

God Doesn't Treat His Children That Way: How To Care When Faith Interferes

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ESSAY

God Doesn't Treat His Children That Way: How To Care When Faith Interferes

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Abstract

This article provides guidance for nurses when a person's faith is at odds with expected rehabilitation outcomes. This article explores how nurses can assist patients and their families who believe that the reason for the disability is that God is punishing them. The first strategy is always encouraging the patient and family to express their feelings, as this may be healing. Nurses can work with the patient or family's spiritual leader to assist them to resolve these feelings. Guidance is provided for nurses to meet the spiritual needs of patients by helping patients to see God as "friend, companion, and guide." When nurses address spiritual needs of our rehabilitation patients and their families, nurses are truly providing holistic care.

Introduction

Faith helps many patients and families to cope with disability. Reig, Mason, and Preston (2006) noted that most nurses recognize spiritual care as an essential component of care. Watson (2008) believed that all people are spiritually connected and that nurses can create a healing environment when reverently and respectfully assists patients with their basic needs.

Unfortunately, faith may prevent a patient and family from taking an active role in rehabilitation efforts and nurses may need to intervene in order for a person with a disability to reintegrate into the community. The authors have heard the following:

- God is punishing me, that is why I have had a stroke.
- I must have done something really bad for this to happen to me.
- God has forgotten me.
- My son is disabled because of my past sins.
- God has healed so many others, why I am still disabled.
- My disability is a gift from God.

Such beliefs have historically been held by those of Jewish, Christian, and Muslim

faiths and Hindus. Some who believe that a disability is a punishment or a special gift, may hold this belief in order to help relieve the difficulty of answering the question, "why me?" and to provide purpose to the disability. Others may believe a disability is a punishment for sin or a test of faith and character, or they may think that suffering will redeem them from prior sins or wrongdoing. Unfortunately, these beliefs may keep a patient or family from fully participating as the center of the rehabilitation team, planning, and directing their care. This article explores how nurses can assist patients and family to cope with these feelings and beliefs, and to fully participate as active members of the rehabilitation team.

The first strategy is always to listen. Watson (2009) encouraged nurses to facilitate the expression of both positive and negative feelings as one way to show loving-kindness and equanimity. By expressing the feelings, the patient or family may come to see the deeper emotions that trigger the response, "God is punishing me." The deeper feeling may be powerlessness over the disability and hopelessness, or

being unsure how to survive and thrive with a disability. Once these feelings are voiced, they may become less scary and overwhelming. After voicing the feelings, the patient and family may be able to focus on the rehabilitation plan. Watson (2009) noted that when we realize that we are not our feelings, we may see the situation more clearly. Thus, the expression of feelings may assist with healing. Participants in Glover and Blankenship's (2007) study of Mexican and Mexican Americans' beliefs about God and disability found that the participants wanted others to listen to them express their feelings. Gupta (2011) made the same recommendations for healthcare providers to support the emotional expression of grief and search for a cause when caring for Hindus who believe a disability is a result of karma.

Treloar's (2002) participants also recommended that listening is the first step to convey understanding of the disability experience. "Deeply listening promotes spiritual well-being" (Treloar, 2002, p. 601) and that talking about spiritual issues in relationship to a disability can be healing. She recommended that nurses and other rehabilitation professions encourage religious institutions to address disability and accompanying issues openly so that all of us can have a theological basis for attributing meaning to a disability and to encourage the reconciliation of blame. Asking a patient or family what their hopes and dreams are may assist in nurturing their hopes and dreams.

In her article, *God Doesn't Treat His Children This Way*, Creamer (2005) pointed

out that views like those described above make people with disabilities childlike, and may prevent the person with a disability from becoming an adult with the adult responsibilities of work and leisure, and the adult role of parenting, as well as worshiping in an adult manner. Creamer also pointed out that these views of disability limit our view of God. She recommended assisting those who hold these limited views to be more open to seeing God (Creator or Supreme Being) as “friend, companion, and guide” who wants all of us to achieve all we can be. Our Supreme Being would not want us to be disabled; it is not God’s fault. Creamer suggested that nurses encourage patients and families to consider that our Creator put the laws of nature into motion and, then (as with everything else), stepped back. In this view, disabilities are not something “special,” rather, disabilities are like everything else around us, “...disability is just part of the way the universe works. There’s nothing personal” (Creamer, 2005, p. 79). Creamer (2005) argued that taking this position leads us to see that people with disabilities are like everyone else in the eyes of God and that, like all other adults, God wants us not to be children, but adults with adult aspirations and goals. We all have limits, but focusing on one person’s limits, whether disabled or not, focuses on what that person cannot do rather than on what he/she can do. If appropriate, nurses can take Creamer’s lead, use a little humor, and say something like, “Your purpose in life isn’t over because you can’t walk. Walking is overrated; most people try to avoid it whenever possible.” Creamer ended her article by encouraging us to be open to new possibilities and to understandings of disability and of God as “we grow toward becoming differently-abled families of God” (Creamer, 2005, p. 83).

While Creamer’s (2005) focus was helping those who believed in a Christian God, her advice was applicable to those of other faiths. Gupta (2011) suggested that Hindus who have a feeling of guilt can be

helped to reframe karma from something that is bad to something that is adaptive, helping them to cope, find meaning, gain control, and transform their lives. Gupta (2011) and Glover and Blankenship (2007) noted that there is a great deal of variance in the beliefs of those in all faiths and that beliefs and traditions change over time for individuals and for entire faith communities.

Nurses can also use Kabue’s (2006) advice to help patients whose faith limits rehabilitation. Some patients and families may be waiting for the body to be “healed.” Nurses can encourage them to see healing and “gospel healing stories not as merely restoration of the body but more of the individual’s restoration in, and into, society” (Kabue, 2006, p. 8). When nurses assist patients by providing an inviting environment for rehabilitation, we are participating in a healing ministry, so that our patients can return home functioning at their highest level. Kabue (2006) also encouraged us to challenge faith communities to be more accommodating, so that we can experience the gifts and talents everyone brings.

Treloar (2002) encouraged nurses and other members of the rehabilitation team to incorporate key questions into assessments about patients’ spiritual needs and concerns. She recommended that nurses collaborate with pastoral staff and qualified counselors to assist patients and their families as they grapple with spirituality and disability. Treloar (2002) pointed out that, as nurses listen to what is underneath these feelings, nurses may be able to improve our abilities to help people with disabilities and their family on their journey through life.

Conclusion

With our specialized knowledge of the needs of the disabled and ways to assist people with disabilities become fully reintegrated in society, nurses are in a unique position to assist patients and their families to attain their maximum potential. Treloar (2002) pointed out that nurses can help patients to use their faith to help see

their new life with a disability as being a choice and to choose to live with joy, thankfulness, and gratitude. When nurses assist patients and their families to achieve spiritual well-being, we are addressing not only their physical and emotional needs, we are transcending the limitations of the disability.

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