

New Age Nursing: Religion and Empowerment
in a Traditionally Female Profession

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Prepared for the 1992 annual meeting of the
Society for the Scientific Study of Religion
Stouffer Concourse Hotel, Arlington, Virginia
November 6, 1992

Among the many challenges to traditional secularization theory is the revival of religion in fields where sociologists would not have predicted it only a few years ago. The renaissance of spiritual ideas in the nursing profession provides an example of this, along with an opportunity for examining recent efforts at theorizing about the rise of new religious movements. In this paper I intend to argue that there is currently a process of significant resacralizing of the nursing profession in conjunction with a feminist bid for empowerment. I further argue that the secularization theory of Stark and Bainbridge (1985) and the covenant and contract model of Bromley and Bushing (1988) suggest some possible interpretations that should be empirically tested. On the other hand, the explanatory power of these theories themselves could be tested by such empirical studies of New Age nursing.

The New Age Paradigm

Before beginning the discussion of New Age nursing a brief definition of the New Age Movement is in order. Following Robbins and Anthony (1990: 24-25) we may glean the essential assumptions of New Age religion from New Age critic Robert Burrows.

Burrows notes three basic foundational ideas in the New Age Movement. First, ultimate reality is one. It consists of "pure undifferentiated energy, consciousness or life force." (Burrows, 1987:20). This oneness is identified as deity; God, the Goddess or other titles. New Agers are generally monists and pantheists although some may be considered panentheists. Second, humanity is a part of this oneness. The being of humanity is continuous with that of God. Finally, the human predicament is a result of ignorance of the "... essential unity of all that is and to humanity's innate divinity." (Burrows, 1997:20). Human beings are viewed as essentially good but unenlightened. This lack of enlightenment begets disharmony with the oneness of all things and thus creates the illusion of suffering and evil. The solution is found in

... gnosis-- experiential knowledge of the one and of humanity's essential deity. That knowledge is brought about by psychospiritual techniques which involve balancing polarities, manipulating energy, and ridding consciousness of the fragmenting effects of reason and the predefining limitations of belief. Only then is the unity of reality fully experienced; only then can humanity's divinity unfold.

That is the path to godhood, self-realization, cosmic consciousness, samadhi, enlightenment, and-- in our day-- New Age transformation (Burrows, 1987:20).

Each of these three elements can be found in the various New Age influences upon the nursing profession.

There are three areas of influence that this paper examines in exploring the relation between nursing and the New Age movement. These areas include nursing theory, nursing practice and the personal spirituality of nurses. Thus, the influence of the New Age covers the full range of the nurse's experience.

The New Age in Nursing Theory

Some recent attempts at constructing a comprehensive theory of nursing along the lines of Eastern religious philosophy are notably consistent with popular New Age thought. This theoretical framework will be explored by focusing on the work of two theorists; Jean Watson, of the University of Colorado School of Nursing and Martha Rogers of New York University.

Jean Watson

Jean Watson, Ph.D., currently teaches at the School of Nursing at the University of Colorado Health Sciences Center in Denver. In her book, Nursing: Human Science and Human Care, she attempts to set forth a theory of nursing that will "...elucidate the human care process in nursing, preserve the concept of the person in our science, and better our contribution to society." (Watson, 1985:ix). As the theory unfolds it fits the general description of New Age thought given above.

The motivation behind Watson's theorizing lies in the concern that Western medicine has become too mechanistic and impersonal. Medical practice has ignored the spiritual side of life at great cost to Western culture (Watson, 1985:37).

Recapturing the spiritual side of life is part of the process of creating "... a philosophy of moral commitment toward protecting human dignity and preserving humanity." (Watson, 1985:31). Mechanistic medical science is viewed as contrary to the goal of human caring. Therefore, Watson states:

I reject definitions and interpretations of science and scientific inquiry that bury the quest for discovery, beauty, creativity, and a higher sense of being-in-the-world. I want nursing to move beyond objectivism, verification, rigid operations, and definitions and concern itself more with meaning, relationships, context, and patterns. I want nursing to be more concerned with the pursuit of hidden truths and new insights, developments of new knowledge in relation to human behavior in health and illness, and to make new discoveries of how to be in a professional human caring relationship with individuals to serve society (Watson, 1985:2).

