

Health, Healing and Whole-Person Health

“The faith community nurse promotes whole-person health across the life span using the skills of a professional nurse and provider of spiritual care.”
(Faith Community Nursing: Scope and Standards, 2017)

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Adapted from: Foundations of Faith Community Nursing course based on the curriculum developed through the Westberg Institute for Faith Community Nursing, which is owned by the Spiritual Care Association, New York, N.Y.



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Learning Outcomes:

Upon completion of this module (including the self-learning portion) you will be able to:

1. Examine historical concepts of health, healing and whole-person health. (Self-learning and participant manual)
2. Examine theological and conceptual perspectives that impact health, healing and whole-person health.
3. Examine the concepts of health, healing and whole-person health from the perspectives of diverse faith traditions. (Self-learning and participant manual)
4. Integrate theological reflection into faith community nursing practice.



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In the self-learning module, you learned different definitions:

Healing: the process of integrating the body, mind and spirit to bring about wholeness, health, and a sense of spiritual well-being. (ANA/HMA, 2017)

Health: the experience of wholeness, salvation, shalom. The integration of the spiritual, physical, psychological, emotional and social aspects of the healthcare consumer to create a sense of harmony with self, others, the environment and a higher power. Health may be experienced in the presence or absence of disease. (ANA/HMA, 2017)

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Whole-person health: the integration of an individual's emotional, intellectual, physical, social, spiritual and vocational dimensions into positive beliefs and meaningful activities that enhance human functioning and quality of life. It includes an openness to change, capacity to deal with stress and personal view of self-worth. (ANA/HMA, 2017)

You also had a chance to think about your own definitions of these terms.

In your break-out group, share:

1. How do your personal definitions of these terms compare to the terms we've just discussed.
2. Why is it important to think about how your clients might define these terms?

Break-out for 4 minutes. Person with last name closest to "Z" start.

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In the self-learning module, you also had a chance to think about what health, healing and whole-person health might mean to others.

1. What are some reasons a faith community nurse needs to consider what health, healing and whole-person health means to those she/he might serve?
2. Examples of clients you've had who have definitions different from your own definitions of health and healing.
3. How might an FCN determine what these terms mean to the persons she/he serves?



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Reverend Granger Westberg, considered to be the founder of Parish Nursing, coined the term "Wholistic" Health.



He defined wholistic health as the "metaphysical affirmation of body, mind and spirit integrated in a whole independent of and greater than the sum of its parts.

In practice, wholistic health means searching with a patient all aspects of her/her life (physical, emotional, intellectual, spiritual and interpersonal) for causes and symptoms of disease and then creatively exploring these same modalities for treatment strategies to restore or maintain health."

Tubesing, Hollinger, Westberg & Lighter, 1977

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What is the difference between Wholistic Health and Holistic Health?
You can access this explanation by going to westberginstitute.org and finding this handout.



Wholistic Health

The faith community nurse (FCN) provides **wholistic health care** (ANA & HMA, 2012). This position statement aims to answer:

1. What did Granger Westberg say about wholistic health?
2. What is wholistic health?
3. How is faith community nursing similar to and different from holistic nursing?

First, it is important to address the challenge that exists in using the descriptor *wholistic*. Whenever the word is entered into the computer as text, it is immediately selected as a spelling error. This is because the term *wholistic* is not a recognized descriptor in standard dictionaries or the National Library of Medicine's controlled vocabulary thesaurus (MeSH). There are 27,883 descriptors in 2016 MeSH with over 87,000 entry terms that assist in finding the most appropriate MeSH descriptor. An effort is underway through the Westberg Institute (formerly the International Parish Nurse Resource Center for faith community nursing) to add the descriptor *wholistic* to the MeSH list. Because of this current inconvenience, many faith community nursing authors and researchers use the MeSH corrected descriptor, *holistic*.

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When I consider wholistic health, I view it as more than just mind, body and spirit – but must include the way we interact with our environment.

