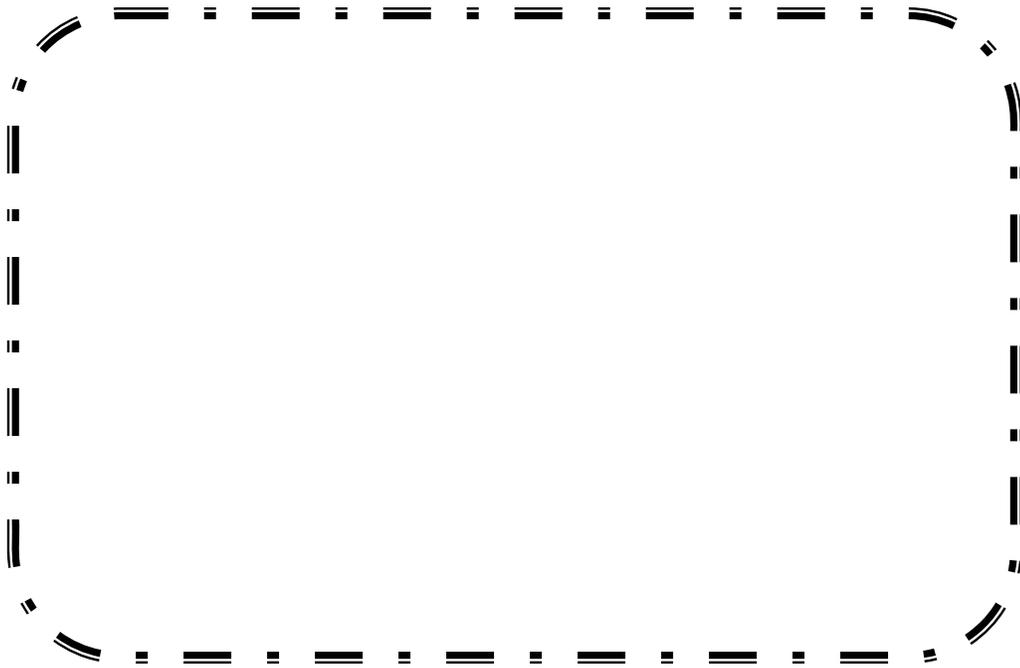


Visions



Infinite Potentials

The Journal of Rogerian Nursing Science

**Visions: The Journal of Rogerian Nursing Science
Volume 11 Number 1 2003**

Table of Contents	
Guidelines for Authors	3
Review Panel	4
Library Subscriptions	4
Editorial	5
Articles	
The Science of Unitary Human Beings: Analysis of Qualitative Research Approaches	7
Jacqueline Fawcett RN; PhD, FAAN and Martha Raile Alligood RN; PhD,	
A Unitary Energy-Based Nursing Practice Theory: Theory and Application	21
Susan Kun Leddy, RN; PhD	
Healing Through Spirit: The Experience of the Eternal in the Everyday	29
Joyce B. Perkins RN; MA, MS, CHTP, R.M., M.T.(A.S.C.P)	
Spirituality as Integrality among Chronic Heart Failure Patients: A Pilot Study	43
Sonya R. Hardin RN; PhD, CCRN, APRN, Leslie Hussey, RN; PhD and Linda Steele, RN; PhD APRN	
Columns	
Innovations Column	
Aging as Emerging Brilliance: Advancing Rogers' Unitary Theory of Aging	55
Howard K. Butcher, RN; PhD, APRN, BC	
Imagination Column	
Taking Flight	67
Howard K. Butcher, RN; PhD, APRN, BC	
SRS News	
The Values of SRS	69
Brenda Talley, RN; PhD., President, Society of Rogerian Scholars	
Report from the 2002 Fall Conference	71
Sonya Hardin, RN; PhD.	
Society of Rogerian Scholars, Board of Directors, 2003 – 2004	72
In Memory of:	73
Cheryl's McGaffic	
Leah Gorman	
Farewell, Leah.....Say Hello to Martha for us.....	73
By Sarah Hall Gueldner, RN; DSN, FAAN	
In The News	74
Call for Abstracts	75
Martha E. Rogers Scholars Fund	76

Conference of Society of Rogerian Scholars	77
Call For Manuscripts	78
Membership Application Form	79

Photo Credits. The cover photograph of Martha Rogers and Sarah Gueldner was taken by Martha H. Bramlett. The photograph of Martha Rogers at the Wright Monument was taken by Howard Butcher. The photographs of Jane Flanagan and Diane Berry were taken by Sonya Hardin.

CO-EDITORS

Sonya R. Hardin, RN; PhD, CCRN, APRN
 Martha H. Bramlett, RN; PLD, APRN

EDITORIAL BOARD

Elizabeth A.M. Barrett, RN; PhD, FAAN
 Martha H. Bramlett, RN; PhD, APRN
 Howard K. Butcher, RN; PhD.
 Sonya R. Hardin, RN; PhD, CCRN, APRN
 Therese Connell Meehan, RN; PhD
 John R. Phillips, RN; PhD
 W. Richard Cowling III, RN; PhD

COLUMN EDITORS

Innovations

Howard Karl Butcher, RN; PhD, CS

Media Review

Pat Christensen, RN; PhD

Controversies

Effie Hanchett, RN; PhD

Imagination

Linda Johnston RN; PhD

SUBSCRIPTION INFORMATION

Visions: The Journal of Rogerian Nursing Science is a peer-reviewed publication of the Society of Rogerian Scholars, Inc., an international organization. Subscription to the journal is included in the yearly membership dues.

The Society of Rogerian Scholars

Canal Street Station

P. O. Box 1195

New York, NY 10013-0867

©2003 Society of Rogerian Scholars, Inc.

All rights reserved.

ISSN 1072-4532

Indexed in CINAHL

VISIONS: THE JOURNAL OF ROGERIAN NURSING SCIENCE

Guidelines For Authors

1. Content must reflect some aspect of Rogers' Science of Unitary Human Beings (research, theoretical issues, etc.)
2. The manuscript must not be submitted elsewhere for consideration.
3. Manuscripts will not be returned.
4. Authors will follow the format of the *Publication Manual of the American Psychological Association* (5thEd.).
5. Once the manuscript has been accepted for publication, authors must submit a hard copy plus a copy prepared on a 3 inch disk in Microsoft Word, prepared on an IBM or IBM compatible, or MacIntosh computer.

Organization of manuscripts:

1. Identification page (name, address, phone number, affiliation and professional title and running title) (Optional: e-mail address).
2. Title page (no author identification).
3. Abstract followed by 3-4 key words for indexing.
4. Text of 15-20 pages plus references.

Each manuscript will be reviewed by three members of the Review Panel. Final decision rests with the editors. Manuscripts are accepted for review at any time during the year. Deadlines for the next issues are February 1 and July 1. Submit 4 copies of the manuscript.

Columns:

1. There are seven potential columns – Innovations, Controversies, Imagination, Emerging Scholars, Media review, Instrumentation/Methodology and Human-Environmental Field Patterning Practice – that will appear as submissions are received and accepted.
2. Selections for columns are editorial decisions. Only 2 copies need to be submitted. Upon acceptance the author/authors must submit both a hard copy and a disk.

REVIEW PANEL

Alice Adam Young, RN; PhD

Katherine Matas, RN, PhD

Howard Karl Butcher, RN; PhD, CS

Martha Raile Alligood, RN; PhD

Jacqueline Fawcett, RN; PhD, FAAN

Pamela Reed, RN; PhD, FAAN

Joanne Griffin, RN; PhD

Francelyn Reeder, RN; PhD

Sarah Hall Gueldner, RN; DSN, FAAN

Julie Anderson Schorr, RN; PhD

Effie Hanchett, RN; PhD

Nancy Shaarts-Hopko, RN; PhD, FAAN

Linda Johnston, RN; PhD

Patircia Trangenstein, RN; PhD

Mary Madrid, RN; PhD

Dorothy Woods Smith, RN; PhD

Juanita Watson, RN; PhD

Library Subscriptions

Library subscriptions to *Visions* are available at \$20 per year. We encourage all of you who are faculty/students to encourage your librarian to subscribe. Show your copy to the librarian so she/he can see what a valuable addition it would be to the journal collection. Many libraries subscribe through subscription services such as EBSCO. However, it is also possible to subscribe directly by sending a check for \$20 (U.S. funds only) payable to Society of Rogerian Scholars, Inc. It can be mailed to SRS at Canal Street Station, P. O. Box 1195, New York, NY 10013-0867.

Because SRS is a membership organization, our publications are benefits of membership. Each member receives *Visions* and the newsletter.

Back issues of the journal are available for \$15 a copy through written request.

Since its inception, *Visions* has been indexed in CINAHL, Cumulative Index to Nursing and Allied Health Literature. It is now possible to obtain reprints of articles through CINAHL direct online service at www.cinahl.com or at 1-800-959-7167. The cost is 12.50 per article

Editorial

This year is the 100th anniversary of the first powered flight by Orville and Wilbur Wright. This event occurred at Kitty Hawk on the Outerbanks of North Carolina. Years ago there was a Society of Rogerian Scholars meeting at Kitty Hawk and all of us, including Martha Rogers, went to the Wright Memorial. We went to the museum where we saw a replica of that first plane (the photo on the front shows Sarah Gueldner and Martha Rogers in front of the replica). To see the plane up close truly leads one to marvel at how that flight occurred. I know that Martha is perched on one of the stars up in the sky viewing all the celebration and in December, when some brave souls try to replicate the flight, I'm sure that Martha will be hitching a ride with them. She was (is) an adventurous spirit. Other events that occurred that weekend testify to this characteristic and I'd like to share some of those events with you.

We decided to walk up to the monument that sits perched atop a hill. Martha, at the time was in her 70s and her breathing was difficult (physiologically speaking), but Martha wanted to climb the hill so off we went. About half way up, we stopped for a break and Martha sat down on the ground. Sarah Gueldner sat down beside her and after a minute got a strange and surprised look on her face. This is when we learned about the small inconspicuous but ubiquitous cactus that grew on the slopes of the hill. Martha and Sarah stood up and we picked the cactus spines from their clothes and proceeded up the hill. At the top we all posed under the side of the monument that says "Genius" for our photos. Martha gave us her best cheesecake pose. Another day we got out the roller blades that were just coming into popular use. Martha put them on and rolled across the porch. Many of us held our breath as we willed her to stay erect and not fall. She had a big smile on her face. I'm not sure which she enjoyed more: terrifying us or rolling across the floor. If you looked at her physiologically she was frail and fragile – but if you looked at the spirit behind her antics she was free, fearless (feisty, brave, gutsy), and gleeful. If someone had offered her a chance to fly the Wright Brothers plane I think she would have taken a shot at it. So this leads me to a quandary. In the old world traditional view, Martha was old and fragile. But this is a linear and bounded view. So what is aging for unitary human beings? Is aging purely a phenomenon of the linear world? I suppose one could argue that rather than age, we evolve. So to what do we evolve? Are we striving to demonstrate high levels of power, or higher frequencies, or greater complexity and diversity? Do we want to be more clearly focused or to have higher field motion? And if these are our markers for evolution are not they also linear? I would like to have the feelings of being free, and feisty and gleeful. I see these characteristics most often in two groups of people; my children, and the elderly with whom I associate. The children don't realize how much trouble these characteristics can get them into, and the elderly have lived their physiological life and don't care. What happens to us in those middle years? Perhaps those of us in our middle years are the least evolved. Perhaps the young and old are the more transcendent and more highly evolved. But what is aging in a Rogerian world? Perhaps the question is "does it matter?" I think maybe I'll take my kids to Kitty Hawk and go to the sand dunes at Kill Devil Hills.

Then together we'll gleefully roll down those hills. They're all sand so we won't have to worry about those cacti.

Martha H. Bramlett, RN; PhD.
Co-Editor

THE SCIENCE OF UNITARY HUMAN BEINGS: ANALYSIS OF QUALITATIVE RESEARCH APPROACHES

Jacqueline Fawcett RN; PhD, FAAN
Professor, College of Nursing and Health Sciences, University of Massachusetts-Boston
Martha Raile Alligood RN; PhD,
Professor and Dean, School of Nursing, Palm Beach Atlantic University

Adapted from a presentation at the Society of Rogerian Scholars Conference, "Rogerian Nursing Science: Celebrating the Accomplishments," Richmond, Virginia, October 13, 2002

Abstract

The purpose of this paper is to present the findings from a comprehensive review of the published descriptive research that has been conducted within the context of the Science of Unitary Human Beings (SUHB). The specific methodology used for each published SUHB-based descriptive study that employed a qualitative research approach is identified, followed by identification of the parent methodological disciplinary perspective, parent methodological conceptual framework, and intended use as a method for scientific inquiry. The outcome of the review of each approach is examined to determine congruency with the philosophic assumptions and research rules associated with the SUHB. Additional descriptive methodological approaches that have been directly derived from the SUHB are identified. The paper concludes with an invitation to Rogerian scholars to continue the development of innovative research approaches that will advance the SUHB.

Key Words Science of Unitary Human Beings; qualitative research; research methodology

The purpose of this paper is to discuss the findings from a comprehensive review of the descriptive research that has been reported within the context of the Science of Unitary Human Beings (SUHB), with attention given to those studies employing a qualitative approach. The specific methodology used for each published SUHB-based descriptive study that has employed a qualitative research approach is identified, as well as the parent methodological disciplinary perspective, parent methodological conceptual framework, and intended use as a method for scientific inquiry. The outcome of the review of each

approach is examined to determine congruency with the philosophic assumptions and research rules associated with the SUHB. Finally, additional descriptive methodological approaches that have been derived directly from the SUHB are identified, and an invitation is issued to Rogerian scholars to continue the development of innovative research approaches that will advance the SUHB.

The Approach to Identifying and Analyzing the Studies

Qualitative research may be defined as "a cover term for a variety of research traditions originating in philosophy, anthropology, psychology,

and sociology that are epistemologically and methodologically similar” (Powers & Knapp, 1995, p. 133). Qualitative research is based on an idealist philosophy, a subjective view that asserts that the world is known only through human beings’ perceptions (Powers & Knapp, 1995). Furthermore, qualitative research is regarded as “a valid and important mode of scientific inquiry” that generates distinctive nursing knowledge and complements the knowledge produced by quantitative research (Kirkham & Anderson, 2002, p. 1).

Qualitative research, which also is referred to as naturalistic inquiry (Fitzpatrick, 1998) and interpretive research (Lowenberg, 1993), encompasses such research methodologies as ethnography, hermeneutics, phenomenology, participant observation, and research interviews (Fitzpatrick, 1998), as well as grounded theory. These diverse methodologies are characterized by six similarities in data collection and data analysis techniques:

1. Personal involvement with informants in their natural settings.
2. Intensive (in-depth) interviewing and detailed description of observations and conversations.
3. Self-reflection and introspection to bring forward [the investigator’s] own inner feelings and intuitive responses to the data.
4. Openness to discovery of the unexpected.

5. Willingness to redirect the research as new insights and understandings emerge from the simultaneous process of data collection and data analysis.

6. Management of often-large volumes of descriptive data through various approaches to content analysis that may involve coding the data . . . to break it down into some form in which it can be manipulated, organized and examined more easily; grouping similar data into categories; memo-ing, or writing analytic notes to keep track of ideas that the researcher has about the nature of the data and about how different concepts may be linked to one another, and reflectively reading and rereading, writing, and rewriting, interpretations of meaning or feeling tones inherent in the data. (Powers & Knapp, 1995, pp. 133-134).

