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Language and the (Im)possibilities of Articulating Spirituality

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Spirituality is commonly, although not consistently (Paley, 2008a), accepted as a universal human phenomenon. While nurses often talk about meeting spiritual needs, many of them find spirituality difficult to describe or articulate. Although definitions exist, there is no generally accepted conceptualization of spirituality. While many authors call for a consistent and uniform definition, in this paper we consider the possibility that this situation is perhaps necessary and welcomed in addressing complex human experiences such as spirituality. We add to the growing interest in this topic in nursing by attending to language itself and questioning the underlying assumptions embedded in figures of speech. The aim is to highlight a pervasive and often taken-for-granted assumption that language is a neutral medium that conveys meaning. In foregrounding this assumption, we turn our gaze to the process of languaging and consider the implications when articulating spirituality. Consideration of two figures of speech, metaphor and metonymy, and the ontological assumptions embedded therein are addressed. By articulating spirituality in particular ways, nurses develop epistemic frames that may constrain their view of peoples' experience. Attending to language and its various ontological assumptions opens diverse and potentially more inclusive possibilities.

There are two underlying threads woven through the paper. In the first, we question whether spirituality can be contained within language (the impossibility of articulating spirituality). In the second, we query whether nurse scholars adequately

attend to ontological assumptions embedded in the tropes used in defining spirituality (ongoing possibilities). By exploring metaphor and metonymy as starting places, we suggest closer attention be given to language itself with an eye to opening modes of articulating a profoundly human, yet for some, everyday or absent experience of spirituality.

We begin by describing the historical connection between Nursing and spirituality and review spirituality as defined within nursing literature. This is followed by an introduction to metaphor and metonymy and how the underlying assumptions embedded in these tropes may shape and confine how spirituality is understood. Metaphor is the use of one term to represent and clarify another, and was selected because of its pervasive use in English with its particular ontological assumptions. Metonymy is a figure of speech that simultaneously presents multiple possible interpretations; it is less commonly used and conveys different assumptions about reality and implications for articulating spirituality.

Spirituality in Nursing

Nurses have long been interested in spiritual matters. Within North America, nursing education programs historically were associated with religious institutions operating many hospital-based schools of nursing. Among the earliest nurses in Canada were three nuns of the Hospitalieres de la Misericorde de Jesus who practiced in Quebec beginning in 1639. Later, in 1738, the Grey Nuns, under the leadership of Marguerite d'Youville, became the first visiting nurses in Canada (Ross Kerr, 1991). From the first issue of the *Canadian Nurse* in 1905, it is clear that nursing was viewed as a spiritual vocation. However, by the mid twentieth century, nursing education moved away from

institutionally-based schools of nursing that were frequently linked with Christian organizations toward a more secularized education. Nevertheless, nurse scholars and theorists have continued to be interested in the domain of spirit and health.

One of the earliest nurse theorists, Florence Nightingale, had a profoundly spiritual as well as scientific view of nursing (Macrae, 2001). Contemporary nurse theorists address spirituality as a part of the wholeness of human beings (Dossey, 2005; Martsolf & Mickley, 1998). However, it is not always clear how the psychological, existential and spiritual dimensions are similar, different, or overlap (Paley, 2008a).

While many people do not think about spiritual needs or consider them part of their day to day life, when serious illness, death, or crises are experienced, spiritual issues often emerge. People coping with serious illnesses and loss often look for spiritual guidance and care (Brady et al., 1999). In times of illness, research reports that people express concerns about the meaning and purpose of life and their relationship to God and others.

However, spiritual and religious concerns are frequently not attended to in health care settings. Between two thirds and three quarters of people in one study indicated that their physicians never addressed religious issues with them (King & Bushwick, 1994). In another study of 921 adults, McCord et al. (2004) found that 83% of participants wanted physicians to ask about spiritual beliefs under some circumstances. These circumstances included life threatening illnesses (77%), serious medical conditions (74%), and loss of loved ones (70%). Most participants thought that in such discussions, realistic hope (67%), medical advice (66%), and treatment changes (62%) would be addressed. These studies cannot be generalized both because of the limitations of the survey design and the sampling

in limited regions of the United States, however it is reasonable to suggest that people who are seriously ill may want to discuss spiritual concerns with a member of the health care team. While spiritual care is increasingly an expectation for nurses, the delivery of care remains a challenge for many nurses (Molzahn & Sheilds, 2008; Ross, 2006).