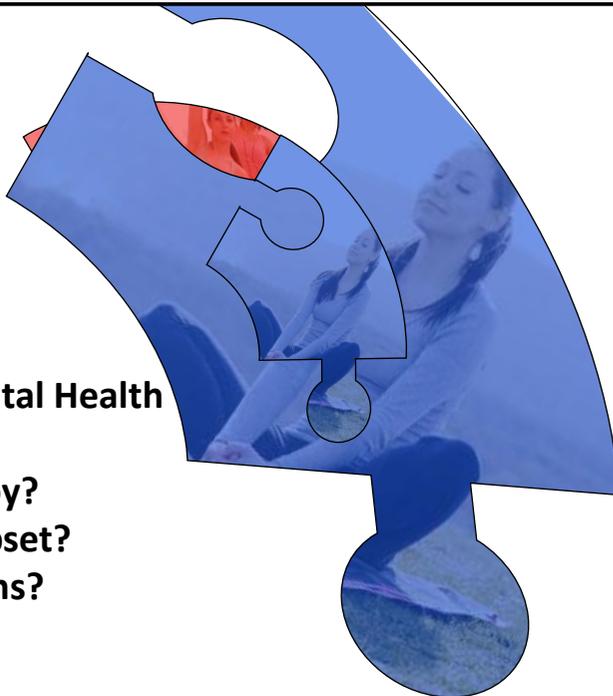
Several dimensions of health fitting together like the pieces of a puzzle and incorporating the Physical, Mental, Spiritual, Social, emotional, environmental, and intellectual aspects of health.

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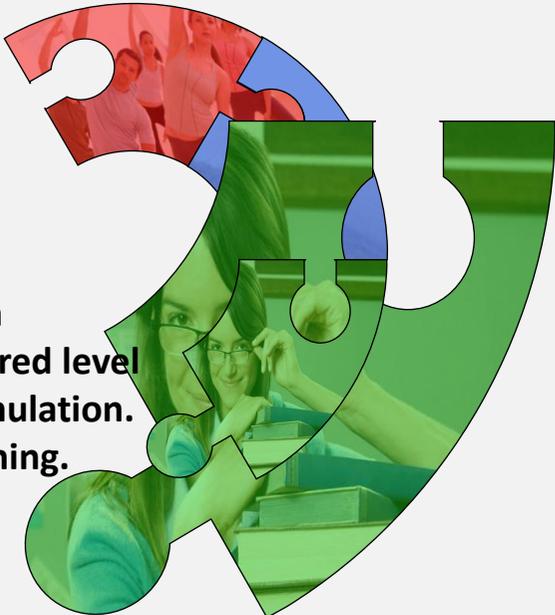
Physical health is probably the most well known piece to the puzzle of health and wellness it includes activity as well as diet.

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Emotional Health and Mental Health
How you feel inside,
Self-esteem. Are you happy?
Constantly frustrated or upset?
In touch with your emotions?

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Intellectual Health
Meeting your desired level
of intellectual stimulation.
Hobby, study, training.