The six similarities in data collection and analysis techniques were used to identify the relevant studies among the 40 SUHB-based studies that Fawcett (2000a, 2000b, 2001, 2002) categorized as descriptive research in her bibliographies for the SUHB. Twenty-two of the 40 studies employed qualitative approaches. The 17 studies that were exclusively qualitative in design were included in the analysis, along with 5 studies that employed a combination of qualitative and quantitative methods. Sixteen descriptive studies that employed only quantitative methods were excluded, as were one report of a philosophic inquiry and another report of the use of a

methodology derived directly from the SUHB.

Results of Analyzing the Studies

Identification of the exact *methodology* used for each study was at best difficult and sometimes even impossible. All sections of the manuscripts—abstract, introduction, background, methodology, findings, and discussion—were searched. The difficulties encountered for this analysis were similar to those identified by Sandelowski and Barroso (2002) in their search for the *findings* of qualitative studies.

The analysis of the study reports revealed that the following specific qualitative methodologies were used: phenomenology, hermeneutics, grounded theory, concept analysis, content analysis, case study, and thematic analysis. Other methodologies cited by the authors of the study reports included the axial coding paradigm, a descriptive/exploratory design, and descriptive analysis (Table 1).

All of the qualitative methodologies reflected at least one of the six similarities in data collection and data analysis techniques identified by Powers and Knapp (1995). In particular, all of the methodologies required the researchers to reflect and engage in introspection as they analyzed their data, and to manage a fairly large amount of descriptive data through some form of content analysis. Most of the methodologies required personal involvement with, and intensive interviewing of informants in their natural settings. Other methodologies required reliance on existing data. Schaffer and colleagues (2000), for example, conducted a content analysis of survey data interpreting parents' comments according to a nursing department's

Rogerian philosophy of nursing. Donahue and Alligood (1995) discovered themes from previously collected data about the meaning of the adjectives that older adults selected as appropriate description of themselves. Alligood (in press) interpreted Rogerian nursing science text to discover a theory of the art of nursing within the SUHB. And, Green (1996, 1998) developed interpretive descriptions of the experience of therapeutic touch for the patient and the nurse from the analysis of case studies.

Many methodologies required the researcher to be open to discovery of unexpected results. Some methodologies also required the researchers to be willing to redirect the research as new insights and understandings emerged from the simultaneous process of data collection and data analysis.

Each methodology was reviewed with regard to its parent methodological disciplinary perspective, parent methodological conceptual framework, and intended use as a method for scientific inquiry (Table 1). Variation was evident in the parent methodological disciplinary perspectives, including

Table 1
Summary of Studies Reviewed

Qualitative Methodology Citation	Parent Methodological Disciplinary Perspective	Parent Methodological Conceptual Framework	Intended Use as a Method for Scientific Inquiry
Phenomenology Reeder, 1991	Philosophy	Husserl	Discovery of meaning of lived experiences
Phenomenology France, 1993	Philosophy	Husserl	Discovery of meaning of lived experiences
Hermeneutics Dzurec, 1994	Philosophy	Lanigan	Discovery of essential structure of meaning of existential moments
Hermeneutics Alligood, in press	Philosophy	Allen	Revealing of implicit knowledge by interpretation of text
Phenomenology Lincoln, 2000	Philosophy	Van Manen	Discovery and interpretation of essence of lived experiences
Phenomenology Johnson, 1995	Philosophy	Van Manen	Discovery and interpretation of essence of lived experiences
Phenomenology Banonis, 1989	Philosophy	Giorgi	Uncovering the meaning of lived experiences
Phenomenology Samarel, 1992	Philosophy	Adaptation of Giorgi	Defining a lived experience
Grounded theory Heidt, 1990	Sociology	Glaser & Strauss Strauss and Corbin	Discovery and conceptualization of complex interactional processes
Axial coding paradigm Schneider, 1995	Sociology	Glaser & Strauss Strauss and Corbin	Development of a stage model
Case study Conti-O'Hare, 1998	Unknown	Unknown	Understanding of an individual's experience
Case study Green, 1996,1998	Education, Medicine	Reflection-in-action	Studying reflectively a case to learn about an experience
Content analysis Gibson, 1996	Nursing	Science of Unitary Human Beings	Identification of themes
Content analysis Schaffer et al., 2000	Nursing	Science of Unitary Human Beings	Analysis of data for themes
Content analysis Johnson et al., 1995	Unknown	Unknown	Identification of themes about role changes
Content analysis	Unknown	Unknown	Expansion and enrichment of

Qualitative Methodology Citation	Parent Methodological Disciplinary Perspective	Parent Methodological Conceptual Framework	Intended Use as a Method for Scientific Inquiry
Johnston, 2001			quantitative data
Concept analysis Curley, 1997	Nursing, Education	Walker & Avant	Development of theoretical and operational definitions of a concept
Thematic analysis Bays, 2001	Nursing	Science of Unitary Human Beings	Discovery of themes in descriptive interview data
Thematic analysis Halkitis & Kirton, 1999	Education	Patton	Discovery of themes about experiences through focus group interviews
Descriptive/exploratory Malinski, 1991	Nursing	Science of Unitary Human Beings	Discovery of experiences through individual interviews
Descriptive analysis Donahue & Alligood, 1995	Psychology	Cantanzaro	Qualitative technique of counting and noting patterns and themes

nursing, philosophy, psychology, sociology, education, and medicine. Variation in parent methodological conceptual frameworks also was evident. Reeder (1991) and France (1993) used Husserlian phenomenology (Husserl, 1970); Dzurec (1994) used Lanigan's (1988) hermeneutic approach; and Alligood's (in press) study was guided by a hermeneutic research approach for the interpretation of nursing science text that was extrapolated from Allen (1995) by Alligood. Banonis (1989) used Giorgi's phenomenological approach as interpreted by Parse, Coyne, and Smith (1985), whereas Samarel (1992) used an adaptation of Giorgi's (1970) approach. Lincoln (2000) and Johnson (1995) used Van Manen's (1990) phenomenological approach to the transformation of a lived experience into a textual expression of its essence. The concept analysis (Curley, 1997) followed the framework given by Walker and Avant (1995). The grounded theory

methodology (Heidt, 1990) and the axial coding paradigm methodology (Schneider, 1995) were guided by Glaser and Strauss' (1967) and Strauss and Corbin's (1990) conceptual frameworks. The descriptive/exploratory study methodology (Malinski, 1991), as well as the methodology of two of the content analysis studies (Gibson, 1996; Schaffer et al., 2000), and one thematic analysis (Bays, 2001) employed the SUHB as the methodological conceptual framework. Another thematic analysis (Halkitis & Kirton, 1999) was guided by Patton's (1990) qualitative research approach. Donahue and Alligood's (1995) descriptive analysis was guided by Cantanzaro's (1988) approach to counting and noting patterns and themes. Two case study analyses (Green, 1996, 1998) used a reflection-in-action approach (Schon, 1983). It was not possible to identify a parent disciplinary perspective or parent methodological conceptual framework for two studies employing content

analysis (Johnson et al., 1995; Johnston, 2001) and one case study methodology (Conti-O'Hare, 1998).

The analysis of each methodology also involved identifying its underlying philosophic assumptions and determining the congruence of those assumptions with the philosophic assumptions undergirding the SUHB. Those assumptions, as articulated by Martha Rogers in various publications, encompass Rogers' beliefs about the person, energy fields, the world, causality, nursing, and people and nursing, as well as her beliefs about licensure for professional nursing practice (Table 2).

Rogers' beliefs about the person and causality are arguably the most relevant to the discussion of the congruence between those beliefs and the qualitative methodologies used in the studies. Most of the qualitative methodologies reviewed reflect Rogers' belief that people have the capacity to participate knowingly in the process of change. This was especially evident in the researchers' reliance on study participants' responses to intensive interviews, focus group interviews, or one or more open-ended questions as the raw data. Similarly, most of the qualitative methodologies reflect Rogers' beliefs that the appearance of causality is an illusion or a mirage, and that in a universe of

open systems, causality is not an option. Indeed, none of the researchers included anything in their reports that even implied a causal world.

The congruence of the studies with the guidelines for SUHB research also was determined. The research rules address the purpose of the research, the phenomena of interest, the problems to be studied, the study participants, the research methods, the data analysis techniques, and contributions to understanding nursing discipline-specific phenomena (Table 3).

All of the studies reviewed fulfilled the purpose of SUHB-based research, in that the researchers' intent was to develop knowledge about unitary human and environmental energy fields. All of the studies also addressed the phenomena of interest in SUHB-based research by focusing on unitary human beings and their environments.

Researchers whose data came from the findings of previous studies or the text of books and journal articles focused on developing a deeper understanding of experiences of unitary human beings and their environments. Similarly, the researchers selected problems of interest in the SUHB by focusing on human energy field patterns, although the term "pattern" was not cited frequently.

Table 2

Philosophic Assumptions Undergirding the Science of Unitary Human Beings

Beliefs About the Person

1. People have the capacity to participate knowingly in the process of change (Rogers, 1970, 1978a, 1978b, 1980a, 1986, 1992b).
2. [A belief] in a humane and optimistic view of life's potentials [that] grows as a new reality appears (Rogers, 1992b, p. 28).

Beliefs About Energy Fields

1. [Energy fields] constitute the fundamental unit of both the living and the nonliving (Rogers, 1992b, p. 30).
2. [Energy fields] are not biological fields, physical fields, social fields, or psychological fields. Nor are human and environmental fields a summation of biological, physical, social, and psychological fields (Rogers, 1992b, p. 30).

Belief About the World

1. [A belief in a] new vision of a world encompassing far more than planet earth . . . [and a future] of growing diversity, of accelerating evolution, and of nonrepeating rhythmicities (Rogers, 1992b, p. 33).

Assumptions About Causality

1. The appearance of causality is an illusion, a mirage (Rogers, 1980a, p. 334).
2. In a universe of open systems, causality is not an option (Rogers, 1992b, p. 30).

Assumptions About Nursing

1. Nursing . . . is . . . an independent discipline with its own unique phenomena, unique in terms of any other field (Rogers, 1994b, p. 34).
- 2a. The uniqueness of nursing lies in its focus on unitary, irreducible human beings and their environments (Rogers, 1994a, p. 3).
- 2b. If . . . we believe that there is a body of knowledge unique to nursing, we start out with a phenomenon that is unique, and nursing is certainly unique in focusing on the irreducible human being and its environment, both defined as energy fields (Rogers, 1994b, p. 33).
3. Nursing knowledge is rooted in the new reality [of new age science] and emerges as a synthesis of this new science and metaphysics (Rogers, 1994a, p. 3).
4. Nursing is a learned profession (Rogers, 1970, 1978a, 1978b, 1980a, 1986, 1992b).
5. The explication of an organized body of abstract knowledge specific to nursing is indispensable to nursing's transition from pre-science to science (Rogers, 1970, 1978a, 1978b, 1980a, 1986, 1992b).
6. Nursing is . . . an independent science (Rogers, 1994b, p. 34).
7. [Nursing is a basic, open-ended science that builds and refines as] new knowledge brings new insights (Rogers, 1992b, p. 28).
8. [Nursing] science provides a unique view of people and their world (Rogers, 1994a, p. 3).
9. The focus of [nursing] science is different from that of any other field's phenomenon of concern (Rogers, 1994a, p. 3).

10. A science of unitary or irreducible human beings is unique to nursing (Rogers, 1994a, p. 3).
11. Nursing is both an empirical science and an art (Rogers, 1970, 1978a, 1978b, 1980a, 1986, 1992b).
12. The descriptive, explanatory, and predictive principles that direct nursing practice are derived from a conceptual system (Rogers, 1970, 1978a, 1978b, 1980a, 1986, 1992b).
13. Nursing is an organized abstract system that uses its knowledge in practice (Rogers, 1994a, p. 5).
14. [Nursing] practice is not nursing; rather, it is the way in which we use nursing knowledge. . . . Practice is the use of nursing knowledge (Rogers, 1994a, p. 5).

Assumptions About People and Nursing

1. Nursing exists to serve people. Its direct and over-riding responsibility is to society . . . the safe practice of nursing depends on the nature and amount of scientific nursing knowledge the individual brings to practice and the imaginative, intellectual judgment with which such knowledge is made explicit in service to mankind. (Rogers, 1970, p. 122)
2. Nursing's abstract system is the outgrowth of concern for human health and welfare. The science of nursing aims to provide a growing body of theoretical knowledge whereby nursing practice can achieve new levels of meaningful service to man. (Rogers, 1970, p. 88)
3. Nursing's story is a magnificent epic of service to mankind. It is about people: how they are born, and live and die; in health and in sickness; in joy and in sorrow. Its mission is the translation of knowledge into human service. . . . [Nursing is] a field long dedicated to serving the health needs of people. (Rogers, 1992c, p. 1339)
4. Nursing's long-established concern is with people and their worlds (Rogers, 1970, 1978a, 1978b, 1980a, 1986, 1992b).
5. People need knowledgeable nursing (Rogers, 1970, 1978a, 1978b, 1980a, 1986, 1992b).
6. The practice of nursing is the use of nursing knowledge in human service (Rogers, 1970, 1978a, 1978b, 1980a, 1986, 1992b).
7. In [nursing's] creative use of its knowledge, manifested in the art of practice, nursing begins to achieve its recognition as a truly important human service (Rogers, 1994a, p. 5).
8. The art of nursing is the utilization of scientific nursing knowledge for the betterment of people (Rogers, 1970, 1978a, 1978b, 1980a, 1986, 1992b).

Belief About Licensure for Professional Nursing Practice

1. Licensure for professional practice in nursing is long overdue. In its absence, human health is jeopardized, fraudulence in recruitment practices continues, and placement of a high value on ignorance is pervasive. Licensing laws for professional practice must be written and professional examinations must be developed. People are at stake (Rogers, 1985b, p. 384).

From Fawcett, J. (2000). *Analysis and evaluation of contemporary nursing knowledge: Nursing models and theories*. Philadelphia: F. A. Davis, pp. 365-366.

Table 3

Guidelines for Nursing Research Grounded in the Science of Unitary Human Beings

Purpose of the Research

The Science of Unitary Human Beings requires both basic research and applied research.

The purpose of Science of Unitary Human Beings-based basic research is to develop new theoretical knowledge about unitary human and environmental energy fields in mutual process. The goal of basic nursing research is pattern seeing.

The purpose of Science of Unitary Human Beings-based applied research is to test already available knowledge in practice situations.

The term applied research is used instead of the term clinical research because “clinical” refers to investigation of a disease in the living subject by observation, as distinguished from controlled study; or, something done at the bedside. The term clinical research, therefore, is inappropriate and inadequate for the scope and purposes of nursing research.

Phenomena of Interest

The phenomena to be studied are those that are central to nursing—unitary human beings and their environments.

Nursing research does *not* focus on other fields of study or theories derived from other fields, nor does it focus on nurses and what they do.

Problems to be Studied

The problems to be studied are the manifestations of human energy field patterns and environmental energy field patterns, especially pattern profiles, which are clusters of related pattern manifestations.

Study Participants

Inasmuch as nursing is a service to all people, wherever they may be, virtually any person or group would be appropriate for study, with the proviso that both person or group and environment are taken into account in mutual process.

Research Methods

A variety of qualitative and quantitative research methods currently are regarded as appropriate designs for Science of Unitary Human Beings-based research.

Although descriptive and correlational designs are regarded as consistent with the Science of Unitary Human Beings, strict experimental designs are of questionable value due to Rogers’ rejection of the notion of causality.

Specific existing methodologies that are used across disciplines but currently are regarded as appropriate include Husserlian phenomenology, existentialism, ecological thinking, dialectical thinking, and historical inquiries, as well as methods that focus on the uniqueness of each person, such as imagery, direct questioning, personal structural analysis, and the Q-sort.

