Scripture, "Love your neighbor as yourself" you are doing right. But if you show favoritism, you sin and are convicted by the law as lawbreakers.

JAS. 2:15-17 Suppose a brother or sister is without clothes and daily food. If one of you says to him, "Go, I wish you well; keep warm and well fed," but does nothing about his physical needs, what good is it? In the same way, faith by itself, if it is not accompanied by action, is dead.

JAS. 3:17 But the wisdom that comes from heaven is first of all pure; then peace loving, considerate, submissive, full of mercy and good fruit, impartial and sincere.

JAS. 5:14-16 Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise him up. If he has sinned, he will be forgiven. Therefore confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous man is powerful and effective.

I PETER 1:23 For you have been born again, not of perishable seed, but of imperishable, through the living and enduring word of God.

I PET. 2:9-10 But you are a chosen people, a royal priesthood, a holy nation, a people belonging to God, that you may declare the praises of him who called you out of darkness into his wonderful light. Once you were not a people, but now you are the people of God; once you had not received mercy, but now you have received mercy. Dear friends, I urge you, as aliens and strangers in the world, to abstain from sinful desires, which war against your soul. Live such good lives among the pagans that, though they accuse you of doing wrong, they may see your good deeds and glorify God on the day he visits us.

I PET. 4:10-11a Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms. If anyone speaks, he should do it as one speaking the very words of God. If anyone serves, he should do it with the strength God provides, so that in all things God may be praised through Jesus Christ.

II PETER 3:13-15a But in keeping with his promise we are looking forward to a new heaven and a new earth, the home of righteousness. So then, dear friends, since you are looking forward to this, make every effort to be found spotless, blameless and at peace with him. Bear in mind that our Lord's patience means salvation.

I JOHN 1:3 We proclaim to you what we have seen and heard, so that you also may have fellowship with us. And our fellowship is with the Father and with his Son, Jesus Christ.

I JOHN 1:7-10 But if we walk in the light, as He [God] is in the light, we have fellowship with one another, and the blood of Jesus, his Son, purifies us from all sin. If we claim to be without sin, we deceive ourselves and the truth is not in us. If we confess our sins, He is faithful and just and will forgive us our sins and purify us from all unrighteousness. If we claim we have not sinned, we make Him out to be a liar and His word has no place in our lives.

I JOHN 3:17-18, 23 If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him? Dear children, let us not love with words or tongue but with actions and in truth....This is the command: to believe in the name of his Son, Jesus Christ, and to love one another as he commanded us.

I JOHN 4:10, 16a This is love: not that we loved God, but that he loved us and sent his Son as an atoning sacrifice for our sins....And so we know and rely on the love God has for us. God is love.

I JOHN 4:19,21 We love because he first loved us....And he has given us this command: Whoever loves God must also love his brother.

III JOHN 1:2 [Paul addressing elder Gaius] "Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well."

REVELATION 12:9-11a;17b The great dragon was hurled down--that ancient serpent called the devil, or Satan, who leads the whole world astray. He was hurled to the earth, and his angels with him. Then I heard a loud voice in heaven say: "Now have come the salvation and the power and the kingdom of our God, and the authority of his Christ. For the accuser of our brothers, who accuses them before our God day and night, has been hurled down. They overcame him by the blood of the Lamb and by the word of their testimony....Then the dragon was enraged at the woman and went off to make war against the rest of her offspring--those who obey God's commandments and hold to the testimony of Jesus.

REV. 21:1-5a Then I saw a new heaven and a new earth, for the first heaven and the first earth had passed away, and there was no longer any sea. I saw the Holy City, the new Jerusalem, coming down out of heaven from God, prepared as a bride beautifully dressed for her husband. And I heard a loud voice from the throne saying, "Now the dwelling of God is with men, and he will live with them. They will be his people, and God himself will be with them and be their God. He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away." He who was seated on the throne said, "I am making everything new!"