Scientific concepts such as causality are seen as inappropriate for nursing science. "The human-to-human caring transactions of nursing cannot be explained or understood with a positive, deterministic, materialistic mind set." (Watson, 1985: 8). Traditional science and medicine, characterized by objectivism, scientism, and technism, is "...anomalous to nursing science..." The influence of Positivism and Cartesian philosophy has led medical science in the direction of a mechanistic world view at odds with the goals of nursing (Watson, 1985:9).

In order to escape the rigid scientific perspective, Watson proposes an alternate epistemology based on a more dynamic, phenomenological view of the world. The traditional view looks for universal truths to build up knowledge. This is static and dead. It must be given up in favor of an approach that admits to lack of certainty, and is therefore more dynamic and open to change. Certain theories in nursing may not properly be the object of empirical investigation or verification because they "...are more consistent with process discovery, pursuant to methods related to science as process." (Watson, 1985:5).

The Eastern orientation of Watson's theory becomes more obvious as the nature of reality is discussed. In a statement that is consistent with philosophical monism Watson asserts, "Care and love are the most universal, the most tremendous, and the most mysterious of cosmic forces: they comprise the primal and universal psychic energy." (Watson, 1985:32,50). This concept was taken from Teilhard de Chardin, who was himself heavily influenced by Eastern thought (Bruteau, 1974).

Watson acknowledges her reliance upon Eastern modes of thought and considers this to be more progressive than the Western tradition (Watson, 1985:38). Eastern philosophy is said to be superior to traditional Western thought and Eastern cultures, such as India and Egypt, are held

to be more spiritually advanced (Watson, 1985:56). This higher spiritual development is defined in terms of the greater abilities of Eastern cultures to attain "higher states of consciousness."

Human beings are said to be spiritual in nature and to be basically good (Watson, 1985:45,47). The soul is eternal and is on an infinite, unknown journey through space and time. It provides access to a higher degree of consciousness by means of which one's self may be transcended. "The soul, then, exists for something larger, greater and more powerful than physical life as we know it..." (Watson, 1985:46).

The problem with humankind is that most of us think we are merely material, physical beings. We are unaware of our true nature (Watson, 1985:46). This lack of awareness may create disharmony between the mind, body and soul or between the person and the world. Such incongruence may lead to anxiety, despair, illness and disease (Watson, 1985:56). "Illness is subjective turmoil or disharmony within a person's inner self or soul ... or disharmony in the mind, body, and soul..." (Watson, 1985:48).

Nursing seeks to promote a high degree of harmony within the person, leading to self-knowledge and healing. Greater awareness of oneself as a spiritual being helps solve the predicament of humankind and "... opens up infinite possibilities." (Watson, 1985:46).

The goal of human life is to move in the direction of self deification although this is not stated in quite so strong terms. "The person has one basic striving: to actualize the real self, thereby developing the spiritual essence of the self, and in the highest sense, to become more Godlike." (Watson, 1985:57). This goal may be enhanced with a variety of Eastern and New Age techniques, such as meditation and visualization (Watson, 1985:48).

The practical value of Watson's theory, she claims, lies in its ability to restore a sense of dignity to human beings. The spiritual nature of the person provides the basis for viewing oneself as a spiritual being of great dignity (Watson, 1985:46). This supposedly supports placing a high value on the uniqueness of the individual. The nurse, as a caring person is "... responsive to a person as a unique individual," and "perceives the other's feelings, and sets apart one person from another from the ordinary." (Watson, 1985:34).

This Eastern based framework is used to give value to the individual and therefore support a mode of nursing practice called "transpersonal caring." Transpersonal caring involves a union of feelings between nurse and patient in which the nurse detects the patient's condition of soul. The nurse is then able to assist in the restoration of harmony (Watson, 1985:68).

The theory of Watson is seen to have some key components of Eastern/New age thought. The system is essentially monistic. The goal of humanity is self-deification, a process that involves awareness of one's true spiritual nature. Various Eastern spiritual technologies are recommended as ways to this self awareness, which may be enhanced by higher states of consciousness. Health is a restoration of harmony and balance to the system of the person.