New Science of Unitary Human Beings-specific methodologies include the unitary pattern appreciation case method, the Rogerian process of inquiry method, the unitary field pattern portrait research method, and the photo-disclosure methodology.

Case studies and longitudinal research designs that focus on the identification of human and environmental energy field patterns are more appropriate than cross-sectional designs, given

the emphasis in the Science of Unitary Human Beings on the uniqueness of the unitary human being.

Hypotheses should be stated in acausal language, in recognition of the unitary nature of the problem to be studied and Rogers' rejection of the notion of causality.

Research instruments that are directly derived from the Science of Unitary Human Beings should be used.

Data Analysis

Data analysis techniques must take the unitary nature of human beings and the integrality of the human and environmental energy fields into account. Consequently, the use of standard data analysis techniques that employ the components of variance model of statistics is precluded, for this statistical model is logically inconsistent with the assumption of holism stating that the whole is greater than the sum of parts.

Multivariate analysis procedures, particularly canonical correlation are useful techniques for generating a constellation of variables representing human field pattern properties. However, canonical correlation is a component of variance procedure, as are all parametric correlational techniques.

New data analysis techniques that permit examination of the integrality of human and environmental energy fields must be developed so that the ongoing testing of the Science of Unitary Human Beings does not have to be done through the logical empiricist criterion of meaning, testing the hypoductive system for consistency, and then testing correspondence limited to the concrete local world.

Contributions to the Discipline of Nursing

Science of Unitary Human Beings-based research enhances understanding of the continuous mutual process of human and environmental energy fields and manifestations of changes in energy field patterns. Ultimately, Science of Unitary human Beings-based research will yield a body of nursing-specific knowledge.

From Fawcett, J (2000). *Analysis and evaluation of contemporary nursing knowledge: Nursing models and theories*. Philadelphia: F. A. Davis, pp. 378-379.

The current research guidelines allow many different research methods, including the qualitative methodologies identified in this review. However, although the qualitative approaches identified in this review have introduced new and productive ways of discovering and uncovering knowledge framed within the context of the SUHB, these approaches do not bypass all of the limitations for development of the SUHB associated with traditional quantitative methods. The limitations of the qualitative approaches are most obvious when the researcher

leans heavily on the ontology of a parent methodological discipline that is inconsistent with the ontology of the SUHB, rather than the ontology of the SUHB. In other words, the qualitative approaches identified in this review have limitations similar to those of other methods borrowed from other disciplines. More specifically, the linkages of the borrowed methods to the discipline of nursing in general and the SUHB in particular are weak. The challenge remains for researchers to use their understanding of ontology, epistemology, and nursing science to

develop new research methods that lead to a better understanding of the integrality of human and environmental fields. Finally, all of the studies contributed to the growing body of nursing discipline-specific knowledge in general and the SUHB in particular.

Other Descriptive Methodological Approaches

Rogerian scholars have derived innovative descriptive methodological approaches directly from the SUHB. These include the Unitary Pattern Appreciation Case Method developed by Cowling (1997, 1998, 2001), the Rogerian Process of Inquiry developed by Carboni (1995), the Unitary Field Pattern Portrait Research Method developed by Butcher (1994, 1998), and the Photo-Disclosure Methodology developed by Bultemeier (1997). Inasmuch as each of these approaches was directly derived from the SUHB, they are congruent with the philosophical assumptions undergirding the SUHB and with the SUHB research guidelines.

Smith (2002) identified and then categorized four epistemological paradigms that include both qualitative and quantitative methodologies. She categorized the empirical-analytic paradigm as radical objectivity; the phenomenological-interpretive paradigm, as radical subjectivity; the critical-post structural paradigm, as radical contextualism; and the holonomic-integrative paradigm, as radical integration. The very much anticipated next step in this work is linking the paradigms and categories to the descriptive methodological

approaches that have been directly derived from the SUHB.

Conclusion

Interest in the topic of this paper was catalyzed by Fawcett's (1996) invitation to dialogue about research approaches that are consistent with the rules for research in the SUHB. Alligood answered that invitation and together with Fawcett, presented a paper at the 8th Rogerian Conference in New York in 1998 (Alligood & Fawcett, 1999). That paper was followed with another collaborative project, which was presented at the 9th Rogerian Conference, also in New York, in 2000 (Fawcett & Alligood, 2001). This paper is yet another collaborative project. This form of scholarly collaboration is highly recommended for the review, evaluation, and propagation of the SUHB.

This review has led to a deeper understanding of the work of the researchers who have ventured into the innovative, exciting, and complex world of the SUHB through the use of qualitative methodologies. The researchers have discovered manifestations of human and environment energy field patterns in the form of individuals' experiences, perceptions, and expressions. One researcher has proposed a new theory that enhances understanding of the delicate art of nursing as set forth in Rogers' writings (Alligood, in press).

The new methodologies that have been derived directly from the SUHB offer researchers what might be a more direct way to identify pattern manifestations than reliance on methodologies situated within the context of other disciplines. We invite

the global nursing community to contribute to the SUHB by using these new methodologies and developing still others that will advance the SUHB. We especially encourage Rogerian scholars to continue to develop techniques of data analysis that lead to a greater understanding of nursing science in the context of the integrality of unitary human and environmental energy fields.

References

- Allen, D.G. (1995). Hermeneutics: Philosophical traditions and nursing practice research. *Nursing Science Quarterly*, 8, 174-182
- *Alligood, M. R. (in press). A theory of the art of nursing discovered in Rogers' science of unitary human beings. *International Journal for Human Caring*.
- Alligood, M. R., & Fawcett, J. (1999). Acceptance of the invitation to dialogue: Examination of an interpretive approach for the Science of Unitary Human Beings. *Visions: The Journal of Rogerian Nursing Science*, 7, 5-13.
- *Banonis, B. C. (1989). The lived experience of recovering from addiction: A phenomenological study. *Nursing Science Quarterly*, 2, 37-43.
- *Bays, C. L. (2001). Older adults' descriptions of hope after a stroke. *Rehabilitation Nursing*, 26, 18-20, 23-27.
- Bultemeier, K. (1997). Photo-disclosure: A research methodology for investigating unitary human beings. In M. Madrid (Ed.), *Patterns of Rogerian knowing* (pp. 63-74). New York: National League for Nursing Press.
- Butcher, H. K. (1994). The unitary field pattern portrait method: Development of a research method for Rogers' science of unitary human beings. In M. Madrid & E.A.M. Barrett (Eds.), *Rogers' scientific art of nursing practice* (pp. 397-429). New York: National League for Nursing Press.
- Butcher, H. K. (1998). Crystallizing the process of the unitary field pattern portrait research method. *Visions: The Journal of Rogerian Nursing Science*, 6, 13-26.
- Cantanzaro, M. (1988). Using qualitative analytic techniques. In N.F Woods & M. Cantanzaro (Eds.), *Nursing research theory and practice*. (pp. 437-456). St. Louis: Mosby.
- Carboni, J. T. (1995). A Rogerian process of inquiry. *Nursing Science Quarterly*, 8, 22-37.
- *Conti-O'Hare, M. (1998). Examining the wounded healer archetype: A case study in expert addictions nursing practice. *Journal of the American Psychiatric Nurses Association*, 4(3), 71-76.
- Cowling, W. R. III. (1997). Pattern appreciation: The unitary science/practice of reaching for essence. In M. Madrid (Ed.), *Patterns of Rogerian knowing* (pp. 129-142). New York: National League for Nursing Press.
- Cowling, W. R. III. (1998). Unitary case inquiry. *Nursing Science Quarterly*, 11, 139-141.
- Cowling, W.R. (2001). Unitary appreciative inquiry. *Advances in Nursing Science*, 23(4), 32-48.
- *Curley, M. A. Q. (1997). Mutuality—An expression of nursing practice. *Journal of Pediatric Nursing*, 12, 208-213.
- *Donahue, L., & Alligood, M. R. (1995). A description of the elderly from self-selected attributes. *Visions: The Journal of Rogerian Nursing Science*, 3(1), 12-19.
- *Dzurec, L. C. (1994). Schizophrenic clients' experiences of power: Using hermeneutic analysis. *Image: Journal of Nursing Scholarship*, 26, 155-159.
- Fawcett, J. (1996). Issues of (in)compatibility between the worldview and research rules of the Science of Unitary Human Beings: An invitation to dialogue. *Visions: The Journal of Rogerian Nursing Science*, 4(1), 5-11.
- Fawcett, J. (2000a). *Analysis and evaluation of contemporary nursing knowledge: Nursing models and theories*. Philadelphia: F. A. Davis.
- Fawcett, J. (2000b). First addendum to bibliographies for *Analysis and evaluation of contemporary nursing knowledge: Nursing models and*

- theories*. Available online at <http://www.fadavis.com>.
- Fawcett, J. (2001). Second addendum to bibliographies for *Analysis and evaluation of contemporary nursing knowledge: Nursing models and theories*. Available online at <http://www.fadavis.com>.
- Fawcett, J. (2002). Third addendum to bibliographies for *Analysis and evaluation of contemporary nursing knowledge: Nursing models and theories*. Available at online <http://www.fadavis.com>.
- Fawcett, J., & Alligood, M.R. (2001). An overview of research instruments and clinical tools derived from the Science of Unitary Human Beings. *Theoria: Journal of Nursing Theory*, 10(3), 5-12.
- Fitzpatrick, J. J. (Ed.). (1998). *Encyclopedia of nursing research*. New York: Springer.
- *France, N. E. (1993). The child's perception of the human energy field using Therapeutic Touch. *Journal of Holistic Nursing*, 11, 319-331.
- *Gibson, A. (1996). Personal experiences of individuals using meditations from a metaphysical source. *Visions: The Journal of Rogerian Nursing Science*, 4(1), 12-23.
- Giorgi, A. (1970). *Psychology as a human science: A phenomenologically based approach*. New York: Harper and Row.
- Glazer, B., & Strauss, A. (1967). *The discovery of grounded theory*. Chicago: Aldine Press.
- *Green, C. A. (1996). A reflection of a therapeutic touch experience: Case study 1. *Complementary Therapies in Nursing and Midwifery*, 2, 122-125.
- *Green, C. A. (1998). Reflections of a therapeutic touch experience: Case study 2. *Complementary Therapies in Nursing and Midwifery*, 4, 17-21.
- *Halkitis, P. N., & Kirton, C. (1999). Self-strategies as means of enhancing adherence to HIV antiretroviral therapies: A Rogerian approach. *Journal of the New York State Nurses Association*, 30(2), 22-27.
- *Heidt, P. R. (1990). Openness: A qualitative analysis of nurses' and patients' experiences of therapeutic touch. *Image: Journal of Nursing Scholarship*, 22, 180-186.
- Husserl, E. (1970). *Crisis of European science* (D. Carr, Trans.). Evanston, IL: Northwestern University Press.
- *Johnson, B. P. (1995). One family's experience with head injury: A phenomenological study. *Journal of Neuroscience Nursing*, 27, 113-118.
- *Johnson, S. K., Craft, M., Titler, M., Halm, M., Kleiber, C., Montgomery, L. A., Megivern, K., Nicholson, A., & Buckwalter, K. (1995). Perceived changes in adult family members' roles and responsibilities during critical illness. *Image: Journal of Nursing Scholarship*, 27, 238-243.
- *Johnston, L. W. (2001). An exploration of individual preferences for audio enhancement of the dying environment. *Visions: The Journal of Rogerian Nursing Science*, 9, 20-26.
- Kirkham, S. R., & Anderson, J. M. (2002). Postcolonial nursing scholarship: From epistemology to method. *Advances in Nursing Science*, 25, 1-17.
- Lanigan, R. L. (1988). *Phenomenology of communication*. Pittsburgh: Duquesne University Press.
- *Lincoln, V. (2000). Ecospirituality: A pattern that connects. *Journal of Holistic Nursing*, 18, 227-244.
- Lowenberg, J. S. (1993). Interpretive research method methodology: Broadening the dialogue. *Advances in Nursing Science*, 16(2), 57-69.
- *Malinski, V. M. (1991). The experience of laughing at oneself in older couples. *Nursing Science Quarterly*, 4, 69-75.
- Parse, R. R., Coyne, A. B., & Smith, M. J. (1985). *Nursing research: Qualitative methods*. Bowie, MD: Brady.
- Patton, M. Q. (1990). *Qualitative evaluation and research* (2nd ed.). Newbury Park, CA: Sage.
- Powers, B. A., & Knapp, T. R. (1995). *A dictionary of nursing theory and research* (2nd ed.). Thousand Oaks, CA: Sage.
- *Reeder, F. (1991). The importance of knowing what to care about: A phenomenological inquiry using laughing at oneself as a clue. In P.L. Chinn (Ed.), *Anthology on caring* (pp. 259-279). New York: National League for Nursing.

- *Samarel, N. (1992). The experience of receiving therapeutic touch. *Journal of Advanced Nursing*, 17, 651-657.
- Sandelowski, M., & Barroso, J. (2002). Finding the findings in qualitative studies. *Journal of Nursing Scholarship*, 34, 213-219.
- *Schaffer, P., Vaughn, G., Kenner, C., Donohue, F., & Longo, A. (2000). Revision of a parent satisfaction survey based on the parent perspective. *Journal of Pediatric Nursing*, 15, 373-377.
- *Schneider, P. E. (1995). Focusing awareness: The process of extraordinary healing from a Rogerian perspective. *Visions: The Journal of Rogerian Nursing Science*, 3(1), 32-43.
- Schon, D. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Smith, M. C. (2002, October). *Epistemological paradigms and the science of unitary human beings*. Paper presented at the Conference of the Society of Rogerian Scholars, Richmond, VA.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Van Manen, M. (1990). *Researching lived experience*. Albany: State University of New York Press.
- Walker, L. O., & Avant, K. C. (1995). *Strategies for theory construction in nursing* (3rd ed.). Norwalk, CT: Appleton and Lange.
- *Studies included in the review

A UNITARY ENERGY-BASED NURSING PRACTICE THEORY: THEORY AND APPLICATION

Susan Kun Leddy, RN; PhD.
Professor, School of Nursing, Widener University

Abstract

A unitary perspective of energy that is congruent with the Science of Unitary Human Beings (SUHB) is described. A nursing practice theory based on this perspective of energy is presented. The nursing practice theory extends and expands previously identified domains of mutual process (participation), to promote field harmony and healing.

Key Words: Unitary energy; theory; participation

Rogers (1970, 1992) consistently defined the human being and the environment as energy fields, thereby designating energy as a basic concept. However, the lack of congruence between the prevailing energy conceptualizations derived from Newtonian physics and the assumptions of a unitary worldview have hampered understanding and development of the Science of Unitary Human Beings (SUHB). The purpose of this article is to describe a unitary perspective of energy that is congruent with the SUHB, and to describe a theory to guide SUHB-based nursing practice.

A Unitary Perspective of Energy

A unitary perspective of energy is based on the assumption that everything in our world, and beyond, is comprised of a universal essence that has a dual nature: particle and wave. "Potentiality and actuality, wave function and particle, are different phases of the same event" (Slater, 1995, p. 227). Universal essence is comprised of *matter*, which is the potential for structure and identity; *information*, which is the potential for coordination and pattern; and *energy*, which is the

potential for process, movement, and change. As matter, information, and energy are interchangeable and transformable facets or aspects of universal essence, it is meaningless to try to differentiate them in reality.