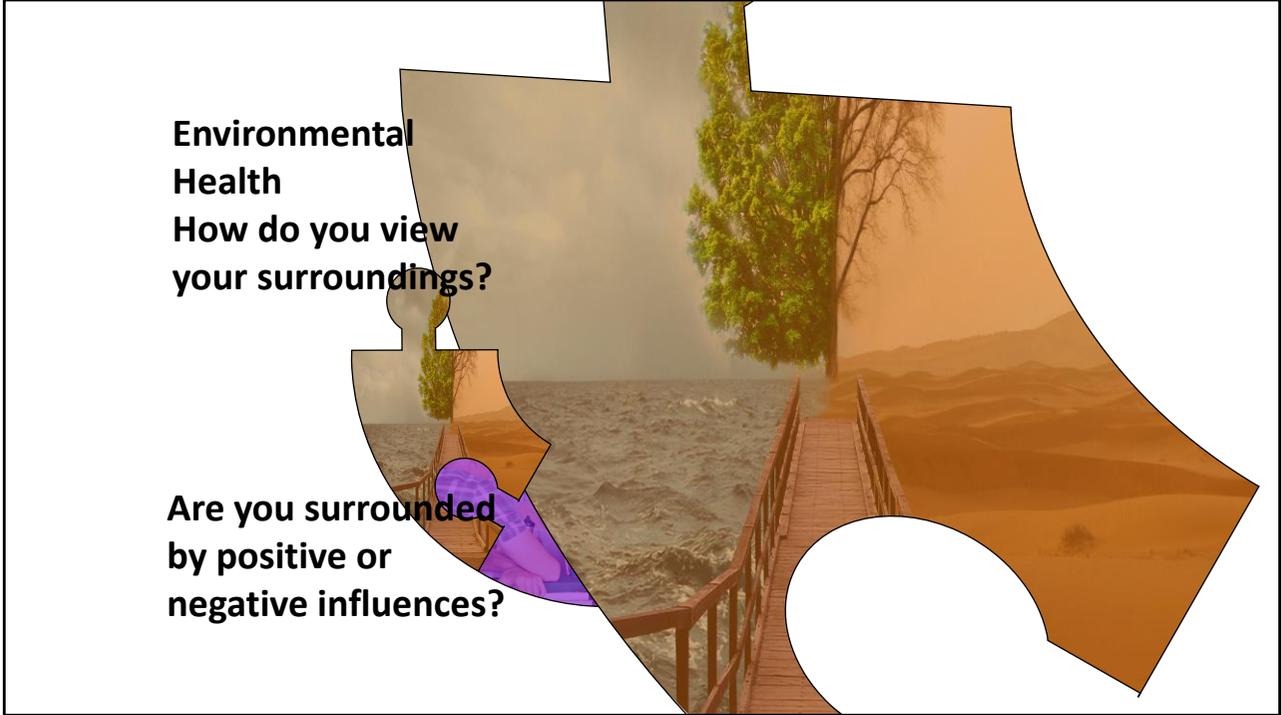
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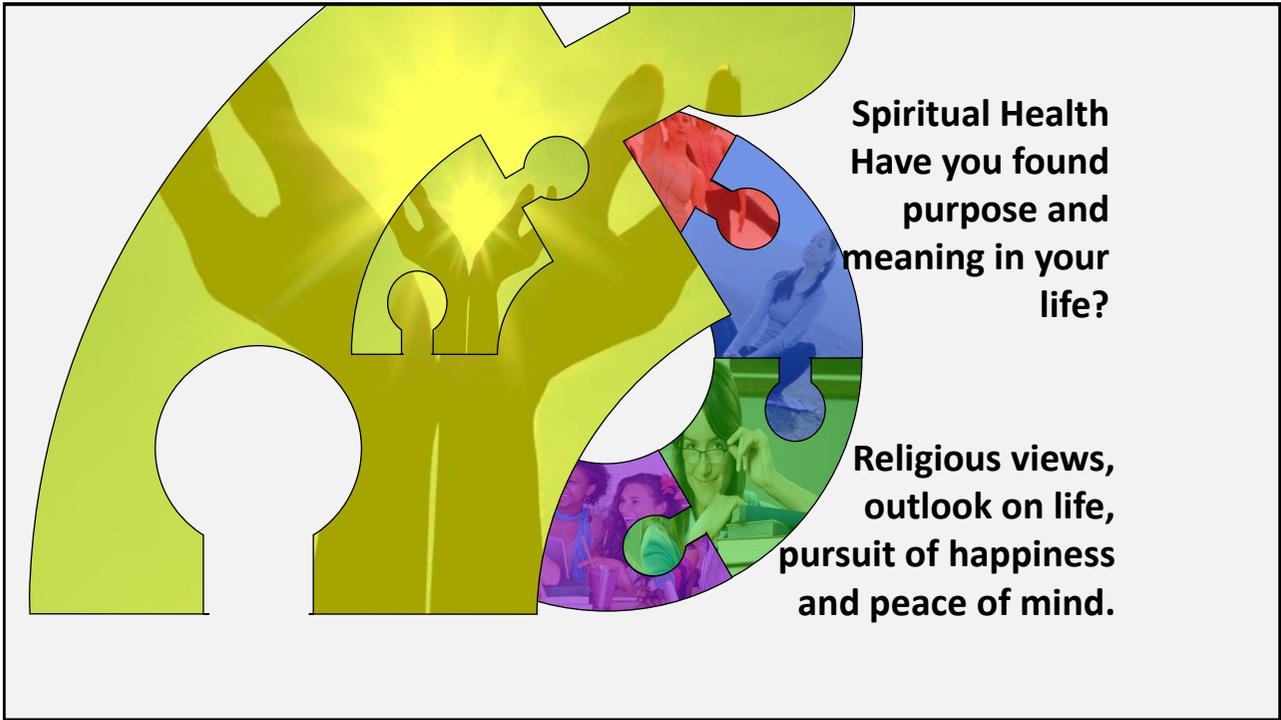
Social Health
How do you interact
With others?