Martha Rogers

Martha Rogers was head of the Division of Nurse Education at New York University for twenty-one years. She was motivated to develop a theory of nursing in an effort to help nursing become a science distinct from medical science. This goal cannot be achieved without "... an organized body of abstract knowledge specific to nursing..." (Rogers, 1980:329). Rogers' theory contains some important parallels to Eastern thought and provides a theoretical base for the practice of therapeutic touch, to be discussed in the next section.

Foundational to Rogers' theory is a monistic ontology. The theory proposes that human beings are energy fields. The environment is also an energy field. Energy fields cannot be divided. Human beings cannot be known by breaking down the parts and studying them (Rogers, 1980:330). Although each human field is said to be unique, one must note that "The human field and its environment field are coextensive with the universe." (Rogers, 1980:332) The implication of this is that all is in actuality one, and this one is energy.

Since she presupposes that energy fields extend to infinity, the universe, in Rogers' theory, is described as an open system with negative entropy. Energy fields are characterized by pattern and organization, always moving towards greater complexity and development. All change is innovative. Causality is not a viable concept, it is an illusion. An open system implies

mutual simultaneity. As energy fields evolve no previous states are repeated. Both living and dying are seen as developmental processes (Rogers, 1980:333).

Rogers posits a four-dimensional nature for the energy fields in her theory. Time and space are not absolute. Time, for example, is not a linear progression of events. A person existing as a four-dimensional energy field exists in the "relative present." (Rogers, 1980:332). The relative present may differ from person to person. This is offered as an explanation of paranormal events such as precognition, *deja vu*, clairvoyance and therapeutic touch. Behaviors previously considered paranormal may now be considered normal (Rogers, 1980:335).

Rogers' theory shares the essential monistic world view common to Eastern and New Age thought. Her view of reality is consistent with the notion of a spiritual universe evolving to ever higher levels. She thus shares in the optimism typical of New Age thinking. Her theory also provides a framework that lends plausibility to the metaphysical practices of the New Age movement.¹

Nursing Practice

Of the various holistic medical techniques practiced by nurses, therapeutic touch serves as an excellent example of how New Age theory has provided a framework for the resurrection of religious healing techniques, thus, contributing to the resacralizing of nursing.

Therapeutic touch has been developed as a nursing technique primarily through the efforts of Delores Krieger, professor of nursing at New York University. Krieger became interested in the research done on psychic healer Oskar Estebany in which it was alleged that he could facilitate healing in laboratory mice through the laying on of hands. Unable to find any information on this phenomenon in Western literature, Krieger drew upon her study of Eastern religions to find a framework for understanding it. She explains therapeutic touch in terms of

¹It is interesting to note the similarity of Roger's ontology to that of contemporary neo-paganism. "... all things are swirls of energy, vortexes of moving forces, currents in an ever-changing sea. Underlying the appearance of separateness, of fixed objects within a linear stream of time, reality is a field of energies that congeal, temporarily, into forms. In time all 'fixed' things dissolve, only to coalesce again into new forms, new vehicles." (Starhawk, 1979:18).

the Eastern concept of *prana*, a form of energy flowing through all persons (Krieger, 1975:784-786).

Practitioners of therapeutic touch describe human beings as having or participating in an essential energy or life force.

The theory behind therapeutic touch does, however, involve concepts associated with eastern mysticism. The basic idea is that human beings don't "stop at the skin," that we all emit a life force or energy (*prana* in Sanskrit), the organizing factor responsible for healing and regeneration that can be felt radiating from the skin (Sandroff, 1980:26).

Basic to therapeutic touch is the concept that a human being is a highly complex field, or continuum, of various life energies. The physical body can be looked upon as the denser, or more compacted, aspect of the field (Macrae, 1979:664).

Some nurses place this energy more explicitly in the context of monistic systems such as that of Martha Rogers (Miller, 1979). One of Krieger's students describes the nurse and the patient as simply parts of the same open energy system (Quinn, 1979:663).

Sickness or illness result from a disturbance in this energy field. "Disease, within this framework, is a manifestation of disequilibrium, blockage and/or deficits in the human energy flow." (Macrae, 1979:664). The goal of therapeutic touch is to restore harmony and balance and boost the depleted energy field of the patient if needed.