Professional nursing organizations have asserted the importance of the spiritual dimension. The Canadian Nurses Association (CNA) Code of Ethics states that nurses "take into account the biological, psychological, social, cultural and spiritual needs of persons in health care" (CNA, 2002, p. 13). In the United Kingdom, there are expectations that nurses undertake comprehensive spiritual assessments (UKCC, 2001), but McSherry (2001) suggests this has not necessarily been the case even for the most proficient practitioners. In the United States, the Joint Commission on Accreditation of Health Care Organizations requires that a spiritual assessment be conducted for every patient and that appropriate care be offered to those who request it (Taylor, 2003), and the American Association of Colleges of Nursing includes 'spiritual' in the list of dimensions for which students must learn to provide care (AACN, 2008).

Despite the long historical tradition with religious organizations and expectations for spiritual care, only recently have nursing scholars begun to examine how spiritual concerns (with its diversity of meanings and manifestations) are communicated in nursing practice, education and research. Little attention has been given to language and how articulating spirituality in particular ways, develops epistemic frames that may constrain how nurses view peoples' experience. To begin, a brief review of current articulations of spirituality in nursing is presented.

Possibilities for Articulating Spirituality

Numerous offerings have been made by scholars in articulating the meaning of spirituality. Several authors view it as a harmonious interconnectedness to God, self, others, and nature (Goddard, 1995; Macrae, 2001). Burkhardt and Nagai-Jacobson (2002) and Hasse, Britt, Coward, et al (1992) describe spirituality as the core of a person – an animating, creative and unifying force. Reed (1992) and Taylor and Frerszt (1990) describe it in terms of having a sense of purpose and life direction.

Increasingly, attempts have been made to define spirituality broadly. Spirituality has been defined as 'the way in which people understand and live their lives in view of their ultimate meaning and value' (Muldoon & King, 1995). It is thought to encompass a state of peace and harmony and relates to ultimate questions about the meaning of life, illness and death (Dyson, Cobb & Forma, 1997; Emblen, 1992; Newlin, Knafl, & Melkus, 2002) as well as belief in a divine being.

From a review of 73 articles published between 1991 and 2000, Chui, Emblen, van Hofwegen, et al. (2004) identified a number of themes relating to spirituality including: existential reality, transcendence, connectedness, and power/force/energy. Most spirituality researchers in this review defined spirituality with an existential domain, which included both subjective, intrinsic, individual experience as well as meaning or purpose in life. In relation to transcendence, researchers believed that spirituality transcends the context of reality and exists through and beyond time and place. Liberation from suffering and opening to life and death were considered an aspect of transcendence. In the theme relating to connectedness, authors conceptualized spirituality as relationships with Self, Others, Nature and Higher Being. Love, harmony, and wholeness are important elements of these relationships. In relation to the theme power/force/energy,

concepts that emerged revealed that researchers defined spirituality as including creative energy, motivation, guidance, and striving for inspiration.

From another perspective, spiritual experience has for centuries been considered an apophatic topic. That is, it can only be pointed to through negation and discussion of what it is not. Apohatic, from the Greek *apophasis* meaning denial and negation, is frequently associated with contemplative, Christian and Eastern mystic traditions (Teahan, 1978; Thometz, 2006). Spiritual practices in these traditions are focused on experiencing that which is beyond words directly, unmediated by conceptuality and precise understanding.

Scholars have found creative ways of evoking that which is beyond language and often includes confounding rational thought and paradox: taking readers to the limits of language through language. Expressions such as 'sober inebriation' and 'luminous darkness' are paradoxical metaphors used by Christian scholars to emphasize, "the passivity of true ecstasy compared with the effects of actual intoxication. And it is called 'sober' to suggest that the state is… suprarational" (Danielou cited in Thometz, 2006, p 125). Evidently, the limitation of language with apophatic spiritual experience does not necessarily render language ineffectual, but seems to emphasize the importance of attending to the role and assumptions of the language used.