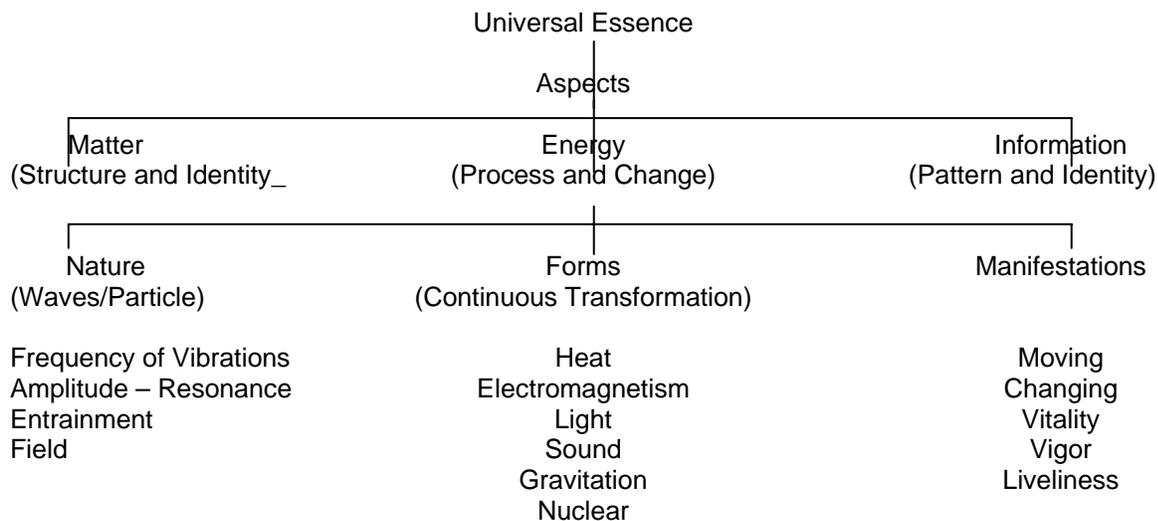
According to Todaro-Francheschi (1999), energy can be viewed as a phenomenon, an actuality or a thing with an inherent ability to change, or as part of a process resulting in change. When energy is viewed as part of a mechanistic process, things are viewed as particulate, energy is gained, lost, transferred or transmitted, and change is a consequence of cause and effect. When energy is viewed as a phenomenon, the universe is portrayed as a dynamic and intricate whole from which change emerges. Energy transforms or manifests itself eternally and in unique ways. Energy as a phenomenon is the view that is consistent with a unitary perspective of energy. Figure 1 portrays the nature, forms, and manifestations of the energy aspect of universal essence.

The fundamental unit of living and non-living systems is a field (Rogers, 1980) of universal essence

(See Note 1). A field is described as “a domain of influence, presumed to exist in physical reality, that cannot be observed directly but that is inferred through its effects. For example, we do not actually see a magnetic field around a bar magnet; but because iron filings arrange themselves in a certain pattern, we know the field exists” (Dossey, 2000, p. 112). Fields have the potential of producing a force. In the unitary energy perspective, “all forces are

interactions” (Maloney, 1990, p. 386). “A charge creates a ‘disturbance,’ or a ‘condition,’ in the space around it, so that the other charge, when it is present, feels a force” (Capra, 1991, p. 59). Human and environmental essence fields are open, participating in a continuous mutual process labeled by Rogers (1986) as the principle of integrality.

Figure 1. Nature, Forms, and Manifestations of the Energy Aspect of Universal Essence.



Energy is defined as “the capacity to create change” (Sarter, 2002, p. 1), characterized by process and/or movement. For example, Becker (1977, p. 13) states that at the cellular level, energy creates changes in location or orientation (mechanical work), concentration (osmotic and electrical work), and chemical bonds (biosynthetic work). Chemical and energetic changes at the cellular level are communicated throughout the living system (Oschman, 2000). Forms of the energy aspect of universal essence

include heat, light, electromagnetism, sound, heat, and gravitation.

The motion underlying energy is the vibration or oscillation of waves (Woodhouse, 1996). “A wave is a vibrational pattern in space and time” (Capra, 1991, p. 155). Waves can be described by a number of characteristics, including frequency, amplitude, and resonance. The number of complete vibrations which occur in a second is called the wave frequency (Jeans, 1968). “The frequency of the wave is proportional

to the particle's energy; a wave with high frequency means that the particle has a high energy" (Capra, 1991, p. 156). Additionally, "the energy of a vibration is proportional to the square of the amplitude" (Jeans, 1968, p. 37). The SUHB principles of resonancy and helicy are supported by the direct relationship between wave frequency and wave amplitude. As wave frequency increases, wave amplitude and wave complexity also increase (Dardik, 1995).

Vibrations in multiple fields mutually evolve, and this evolution can be especially noteworthy when there are compatible harmonic frequencies (Hunt, 1996). The ability of similar vibrations in different fields to mutually intensify, "synchronized dynamic interaction" (Schwartz & Russek, 1997a, p. 50), is known as resonance. When two rhythms oscillate at similar frequencies, vibrational coupling or locking, known as synchronization or entrainment of rhythms, may occur (Davidson, 1988; Oschman, 2000). Entrainment between human and environmental fields facilitates resonance, and the associated increase of wave amplitude and intensity of energy (Davidson, 1988).

Fields are attracted to fields with which they resonate, and are repulsed by fields with unlike characteristics (Hunt, 1996). The human essence field has the capacity to select and terminate processes with the environmental field, and the human being has the ability to "choose environmental patterns which resonate or interfere with self-patterning" (Davidson, 1988, p. 34).

It has been suggested that different processes in the physical body may be coordinated by "ideal" resonant energy frequencies (Oschman, 2000, p. 62). Conscious focusing of intention may serve as a mechanism to increase frequency (and therefore intensity), complexity, and harmony of resonant energy (Schwartz & Russek, 1997a). It is proposed that the nurse, being integral with the environment, can facilitate health patterning by fostering resonance of environmental energy and information.

The Structure of the Human Essence Field

A detailed "anatomy" of the human universal essence field has been described by Gerber (1988) and Kunz and Peper (1982). The human is conceptualized as a series of interpenetrating, interactive, and multidimensional fields. These fields include the physical body, viewed as a "complex energetic interference pattern of interwoven energy fields" (Gerber, 1988, p. 60). Interwoven with the physical body, in the same space, are fields of increasingly subtle, higher energetic frequencies (Gerber, 1988). It has been suggested that "through thoughts and intention, the...field can be stretched to considerable distances, such as ten to fifteen feet...relaxation tends to expand the field while anxiety tends to constrict the field" (Kunz & Peper, 1982, p. 400). Energy constantly circulates within the body in 12 well-defined channels, or physical ducts called meridians, which exist as a series of points following line-like patterns. Energy always moves from high to low potential (Gerber, 1988). The

meridian system is believed to facilitate energy and information interconnections throughout the human field.

Special energy centers known as chakras exist within the human universal essence field. Chakras (Sanskrit meaning wheels), “resemble whirling vortices of subtle energies, that ‘take in’ higher energies and transmute them to a utilizable form within the human structure” (Gerber, 1988, p. 128). There are at least seven major chakras associated with the physical body, in a vertical line ascending from the base of the spine to the head. These are the root chakra (I) near the coccyx, the sacral chakra (II) located either just below the umbilicus or near the spleen, the solar plexus chakra (III) in the upper middle abdomen below the tip of the sternum, the heart chakra (IV) in the midsternal region directly over the heart and the thymus, the throat chakra (V) directly over the thyroid gland and larynx, the brow chakra (VI) in the region of the mid-forehead slightly above the bridge of the nose, and the crown chakra (VII) located on the top of the head. Each is associated with a major nerve plexus and a major endocrine gland (Gerber, 1988).

Because chakras separate vibrations into various frequencies, a specific color, tone, function, organ, and nervous structure has been associated with each chakra. Chakras seem to be responsible for receiving, processing, transforming, and transmitting energy and information that may be stored in the higher frequency fields (Slater, 1995, 1997).

Connecting the chakras to each other and to portions of the physical-cellular structure are up to 72,000 fine subtle-energetic channels, known as nadis, that are interwoven with the physical nervous system (Gerber, 1988). “Nadis, or channels of electromagnetic energy, subdivide finally to the cellular level, supporting the concept that healing can affect the cellular level of the physical body” (Starn, 1998, p. 211-12). All of the cells in the body are linked together in what has been called a “living matrix” (Oschman, 2000). The meridian/chakra/nadis system channels energy to the cellular level where the energy is transformed to support specific biochemical cellular functions, and also transformed into information that is communicated throughout the human being. “The living matrix has no fundamental unit or central aspect, no part that is primary or most basic. The properties of the whole net depend upon the integrated activities of all the components” (Oschman, 2000, p. 48). The information flow through the living matrix, or human universal essence field, supports Rogers’ central contention that the human is a unitary being.

Mutual human-environment process is characterized by dynamically changing field pattern. Patterns represent the probabilities of interconnections rather than things (Capra, 1991). Coherence and the timing of patterns of energy provide patterns of information for the unitary human being (Russek & Schwartz, 1996). “Information without energy is ‘powerless,’ energy without information is

‘purposeless’” (Schwartz & Russek, 1997b, p. 27).

Bohm (1990) suggested that the processes of taking part in the whole should be called participation and that this should be distinguished from interaction which implies separate systems (Leddy, 1995). As a manifestation of field pattern, participation has been defined as “the experience of expansiveness and ease of continuous human-environment mutual process” (Leddy, 1995, p. 21). The Person-Environment Participation Scale (PEPS) (Leddy, 1995) was developed to measure these two domains. It is now proposed that the concept of participation be expanded to six domains.

A Unitary Energy-Based Nursing Practice Theory

The nursing practice theory proposes that healing nursing interventions facilitate field energy movement and resonant patterning of both the client and the nurse healer. Six domains of the mutual process energetic patterning (participation) underlying healing nursing interventions have been identified:

1. *connecting*, fosters harmony with the environmental field and within the human field
2. *coursing*, clears meridians to re-establish free movement of energy
3. *conveying*, fosters redirection of energy away from areas of excess to depleted areas
4. *converting*, amplifies resonance to augment resources
5. *conserving*, decreases disorder or flux to reduce areas of energy depletion

5. *clearing*, transforms matter to release energy tied to old patterns

It is possible that the PEPS could be used to measure the coursing and converting domains. Coursing appears to be consistent with the experience of ease of participation component on the PEPS, while converting appears to be consistent with the experience of expansiveness of participation component on the PEPS. Instrument development work is needed to expand the PEPS to enable measurement of all six domains of participation.

A number of interventions are consistent with this theory. Selected non-invasive interventions for each domain of participation are listed in Table 1.

Energy healing occurs in the human essence field. When field patterns are disrupted by blockage, deficiency, or excess, illness manifests itself. “All diseases are caused by a break in the flow or a disturbance in the human energy field” (Hunt, 1996, p. 77), manifesting in the field long before becoming obvious in the body (Starn, 1998). The American Nursing Diagnosis Association (NANDA), classified “energy field disturbance” as a legitimate nursing diagnosis. However, by defining it as “a disruption of the flow of energy *surrounding* a person’s being which results in disharmony of the body, mind, and/or spirit” (emphasis added) they still have not understood Rogers (1980) admonition that people do not *have* energy fields, they *are* energy fields (emphasis in the original).

Table 1. Selected Non-Invasive Therapies for each Domain of Participation

Clearing

Music/color therapy
Acupressure
 Postural movement
 Aromatherapy

Conveying

Acupressure
 Reflexology

Conserving

Relaxation/Meditation
Biofeedback
 Sleep and rest
 Breathing
 Herbal therapy

Coursing

Massage
Yoga
 Polarity therapy
 Exercise

Converting

Nutrition
 Herbal therapy
 Music/color therapy
 Exercise
 Purpose and meaning

Connecting

Guided Imagery
Reiki
 Therapeutic Touch
 Aromatherapy
 Music/color therapy

Healing is based on a view of human-environment process as mutual and open. Actual physical touch and “exchange” of energy are not needed for energetic healing because of the integrality of the human-environment essence fields of the client and the practitioner. The field process may be experienced as a cool breeze, a tingling or prickling feeling, a pulsation, a vibration, heat, or other changes in temperature, an expanding force, electricity (sensation of light static), or pressure or magnetism. It is often not necessary for the healer to “do” anything. The client heals him or herself through resonance with appropriate energy frequencies. In other words, the client’s field incorporates energy frequencies that enhance self-healing with the healer acting as a facilitator or booster to accelerate the client’s healing process (Sharp, 1997).

The author theorizes that intentional focus by the healer can foster harmonious entrainment of energy field vibration. –The actual mechanism for energy healing could be a bioelectronic wave that moves between healer and client, initiated by intention or expectation in the nurse healer (Leddy, 2003). “The healer with a strong field, focused through intent, will provide a coherent powerful energy field” (Hunt, 1996, p. 269). Or, the healer may focus human/environment field energy by placing his or her hands very near, not necessarily touching, the physical body of the person being treated. “What we do is assist individuals to transform or change their unique energy form and in so doing, purposively actualize inherent potentials” (Todaro-Franceschi, 1999, p. 2). By providing a range of appropriate energy frequencies, and “entraining the oscillations back to

coherence" (Oschman, 2000, p. 135) field balance and harmony often can be restored. Universal essence field harmony is associated with healthiness and healing.

Summary

The nursing practice theory is based on a perspective of the human being as a unitary field of matter, energy, and information, transformable aspects of universal essence. The nurse, integral with the client's environmental field, intervenes through domains of mutual process and patterning with the client. Through focused intention, resonance and entrainment of wave frequencies is enhanced, promoting field harmony and healing.

Note 1. Rogers defined human being and environment as *energy fields*. However, given the interchangeability of matter, information, and energy, the unitary perspective of energy refers to *essence fields*.

References

- Becker, W. M. (1977). *Energy and the living cell*. Philadelphia: Lippincott.
- Bohm, D. (1990). A new theory of the relationship of mind and matter. *Philosophical Psychology*, 3, 271-286.
- Capra, F. (1991). *The tao of physics*. Boston: Shambhala.
- Dardik, I. I. (1995). The law of waves and the invalidation of the scientific method. *Cycles*, 45, 49-60.
- Davidson, A. W. (1988). *Choice patterns: A theory of the human-environment relationship*. Dissertation, University of Colorado, PhD.
- Dossey, L. (2000). Creativity: On intelligence, insight, and the cosmic soup. *Alternative Therapies in Health & Medicine*, 6, 12-17, 108-117.
- Gerber, R. (1988). *Vibrational medicine*. Santa Fe NM: Bear & Co.
- Hunt, V. V. (1996). *Infinite mind: Science of the human vibrations of consciousness*. Malibu CA: Malibu Publishing.
- Jeans, J. (1968). *Science and music*. New York: Dover Publications.
- Kunz, D., & Peper, E. (1982, December). Fields and their clinical implications. *American Theosophist*, 70, 395-401.
- Leddy, S. K. (1995). Measuring mutual process: Development and psychometric testing of the Person-Environment Participation Scale. *Visions: The Journal of Rogerian Nursing Science*, 3, 20-31.
- Leddy, S. K. (2003). *Integrative Health Promotion: Conceptual bases for nursing practice*. Thorofare NJ: SLACK Incorporated.
- Maloney, D. P. (1990). Forces as interactions. *The Physics Teacher*, 28, 386-390.
- Oschman, J. L. (2000). *Energy medicine: The scientific basis*. Edinburgh: Churchill Livingstone.
- Rogers, M. E. (1970). An introduction to the theoretical basis of nursing. Philadelphia: F. A. Davis.
- Rogers, M. E. (1980). Nursing: A science of unitary man. In J. P. Riehl & C. Roy (Eds.). *Conceptual models for nursing practice* (2nd ed, pp. 329-331). New York: Appleton-Century-Crofts.
- Rogers, M. E. (1986). Science of unitary human beings. In V. M. Malinski (Ed.). *Explorations on Martha Rogers' science of unitary human beings*, pp. 3-8. Norwalk CT: Appleton-Century-Crofts.
- Rogers, M. E. (1992). Nursing science and the space age. *Nursing Science Quarterly*, 5, 27-34.
- Russek, L. G., & Schwartz, G. E. (1996). Energy cardiology: A dynamical energy systems approach for integrating conventional and alternative medicine. *Advances: The Journal of Mind-Body Health*, 12, 4-24.
- Sarter, B. (2002). *Evolutionary healing*. Boston: Jones and Bartlett.
- Schwartz, G. E., & Russek, L. G. (1997a). Dynamical energy systems and modern physics: Fostering the science and spirit of complementary and alternative medicine. *Alternative Therapies*, 3, 46-56.