As the process of therapeutic touch commences, it is crucial for the nurse to have the intent to heal (Sandroff, 1980:26). This is accomplished by means of the nurse "centering" herself. Centering is a technique often found in Eastern, neo-pagan and New Age religions, of getting oneself in tune with the energy of the cosmos or to channel the energy up from the earth into the body (Starhawk, 1979:49). Some nurses liken this to entering an altered state of consciousness (Krieger, Pere and Ancoli, 1979:660-661) while others experience it as a conscious act rather than a semi-trance state (Raucheisen, 1984:50). Still others describe centering as a receptive, meditative state of complete concentration (Sandroff, 1980:26). According to one nurse, "If, during the interaction, I am able to be completely centered and open

to the universal energy around me, then I am left feeling quiet, peaceful and energized." (Quinn, 1979:664).

Administration of therapeutic touch involves the nurse placing her hands a few inches above the skin of the patient.

Then she moves her hands from the patient's head to his feet... to assess the energy field, feeling for areas of heat and congestion. Next, she attempts to "unruffle" the field, or relieve the tension in congested parts of the body, with a sweeping motion of her hands. The session may end with the healer placing her hands on or near a particular body part to "channel" healthy energy to the patient (Sandroff, 1980:26).

The practitioner literally attempts to find the disturbance and use the hands to direct it out of the patient's energy field. Practitioners report that they can feel the energy field as an area of heat or as a tingling sensation. Disturbances in this field are felt as well (Macrae, 1979:665).²

In spite of reports of promising results, more rigorous scientific testing of therapeutic touch has yet to yield solid support. That the practice is nonetheless enthusiastically embraced indicates that its practitioners are working within a theoretical framework that, like Watson and Rogers above, is not concerned with the restrictions of traditional Western scientific paradigms. They are working from within a framework in which the belief in *prana* seems to be an article of faith.

Since therapeutic touch assumes that the nurse and patient are parts of a larger system of energy, one would expect there to be claims that interactions in this energy field affect the nurse as well as the patient. This is indeed the case.

²Therapeutic touch appears to be very much like a technique used in neo-paganism to sense auras. Starhawk provides instructions for how two individuals might practice it. "...the sender sits in a relaxed position, breathing deeply. Both ground and center. The receiver lowers her hand, palm toward the sender, into the field of the aura. Stop when you can feel the outer, radiating edge of the astral body. The 'feel' will at first be extremely subtle-- a slight tingling, heat, an almost imperceptible difference; perhaps only a sudden urge to stop. Scan the astral body with your hands-- again feeling for areas of tension, which may register as cold, as absence of energy, or simply as uneasiness. Sense the body's power centers as well." (Starhawk, 1979:136-137).

Frustrated with nursing by the impersonal nature of the traditional medical model, Quinn observes that she was on the verge of burnout when she discovered therapeutic touch. The impersonal nature of the traditional medical model, with its machines and technology had alienated her from nursing. While studying under Delores Krieger she learned therapeutic touch and experienced what amounts to a conversion to its world view. She describes the first time she perceived the practice to work for her as "a miraculous day, which I shall never forget" (1979:663).

She goes on to say,

Including alternative modalities of healing in one's practice requires a certain philosophy, and this change or expansion of philosophy pervades one's total existence. My views of the universe, of the people in it, and of myself have all changed (1979:663).

Along with the shift in world view, practitioners of therapeutic touch emphasize that this practice is distinctively a *nursing* technique, not a medical one. As one nurse put it, "I'm an RN - I don't need a doctor's order to do a foot massage or a back rub. ... Holistic modalities are a natural for nurses." (Sandroff, 1980:29). The dichotomy between mechanistic, impersonal medicine, and dynamic, caring nursing that was seen in the section on theory is evident here also. This is clear for example, from Quinn's description of her disillusionment with traditional nursing practice in the medical model. Therapeutic touch represents an area of practice staked out by nurses as unique to their profession.

Personal Spirituality

In the previous two sections theory and practice are both seen to have influence upon the personal spirituality of the nurses involved. Indeed, it seems that the motivation for a more spiritual approach has provided much of the impetus behind the development of these theories and practices. The Eastern/ New Age influence upon nursing does not stop with theories and practices directly relevant to nursing. Attempts to influence nurses in the direction of New Age

thinking for the development of personal spirituality are being made as well. An example of this was an all day conference for nurses entitled "Who Me-- A Goddess?".³

Conference speakers included Lara Newton, MA, a Jungian analyst who spoke on, "Introduction to Jungian Feminine Psychology" and "Assessing Your Inner 'Goddess' Power", Alice Reich, Ph.D, professor at Regis College who spoke on "Goddess Within: Images of the Divine Female" and Mary Wilson Murphy, MA, speaking on "The Feminine: An Emerging New Health Model of Liberation." The ideas presented in each of these lectures are consistent with the outline of New Age thought given above and were presented to approximately 100 women who attended.

