

JAN Forum: your views and letters

**Response to: Henery N. (2003)
Constructions of spirituality in
contemporary nursing theory.
Journal of Advanced Nursing 42,
550–557.**

Neil Henery's paper promises to throw light on 'constructions of spirituality in contemporary nursing theory'. We note that in his title 'spirituality' is not in inverted commas, and so acknowledge that we are being positioned to expect more than a conceptual analysis. We therefore assume he will help us to see how nursing theory makes spirituality real and workable for nurses in the same way as more familiar professional constructions such as wound healing and mental disorders. This expectation is later confirmed when he counts as a benefit of his method 'that it avoids a potentially arid debate on whether spirituality "really" exists or not' (p. 551). This gives us a first expectation: namely, that there will be a review of texts by nursing theorists on spirituality.

Henery's enabling means to deliver on his promise is discourse analysis. There are risks attached to this choice. Spirituality is notoriously a fuzzy concept, but so too are discourse and discourse analysis (van Dijk 1997, p. 4). Henery raises our confidence in his methodological judgement by an establishing quotation from Willig (cited in Henery 2003, p. 551): 'Discourse analysts conceptualize language as constitutive of experience rather than representational or reflective'. Henery's commitment to working at the level of language, in particular discursive contexts, seems to be confirmed when, two paragraphs later, he says: '...what serves to identify a particular discourse is the way statements and groups of statements work together to produce a particular object or objects, with associated practices' (p. 551). Our sense that he is theoretically and methodologically coherent is reinforced on the next page when he sets up as the

yardstick of the 'fruitfulness' of his endeavour a criterion drawn from Potter and Wetherall (cited in Henery 2003, p. 552): 'the scope of an analytic scheme to make sense of new kinds of discourse and to generate novel explanations'. We therefore have our second expectation: namely, that the new kinds of discourse around spirituality in nursing theory will be made sense of by revealing how they function, as statements and groups of statements, to constitute spirituality and associated practices as objects for nurses.

This would be a worthwhile project. Unfortunately Henery fails to deliver on his promises. The reasons for this failure are complex, and it is hard to identify any predominant factor. One clear candidate, problematic in a discourse analyst, is a lack of attentiveness to what is actually written on the page. For example, he claims (following Foucault) that a good place to start in defining particular discourses [putatively, spirituality in nursing] is by accepting, 'as a valid unity forming a group of statements, a discourse concerning madness' (Foucault, cited in Henery 2003, p. 551). However, he fails to apply Foucault's proviso – 'The unity of discourses [sic] on madness would not be based on the object "madness" [...]: it would be the interplay of the rules that make possible the appearance of objects during a given period of time' (cited in Henery 2003, p. 551). This explicitly redirects attention away from madness itself towards other domains [e.g. religious piety (Bossy 1985 p. 149)] from which originated the rules which generated social constructions of madness altering over time. We interpret Foucault here to be constructing his project as a historicizing multisectoral archaeology, not an analysis of language in the literature pertaining to one domain. Therefore, we think that, for defining the particular discourse of spirituality in nursing theory, this is far from a good place to start.

A second way in which Henery's worthwhile project falls apart is his eccentric framing of the intellectual structure within which nursing theory is to be analysed. To set up such a structure at this point is an odd move, given that he has already established as his scientific authorities leading figures in the social-psychological strand of discourse analysis. Suddenly we retreat to an intellectual history meta-position from which 'this analysis attempts to identify key differences between religious and scientific discourses in the West' as the prelude to considering 'whether the nursing literature uses these discourses to construct the object spirituality' and, if so, to helping us evaluate the implications (p. 552). For a journal article, this is over-ambitious. Incoherence creeps in. Instead of a discourse analysis of the West's leading religious and scientific texts we find ourselves now working under a new authority, another continental grand theorist – Zygmunt Bauman – at his most conjectural. Bauman's definition of religiosity [sic] seems to us to defeat Henery's analytical purpose in the same way as it was defeated by Foucault's definition of discourses on madness. Henery (p. 552) cites Bauman: 'religiosity is...nothing else but the intuition of the limits to what we, the humans being human, may do and comprehend'. This construct is surprisingly opaque for the role Henery has cast for it in his scheme.