- Schwartz, G. E., & Russek, L. G. (1997b). Information and energy in healthy systems: The soul and spirit of integrative medicine. *Advances*, 13, 25-29.
- Sharp, M. B. (1997). Polarity, reflexology, and touch for health. In C. M. Davis (Ed.), *Complementary therapies in rehabilitation*, pp. 235-255. Thorofare NJ: SLACK Incorporated.
- Slater, V. E. (1995). Toward an understanding of energetic healing, Part 2: Energetic processes. *Journal of Holistic Nursing*, 13, 225-238.
- Slater, V. E. (1997). Energetic healing. In B. M. Dossey, *Core curriculum for holistic nursing*, pp. 52-58. Gaithersburg, MD: Aspen.
- Starn, J. R. (1998). The path to becoming an energy healer. *Nurse Practitioner Forum*, 9 209-216.
- Todaro-Franceschi, V. (1999, p. 2). *The enigma of energy: Where science and religion converge*. New York: Crossroad Publishing.
- Woodhouse, M. (1996). *Paradigm wars: Worldviews for a new age*. Berkeley CA: Frog, Ltd.

HEALING THROUGH SPIRIT: THE EXPERIENCE OF THE ETERNAL IN THE EVERYDAY

Joyce B. Perkins RN; MA, MS, CHTP, R.M., M.T.(A.S.C.P)

PhD. Candidate

University of Colorado Health & Science Center SON,

Denver, Colorado.

and

Psychiatric Nurse

Mayo Clinic Foundation, Rochester, M.N.

ABSTRACT

The purpose of this paper is to introduce a perception of healing compatible with expanded views of science and philosophy and yet experienced in the everyday lives of individuals. In this perspective, expanded experience is rooted in actualization of union or “wholeness” at the spiritual level. Rogerian Science provides the foundation in Nursing for this expanded experience with the concepts of energy, pattern and unified field. Quantum physics gives us a descriptive language. Nurse theorists, Watson, Parse, and Newman contribute worldviews that are synthesized and ultimately transformed. A metaphysical cosmology supports a “unitary caring science”, here called *JOY-C-E*, reflecting the personal yet cosmic nature of knowing. *JOY* in the experience of expanding *C*-onsciousness and coherent high frequency *E*-nergy is the natural expression of a direct perception of Spirit/Source/Creator/Divine love. Such experience, on a perceptual heart felt level, is healing for both nurse and client in the present moment, and inspires ways of being and acting in the world. Love and compassion are the essence of this worldview and are enfolded with direct perception in the human being.

Key words: healing spirit, paradigm, compassion, intuition, consciousness

This paper was developed from a phenomenological standpoint; that is of the author being in the lived world as a nurse healer and scholar, able to describe direct and intuitive experience of spiritual phenomenon with self reflective insight. Expanded experience rooted in actualization of union or “wholeness” at the spiritual level is acknowledged as possible in the everyday world, and likely in the practice of Nursing. Healing relates to this experience of Spirit and is explored through a dialogue with

science, philosophy, and theories of Nursing practice.

Dialogue with Science

A philosophy of the science of Spirit was suggested by Steiner in the 1920's, and will be used by this author to address the first question facing us: How does one explicate the resolution of paradox created from differing worldviews? Steiner suggested these views are unified through what he called “essential thought.” Essential thought, compatible with phenomenological perspectives, by definition allows for

both feeling and will along with cognition. It is that thought which consists of the unique property of being able to notice itself (Steiner, 1995).

Three Nursing Worldviews

Three worldviews in nursing theory are presented that inform our view of healing. Definitions of healing shift as thought moves through the three paradigms articulated in Newman, Sime, & Corcoran-Perry's (1991) *Focus of the Discipline of Nursing*. The particulate/determinate paradigm (P/D) focuses on "curing" symptoms. The integrative/interactive paradigm (I/I) focus includes meaning, environment, emotions, social orders, etc. as contexts and relationships. The unitary/transformational paradigm (U/T) represents a shift toward "the spiritual," which is all encompassing and transforms conditions. The experience is one of "wholeness," no longer needing healing in the P/D sense. The ideas of Rogers (1970, 1990), Watson (1999), Parse (1981) and Newman (1994) along with other sources provide the lens through which information is synthesized and ultimately transformed. In the U/T paradigm, knowledge building includes personal intuition and direct perception. This paper will encompass the particulate/determinate and integrative/interactive paradigms, but transform the meaning of relationship to an embodied experience in the unitary/transformational paradigm. To date, the focus in the literature has been on differentiating between these three paradigms (Newman et al., 1991). This author proposes that

an expanded consciousness is able to unify paradigms through direct experience of the "whole" while appreciating difference. Intuition and direct perception, according to Steiner are the result of "essential thinking" and are the avenues of knowledge gathering. Explication centers on the scope and nature of intuition.

To identify a motive for action that can be freely chosen by a particular individual in a specific situation requires a particular kind of cognition, the ability to intuit. Intuition knows without arguments, demonstrations, or discursive means...the intuitive is not the instinctual or dimly felt, but that which is directly knowable, without mediation...the conscious experience, within what is purely spiritual, of a purely spiritual content...the essence of thinking can be grasped only through intuition...because it knows itself intuitively... without the intervention of anything other than itself---thinking, like all other intuitions, qualifies as an essential spiritual experience...(This is) something qualitatively different from a mere addition to our store of informative ideas, something essentially spiritual (Steiner, 1995, p. xix-xx).

Experience of the Whole

The consciousness of an expert nurse, from this perspective, evolves and matures to comprehend expanded realms as well as those

concretely physical. Expanded realms include the realms of spirit and soul knowledge. The shift from differentiating particulars to experiencing the “whole,” may be likened to a shift from gathering knowledge via instinct and intelligence in the physical and emotional/relational realms, to the use of intuition/direct perception in expanded realms. Pattern recognition and inspiration then lead to the creation of something new. The genius of those on the inspirational/mystical path, follow such knowing. In the particulate/determinate and integrative/interactive realms, the intellect attends to detail and reductionism. Understanding may bring relationships, context, meaning and flow patterns together in ways that allow for a shift or expansion of possibility in the unitary/transformational paradigm. However, abstract knowledge then needs to be grounded and brought forth into the world via attention to detail. A cycle or continuous process that may be seen as unitary is actually closer to reality. This author suggests that all paths are necessary to contain creative thought and its explication. These paradigms are not at odds with each other but actually sustain and ground expanded knowledge while supporting growth and development. The paradigms, as intellectual tools, assist the knower in reaching full potential. The language of paradigms is a choice made by an individual to consciously focus in a foreground or background manner whichever serves the purpose of the moment.

Intuited Intention

Consciousness is fluid, flexible and has the option to follow or not the intention and attention of the soul (Steiner, 1995). Individuals use language as a metaphor for experience and are able to shift focus through the paradigms as needed. What seems to be foundational to the process of choice is thinking itself, flowing forth on a wave of love to sustain creation. Steiner said,

Thinking is beyond subject and object. It forms both of these concepts, just as it does all others...conduct worthy to be called ‘free’ has to be motivated by a particular person’s own intuitions as to what she or he should do in any particular case...At this level of insight and morality, what motivates is not duty but something like love, a warmly interested yet unselfish desire that cannot be coerced but can arise in us as an intuited intention” (p.xxi).

Each of the three paradigms (Newman, Sime, & Corcoran-Perry’s, 1991) describes a manner of thinking appropriate to the knowledge of interest. Thinking moves from “brain” (rational) to “heart” (alive with spirit) as one learns to think/feel. Steiner, in *Philosophy of Spiritual Activity* (1986), builds a case for spirituality as the essence of “heart thinking” and the heart of healing. He said, “The way to the heart is through the head...the thought is father to the feeling...the more idealistic the mental pictures are, the more blissful the love (p.14).” Love is the core of spirituality in this sense

and thinking at the intuitive level may be thought of as a spiritual path. "Essential thought" may be defined as the experience of intuition and direct perception of the eternal, unfolding as the ultimate healing experience. This author acknowledges that direct perception of the "divine spirit" is possible for everyone and is able to unfold from the depths of consciousness.

Spirituality and Healing

Steiner developed his philosophy for a science of spirituality along with healing methods based on that science, following logical thought processes as rigorously as natural science applies its principles to viewing the physical world (Steiner, 2000). Nightingale's thoughts constitute a similar precedent for her approach to nursing practice.

For Nightingale, there was not a conflict between science and spirituality; she said that science is actually necessary for the development of a mature concept of God. In earlier ages, people believed in many gods, all of whom exhibited human frailties such as anger, jealousy, and indecision. The development of science allowed for the concept of one perfect God who regulates the universe through law as opposed to caprice. Indeed, Nightingale referred to the laws or organizing principles of the universe as the 'Thoughts of God'...Human beings are to discover laws inherent in the universe and apply them to achieve well-being. Humanity is thus to play an active role in

the divine order as a cocreator with God (Macrae, 1995, p.9).

Macrae also stated,

For Nightingale, spirituality is a much broader, more unitive concept than that of religion. Spirituality involves the sense of a "presence higher than human," the divine intelligence that creates, sustains, and organizes the universe, and an awareness of our inner connection with this higher reality. Through this inner connection comes creative energy and insight, a sense of purpose and direction, an understanding of such events as illnesses, and the knowledge we can gain from them. For Nightingale, spirituality is intrinsic to human nature and is our deepest and most potent resource for healing (1995, p.8).

Such avenues of thought open up new possibilities of healing through spiritual means. Steiner too, reflected this attitude when he stated, "The possibility of illness is due to the possibility of becoming human beings who think, feel, and will...Specific aspects of these phenomena transform us into spiritual, thinking beings. The possibility of illness make us spiritual beings...If we could not become ill, we would remain fools for our entire lifetime (Steiner, 2000, p.145)...illness is the shadow side of spiritual development...in order to understand shadows correctly, we must also look to the light, to the nature of spiritual processes

(p.146).” Steiner believed, from his western perspective, that thinking was essentially a spiritual activity, especially as it evolved toward “essential thinking.” He called intuitive thinking a starting point for a path of spiritual development (Steiner, 1995).

The Eastern perspective of “mindfulness,” the ability to be authentically present in the moment and observe one’s own thought processes, may be seen to reflect a similar understanding. Those Eastern practices which eventually come to rest in “No-thing,” might be considered to equate to the “Void” of pure potential in western thought. Such practices lead one to ask the question, what are the best conditions for the development of spirituality? How as nurses can we help our patients clarify:

- (a) the most valuable qualities they can bring forth from within
- (b) the circumstances that are most helpful for unfolding of these qualities; and
- (c) paths of bringing about these circumstances or best conditions into their lifestyles (Macrae, 1995, p.10)?

Prayer comes to mind. Nightingale did not believe in the efficacy of petitionary prayer, but did suggest that contemplation was consistent with her philosophy (Macrae, 1995). Macrae spoke of a form of “contemplative prayer, in which one becomes open or attuned to the inner presence of God” (p.10). She suggested, “Nursing is transformed into a spiritual

discipline” (p.10) with the proper attitude.

Finding work for which one is suited and performing it in simplicity and singleness of heart was for Nightingale the highest form of prayer. Work your true work, she wrote, and you will find God within you (Macrae, 1995, p.10).

Development of Virtue

Steiner (1999) stated that the development of three virtues in particular speeded spiritual development: self-confidence linked with humility; self-control with gentleness; and presence of mind with steadfastness. A further series of virtues were summarized as: the habit of seeing and seeking in each thing its essence; control of thoughts; control over one’s actions (explicated as initiative); equanimity; understanding every being; complete openness; alert to the possibility of learning something new (faith); inner harmony; feeling for freedom (seeking within self the center of one’s being); and rhythmization in life (carrying rhythm into life) (Steiner, 1999). Eastern philosophy, notably the Buddhist perspective reflects similar dynamics (Hanh, 1996). These dynamics are brought into focus by an expanded definition of healing.

Healing

Healing, in this paper, includes the conscious knowledge of the presence of the “sacred” in the ordinary, the everyday as experienced by a feeling heart. Every individual having the potential to evoke that which is sacred within themselves, and thereby, able to experience the source of all creation

and release dis-ease patterns. Illness is a wake up call, and healing... a re-membering of Self, as one becomes conscious of the divine within. At this level of practice religious affiliation melts away in the sense of the deeper experience of spirituality itself. Spirituality is not related to any particular creed or dogma but rather is evident in most all religious traditions in some form. New definitions of spirituality and healing are in order.

Love

In essence, we are talking about a healing that happens from the inside out versus a curing from the outside in (Perkins, 2003). The core of the matter relates to the heart, ultimately the "sacred heart," and the experience of "divine love." Some might say the assumption of this perspective is that love is primary, existed before the universe, and before structure. Here we speak of One Love, One Body of Potential, One Spirit and, as such, is essentially indefinable as one cannot step out of it. However, one can talk about qualities of this divine love, and it can be experienced for oneself. Since this "divine love" can be directly experienced, it may be removed from one's list of assumptions as soon as one has learned to access this level of conscious participation/relationship with one's world. Green (2001) is one such individual. She stated that, love:

...is not something that one does or doesn't do, gives or doesn't give, receives or doesn't receive...In other words, it is not a commodity, not a derivative

substance...Love is not something that is subject to the laws of abundance or scarcity...Love is WHO one is...love is ultimately unconditional, because it is not subject to any of the conditions of existence...Love opposes nothing, but conquers all...Love is in the world but not of it...Fear and hatred, and the evils that come from them, are all derivative. Love unites particles and formulates relationships (p.62).

Her definition of love reflects the language of quantum physics as intention sets the pattern of choice between the demonstration of wave or particle. She said,

If you would think upon love's function scientifically, think upon it as reversal transference---a point of function where two complementary forces in the presence of a third stabilizing factor, exchange modes and one becomes the other...At the point of love, and by its power, one is always becoming the other. This is an ongoing function among all primary particles and energy...and among all beings engaged in love...it is love that causes changes in our DNA, not the other way around...It could be a vicious trap to consider that by scientifically engineering a DNA change, humankind would be elevated to a higher plane. Love is the engineer,

which causes DNA to change (p.343-4).

Spirit and Love

Green's definitions of Spirit and Soul are equally tantalizing. She wrote of Spirit,

Spirit is the continuous and unbroken matrix of all existence (p.289)...It is inseparable and indivisible. It is in and around all things....Spirit resonates to love and love commands...spirit responds and honors each one's love as a unique imprint, and that love, in turn commands...particles....It is love which defines your individuality, not spirit. Spirit is the indivisible element, and...particles are the building blocks for complex existence....Only love has the capacity for singularity and individuality (p.64-5).

This perspective suggests that the "Divine love" or Spirit of the Creator becomes dynamic in the form of intelligent energy noted as wave function in our physical world. Science is revealing an inherent orderliness in the universe, of creative processes, and of a dynamic continuous change that still maintains order. Existence is seen essentially as a flow of continuous potential which unfolds into discrete physical manifestation under certain conditions. Flow of potential is the force that finally determines whether we are healthy or ill; the power that must be tapped in order to heal.