Many articulations of spirituality in nursing assume a modernist role of language which is to define a phenomenon in order to establish a universally acceptable understanding. Sessanna, Finnell, and Jezewski (2007) suggest that until there is a clear definition of spirituality, health care providers will fall short of being able to address it as an integral aspect of care. It is not our intention to challenge the usefulness of this view;

however, we are suggesting that nurses who uncritically take up this perspective (and its assumption that spirituality can be defined) may be limited in understanding patients who accept spirituality as an apophatic topic. That is, it can only be pointed to through negation and discussion of what it is not.

And finally, spirituality is increasingly defined in opposition to religion and religiosity. Magura et al. (2003) describe spirituality as, "a personal orientation that every person is allowed to define for him or herself, not a religious practice" (p. 306). In contrast, religion usually refers to an organized and institutional system of beliefs and practices (Paley, 2008b) frequently in relation to a higher power or God, and religiosity often refers to the collective practice of various activities such as prayer or attending worship services. Kaiser (2000) describes the complexity of distinguishing these terms, noting that people may consider themselves spiritual but not religious, religious but not spiritual, both religious and spiritual or neither religious nor spiritual. While consensus on definitions may not be possible, in nursing practice, such overlap can foster communication with patients that is primarily dialogical.

In summary, from some perspectives there is a mystical, transcendent, elusive character to spirituality that defies definition. For others, spirituality may be distinct from, or integral to religion, or merely a cultural construct. Seeking ways to include these (im)possibilities of articulating spirituality lead us to explore language itself.

Languaging through Metaphor and Metonymy

Categorizing, naming, and representing through language are ways of simplifying complexity into manageable phenomena. Approaches to articulating spirituality arise within particular frameworks of reality alongside a pervasive assumption of language as a

neutral medium conveying meaning (Smith, 1999). Kristeva (1986) and others have challenged the notion of language as neutral and have successfully argued that knowledge is partial and culturally bound. Bjornsdottir (2001) also views language as contextually based and socially mediated with values and beliefs reflecting dominant cultures. In assuming neutrality within language (which includes syntax, tropes, and figures of speech), we risk losing the ability to see how language turns our thoughts and actions in particular directions. If we recognize that language is not neutral, then the ontological assumptions embedded in figures of speech call for further investigation. This is important if we accept that assumptions about reality and hence what is knowable can obscure or reveal what we are able to identify or understand in human experiences. With this in mind, underlying assumptions embedded in the often taken-for-granted trope of metaphor and an alternative of metonymy are explored.

Metaphor and Metonymy

Although metaphor as a figure of speech is well understood in nursing and qualitative research literature, there is limited writing about metonymy or its potential benefits in understanding complex human experience. Nevertheless, we are contrasting metaphoric language which assumes a particular way of organizing reality and experience with metonymic language which includes multiple interpretive possibilities at the same time. Unlike conventional notions of metonymy that are described below, we are using a construct of metonymy and *metonymic spaces* in a sense more akin to that of Aoki (2005).

Metaphor: Conventional definitions

Metaphor is a figure of speech that is considered to be foundational to everyday

thinking and 'making sense' of experience (Lakoff & Johnson, 1980). Metaphors help us understand experiences that are complex, emotional, and abstract by using more solid, everyday phenomena to represent complex experiences. *He is winning the fight against cancer* is a metaphor that evokes imagery of battle to describe an experience of threat and struggle. Metaphor "cross-maps our overall abstract and sensory experience of the world to the solid structures that underpin our concrete everyday life" (Martin & Lueckenhausen, 2005, p. 391). However, by making sense of experience, metaphor necessarily conceals and limits interpretation. For example, in conceptualizing living with cancer as a fight or battle, health providers may also dissuade patients from experiencing other aspects of living with cancer that could include such perceptions as the gift of cancer, feelings of aliveness, or waking up to what is important in life. Or, in conceptualizing spirituality in terms of having a sense of purpose and meaning (Reed, 1992; Taylor & Freszt, 1990) health providers may not readily recognize perceptions of karma or fate that transcend individual purpose. A patient who believes in karma may view a sense of purpose or lack of purpose as mere appearance where neither one is necessarily preferred (Sogyal, 1993). Having a sense of individual purpose reflects Western values and beliefs that is often taken-for-granted as universal. The social and cultural contexts that surround the creation of any metaphor must not be forgotten as they assume particular ways of organizing reality while obscuring others.