It leaves unclear whether religious discourse may in any way extend those limits, even transcend them into the realm of acknowledged mystery and unknowing (Henery's 'meaningful content' p. 552). But it incidentally cripples Henery's subsequent attempts to discuss religious discourse in present-day nursing by aligning the 'religion vs. science' distinction with a premodern vs. modern distinction. This alignment is so unfruitful that it makes no significant contribution to the analysis of spirituality in nursing theory, which finally

begins two-thirds of the way through the paper.

To the defects of intellectual design in the execution of his worthwhile project are now added deficiencies in his treatment of the object of his concern – spirituality in nursing theory. There is no explication of ‘nursing theory on spirituality’ (p. 550). Nursing theorists are not addressed, nor are the creators of nursing models in which spirituality does in fact find a place (e.g. Roper *et al.* 1996). Not all writers contrast spirituality and religion (Rassool 2000), and some nursing literature goes considerably further than asking ‘briefly why nurses should be concerned with spirituality’ (for example, Bradshaw 1994). It is hard to see the point of arguing that ‘the nursing literature escapes neither a religious nor a scientific discourse in its discussion of spirituality’ (p. 551) when so many writers aim to do nothing of the kind. Instead, they deliberately identify themselves with either discourse – and in some cases with both (for example, papers from Nursing Christian Fellowship International 2000).

Henery’s treatment of specific texts is likewise problematic. For example, Long’s compassionate mysticism derived from contemplating the earth as a small, fragile whole is exposed as a new form of religion. Then – Catch 22 – it is criticised because it fails to measure up to the ‘more developed religions’ in respect of its ‘moral and conceptual resources’. Henery sees Goddard’s attempt to protect ‘idiographic knowledge’ from ‘empirical science’ as resting on a strategy of ‘camouflage’: ‘by equating “spirituality” with ‘integrative energy’, it is blended in with other objects of nursing discourse’ (p. 554)). Her offence is minor compared with ‘most authors’ who ‘mix a tactic [sic] of camouflage with diversion’ in ‘making spirituality an object of scientific discourse’ (p. 554). The specific examples of diversion given are confusing. For example, typically the notion of ‘vertical and horizontal dimensions’ does not ‘suggest a field ready for measurement, insertion, replacement and manipulation’ (Henery 2003, p. 555), but quite the opposite: the vertical, transcendent dimension is ‘beyond’ the reach of these acts. While it is hard to see that such

ontological naming and shaming contributes to the discourse analytical project, it is also regrettable that there is no consideration of the negotiated, interactive dimension of reality construction. No attention is paid to the reception of spirituality discourses by working nurses. As a result, the author’s promise of bringing us to understand their practice implications is not redeemed. Henery does not confront, for example, the possibilities that imprecision in the discourse of spirituality may have functional value in the complex political realities within which nurses have to practise, or that ambiguity could be their preferred medium because it maximizes their effective discretion.

As readers we are left with a sense that the paper – as itself a discourse – has constructed the author as naive about nursing, in that it is premised on regarding nursing practitioners as choiceless followers of unreflexive writings. This manifestly does an injustice to Neil Henery’s intentions in offering an appreciative yet critical review of this topic, but does indicate, we believe, that the paper falls short of achieving his excellent and well-judged aims.

Stephen Tilley BA RMN PhD
Senior Lecturer/Postgraduate Director,
Nursing Studies,
School of Health in Social Science,
University of Edinburgh,
31 Buccleuch Place, Edinburgh EH8
9JT, UK.
E-mail: s.tilley@ed.ac.uk

Desmond Ryan MA DPhil DipSocAdmin
Senior Research Fellow, ‘Researching
Spirituality in Health and Social Care’
Project, Nursing Studies, School of
Health in Social Science, University of
Edinburgh, 2-6, 12 Buccleuch Place,
Edinburgh EH8 9LW, UK.