Unified Field

This author suggests that Spirit be thought of as a "unified field"

when speaking in terms of Rogerian Science. Green's definition of soul blends the individual aspect of love with the all encompassing Source as does Rogerian Science when one refers to a unified field. Green stated,

The soul is the totality of your love, awareness, experience, ability, memory, emotions, and potential which comprise your immortality....At the center of your soul is something that might be called your Sacred Heart.... It is like a seed planted within. It is the point at which you are one with the Creator. The point within each person where the inner and the outer are one. This is your personal point of truth. This is where one's love resides and awareness of infinity begins....It can ascertain the origin of conditions and change them....The heart is your higher intelligence and includes a thought/felt experience of unity, love, life, respect, honesty, justice, and kindness....These qualities are imbued from within, not externally applied through rules/law....They bring understanding and focus to living....Together they generate compassion (Green, 2001, p. 49).

This reflects Florence Nightingale's idea that, "spirituality is intrinsic to human nature and is our deepest and most potent resource for healing" (Macrae, 1995, p.8).

Human beings are the embodiment of an intelligent energy/spirit/love. The levels of intelligence potentially available to humanity as noted by Green (2001, p.166-7) include the following capabilities. All four are present in the lives of each person, although a person focuses on the one that assists him/her the most:

1. *Genetic intelligence* is equipped to sustain physical life and to interact emotionally with the environment.

2. *Mental intelligence* is a vast memory bank which assimilates information and integrates experience into logical patterns for practical application. Its greatest product is rationality, its greatest limitation is a dependency upon structural concepts. The mind is like a recorder and administrator. It has no power of its own. It can't alter basic conditions. The mind is a useful and important asset to one's existence, but it was never built to be the commander or the one who sets intention. Nor is it equipped to give meaning to life, or establish a connection with Divinity. Only the heart's simplicity can comprehend infinity and connect heaven and earth in a meaningful way allowing for compassion.

3. *Synchronistic intelligence* reveals a sense of order in the universe where life seems to flow effortlessly and one is in the right place at the right time. It is a calling forth

through love, where love acts something like a magnet and attracts conditions to you.

Life becomes full of joyful surprises. One may notice the need to be careful with one's thoughts, because they manifest. A sense of trust develops, that feels like one is held in the warm embrace of the Creator and is somehow taken care of. This is a quality that one can literally feel in the body, and one begins to live life according to intuitive nudges. Paying attention to the inner voice has literally saved the life of this author twice, as breast cancer was intuitively perceived in its early stages. This is a very practical, down to earth skill and is available to everyone. The fourth level of intelligence available to humans involves hyper synchronicity.

4. *Hypersynchronistic intelligence* is a dwelling in the bliss state itself. One is in the presence of divine love and outside of time and space. Incredible love pours through one's body. This quality may dwell within for varying amount of actual time. Most often it is fleeting, say 5-10 minutes, but it is possible to dwell in such a space for prolonged periods.

This author actually experienced this state for approximately two months while having to function with the needs of raising four young children. Every moment was a blessing, and one marvels at the possibility of living life this way. An innocent perception is what one comes to in this light. This is what one would call living a

“unitary life.” One is not separated from the love that one is. It is not something one earns, but something that is already present. One just has to turn toward the love in one’s heart space and call it forth, allowing it to expand to whatever bliss levels one can tolerate. One calls forth such experience by the intention to love. As one starts to look in love’s direction, it finds you.

Green stated that,

The ultimate condition for truth is the point where the inner and the outer are one.... At the point of perfect stasis/(repose) between the implicit and the explicit, there is a point of hyper synchronicity, where matter, energy, space, and time move into a ‘no-resistance’ mode of infinite potential. This is not the collapsing of matter. This is the synchronizing of it to a ‘zero point’ of perfect stasis.... ‘Zero point’ is not about ‘nothingness.’ It is a designation of infinity. Hypersynchronicity) (intelligence is the ultimate source of patterns, rhythms, ratios, and harmonies which you regard as ideal...Ideals are implicit to the universe, not applied upon it as an external prototype generated by the mind....Mind is derivative, not causative....It is the function of hypersynchronicity to compress any and every part of existence to a singular state of infinite potential....Perfect stasis (repose) is perfect equilibrium:

the Holy Now, from which everything takes shape (Green, 2001, p.287-9).

It is as if the frequencies of all one’s thoughts, emotions and doings are so harmonious and coherent that they embed within the Love vibration without resistance and the speed of that dynamic process becomes exponential. It may feel like travel through a tunnel, or vortex of energy. The feel of divine love accompanies a shift in consciousness outside of time and space and, in perfect peace and stillness, like the eye at the center of the storm, one is cradled.

Green also expressed creatively the dynamic interaction of all of life. She said, interchange is brought into existence by various aspects of the whole recognizing and responding to each other---life itself. In this state, the possibilities for interaction can range from simple harmony, with all parts in mutual support, to the development of incongruities and disharmonies from which densities can accumulate. As that happens, more time and space become necessary to maintain harmony. This generates cause and effect, for that is the universal means of interacting and rebalancing across distances of time and space (Green, 2001, p.258-9).

Three modes of interaction exist concurrently in the universe and are summarized as:

1. *Zero point:*
hypersynchronicity
2. *Mutuality:* harmony
3. *Incongruities/disharmony:*
Create density, generates

cause and effect which is the universal means of interacting and rebalancing across time and space (Green, 2001, p.259).

mind will perform dualistically unless supervised by the heart. When the mind dominates, polarity is the order of the day (p.53).

In perfect stasis (repose), there is perfect synchronicity. At the extremes of separation, the law of cause and effect prevails. Between the two extremes, mutuality is the tendency of existence. Human beings participate and are integrally involved as every thought carries its own intention and interaction with the environment. Green's definition of mind is enlightening when the ideas of quantum physics also enter the picture.

According to Green (2001), the mind is essentially composed of:

1. An integrating and transmitting instrument which is basically a complex DNA computer. It centers in your brain and nervous system but actually involves every cell of your body.
2. An electromagnetic field permeating and immediately surrounding your body. This is the primary gathering, storage, and retrieval system for all your sentient experience and thought integrations. All data in the mind at the cellular level is encoded mathematically and is triggered by a (+) or (-) access or no entry impulse. This is why the

Here we see both the particulate and wave nature of reality that quantum physics suggests. Quantum mechanics is now universally acknowledged as the theory of the physical universe (Blood, 2001). Quantum mechanics deals with the wave function rather than particles and the paths they take. The laws of quantum mechanics tell us that under certain conditions, the wave function will divide into two or more widely separated parts or branches, each with its own consequences. Each of these branches represents a potential future/version of reality (indeterminate). We perceive only one branch. According to Dr. Casey Blood, a Professor Emeritus of Physics from Rutgers University, this many possible-futures concept is important as it is the mathematical basis of our ability to choose our actions and thoughts, and it is the pointer to a nonphysical component of existence (Blood, 2001). He calls this the mind interpretation of quantum mechanics, and states, all branches of the wave function continue forever. We might use the term spirit, consciousness or intelligence to represent this nonphysical aspect he calls mind. His mind interpretation is the bridge between physics and mysticism (p.91).

Awareness of only one branch is due to the process

of perception (p.70)... Mind perceives only the wave function of an individual's own brain (p.89-93)... Ordinary thoughts and emotions are in the physical realm because they correspond to firing patterns of neurons... But the choice of thoughts and physical actions, the experience of deeper emotions, and intuition are in the realm of the non-physical (p.138)... Each individual mind makes its own autonomous choice of which branch of the individual brain wave function to perceive.... Each mind has free, autonomous choice of which potential action or thought to focus on and bring into ordinary consciousness as the effective objective reality (p.91)... Thus, the isolation between beings lessens as our perspective approaches that of Pure Intelligence/God/Creator (p.105-6).

Blood (2001) relates that a person may begin to distinguish thoughts that don't have the same feel as associatively generated thoughts. Mystics seek to become aware of non-conscious biases that arise from the mechanistic operation of their brains (i.e. attractor patterns in the language of physics) and learn to allow for them, how to override them if necessary, and how to get rid of them permanently when appropriate. They have practices that can change the mind's habits.

Research at the Institute of Heartmath demonstrates this choice as well. Key findings include: "The

experience of sincere positive feeling states may be accompanied by distinct modes of heart function which drive physiological systems into increased coherence. Such shifts are attainable not only under controlled laboratory conditions, but during real-life stressful situations" (Tiller, McCraty, Atkinson. 1996, p.52). MacCraty, Atkinson, Tomasino, and Tiller (1997) have also documented that, "When people touch or are in close proximity, one person's heartbeat signal is registered in the other person's brainwaves" (p.16). Masaru Emoto, a Japanese researcher, in *Messages from Water*, (2002), has pictures of the healing effects of prayer on the physical structure of water that was previously polluted. Copra, in his audio CD entitled, the *New Physics of Healing* (2002), describes what he calls "precognitive assumptions," whereby we have trained ourselves not to perceive some realities. Examples include fish that do not attempt to swim into a portion of their tank that had been previously, but no longer, separated by a glass partition. Here, this author suggests that "duality" itself, is a "precognitive assumption," a habit of perception. One is not separate if one chooses not to be. One can choose unitary experience. And that choice requires one to come from the heart space, before language separates experience into dual nature (Shlain, 1998).

The creative force of the universe moves from infinite potential, nested in the frequencies of love, into the manifest world via patterns, and ratios of frequency creating physical form. Consciousness is the carrier

of information that through self-reflective thought of an “essential” nature eventually awakens to the Source. Healing is this awakening to Source, an experience of Oneness. Direct experience of Source has been called expanding consciousness, superconsciousness, or hypersynchronicity as frequencies increase to superluminal speeds beyond space and time back to the ‘pure intelligence’ of the Void, Zero point or Still point. The path of the mystic calls this experience enlightenment. Nursing theorists have highlighted certain aspects of that journey:

Rogers: A unitary energy field as the basic unit of all creation with pattern/relationship as its distinguishing characteristic (Rogers, 1970). This opens the door to understanding wave dynamics and the matrix of spirit.

Newman: Health as expanding consciousness (Newman, 1994) reveals the possibility for choice as consciousness perceives through awareness and integrates information.

Watson: Care and compassion reveals the path of love, ultimately experienced as sacred, divine and highly intelligent (Watson, 1999).

Parse: “Human becoming” (Parse, 1981) gives a perspective on 3-D shifts as a soul unfolds as an aspect of the pan-dimensional “All.”

These theorists each reveal a quality or lens of a larger perspective. We approach a metaphysical cosmology as these theories meld and shed their boundaries. The direct experience of expanded reality is joyful as one learns to experience love and even bliss states consistently. *JOY-C-E*, the name given to this perspective notes the very personal and intimate nature of this knowing. *JOY* is the natural expression of one’s nature as the *C*-onsciousness and *E*-nergy of Spirit prevails in one’s life, thereby revealing how extraordinary each one of us really is.

Divine love moves as One Spirit (unitary field), noticed by the perceptive awareness/intuition of self in reflection, contemplation, meditation or prayer. The recognitions of consciousness unfold energy as wave function/particulate matter according to personal patterns via choice. This is a lifestyle that can be taught, learned, unfolded, re-membered or recognized and experienced. Nursing as a profession, especially at the level of energy healing practices, is the training ground of the mystic so to speak. Lastly, a definition of healing via spirit is presented.

JOY ----- *C*-onsciousness ----- *E*-nergy
 (Dynamic love) (Perceptive awareness/intention) (Movement of Spirit)

J-ust

O-rdinary
Y-ou
C-onsciousness
E-nergy

Healing is the journey/process of returning to a direct perception of the creative power, explicated as "love," which created the universe. Such an experience may be described as sacred and spiritual in nature and is an experience recognized in the lives of ordinary individuals. Such experience may be encouraged and learned through the practice of certain attitudes (essential thought) and actions. The practice of the profession of nursing is training in such thought and action. Love and compassion is the path of expanding awareness and higher intelligence.

As Roger's (1970) noted, people are indivisible from their environment. The consciousness of human beings, heartfelt thought, has incredible power, to heal ourselves and the world. We have the opportunity to shape the world and ourselves as we would wish to be. Love is all there is, both before and after dualistic notions and polarity experiences. Love is a power that unfolds for you according to your intentions and the programmed imprints in your field (i.e. attractor patterns). Energetic imprints can be changed once you are conscious at the level of heart and unitary functioning. The practices of the mystic take you there and the language of quantum physics supports the journey (Perkins, 2003). And so, the mystic and the scientist embrace, as the true character of Nursing is revealed.

References

- Blood, C. (2001). *Science, sense and soul*. Los Angeles: Renaissance Books.
- Chopra, D. (2002). *The new physics of healing: A groundbreaking look at your body's natural life*. Changing Powers: Sounds True.
- Emoto, Masaru, (2001). *The message from water* (Vol.2). Tokyo, Japan: Hado Kyoikusha Publishing.
- Green, G. (2001). *Love without end-Jesus speaks*. Sedona: Spiritus Publishing.
- Hanh, T. N. (1996). *Being peace*. Berkeley, CA.: Parallax Press.
- Macrae, J. (1995). Nightingale's spiritual philosophy and its significance for modern Nursing. *Image: Journal of Nursing Scholarship*, 27(1), 8-10.
- McCarty, R., Atkinson, M., Tomasino, D., & Tiller, W. (1997). *The electricity of touch: Detection and measurement of cardiac energy exchange between people*. Paper presented at the Fifth Appalachian Conference on Neurobehavioral Dynamics: Brain and Values, Mahwah, NJ. In *Research Overview* (p.16), CA: Heartmath Research Center.
- Newman, M. A. (1994). *Health as expanding consciousness* (2nd Ed.) Sudbury, MD: National League of Nursing.

- Newman, M. A., Sime, M. A., & Corcoran-Perry, S. A. (1991). The focus of the discipline of nursing. *Advances in Nursing Science*, 14(1), 1-6.
- Parse, R. (1981). *Man-living-health: A theory of nursing*. N.Y.: Wiley.
- Perkins, J. (2003). *Dialogue between self and science: Science and spirit*. Unpublished manuscript, Rochester, MN.
- Rogers, M. (1990). Nursing: Science of unitary, irreducible, human beings: Update 1990. In E. A. M. Barrett (Ed.), *Visions of Rogers' science-based nursing* (pp. 5-11). New York: National League for Nursing.
- Rogers, M. E. (1970). *An introduction to the theoretical basis of nursing*. Philadelphia: Davis.
- Shlain, L. (1998). *The alphabet versus the goddess: The conflict between word and image*. N.Y.: Penguin/Compass.
- Steiner, R. (1986). *The philosophy of spiritual activity*. U.S.A.: Anthroposophic Press.
- Steiner, R. (1995). *Intuitive thinking as spiritual path*. Gt. Barrington, MA.: Anthroposophic Press.
- Steiner, R. (1999). *First steps in inner development*. N.Y.: Anthroposophic Press.
- Steiner, R. (2000). *The healing process: Spirit, nature, and our bodies*. N.Y.: Anthroposophic Press.
- Tiller, W. (1996). Cardiac coherence: A new noninvasive measure of autonomic nervous system order. *Alternative Therapies in Health and Medicine*. 2(1), 52-65.
- Watson, J. (1999). *Postmodern nursing and beyond*. New York: Churchill Livingstone.