Lakoff and Johnson (1980) cite Reddy's notion of *conduit metaphor* to exemplify the partiality inherent in metaphoric language. That is, aspects of experience are rendered invisible within metaphoric expression. This subtle form of concealing happens frequently through the unquestioning use of conduit metaphors in English language.

According to Reddy, conduit metaphors include three taken-for-granted metaphors. Specifically, ideas and meaning are represented *as objects*, linguistic expressions are *containers* of meaning*,* and communication is *sending and receiving* these objects or containers of meaning. These metaphors are so prevalent that according to Lakoff and Johnson, most of us do not question or interpret them as metaphoric.

Examples of conduit metaphors where ideas of spirituality are seen as objects that can be passed along include expressions such as "it's difficult to put spirituality into words" suggesting spirituality is a material object that can be held in the containers of language. Other examples include, "she has fixed views about God"; or "spirit gets lost in nursing care plans". The conduit metaphor implies experience can be transformed into ideas and meanings *as objects or containers* that are passed on through communication (Lakoff & Johnson, 1980). Such metaphors assume meaning as an independent 'thing' totally separate from the speaker or the context in which the meaning is constructed and their ontological foundation of materiality is usually unquestioned. A modernist assumption that words represent some*thing* that can be shared is not problematic when indeed there is a mutually shared context and culture (where interpretations may not be too divergent). Certainly such metaphors are highly efficient in communicating situations where shared understandings are correctly assumed. When a nurse gives report to an incoming nurse stating, "the gallbladder in room 3 is finished his cycle and is requesting a pastoral care consult", the context and shared meanings ensure reasonably accurate communication. However, what is often concealed through metaphor is an assumption that all experience can be materialized and brought into language as an object, and without ill effect. While this may not be problematic in situations of shared context and

culture, the pluralistic nature of societies and the complexity of experience such as

spirituality (with definable and apophatic aspects) require nurses to also question these

assumptions. As cautioned earlier, metaphoric language is inherently partial and may

privilege taken-for-granted meanings and practices reflecting dominant social and

cultural discourses (Bjornsdottir, 2001; Lakoff & Johnson, 1980). While metaphor

conveys one thing in terms of another, an assumption of spirituality as a metaphoric

object speaks to a particular organization of reality that may be limiting. Therefore,

attending to other forms of language with alternative ontological assumptions opens

different possibilities.

Metonymy

The potential benefits and understanding of metonymy as a useful trope remain

unexplored when compared with metaphor as a figure of speech in nursing literature

(Crane-Okada, 2007). While there are various classifications of metonymy (see Panther

& Rudden, 1999 for an introductory text) the conventional descriptions presented by

Lakoff and Johnson (1980) will be introduced and contrasted with a contemporary view

of metonymy by Aoki (2005). It's our belief that Aoki's focus on contiguity and the in-

betweens offers a useful way of languaging (or thinking about language) that goes

beyond metonymy as primarily substitution.

According to Lakoff and Johnson (1980), metonymy is a figure of speech that

"uses one entity to refer to another that is related to it" (p. 35). For example, an

emergency room nurse stating to his supervisor that "we need another pair of hands over

here" could convey through the use of a single part (a pair of hands) that the situation is

reaching a point of concern and a capable nurse, not simply a pair of disembodied hands,

is needed—and quickly.[1] This does not seem radically different from metaphor.

Similarly, Schleifer (1990) sees metonymy as a figure of speech where one object is used for something else that is contingent upon it through some form of association. For example, the 'Star of David' invokes the Jewish tradition. In contrast, a more complex example follows with a play of words, "*New realities exist in the wor(l)d to discover…*". The disrupted wor(l)d conveys different meanings simultaneously as the play between 'world' and 'word' come together. An assumption underlying this understanding of metonymy is that since everything is interdependent, readers will use their own diverse associations to make links for understanding.