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A response to Tilley & Ryan’s critique

It would seem that Tilley and Ryan and I agree on at least one thing – that work on spirituality could benefit from a new perspective. They argue, however, that my paper does not deliver this. They seem to suggest that it could have done so had I but followed Foucault’s lead on the matter. I will argue below firstly that their criticism in part rests on a misinterpretation of Foucault as cited in the original article and on a failure to recognize the central concern of discourse analysis with social practices. I will then briefly reiterate the contribution the article makes to the field.

Tilley and Ryan tell us that I have not read Foucault closely enough when he writes, ‘The unity of discourses on madness would not be based on the object “madness”, or the constitution of a single horizon of objectivity: it would be the interplay of the rules that make possible the appearance of objects during a given period of time...’ (Foucault 1972, pp. 32–33). Tilley and Ryan take from this that Foucault wishes to leave ‘madness itself’ to one side while he focuses instead on ‘other domains...– from which originated the rules which generated social constructions of madness altering over time.’ This distinction between ‘the thing itself’ and ‘social constructions of it’ is Tilley and Ryan’s and not Foucault’s. In this quote Foucault is saying there is no unchanging essence of madness (or spirituality), no irreducible core that can guarantee the truth of our statements about it. Madness itself (or spirituality itself, for that matter) does not direct our discourses

upon it to this or that shape, to this or that unity. Discourse produces the objects of which it speaks. When Foucault mentions 'the rules that make possible the appearance of objects during a given period of time' he really means 'make possible'.

Tilley and Ryan go on to evaluate my article as if it were a conventional literature review. Here their distinction between 'the thing itself' and 'social constructions of it' leads to an elision of the terms 'discourse', 'social constructions' and 'theories'. They end up concluding that I have not fully reviewed the nursing theories on spirituality.

Secondly, and related to the first point, Tilley and Ryan appear to miss the concern in discourse analysis with social practices. To produce an object of discourse is simultaneously to produce a cluster of *social practices*. How madness is produced as an object of discourse is simultaneously a study of power relations – how mad people were identified, how they were treated, etc. All discourse bears the traces of a particular disposition of power even when it seems to speak neutrally, as if merely noting the truth about 'the thing itself'. The distinctive contribution of discourse analysis is the way it allows us to see language

and social practices, knowledge and power *together* – not to help us appreciate links between social constructions of some sorts of things (e.g. madness) and social constructions of different sorts of things (e.g. religious piety).

Discourse analysis is therefore more than the study of old theories about madness or new ones about spirituality. Discourse makes some things possible to do legitimately and others not. My article allows us to see some of what is at stake for nurses and patients when constructing spirituality by means of scientific and religious discourses, respectively. The first strategy treats spirituality as an object contained in the patient to be assessed and treated. The second deploys the term within religious discourse to provoke and assuage existential anxiety. Some implications of each for nursing as a social practice are set out in the article.

Perhaps another thing that Tilley and Ryan and I would agree on is that there are important issues at stake in current debates on spirituality. Contemporary concern with spirituality can be linked to 'the return of religions' and the particular questions this poses to our understanding of modernity. In this state of affairs there is not just one

spirituality sitting serenely to one side of our attempts to theorize it, but many. My article provides some analytical tools to help us think through the implications of two contrasting constructions of spirituality for patients and nurses.

Discourse analysis can be exhilarating and disconcerting in turns but provokes a reaction and encourages debate. It is hardly an approach 'premised on regarding nursing practitioners as choiceless followers of unreflexive writings'. On the contrary it provokes questions and choices that might otherwise remain unspoken and unmade. I am glad that Tilley and Ryan have engaged with this perspective and look forward to further fruitful debate.

Neil Henery MA

Staff Development Officer, Dundee City Council Social Work Department; and PhD Student, Department of Social Work, University of Dundee, Dundee, UK. E-mail: ropane@blueyonder.co.uk

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