**Are you engaged in
your community?
Friends? Family?**

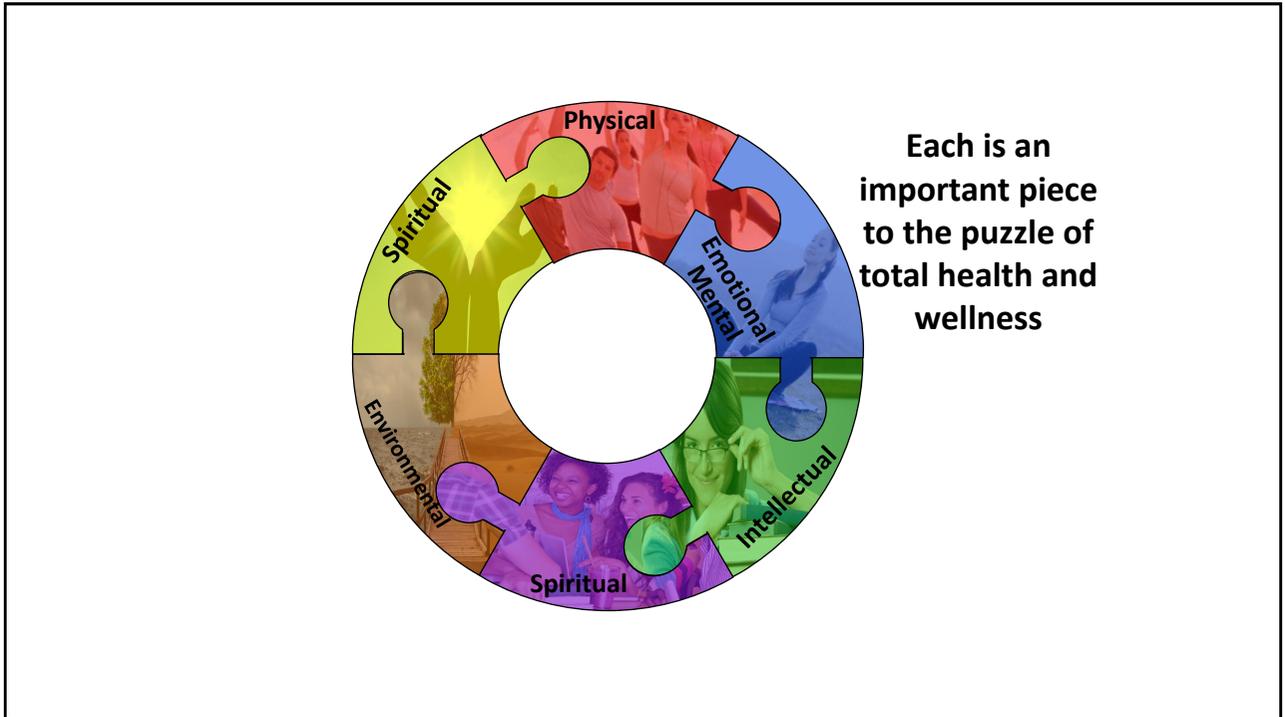
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Outcome 2: Examine theological and conceptual perspectives that impact health, healing and whole-person health.



