

**A Christian Theoretical Framing for the Concepts of
Religion, Spirituality and Culture in Healthcare
(2006 – 2009)**

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Christian Coalition of Colleges and Universities Networking Grant (\$15,000)

The purpose of this proposed project is to establish a Christian theoretical framing for the concepts and intersections of religion, spirituality and culture within a healthcare context. Issues of spirituality and culture have gained increasing attention in the healthcare literature over the past two decades. Healthcare policy documents and institutional accreditation criteria are now including, and indeed emphasizing, the need for attention to spiritual, cultural and religious matters. However, with this attention has emerged an increasingly politicized debate about the nature of these concepts. Religion and spirituality, in particular, are being re-defined. Spirituality has become a universal, inherently good, individualized concept while religion has been relegated to external rituals and beliefs, a social product of culture. What has emerged is a healthcare discourse that has produced a vague, contentless spirituality, and a marginalized understanding of religion that is far from Paul Tillich's definition of religion as "ultimate concern".

The reframing of these concepts has implications far beyond simple ideological discourse in the healthcare literature. Practical assessment and intervention frameworks to address spirituality from this perspective are being created and applied within healthcare contexts. Likewise, research instruments created within these understandings are being used to construct a knowledge base upon which healthcare is being shaped. Scholars have suggested that this "new" spirituality, rather than doing justice to the diversity and richness of spiritual perspectives, is having the reverse effect of erasing distinctions and thus producing an unintended hegemony in healthcare.

Although a number of scholars have presented arguments for why the theological perspective must be maintained in this debate what is required is a theoretical framework as the basis for understanding these highly related concepts. This framework, while based upon a theological understanding, must be able to accommodate the diversity of patient spiritual experiences in healthcare. Such a framework would provide both direction for knowledge production and patient care in this emerging and vital area.

In response to this challenge, we propose to bring together a group of scholars from Canada, the US, and the UK who have significant expertise in spirituality, religion and culture within a healthcare perspective to create a Christian theoretical framing for these concepts. We will do this through a series of networking teleconferences and meetings

where we will first construct the framework and then through a small pilot study seek feedback on the framework from scholars. The final framework will be submitted for publication to a healthcare journal.