SPIRITUALITY AS INTEGRALITY AMONG CHRONIC HEART FAILURE PATIENTS: A PILOT STUDY

Sonya R. Hardin RN; PhD CCRN APRN

Assistant Professor, School of Nursing

University of NC at Charlotte

Leslie Hussey, RN; PhD

Director, Academic Education

Norman R Wolford School of Nurse Anesthesia

Naples, Florida

Linda Steele, RN; PhD APRN

Assistant Professor, School of Nursing

University of NC at Charlotte

Abstract: Spirituality can be understood in Rogers' Science of Unitary Human Beings as a pattern manifestation of integrality. One aspect of quality of life is spirituality. Assessment of spirituality may suggest strategies to maintain or improve quality of life. Therefore this study explores a view of spirituality as integrality within Rogers' Science of Unitary Human Beings. The purpose of this pilot study was to examine 1) the relationship between integrality (spirituality) and the stages of heart failure and 2) to compare the integrality (spirituality scores) between men and women experiencing Chronic Heart Failure (CHF).

Key Words: Spirituality, heart failure, Integrality.

Acknowledgement: This study was funded by the Caddell Faculty Scholarship Award; an internal faculty grant at the University of NC at Charlotte.

Introduction and Background

Spirituality is "the essence of our being, which permeates our living and infuses our unfolding awareness of who and what we are, our purpose in being, and our inner resources; and shapes our life journey" (Dossey, et al., 2000). Spirituality involves the search for meaning and purpose in life in relation to self, others, the environment and a higher being (Burkhardt & Nagai-Jacobson, 1994). Defining one's spirituality is complex due to the fluid, flowing nature of spiritual development.

The dimensions of spirituality have been conceptualized as connectedness with the Absolute,

nature, others, and self (Dossey, et al, 2000). Connecting with the Absolute is a relationship with a Being greater than one's self, yet a part of the self. Connecting with nature is an understanding of the interconnectedness of the earth and living creatures. Connection with others is the spirituality of the self through interpersonal relationships, both rewarding and difficult. Spiritual connection with the self is awareness of who and what we are now and what we are becoming. The spirit or the essence of one's being is the core or center of life; it is that which permeates all of living, giving

meaning to life's journey and existence.

An Overview of Spirituality as a Unitary Construct

Spirituality, a quality that goes beyond religious affiliation, is the effort exerted by individuals as their inspiration, reverence, awe, meaning and purpose, regardless of their belief or lack of belief in a supreme deity. The spiritual dimension includes concepts of unifying force, connectedness, search for meaning and purpose, and relationships with self, others, higher power and nature (Walton, 1999). The psychiatrist Victor Frankl (1984) called this a search for existential meaning. This crisis of meaning has been defined throughout the nursing and medical literature as a spiritual crisis (Doyle, 1992; Ellerhorst-Ryan, 1985; Elsdon, 1995). Both Frankl (1984) and the philosopher Martin Heidegger (1962) suggest that for as long as we live we anticipate the future; Heidegger (1962) called this "a constant lack of totality," a perpetual overhanging of unfinished business which only finds an end with death.

Spirituality has also been defined in broader terms; as a search for existential meaning; a force that impels humans forward into living, which is not always expressed through religion (Labun, 1988; Saunders, 1988; Carson, 1989; Kellehear, 2000). Burnard (1988) identifies with this type of definition and believes that it is important for nurses to acknowledge that atheists and agnostics have spiritual needs, as well as the religious. Indeed, in the 1990s virtually all definitions relating to spirituality in the medical and nursing literature recognize that

spirituality is not always associated with religion.

The concept of spirituality does not appear in the writings of Martha Rogers. However, Malinski (1994) identifies the essence of spirituality, "as the continuous mutual human field and environmental field process" (Rogers, 1990, p.8). Rogers uses the definition of integrality as the basis for the mutual process of spirituality (Malinski, 1994). Integrality is the context for the "process of continuous change from lower to higher frequency wave patterns" and for "the continuous innovative, unpredictable, increasing diversity of human and environmental field patterns" (Rogers, 1990, p.8). Therefore, within a Rogerian model, spirituality can be understood as a pandimensional awareness of the mutual human/environmental field process (integrality as a manifestation of higher frequency patterning (resonancy) associated with innovative, increasing creative and diverse (helicy) experiences (Malinski, 1994).

Smith (1994) identified 4 dimensions of spirituality that were congruent with Rogers' Model of the Science of Unitary Human Beings: 1) meaningfulness of life; 2) positive potential of all aspects of life; 3) awareness of the interconnectedness of life and 4) beneficial nature of contact with a transcendent dimension (p.37). According to Rogers (1990), human beings are energy fields integral with environmental fields in continuous mutual process and innovative change. This mutual process can be manifested as patterns of spirituality.

Spirituality is a way of experiencing the world through an awareness of a transcendent dimension characterized by four factors as defined by Smith (1994). These four dimensions of spirituality are used in this study as the framework for this study.

Literature Review related to Heart Failure

Few studies have explored spirituality and heart failure. Westlake & Dracup (2001) found that patients described three processes related to the adjustment of chronic heart failure. These processes included development of regret regarding past lifestyles, a search for meaning within the present experience of heart failure and the search for hope for the future and the reclaiming of optimism. Beery, Baas, Fowler, and Allen, (2002) found that spirituality scores (Spiritual Well Being Scale) predicted 24% of the variance in global quality of life among 58 people with heart failure being treated medically or by transplant. They further found that spirituality and religious practices were separate concepts. Existential well being had a slightly stronger relationship with global quality of life than did religious well-being. Essentially both of these studies concluded that spirituality is a personal expression that has an important effect on quality of life among those experiencing heart failure.

Study Purpose

The purpose of this pilot study was to examine 1) the relationship between integrality (spirituality) and the stages of heart failure and 2) to

compare the sense of integrality (spirituality scores) between men and women experiencing Chronic Heart Failure (CHF). Manifestation of spirituality conceptualized as indicators of human field change were assessed in individuals experiencing heart failure.

Research Questions

The research questions for this study are: 1) Is there a significant difference in the spirituality scores between early and late heart failure? And 2) Is there a significant difference in spirituality scores between men and women with heart failure?

Method

A physician from a large medical center in the southeastern United States agreed to allow the researchers access to the 100-150 CHF patient population of his practice. A packet containing a consent form, introductory letter and survey was mailed to 100 potential subjects with a return rate of approximately 29% (N=29). Each subject had been diagnosed with chronic heart failure. The consent form included agreement to a chart audit for other data that included demographic data, pertinent laboratory data such as cholesterol levels, and New York Heart Association Classification (NYHA). (New York Heart classification is a system of categorizing individuals as early or late CHF, (see Table 1). The survey was the Spiritual Involvement and Beliefs Scale (SIBS) developed by Robert Hatch, et al (1998) from the University of Florida. A stamped return envelope was provided for each subject. Permission was obtained from the

appropriate Institutional Review Boards.

Table 1: New York Heart Association Functional Classification

Functional Class	
I	No physical limitation in activity
II	Slight limitation in ordinary physical activity, resulting in fatigue, palpitations, dyspnea, or angina
III	Marked limitation in activity, patients are comfortable at rest but ordinary activity leads to symptoms
IV	Symptoms are present at rest, any activity leads to increased discomfort

Sample

A sample of 100 patients was surveyed from a physician practice. Of these 100 patients 29 returned the instruments. This small sample size can be attributed to a low return rate that is often seen with survey research and is a limitation of the study. A number of subjects returned the survey with a note stating that they felt the information was of such a personal nature that they did not feel comfortable answering the questions. The average age of the subjects was 72.76 years. Of the 29 subjects, 20 (70%) were male and 9 (30%) were female. Patients were classified as NYHA stage I, II, III and IV. There were 18 subjects categorized as early heart failure (Stage I and II) and 11 subjects categorized as late heart failure (Stages III and IV).

Instrument

In choosing an instrument the researchers were looking for a tool that could closely assess the 4 dimensions which were congruent with Rogers' Model of the Science of Unitary Human Beings: 1) meaningfulness of life; 2) positive potential of all aspects of life; 3) awareness of the interconnectedness of life and 4) beneficial nature of contact with a transcendent dimension (Smith, 1994, p.37) and would receive

approval by the participating agencies. These four dimensions can be assessed using the Spiritual Inventory Belief Scale (SIBS), an instrument that measures a person's spirituality as the search for meaning and purpose (Hatch, et al, 1998). The SIBS has four subscales: 1) Internal/Fluid, 2) Humility/Personal Application, 3) External/Meditative, and 4) External/Ritual. The internal/fluid subscale addresses the individual's evolving beliefs and internal beliefs and the growth of those beliefs. The humility/personal application dimension addresses the positive potential in all aspects of life for the application of spiritual principles in daily life. The awareness of interconnectedness in daily life is measured by the existential/meditative subscale and includes items dealing with meditation and transcendent dimensions. Finally, the spiritual/ritual subscale addresses spiritual and ritual activities and is consistent with belief in a higher power.

Several spirituality instruments were reviewed by the researchers and discussed with the IRB and physician practice. Concerns associated with instrument selection included finding an instrument that was acceptable by the practice and IRB. This instrument was chosen

because it closely fit with a Rogerian framework for spirituality as defined by Smith (1994) and was approved by the IRB. It consists of a 5 point Likert with 26 questions. The tool has received a reliability rating of .92 and had a Cronbach alpha of .91 (Hatch, et al, 1998). This scale was developed with over 400 individuals (Hatch, et al, 1998). Permission for use of the tool (Appendix A) in this study was received from Hatch in 2001.

Data Analysis

A two-independent-samples test (Mann Whitney U) was used to identify differences between gender

and stage of heart failure regarding their responses on the SIBS. No significant differences were found between men and women on the each individual question or on the subscales of the SIBS. A significant difference between the early and late heart failure was found on the total SIBS score (See Table 2). Early heart failure included those in NYHA stages I and II. Late heart failure included those in NYHA stages III and IV. Significant differences were found between early and late stage heart failure subjects on nine of the questions (See Table 3).

Table 2 Mann-Whitney Test NYHA Stages by total Spirituality Score

Mean Rank	Cases
13.50	18 =NYHA stage 1 and 2
5.50	11 =NYHA stage 3 and 4
Mann-Whitney U	4.500
Wilcoxin W	49.500
Z	-3.182
2-tailed P	.001

There was a significant difference between early and late stage heart failure on nine questions. The later stage heart failure subjects disagreed with these statements: Question 5- Spiritual activities have not helped me develop my identity and Question 16 - Meditation does not help me feel more in touch with my inner spirit. Both of these questions indicated that neither spiritual activities nor meditation was perceived as useful during the later stages of heart failure. The later stage heart failure subjects disagreed with these statements: Question 6- Some experiences can be understood only through one's

spiritual belief; Question 7- A spiritual force influences the events in my life; Question 11- My spiritual beliefs continues to evolve; Question 2- I believe there is a power greater than myself; and Question 19- Spiritual activities help me draw closer to power greater than myself. The later stage heart failure subjects agreed significantly more with two questions on the scale. These two statements were: Question 9-Prayers do not really change what happens and Question 13- I probably will not reexamine my spiritual beliefs.

Table 3 Later stages significantly scored lower with these statements

Questions	Mann-Whitney U p value
5. Spiritual activities have not helped me develop my identity.	.033
6. Some experiences can be understood only through one's spiritual belief	.001
7. A spiritual force influences the events in my life	.017
11. My spiritual beliefs continue to evolve	.022
12. I believe there is a power greater than myself	.017
16. Meditation does not help me feel more in touch with my inner spirit	.001
19. Spiritual activities help me draw closer to a power greater than myself	.006
Questions – Later stages scored higher	Mann-Whitney U p value
9. Prayers do not really change what happens	.00113
13. I probably will not reexamine my spiritual beliefs	.012

Discussion of Findings

Findings suggested that individuals in the later stages of Chronic Heart Failure significantly scored lower on The Spiritual Involvement and Beliefs Scale. Specifically, the items factored into the categories of internal/fluid and existential/meditative were significantly lower in the later stages of heart failure. A view of spirituality as integrality within Rogers' Unitary Science of Human Beings allows us to understand spirituality as a pattern manifestation of higher frequency patterning associated with innovative, increasingly creative and diverse experiences. This pilot study revealed those with later stages of heart failure to be less inclined to use prayer and meditation than those in the earlier stages. Perhaps this can be explained as these interactions are processes in which require one to become more integral and self-actualized. Individuals with late stage heart failure may be more concerned with physiological needs such as breathing rather than being

focused on their spiritual life. Or maybe those experiencing late stage heart failure may need someone else to pray for them because they do not have the ability (ie. physical reserve) or concentration (lack of O2) to be focused. Loosing focus on one's spiritual aspects in life during the advanced stages of a terminal illness may be due to lack of hope, or in a shift in focus on the family.

Implications for further Research

People with heart failure frequently experience a crisis of meaning, which may undermine previously unquestioned beliefs (Highfield, 1992). To move individuals toward an awareness of mind-body-spirit wellness, care must be provided to meet holistic health needs. To meet spiritual needs, awareness of the whole as a mutual process of body-mind-spirit must evolve. Spirituality maybe described as the natural state of integrity and wholeness of the individual. It is an awareness of mind, body, and spirit toward mutual process that should occur within the practice of nursing

(Dossey, et al., 2000). Spirituality is a mutual process and may involve patterns of love, suffering, hope, forgiveness, grace, and prayer or a multitude of other human manifestations. Nurses can interact with an individual through the awareness process by providing caring, humanistic, interpersonal interactions.

Spirituality is very complex to reduce to the concrete measures listed on a scale. However, as one looks at the findings of this small pilot study further questions emerge. What is happening at the end of life in advanced heart failure that influences spirituality? Further research is needed to uncover the lived experience of those who are at the end of life. Concept development and research in the area of spirituality are necessary to advance the science and to provide holistic nurses with a Rogerian research-based practice. Continued understanding of the whole (body-mind-spirit) in mutual process during terminal illness is needed.

References

- Beery, T.A., Baas, L.S., Fowler, C., and Allen, G. (2002). Spirituality in persons with heart failure. *Journal of Holistic Nursing*, 20(1), 5-26.
- Burkhardt M. (1994). Becoming and connecting: Elements of spirituality for women. *Holistic Nursing Practice*. 8 (4),12-21.
- Burkhardt, M, and Nagai-Jacobsen, M. (1994).Reawakening spirit in clinical practice. *Journal of Holistic Nursing*, 12 (3), 9-21.
- Burnard, P. (1988). The spiritual needs of atheists and agnostics. *The Professional Nurse*, 12, 130-132.
- Carson, V.B. (1989). *Spiritual dimensions of nursing care*. Philadelphia, PA: W. B. Saunders.
- Chapman L.(1986). Spiritual health: A component missing from health promotion. *American Journal of Health Promotion*, 1, 38-41.
- Crotty, M. (1996). *Phenomenology and nursing research*. Melbourne: Churchill Livingstone.
- Dossey, B, Keegan L, and Guzetta, C. *Holistic Nursing: A Handbook for Practice*. (3rd Ed.). Gaithersburg, MD: Aspen Publication; 2000.
- Doyle, D. (1992). Have we looked beyond the physical and psychosocial? *Journal of Pain and Symptom Management*, 7, 302-311.
- Happ, M.B., Naylor, M.D., and Roe-Prior, P. (1997). Factors Contributing to Rehospitalization of elderly patients with heart failure. *Journal of Cardiovascular Nursing*, 11(4):76-84.
- Hatch, R., Burg, M. et al (1998). The Spiritual Involvement and Beliefs Scale. *Journal of Family Practice*, 46, 6.
- Highfield, M. (1992.) Spiritual health of oncology patients, nurse and patient perspectives. *Cancer Nursing*, 15, 1-8.
- Ho, KKL; Anderson , Kannel, WB, Grossman, W, and Levy D. (1993). Survival after the onset of congestive heart failure in Framingham Heart Study Subjects. *Circulation*, 88, 107-15.
- Elsdon, R. (1995). Spiritual pain in dying people: the nurse's role. *Professional Nurse*, 10, 641-643.
- Ellerhorst-Ryan, J. (1985). Selecting an instrument to measure spiritual distress. *Oncology Nursing Forum*, 12, 93-99.
- Frankl, V. (1984). *Man's search for meaning*. New York: Washington Square Press.
- Heidegger, M. (1962). *Being and time*. (J. Macquarrie & E. Robinson, trans.). Oxford: Blackwell Publishers.
- Holloway, I. (1997). *Basic concepts for qualitative research*. Oxford: Blackwell Sciences.
- Kellehear, A. (2000). Spirituality and palliative care: a model of needs. *Palliative Medicine*, 14, 149-155.
- Keighley, T. (1997). Organizational structures and personal spiritual beliefs. *International Journal of Palliative Nursing*, 3, 47-51.
- Labun, E. (1988). Spiritual care: an element in nursing care planning. *Journal of Advanced Nursing*, 13, 314-320.
- Lenfent C. (1997). Cardiovascular research: An NIH perspective. *Cardiovascular Surgery*, 4, 4-5.