Humans have two ways of thinking about God:

The God Concept: intellectual and formed by reason

The God Image: subjective, emotional, spiritual



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The God concept:

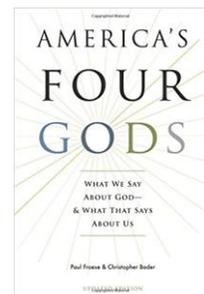
- is central to how a person experiences and understands self, God and healing
- serves as a primary entry point into understanding one's relationship with God
- must be understood by the FCN in order to interact appropriately with the individual.



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Froese and Bader have broken down the American concept of the Christian views of God into 4 categories:

- 1. Authoritative God**—involved in everyday life, a “pater familias” with clear expectations, judging and passing out benefits and punishing those who violate God’s rules in this life.
- 2. Benevolent God**—involved in everyday life, a kind and helpful God who suffers with people and will intervene to rescue and provide help in times of need.
- 3. Critical God**—God does not intervene, but judgement awaits in the afterlife.
- 4. Distant God**—a deistic view of God setting the world into motion, but largely stays out of people’s affairs.



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The God image can come in many expressions and can be quite varied:

- God is loving, caring, compassionate. (shepherd, father, mother)
- God is judgmental, distant, critical. (judge, master)
- God is healer and creator. Acknowledges a wholeness of creation and the Jewish concept of Tikkun Olam: that all creation is broken and in need of healing. Right relationships play a part in healing.



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- God concepts and images can be stagnant or fluid over a lifetime and affect our beliefs.
- These concepts and images affect attitudes and behaviors toward health, healing and whole-person health.

Take a moment now and reflect on these questions:

- 1. What are your God "concepts" and "images?"**
- 2. Have those concepts and images been stagnant or fluid over your lifetime?**
- 3. How do those concepts and images affect how you think about health, healing, whole-person health?**



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F.I.C.A. Acronym for Spiritual Assessment

F= Faith or beliefs (Tell me about your faith/beliefs/spiritual side?)

I= Implication (How does your faith/beliefs influence you during stressful times, eg. Illness, crises, grief?)

C=Community (is there a group or person who provides support during stressful times?)

A=Address (how can I, as your nurse, provide spiritual support?)

Dameron, Carrie M. **Journal of Christian Nursing**, Winter 2005, Volume 22: Number 1, p. 14-16

**Let's use this acronym to practice assessing
God concepts and images.**

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In your self-learning module, you explored diverse faith traditions as they relate to health, healing, whole-person health.

Most religions deal with the concept of Theodicy when addressing issues of health and wellness. Theodicy is seeking Divine goodness amidst suffering and evil. Famous theologian Walter Brueggemann poses the questions like this:

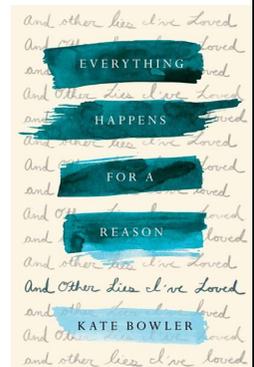
"If God is powerful and good, how can there be evil in the world? If the question is posed in this way, religion can offer no adequate logical response. Logically one must compromise either God's power or God's love, either saying that evil exists because God is not powerful enough to overrule it, or because God is not loving enough to use God's power in this way. To compromise in either direction is religiously inadequate and offers no satisfying response."

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Kate Bowler

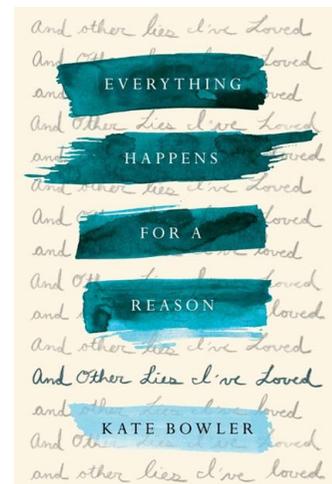
She grew up Mennonite, and was taught that everything happens for a reason. The faith life she grew up with was staunchly enmeshed in what is called the "Prosperity Gospel" which teaches you get rewarded for believing in God. After being diagnosed with stage IV cancer as a young mother, Kate Bowler wrote the book, "Everything Happens for a Reason: and Other Lies I've Loved."