A handout given at the conference gave the following as the objective: "The purpose of the workshop is to describe the components of feminine psychology and how it influences our decisions, relationships and career choices and career changes." The workshop also proposed that the participant would learn how utilizing "goddess" therapy could promote health. The main thrust of the conference appeared not to be providing material directly relevant to nursing that could be applied in a clinical setting, as much as expositing a New Age paradigm for feminine self esteem and power. Complete with personal testimonies and a prayer, the meeting was religious and even evangelistic in nature.⁴

Though not herself a nurse, Murphy's presentation, solicited by the CNA, appears to represent the spiritual concerns of the conferences organizers. She began her lecture by reading the text of "A Prayer to the Forgotten Divine Mother" by Sister Francis B. Rothluebber, OSF,

³The conference was held on Feb. 28, 1988 at the Lakewood Country Club in Lakewood, Colorado. It was sponsored by the Colorado's Nurses Association and approved for six contact hours of continuing education.

⁴For the sake of reference, the following definition of the goddess by Starhawk is helpful. "The Goddess has infinite aspects and thousands of names--She is the reality behind many metaphors. She *is* reality, the manifest deity, omnipresent in all of life, in each of us. The Goddess is not separate from the world-- She *is* the world, and all things in it: moon, sun, earth, star, stone, seed, flowing river, wind, wave, leaf and branch, bud and blossom, fang and claw, woman and man." (1979:8, emphasis hers). It would appear that, although not explicitly stated, the world view presented at this seminar was a form of neo-paganism.

while having the audience read the word "Mother" each time it occurred. This was much like a responsive reading in church. The prayer was followed by moment of silence.

One section of the prayer could easily be interpreted in the framework of Eastern pantheism.

Mother, you are the womb of the universe,
the Great Round.
Let us experience that although we think
we are separate
we are one.

A prominent aspect of Murphy's speech was the dichotomy she created between the authoritarian male, patriarchal medical profession and the female, submissive and repressed nursing profession. The solution to this problem of antagonistic nurse/ doctor relations is for nurses to discover themselves as goddesses. A goddess finds authority and power within herself. Outside authorities are no longer important. The male doctor only gets away with what he does because he is enabled by the nurse. Most nurses do not find their needs being met in this system. They are too busy meeting the needs of others; the patients or the doctors. The medical model "shakes their inner reality." Goddesses, however, love themselves. They see to their own needs first. Whereas, the boundaries for nurses are usually set by male authority figures, through the goddess nurses can begin to set their own boundaries.

The world view presented by the conference was consistently New Age, including the monistic, pantheistic view of reality, the idea of the self as divine, as well as proposing that the solution for the predicament of nurses is the discovery that they are goddesses. This presupposes that nursing is viewed as a distinctly female profession. Perhaps the theme of the conference could be summarized as the feminist portrayal of goddess theology and psychology as a means of nurses asserting power and autonomy as individuals and as professionals.

Analysis

It is evident that nursing is attempting to define itself as an autonomous discipline in the context of the existing medical system. That this phenomenon should manifest itself as the

resacralization of a field once appearing to be thoroughly secularized presents an interesting anomaly for sociologists who hold to traditional secularization theory. This anomaly suggests new theoretical approaches are needed to deal with recent developments in the interaction between religion and society. Two such approaches shall be explored here.

Bromley and Busching (1988) propose the existence of two types of social relations known as covenantal and contractual. Covenantal relations characterize families, clans, and religious groups and are qualitatively different from contractual relations which typically characterize markets and organizations (Bromley and Busching, 1988:16S) Contractual social relations are oriented towards the attainment of individual interests through negotiation and exchange of assets. The parties involved tend to view each other as objects suitable for obtaining the goals of the negotiation. That is, employers and employees, for example, relate to each other on the basis of the job and its requirements and the negotiated wages and benefits.