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**UMI**

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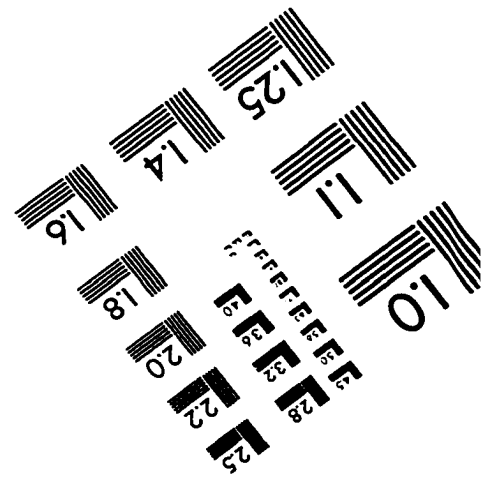
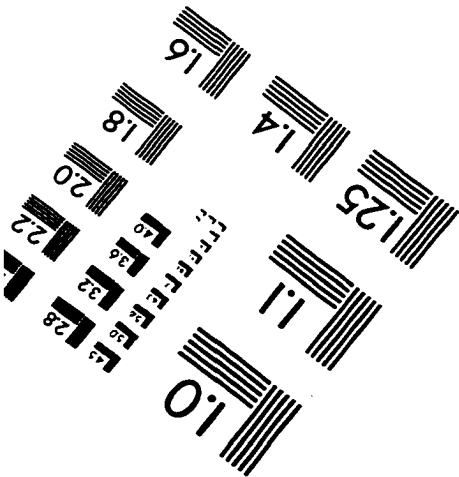
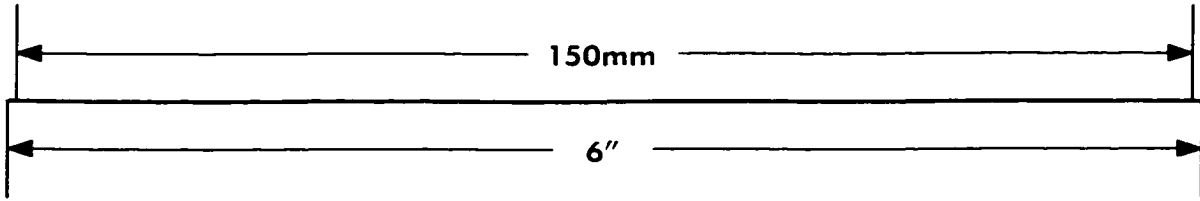
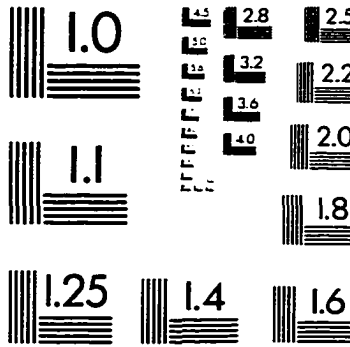
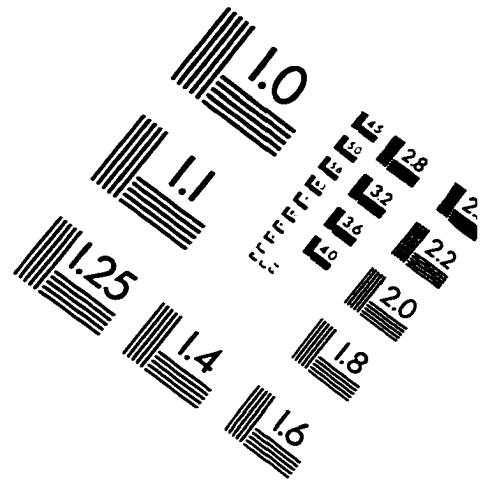
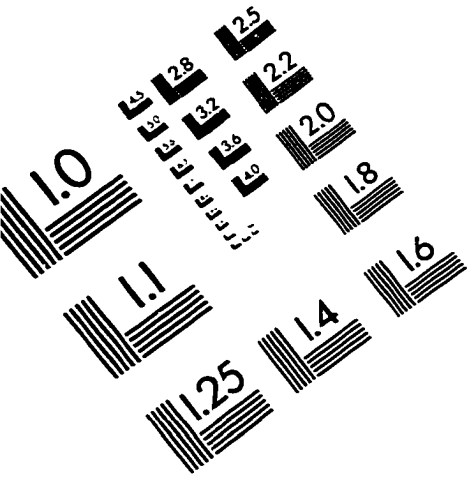
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# IMAGE EVALUATION TEST TARGET (QA-3)



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