In it she gives us things we should never say. Things that can be theologically troubling and harmful when caring for someone who is ill.



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- **"I know what you are going through"**
- **"I experienced the same thing"**
- **"Everything happens for a reason."**
- **"This is God's plan."**
- **"What doesn't kill you makes you stronger."**
- **"At least it's not ____ (cancer, death, etc.)."**
- **"Just think positive thoughts."**
- **"God doesn't give you more than you can handle."**
- **"At least you have one healthy child."**



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Some of the most helpful things can be found in the power of presence, the power of touch, and recognizing you don't have all the answers.

When you are present, you listen to them. It is not a time to teach, it is time to be present. A welcomed hand on a shoulder, or holding their hand helps them to feel your presence. But saying these or similar things can make them feel as though you are a mile away. God does not cause suffering, but God is still present.

Here are three case studies. We will break up into our groups and you have 5 minutes to discuss your case study and how you would handle that situation.

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Case Study #1 from your self-learning activity:

You serve in a Christian faith community and are visiting Joe, a 75-year-old who has metastatic lung cancer. Joe is a widower and has been a member of the faith community where you serve for 40 years. He has been active in small groups and leadership roles. While you're visiting, his daughter, Rachel, and his son-in-law arrive. Rachel is wearing a hijab and after you introduce yourself as Joe's FCN, she freely tells you that she left the Christian church at age 25 and now practices Islam.

As you continue visiting with Joe and his family, Joe says, *"I just don't understand why I have lung cancer...I never smoked, I never worked with toxic chemicals...it's so baffling to me."*

Rachels says: *"Dad, sometimes Allah causes us to suffer to remind us of Him, so that we remember in the midst of all of our activities what truly is important and why we are here on earth."*

Joe becomes angry and says, *"Rachel, that's not what Christians believe, and I don't want to hear that Muslim propaganda."*

How do you handle this situation?

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Case Study #2:

You make a visit to Don Wanderhope's home to see him and his 10 year old daughter Carol. Carol has been very sick and you are visiting them following a recent doctor's visit in which they received some important test results. Don has not been back to church since his wife died several years ago and is raising Carol as a single parent.

Carol is in her room sleeping when you arrive, and after Don invites you in and you share some small talk it is obvious that Don is avoiding certain topics. Finally, you ask how Carol is doing and he bursts into tears. After a moment he regains himself and then he explains that Carol has just been diagnosed with Leukemia and has to begin extensive treatments and that she will need to be hospitalized during these treatments. The treatments will not be easy.

He looks to you, his Faith Community Nurse and asks the questions "*Why does Carol have to suffer like this? How could a good God allow this?*"

How do you handle this situation?

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Case Study 3:

You receive a call from a frantic mother, in tears Betty informs you that her adult daughter is in the emergency room and just had a heart attack. She asks you to come to the emergency room to be with the family. You know that the daughter, Jill is a mother of two young girls and is in her early 30's and understand how unusual this situation is.

When you arrive, the family is there in the waiting room looking very worried. As you arrive the family asks you to say a prayer with them. Before you can begin the surgeon comes out followed by the chaplain. The surgeon explains they have been working on her for an hour, using several techniques manually keeping the heart pumping and they are going to try one more thing to get the heart to work on its own.

The chaplain looks grim and the family introduce you as their spiritual faith nurse. They turn to you and ask you to please pray, suddenly Jill's sister blurts out in the middle of your prayer saying, "*Pray that she is made whole and that God will make her live!*"

How do you handle this situation?

