Learning Through Symbol, Myth, Model, and Ritual

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ABSTRACT: An interdisciplinary course entitled “Religious and Spiritual Issues in Health Care” was offered for nursing students, medical students, and seminary students. The course was designed to explore religious responses to human suffering and to examine the role of different health care professionals with regard to spiritual concerns of patients.

The identification of symbol, the retelling of myth, the presentation of model, and the enactment of ritual enhanced the learning process. In the context of the universality of human suffering, professional differences were recognized and respected.

Teamwork in health care is a process which can be learned cognitively and affectively by affirming and sharing professional values with other health care professions.

Professional education is, more than other learning experiences, not only a process of cognitive learning and the acquiring of technical skills, but also a process of social learning. When students take courses in biochemistry, drug interactions, physiology, social theory, or biblical exegesis, and are provided with practical experiences to apply their knowledge, they are also learning the historical traditions, the language, the symbols, the myths, and the rituals of their professions. They are expected to emerge as new social persons, with particular social identities, who will perform professional functions, recognizable not only to themselves but also to lay persons and to persons of other professions.

I would like to illustrate my point with three vignettes:

(1) On alumni day several students who had been upperclassmen the year before return to the seminary for a few days of reunion and study. One of the students is impressed with the transformation of a former fellow student who now appears remarkably “clergified.” His clothes, his self-assurance, the way he nods his head and even a certain “stained-glass” tone in his voice tell that he is wearing the new role well. The student asks him if he knows how much like a “reverend” he is, and asks where he learned to be that way. He responds, “I learned it here, but I didn’t know I was learning it. Now that I’m out there, it’s natural.”

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(2) A third-year medical student tells me enthusiastically, "This year I feel like I'm becoming a doctor; last year I was just taking courses." Another third-year medical student says, "I don't feel like I know enough to be a doctor," clearly implying that he ought to behave like a doctor, but that, since knowledge is a very important expectation for a doctor, the role does not yet fit.

(3) I remember myself as a young graduate nurse in charge of a small unit walking to the dining room for lunch shortly after a death on the unit. I was thinking sadly of the family of the deceased, of things still left undone related to the death, of problems related to other patients, and at the same time calmly making a note to myself to order some more supplies. It was then, as I became aware of this particular mixture of thoughts and feelings, that it struck me with assurance that I was now, irrevocably, a nurse! I not only behaved and talked like one, but I was now thinking and feeling like one.

Although there are elements of social learning in all educational experiences, professional education is more clearly a process of socialization than other kinds of education. It follows, then, that issues arising in interdisciplinary health care teams are not just group dynamics issues such as issues of gender, territoriality, authority, and boundary. Superimposed on those, which occur in any group teamwork and which also occur in interdisciplinary health care teams, are issues of social personhood, personal and social value, personal and professional belief systems, and what in religious language is called one's faith.

This paper describes an interdisciplinary course offered for nursing students, medical students, and divinity students. The course, entitled "Religious and Spiritual Issues in Health Care," was designed to explore spiritual responses to human suffering, as well as to examine the role of different health care professionals with regard to religious and spiritual concerns of patients and their families. The course was listed separately as an elective in the Schools of Nursing and Medicine. The Divinity School listed the course as an elective that could be taken at the University by a process of cross-registration.

The principles and rationale behind the objectives of the course were as follows:

(1) In professional interdisciplinary education awareness and valuation of one's profession are essential goals; therefore, the objectives of the course will reflect learnings in the affective as well as the cognitive domains.

(2) The evolution of teamwork in health care is a process that can be learned by affirming one's own professional expertise and values, and by sharing them with other health care professionals. Through this process differences and similarities are recognized.

(3) The identification of symbol, the retelling of myth, the presentation of model, the enactment of ritual enhance the learning process by bridging cog-