Covenantal social relations focus on creating mutual commitment and are typical of families, religious groups, communal groups or other tightly knit communities. The goal is unity, community and bonding on a more intimate level that encompasses all areas of life. People view each other in terms of friendship, kinship or even as lovers. Covenantal relations are more holistic, spiritual and "heart" oriented whereas contractualism is mechanistic, reductionistic and "head" oriented. Bromley and Busching argue that Western culture has become predominantly contractual, creating a situation unsatisfactory to many who are seeking covenantal relations in new religious movements.

Rodney Stark and William Bainbridge (1979, 1985) argue that secularization is a self limiting process leading inevitably to new religious expressions and innovation in the form of new religious movements rather than the demise of religion. When the rewards and compensators that motivate human action are no longer available to a group of people in a secularized context, that group attempts to recover these by forming boundaries placing it in a higher state of tension with its secular counterpart. Specifically Stark and Bainbridge hold that

this process causes secularized religions to generate cults and sects (Stark, 1985:144-146, Stark and Bainbridge, 1985:529).⁵

Stark and Bainbridge's notion of power refers to the ability of persons or groups to gain rewards (Stark and Bainbridge, 1985:11). Those who are less powerful are those unable to gain rewards in a specific context. As they seek to gain rewards and compensators via the resacralization process, it follows that this process may be interpreted as an attempt at self empowerment. Stark and Bainbridge note that in a given social context the powerful tend to want to reduce tension with society while the less powerful will want to increase it (Stark and Bainbridge, 1985:107).

The above survey suggests that New Age nursing may be viewed as an attempt at boundary formation and maintenance by nurses over against the realm of medical practice as the domain of the M.D. This boundary definition emanates from nursing, still predominately a female profession, as a feminist challenge to what is perceived as the male dominated, patriarchal field of medicine.

The issue of boundary creation and maintenance is a recurring theme in the three areas of nursing surveyed. Watson is concerned about the specific contribution of nursing to society (1985,ix), while Rogers states at the outset that one of her primary concerns is to create a theory unique to nursing (1980:329). Therapeutic touch is an example of a holistic treatment held to be a method specific and even unique to nursing (Sandorf, 1980:29). Goddess theology is promoted as a specific avenue for the defining of these boundaries.

From the vantage point of Bromley and Busching the religious nature of this boundary construction in nursing may be understood to arise from the dynamics of moving from a contractual, and hence secularized, medical model to a more holistic, spiritual, covenantal

⁵There are aspects of the Stark and Bainbridge theory that I take issue with, not the least of which is the definition of religion as necessarily a system of *supernatural* compensators. Here I am drawing on relevant aspects of the theory for the discussion of New Age nursing while avoiding a critique of the theory as beyond the scope of this paper.

model. An examination of the motives given for this boundary construction reveals the desire for covenantal values in nursing practice.

Bromley and Busching argue that the activity of contractual systems function according to a reductionistic process. The source of order is according to mechanistic laws. Problems in a contractual system focus on specific violations of the contract rather than a broader treatment of the individual as a whole or as a part of an integrated community (1988:17S-23S). Clearly, the criticisms of medicine as "mechanistic," "reductionistic," and "deterministic," represent disapproval of a contractual system by nurses.

Interactions in covenantal systems are said to operate through a process of bonding. The objective of these activities is integrality, in which the interdependence and unity of individuals as a part of a larger reality are emphasized. Hence the logic of this activity is holistic rather than reductionistic. The source of order in the covenant system is a spiritual or personal agency. Problems develop when the unity with the larger whole is disrupted. Healing involves restoration of this unity (Bromley and Busching 1988:17S-23S).

The covenantal nature of Roger's theory of nursing is evident in the emphasis placed on the unity of all humans as a part of the universal energy field. The healing effect of therapeutic touch is allegedly achieved through a restoration of the balance and harmony of the patient with this energy field. The nurse, herself, secures her own harmony through "centering."

Watson's theory accentuates the dichotomy between covenantal and contractual values. The goal of nursing science is human caring in the context of relationships. It is not simply the repairing of dysfunctional body parts. Care and love comprise ultimate reality, giving rise to a primary concern for human dignity. Rather than being the result of mechanical causes, illness is brought forth by a lack of harmony. The nurse helps to restore harmony by establishing a covenantal relationship with the patient.