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Whatever the faith tradition, an FCN can:

1. Promote health, healing, whole-person health.
2. Recognize pain and suffering.
3. Promote touch or avoidance of touch as appropriate.
4. Facilitate physical support (arranging care of family, home, etc)
5. Arrange social supports (meals, child care, transportation)
6. Provide emotional support, presence.
7. Participate in prayers.
8. Provide healing services such as anointing.

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**Outcome 4: Integrate theological reflection
into faith community nursing.**



Theological reflection is a process that:

- **Helps us discern how God is present and involved in a situation.**
- **Helps us explore how God is present in our own lives so that we can share that experience with others.**
- **Helps our work stay focused on God and the work of the spirit.**

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How to practice theological reflection:

1. Choose a situation on which to reflect. (It should be messy and complex!)

2. Examine the situation asking:

What is the big picture?

What do the people in the situation expect?

What do you and others need?

In what environment or context is this occurring?

What conflicts/tensions exist?

What issues do I (as an FCN) need to address spiritually
(with myself and/or others?)

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3. Consider a wider perspective on how your personal theology engages others:

- How does my own preconceived notions impact the care I provide?
- Can my beliefs get in the way when caring for those with different beliefs?

(Let's look at a case study now)

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Marty is a 30 y.o. female member of the faith community where you serve. She is engaged to Jeff. Jeff was recently diagnosed with Covid-19 and is in ICU at a local hospital. Jeff's condition is very serious but neither Marty or Jeff's parents (who also live locally) have been able to visit him. The RNs caring for Jeff do "Facetime" with Marty and with Jeff's parents, but since Jeff is on a respirator, he can't communicate. Jeff's parents, who have had a close relationship with Marty have been calling her daily in utter despair.

Marty calls you, the FCN, and tells you she is angry at God and angry at Jeff (who went to a crowded bar without wearing a mask 2 weeks ago.) She is also angry with Jeff's parents because when she said to them, "I have Jeff on the prayer chain at my church," they said, "We don't believe in prayer and don't appreciate you asking others to pray for our son." Marty admits that she is depressed and anxious and is beginning to doubt that God even exists.

Now, let's discuss these questions:

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Theological Reflection Questions:

- What is the big picture?
- What do the people in the situation expect?
- What do you and others need?
- In what environment or context is this occurring?
- What conflicts/tensions exist?
- What issues do I (as an FCN) need to address spiritually (with myself and/or others?)

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A challenge for some FCNs is respecting the belief system and theological concepts of others when they contradict their own beliefs.

Yet, as a professional FCN, our scope and standards state:

The faith community nurse practices with compassion and respect for the inherent dignity, worth, tenets of faith and spiritual beliefs and unique attributes of all people.

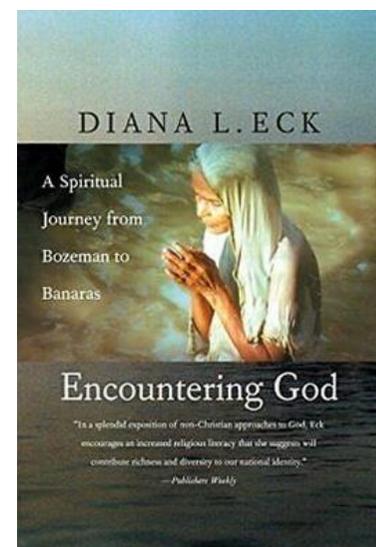
Standard 7: Ethics

How will you handle a situation where a client's beliefs, faith, or theological concepts are in conflict with your own?

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Sometimes our best theological reflection is done by encountering those with different beliefs and listening to how they perceive your theology.

Diana Eck spent years immersed in other cultures exploring her own faith. Discovered religion is more like a river than a rock, flowing and changing according to our experiences in life, with others and the Divine.



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Theological Reflection can help us:

Develop a deeper awareness of God's presence in our daily lives.

Develop a deeper acceptance of an individual's freedom, acceptance of others' values and beliefs and a sense that true presence will enhance the quality of life.

Cultivate beliefs and practices that respect human- divine interconnections that will provide healing.

