Ethics: The Ethics of Diversity: A Call for Intimate Listening in Thin Places

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Ethics is concerned with the suffering humans cause one another and the related capacity of humans to recognize and address this suffering through the empathetic virtues of sympathy, compassion, and caring (Roberts, 1996). Much suffering throughout history can be related to the problem of "unacceptable" diversity among individuals or groups. Remembering the cruelties of the Nazi exterminations of Jews, slavery in the United States, and discrimination against homosexuals jolts us to awareness of the suffering of those who are "different." A task of ethics, then, is to include, rather than exclude (Post, 1995). One approach to an ethics of diversity for healthcare professionals is a call for intimate listening to the stories of those who are different, who may be unseen, marginalized, and excluded in our health care systems.

The articles in the Volume 8, Number 1 issue of the Online Journal of Issues in Nursing (OJIN), address important areas of diversity. Cook (2003) notes that diversity has many definitions, including "...gender, cultural, spiritual, biological/physical, social, environmental, moral, ethical, economical, educational, political, and ethical differences" (paragraph 2). All of these diversities affect health care practices and beliefs and may lead to further disparities in health care. A common theme in all of these articles is the need to explore diversity so that understanding and growth can occur. Therefore, this ethics column focuses on exploring diversity from an ethical perspective and how intimate listening can help us to move through our worlds of differences and thus grow, understand, and care.

Through listening to stories of diversity, healthcare professionals can understand the potential for oppression built into the structure of our language, our social institutions, and, especially, our healthcare systems. This type of subtle oppression may operate at the edge of our awareness, where it is easy to ignore it. Often, it is only when we take the time to listen to the voices of diversity that we are aware of this oppression.

A young professional told of being humiliated by her female gynecologist when she wanted to discuss her lesbian sexual practices. A nursing student confided that her instructor did not allow her to miss clinical practicum to attend the funeral of a friend with AIDS because he was not "family." A Saudi nursing student on the hospital elevator listened as a passenger told an acquaintance that Saudis should have no rights in American hospitals. An African American nursing student told how his patient assumed he was the maintenance man for the hospital.

It is easy for those who dominate by class, ethnicity, age, and gender to be unaware of the invisibility of privilege within our society (Roberts, 1996). For members of a dominant group in society, their particular identity is transparent, that is, not perceived by them as a specific identity. They may be
oblivious to how they first attained membership in groups and the significance of group membership that is not "other." For non-dominant groups, however, their identity is always experienced as particular, as specific to them as members of the group. To help bridge these two worlds of the dominant and non-dominant, nurses need to listen to narratives of those experiencing the lived realities of diversity so that the often-muffled voices of these individuals are heard and clarified.

**Intimate Listening in Thin Places**

Celtic traditions describe the concept of a "thin place," an in-between place that merges the natural and sacred worlds, where the ordinary and non-ordinary mingle, where the seen and the unseen share common ground (Gomes, 1996). Gomes also suggests that these thin places are likely to be found where there is greatest suffering, among the marginalized and excluded.

In our complex and fast-paced society, we may not take time to explore the thin places where the marginalized dwell. Too busy to listen, we find ourselves in a condition which Fiumara (1990) calls "benumbment" (p. 84). In the midst of the constant noise of our modern world, we fail to create the silence needed for developing practices of intimate listening to the victim’s voice. Unless we listen to these voices of diversity, we are likely to remain oblivious to the harm being done in healthcare through unwitting oppression of minorities.

Thin places may be found within stories of diversity (Harvey, 1999). Stories embody a personal way of knowing that is unique. As we listen to someone’s story, we are drawn into the unique reality of that individual. When stories are shared together, it creates a unique pedagogical interaction between narrator and listener. Stories help us to see the world through experience, rather than through quantification. Relationships between the narrative and narrated events uncover meaning. Harvey (1999) suggests that we need to learn to listen to stories of diverse places, landscapes, others, and ourselves as we explore new relationships.

**Narrative Knowing in Diversity**

An ethics of diversity can be developed not merely through philosophically based reasoning and traditional ethical principles but also through active listening to persons of the "other" groups. Narratives, or stories, can help nurses and others to understand unique needs of clients of diverse cultures (Evans & Severtson, 2001).

Canales (1997) suggested that healthcare professionals often assume an understanding of ethnic minority women primarily from stereotypes and myths evoked by their appearance. As a result, ethnic minority women may experience double jeopardy from a society that devalues both women and members of specific racial or ethnic groups. Research helps us to understand that clients’ stories are never just their stories—they connect the listener with larger cultural narratives of shared meanings (Emden, 1998). For example, Draucker (1998) explored storytelling as an intervention with women who had experienced repeated sexual violence and abuse. These women were encouraged to discuss moments of strength, autonomy, and emotional vitality that were hidden in their life-stories—stories that were otherwise filled with suffering and oppression. Results of the research study suggest that storytelling may help women to find ways to construct new, empowering life narratives.
Through listening to personal stories of diverse clients interacting with the healthcare system, nurses can better understand the unique healthcare needs of these individuals. When a life is viewed through narratives, embedded values, goals, and concerns become connected with these narratives and contribute to understanding of the individual's personal identity, as well as to the shared identity of a person with his/her culture. Nurses can facilitate life narratives through intimate listening in thin places.

**Conclusion**

The creation of oral narratives between healthcare professionals and their diverse clients is a collaborative activity that can help to uncover unwitting practices of oppression that lead to suffering. Through intimate listening in thin places nurses can forge connections with persons from diverse backgrounds and begin to understand and interpret their highly individual experiences. In this way, we create an ethics of diversity in which we explore the thin places where suffering lies hidden.

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**References**