These links may lie in the conscious or unconscious mind (Lacan, 1977). Another example such as, *We must hang together or we will hang separately* (cited in Easthope, 1999, p. 16) may be interpreted as ambiguous or as intentionally conveying more than one meaning at the same time. Lacan suggests that metonymy is one way in which the unspeakable can emerge through language alongside or *simultaneously* with everyday, conventional meaning. The complexity of metonymy helps open multiple possible associations that can co-exist without any association needing to dominate.

We see benefit in using metonymy in this way for opening diverse interpretations when articulating spirituality. Assuming and evoking multiple possible meanings helps to counter deeply engrained modernist habits of developing a dominant and 'right' meaning. While using language that invokes multiple interpretations and ambiguity may lead to uncertainty, it may also highlight the cultural habit of seeking a singular, comprehensive meaning of spirituality.

Aokian views of metonymy

Aoki (2005) invites us to look at metonymy from a slightly different perspective than that described above. Aoki uses metonymy to address the space in-between opposites that are inherently associated and together open multiple meanings and possibilities. Unconventional use of language such as the "(im)possibility of articulating spirituality" is an example of metonymic language; several interpretations including 'impossibility' and 'possibility' of describing spirituality are presented simultaneously. Such simultaneity offers interpretations beyond binaries of either possible or impossible and infers that which is both *and* possibly neither. Other examples, including hyphenated terms such as 'spiritual-secular' are metonymic in an Aokian sense; they open in-between spaces amid oppositions. To illustrate, patients can have a sense of God as a benevolent presence who is taking charge of their life and at the same time juxtapose this with narratives of independence and agency in their health care decisions. Both views can co-exist without difficulty as a form of (in)dependence or a metonymy of spiritual-secular. For experiences that are not easily articulated and perhaps go beyond single concepts of this or that, metonymy can assist in conveying such complexities.

Another example in health care is that although making meaning of illness experience is often helpful, this is not always the case. From a metonymic perspective, we can consider how making meaning may be both helpful and unhelpful at the same time. Sociologist Arthur Frank (2001) speaks of his suffering that for a time seemed to defy meaning. Frank urges his health professionals to not try and explain 'away' his experience but to allow him to live with the unarticulated, un-formed suffering, as it is. And yet, to call such experience 'suffering' is to already make sense and in some way communicate its meaning. The impossibility of escaping language *yet* staying open to this

(im)posssiblity is where Aoki's (2005) metonymy may be of assistance.

While some languages afford spaces for complexities of paradox, English seems limited in this capacity. In the subject/object/verb structure of English there is always someone doing something that assumes a particular ordering to reinforce ownership of experience (e.g. there is usually a thinker with thoughts). The ownership of experience assumes a materiality of reality where people *have* experiences.

In contrast, other languages express alternative ontologies where a subject is neither central nor necessary. For example, the Sanskrit notion of 'thoughts without a thinker' (Epstein, 1995) is based on a different configuration of reality and for which we have no discrete English word. Similarly the Japanese term *we-wei* points to an aspect of action-of-non-action. Unfortunately, without English equivalents the translations often render cumbersome neologisms that lose some*thing* in the process. Nevertheless, diverse ways of thinking about language may expand assumptions of what is knowable. Paying attention to how reality is shaped through language may open other possibilities in considering human experiences.

Metonymy in an Aokian (2005) sense opens spaces beyond the opposites of 'this or that' into generative possibilities of *this-and-that-and…*. While spirituality is understood by Muldoon and King (1995) as the way in which people understand and live their lives in view of their ultimate meaning and value, from a metonymic perspective spirituality could also include 'understanding-*and*-not understanding'. Similar to Derrida's (1998) '*difference*', and Caputo's (1987) 'flux', within metonymy there is always more. From this standpoint, language can never contain the fullness of experience that is always in flux. Exploring diverse tropes will help remind us of the limits of

language and the often taken-for-granted assumptions inherent in the figures of speech we use.