An interpretation based on Stark and Bainbridge understands the resacralization of nursing to represent a process of empowerment for nurses who have been relegated to a subservient role to doctors in the traditional scheme. This empowerment necessitates the

constructing of boundaries defining nursing as an autonomous field distinct from medicine. Given that medicine is dominated by the secularized materialist interpretation of reality, it comes as no surprise, in the context of the Stark and Bainbridge theory, that in rejecting such a system this boundary maintenance should take place in the direction of religious renewal.

Since nurses are not allowed to administer many of the traditional therapeutic modalities of medical science, one would predict on the basis of Stark and Bainbridge's theory, that empowerment would come in the form of creating a unique set of rewards and compensators for nurses via the construction of methods unique to nursing. The uniqueness of these methods is supported by an alternative theoretical orientation, the New Age world view, that puts nursing in a higher state of tensions vis a vis medical science. The philosophy and its methods define the lines of the boundaries between nursing and traditional medicine. Nurses armed with the New Age framework and its various therapies are able to find affirmation that they are more than merely support staff and servants for medical doctors.

It has been previously suggested that boundary construction in New Age nursing represents a specifically feminist challenge. Murphy's portrayal of medicine as patriarchal and repressive expressed the sense of powerlessness that appears to be common among nurses, such as Quinn, who are converted to the New Age nursing paradigm. These women find the traditional male dominated system as impersonal and mechanistic. On the other hand, the spiritual, covenantal values found in the New Age perspective appear to be viewed as more natural to women. Particularly, the use of such symbols as provided by goddess theology juxtaposes New Age empowerment with the discovery of power in the affirmation of one's femininity. In the process, nurses seize the right to define femininity in terms of the power and autonomy represented by the goddess symbol, as opposed to the passive and subservient definition of womanhood found in the social structure of traditional medical practice.

The analysis offered here suggests that New Age nursing may be summarized as an attempt at feminine empowerment through the social construction of boundaries providing rewards and compensators unavailable to nurses in the Western medical tradition. These

rewards and compensators focus specifically on the attainment of the values and ends of a covenantal system of social organization.

Conclusions

In this paper I have argued that New Age nursing essentially involves the use of religion for empowerment in the context of a feminist challenge to the structure and practice of secular medical science. Religion may be seen in this context as a continuing source of empowerment and renewal with significant ramifications for the process of social change, even in a highly secularized field. That such religious influence continues to grow and prosper amidst the bastions of secularized Western science indicates the staying power of religion in general and predicts that other such manifestations of religious renewal in Western culture are likely.

If the argument of this paper is correct then support for Bromley and Busching's (1988) contract and covenant typology is suggested. New Age nursing fits with their conception of the fundamentally covenantal nature of New Religious Movements. One may further observe that the rise of the New Religious Movements, including New Age nursing, may indicate a growing dissatisfaction with a society that is predominantly contractual in its social organization.

Stark and Bainbridge's (1985) theory of secularization also appears to be supported by the rise of New Age nursing. In particular, the theory explains why the development of New Age medicine has found its locus among nurses. Doctors are the privileged and powerful in the medical profession. They would naturally desire less tension with society and they would not be seeking to redefine medicine in order to gain power. They would be more likely to resist such change in order to maintain the status quo. However, those with less power in the medical system, namely the nurses, would be predicted to create higher tension through the construction of boundaries defining their field as unique. As the field is predominately female this attempt at empowerment is quite naturally placed in a feminist framework. Stark and Bainbridge's theory also predicts that nursing, a field that began with Florence Nightingale's sense of a direct calling from God and influenced by her spirituality (Woodham-Smith, 1951), would find its empowerment through a revival of spiritual concerns.

The rise of New Age nursing as an important movement in the medical field in the west provides another example of the vindication of religion as a continuing vital force in society. The debate over secularization must account for such phenomenon. Bromley and Busching's (1988) covenant and contract typology along with Stark and Bainbridge's (1985) notion of secularization as a self limiting process have been suggested as theoretical models for such an accounting. However, at this stage of the investigation I want to emphasize that these observations are preliminary at best. Further conclusions and theorizing await empirical investigation of specific hypotheses related to this proposal. This study may be understood, then, as a prelude to such empirical investigation.

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