Other Spaces of (Im)possibility

The challenge of language to express complex, human experience is not new; Peggy Phelan (1997) conveys this age-old struggle in the following story about words:

> A fairy tale is told of a world of humans and animated words in a time when humans and words lived in harmony. Words worked diligently in the service of meaning with humans until one day when the humans began to demand more and more from their words. Their expectations and reliance on words to support human structures and imaginings became unbearable and the words began to crack. The human crime that leads to this loss of words was said to be thus— humans loved the words for themselves. The more-in-them made it possible for words to create something humans could not control; the more-in-them made it possible for words to travel to places whose topography humans could never map…(Phelan, 1997).

For some patients and scholars, articulating spirituality may require words like those in Phelan's story, that are capable of creating spaces that point to the more-in-them. Or as another author suggests, "some truths make their presence felt only because they continually withdraw from our grasp" (Stanworth, 2004, p. 11). In such situations, everyday language is inadequate and may not satisfactorily convey that which is beyond the constraints of explanatory words. The language of spirituality often draws us in poetically rather than inscribing an accurate representation (Stanworth). In a qualitative study, Stanworth suggests how vital it is to appreciate the poetic function of language when listening for spiritual needs of patients. Similarly, we suggest nurses consider both metaphor, metonymy, and their embedded assumptions, when contending with the (im)possibility of articulating spirituality.

While metaphors offer transparency, metonymy suggests possibilities of *being-*

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and-non/being where the ontology of being is de-centered. Word-play, puns, performative writing, and language that can simultaneously hold oppositional ideas point to metonymic spaces. Authors YYYY (2005) describe the metonymies of hospice care where "opposites meet in-between, and one is both living yet dying, or present yet absent" (p. 1336). Opposing tensions exist without contradiction. From this standpoint presence in nursing practice is viewed as something "not brought to a situation but, rather, as a letting go into presence that is always t/here" (p. 1341).

Often paradox and hyphenated binaries convey metonymic spaces. Parse (2007) opens metonymic spaces through notions of enabling-limiting or concealing-revealing. Similarly, Munhall (1993) and Silva, Sorrell, and Sorrell (1995) encourage nurses to consider a shift from patterns of knowing to ways of being that are relevant when considering the (im)possibility of articulating spirituality. Sorrell et al. describe two ways of 'knowing-being' called the 'inexplicable' and the 'unknowable.' In brief, inexplicable and unknowable ways of knowing are conveyed in an example of communion when washing the body of an elderly woman who has just died with her daughter. Such experience is profoundly felt, yet often inexplicable and in this way (un)knowable. At the same time there is knowledge and research that can assist nurses in understanding how best to care for families during postmortem experiences. Un/knowing, as a state of openness, points to metonymic space between knowing-and-unknowing that can assist nurses in providing competent and compassionate care within each unique situation.

Un/Knowing or how we can know yet not know or be unable to explain or define, are pertinent in articulating and attending to spirituality. Examples of metonymy in an Aokian (2005) sense offer possibilities beyond binaries of 'this' and 'that' into generative

spaces of 'this-and-that-and…'. The complexity of spirituality calls for diverse linguistic approaches and expanding ontological assumptions embedded in the tropes used.

Conclusion

Despite the growth in research and knowledge addressing spirituality, it remains difficult to define. Such lack of agreement may suggest a way to protect profound human experiences from being too readily explained away (Frank, 2001). Or perhaps it is the impossibility of solidifying in language what is too fluid an experience. The question of whether spirituality can be contained within language (the impossibility of articulating spirituality) has been addressed. We recommend that attention be given to ontological assumptions embedded in tropes used in defining spirituality as nurses continue to articulate inclusive and pragmatic definitions (ongoing possibilities). It is also suggested that paying attention to figures of speech and their embedded assumptions may mitigate the risk of oversimplifying spirituality, or worse, explaining it away. By exploring metaphor and metonymy as starting places, we suggest closer attention be given to language itself with an eye to generating diverse ways of conceptualizing spirituality that includes that which is beyond words.

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