Malinski, V. (1994). Spirituality; A pattern manifestation of the human/environment mutual process. *Visions: The Journal of Rogerian Science*, 2 (1), 12-18.

McSherry, W. & Draper, P. (1998). Concept of spirituality. *Journal of Advanced Nursing*, 27, 83-691.

Piles, P. (1991). An emerging paradigm for the investigation of spirituality in nursing. *Research in Nursing and Health*, 15, 349-357.

Polit, F. & Hungler, B. (1995). *Nursing research: principles and methods*. Philadelphia, PA: J.B. Lippincott.

Reed, P. (1986). Religiousness among terminally ill and healthy adults. *Research in Nursing and Health*, 9, 34-41.

Konstam, M., Dracup, K., Baker, D., et al (1994). *Heart Failure: Evaluation and care of patients with left-ventricular systolic dysfunction*. Clinical Practice Guideline No. 11, AHCPR, Publication No. 94-0612. Rockville, Maryland: Agency for Healthcare Policy and Research.

Rogers, M. (1990). Nursing: Science of Unitary, Irreducible, Human Beings: Update 1990. In Barrett, E. A. M. (Ed). *Visions of Rogers" Science-Based Nursing*. New York: National League for Nursing.

Saunders, C. (1988). *Spiritual pain*. Orpington: Bishop and Sons.

Sellers, S. C. and Haag, B. A. (1998). Spiritual Interventions. *Journal of Holistic Nursing*, 16, 3, 338-354.

Singh, S.N. (1996). CHF and arrhythmias: treatment modalities. *Journal of Cardiovascular Electrophysiology*. 89:89-97.

Smith, D. W. (1994). Toward developing a theory of spirituality. *Visions: The Journal of Rogerian Science*, 2 (1), 35-43.

Sodestrom, K. & Martinson, I. (1987). Patients' spiritual coping strategies: a study of nurse and patient perspective. *Oncology Nursing Forum*, 14, 41-46.

Stiles, M. (1990). The shining stranger: nurse—family spiritual relationship. *Cancer Nursing*, 13, 235-245.

Tagore, R. (1997). Rabindranath Tagore: An Anthology. In K. Dutta & A. Robinson (Ed). *Rabindranath Tagore: An Anthology*. London: Macmillan.

Thomas, E. (1987) Lights Out. In D. Enright (Ed.) *The Oxford book of death*. Oxford: Oxford University Press.

Twycross, R. (1997). *Pain relief in advanced cancer*. Edinburgh: Churchill Livingstone.

Walter, T. (1994). *The revival of death*. London: Routledge.

Walton, J. (1999). Spirituality of Patients recovering from an acute myocardial infarction: A grounded theory study. *Journal of Holistic Nursing*, 17(1), 34-53.

Wehby, D, and Brenner, PS. (1999). Perceived learning needs of patients with heart failure. *Heart & Lung*, 28(1),31-40.

Westlake, C. and Dracup, K. (2001). Role of Spirituality in adjustment of patients with advanced heart failure. *Progressive Cardiovascular Nursing*, 16(3), 119-125.

Appendix A-Spiritual Involvement and Beliefs Scale (Hatch, et al, 1998 University of Florida)

How strongly do you agree with the following statements? Please circle your response.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	In the future, science will be able to explain everything.	5	4	3	2	1
2	I can find meaning in times of hardship.	5	4	3	2	1
3	A person can be	5	4	3	2	1

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	fulfilled without pursuing an active spiritual life.					
4	I am thankful for all that has happened to me.	5	4	3	2	1
5	Spiritual activities have not helped me become closer to other people.	5	4	3	2	1
6	Some experiences can be understood only through one's spiritual beliefs.	5	4	3	2	1
7	A spiritual force influences the events in my life.	5	4	3	2	1
8	My life has a purpose.	5	4	3	2	1
9	Prayers do not really change what happens.	5	4	3	2	1
10	Participating in spiritual activities helps me forgive other people.	5	4	3	2	1
12	I believe there is a power greater than myself.	5	4	3	2	1
13	I probably will not reexamine my spiritual beliefs.	5	4	3	2	1
14	My spiritual life fulfills me in ways that material possessions do not.	5	4	3	2	1
15	Spiritual activities have not helped me develop my identity.	5	4	3	2	1
16	Meditation does not help me feel more in	5	4	3	2	1

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	touch with my inner spirit.					
17	I have a personal relationship with at power greater than my self	5	4	3	2	1
18	I have felt pressures to accept spiritual beliefs that I do not agree with	5	4	3	2	1
19	Spiritual activities help me draw closer to a power greater than myself.	5	4	3	2	1

		Always	Usually	Neutral	Rarely	Never
20	When I wrong someone, I make an effort to apologize.	5	4	3	2	1
21	When I am ashamed of something I have done, I tell someone about it.	5	4	3	2	1
22	I solve my problems without using spiritual resources.	5	4	3	2	1
23	I examine my actions to see if they reflect my values.	5	4	3	2	1

24. During the last WEEK I prayed...(Check One)

- 10 or more times.
- 7-9 times.
- 4-6 times.
- 1-3 times.
- 0 times.

25. During the last WEEK, I meditated.... (Check One)

- 10 or more times.
- 7-9 times.
- 4-6 times.
- 1-3 times.
- 0 times

26. Last MONTH, I participated in spiritual activities with at least one other person.... (Check One)

- _____ More than 15 times.
- _____ 11-15 times.
- _____ 6-10 times.
- _____ 1-5 times.
- _____ 0 times.

Scoring instructions:

Reverse score all negatively worded items (3,6,9,15,16,21,28,29,37)

**i.e. Strongly Agree = 1, Agree = 2, Strongly Disagree = 7
or Always = 1, Almost Always = 2, Never = 7**

For all other items, the score is the number circled by the subject.

Acknowledgement: The authors would like to thank Dr. Hatch for approval to reprint the Spiritual Involvement and Belief Scale, which was received May 2003.

INNOVATIONS COLUMN

“CHANGE IS CONTINUOUSLY INNOVATIVE” (ROGERS, 1986, P. 5)

Howard Karl Butcher, RN; PhD, APRN, BC

Assistant Professor and

John A. Hartford Foundation Building Academic Geriatric Nursing Capacity
Scholar

Innovation is derived from the Middle French word *innover* meaning “renewal” or a “new way of doing things.” Similarly, in Latin, innovation comes from the term *innovare*, which is to change into something new; to alter; to renew (American Heritage Dictionary, 2000, p. 904). Innovation is about ideas and human beings and builds upon repurposing, improving or renewing existing idea or practices. The principle of helicy within Rogers’ Science of Unitary Human Beings (SUHB) describes the nature of the change process as being continuously innovative. By positing the science of unitary human beings, Rogers created an entirely new way of thinking about the nature of nursing, human beings, and the universe. Innovation merges out of creativity. From a Rogerian perspective, innovation is always a manifestation of new pattern rising out of the human-environmental human field mutual process. Like Martha E. Rogers, to be innovative is to be visionary, challenge the status quo, be curious, take risks, synthesize and make new connections.

The purpose of this column is to provide opportunities for Rogerian scholars to share new ideas, theories, or research that explores, advances, sheds new light, provides new insight, or renews aspects of the science of unitary human being’s postulates, principles, concepts, theories, and/or methods. The SUHB will only endure, advance, and evolve through the innovative work of its community of scholars. As editor of this column, I invite you to send your manuscripts to Howard K. Butcher, RN, PhD, APRN, BC at the 324NB University of Iowa College of Nursing, Iowa City, Iowa, 52242-1121; work (319-335-7039); email: howard-butcher@uiowa.edu. As a means to inaugurate and initiate the Innovations Column, the following article synthesizes more recent research findings that both confirms and renews Rogers’ original views on the negentropic aging process.

AGING AS EMERGING BRILLIANCE: ADVANCING ROGERS' UNITARY THEORY OF AGING

Howard Karl Butcher, RN; PhD, APRN, BC
Assistant Professor and

John A. Hartford Foundation Building Academic Geriatric Nursing Capacity
Scholar

Key Words: Ageing, Science of Unitary Human Beings, Negentropy, Sage-ing, Croning

Every 50 seconds, another baby boomer celebrates their 50th birthday. Baby boomers were born between 1947 and 1964, and this year the first wave of 80 million baby boomers reached their late fifties. At the same time that great numbers of us are entering "later life," life expectancy is increasing unprecedented heights. In 1900, a twenty year old had only a 52 percent chance of surviving to age 65. At 65, an individual who survived could expect to live only another 11.7 years. In the year 2000, 83 percent of 20 year olds can expect to survive 65 years. Furthermore, today those reaching 65 can expect to live an additional 17.5 years. The remaining life expectancy after 65 could even reach 24 years by the end of the 21st century (The Institute for Research on Women & Gender, 2002).

While an entropic image of aging continues to be the prevailing understanding of the aging process, research on the aging process suggests otherwise. With a coming "age wave," aging baby boomers will redefine the meaning of later life just as they transformed images of middle age. The new view of aging emerging further corroborates Rogers' original notion of aging as a

negentropic process of increasing diversity, creativity, and innovation.

Aging as a Shipwreck

Throughout most of history and across many cultures, "elders" have been revered for their wisdom, accomplishments, and ability to endure (Shahar, 2003). However, today, Western culture seems blind to the beauty, brilliance, and significance of later life. In contemporary Western society, youth is worshipped, billions are spent in the effort to deny aging, and challenges abound for elders who are in or trying to reenter the workforce (Shahar, 2003). Ageism, like other stereotypes and forms of discrimination, has no basis in fact. Biases against aging are so deeply ingrained in our culture that negative attitudes toward the elderly at best, unintentionally creep into conversations, writings, and entertainment and at worse takes the form of deliberate discrimination reinforced by public policy, institutions, and the media. There remain abundant examples in popular culture such as birthday cards, TV programs, advertising, and entertainment that perpetuate false ideas about the elderly. Colloquialisms as "geezer," "old goat," "old maid," "old fogies," "old bag," and "dirty old man" are

pervasive in everyday speech. Common euphemisms such as “you can’t teach an old dog new tricks,” “there is no fool like an old fool,” “age is a sickness from which everyone must die,” “age is a troublesome guest” are a few examples that serve to perpetuate negative stereotypes of older persons.

Deeply embedded within ageism is the idea that aging is an entropic progressive process of decline, a joyless winding down, replete with illness, disability, impotency, uselessness and mental decline. Just as Chateaubriand long ago declared “old age is a shipwreck” (Booth, 1992, p. 48.), aging continues to be predominately viewed as inevitable decline, deterioration, and decay (Friedan, 1993). Ageism fosters stereotypes that discourage older adults from participating actively in their change process, work world, social and political arenas, and cultural pursuits. Chopra (1989) points out that the decline of vigor in later life is largely a result of people expecting to decline.

Interestingly, cultural stereotypes of ageism serve to accelerate the body’s biological aging processes. Schachter-Shalomi (1995) notes:

“Aging itself isn’t the problem. It’s the images that we hold about it, our cultural expectation, that cause our problems. To have a more positive old age, we must change our aging paradigm” (p. 14).

Rogers’ Negentropic View of Aging

As early as 1970, Rogers began to question the idea that aging was an entropic process. In Chapter 15, she stated “life’s negentropic

qualities portend innovation and growing complexity” (Rogers, 1970, p. 114) and raised a number of questions such as “do human field boundaries take on increased definitiveness in the process of growth?” (p. 113), “is the speed with which time is perceived to be passing an index of the speed with which the aging process is occurring?” (p. 115), and “are there patterns of variability in sleep-wake rhythms that correlate with . . . the aging process, with developmental patterns?”(p. 118). As Rogers refined the principle of helicy and the theory of accelerating evolution, her description of the aging process took on greater clarity. In Rogers’ 1980 publication, she put forward the notion that aging was “a continuously creative process directed toward growing diversity of field pattern and organization. It is not a running down” stated Rogers (1980, p. 336). In subsequent publications, Rogers (1992) continued to assert “aging of the unitary human field is not a running down. Rather, field pattern becomes increasingly diverse as older people need less sleep” and that “a non-linear domain points up the invalidity of chronological age as a basis for differentiating change” (p. 32).

Despite Rogers’ revolutionary ideas, there is a dearth of recent writing by Rogerian scholars that explores, advances, sheds new light, provides new insight, or renews Rogers’ original ideas about the aging process. Katch (1983) found beginning support for Rogers’ negentropic view of in the literature in citing the works of Neugarten, Strumpf, and Ebersole & Hess.

Neugarten (1979) explained how with the passage of time life becomes more enriched and complex. Strumpf (1978) argued data supported a negentropic view of aging rather than progressive decline. Ebersole & Hess (1981) asserted that aging was a time of unlimited growth potential. Cowling (1990) has illustrated how pattern, rather than chronological age is a more appropriate marker for human development.

Unitary Aging

The idea of unitary aging encompasses both the notions of negentropy and accelerating evolution. Although Dr. Rogers wrote her views on aging in the 1970s and 1980s, recent research has provided support for her revolutionary views on aging. Support for the idea of accelerating evolution abounds. James Gleick's (1999) book *"Faster: The Acceleration of Just About Everything"* provides a comprehensive overview of the ever acceleration of human-environmental rhythms from faster means of travel, ever faster computers, accelerating knowledge development, and faster forms of communication such as email and "sound bits." Instant coffee, instant meals, drive through, prefab construction, take-out, multitasking, and channel surfing are just a few examples of the accelerating evolution. Furthermore, Gleick (1999), like Rogers, states "we feel the rush of time more as we grow older (p. 279).

In *"The White Hole in Time: Our Future Evolution and the Meaning of Now"* Russell (1992) declares "the pace of life is speeding up" and that "acceleration syndrome has become

an intimate part of our lives (p. 13). "We are learning faster, growing faster, moving faster and changing faster (Russell, 1992, 45). The faster the world changes, the more we need to let go of cozy notions of what we may think the future will be like. Russell (1992) explains how accelerating change brings about increasing novelty and newness. "Creativity breeds creativity" stated Russell (1992, p. 19). Because of acceleration evolution, human development, perceptions, attitudes, thinking, and awareness will be changing faster and faster.

Longevity

Increasing longevity of the human life span is yet another manifestation of accelerating evolution. The single most important fact about health and well-being of the population age 50 and older is that people are living longer. For much of human history, the average life expectancy at birth was less than 30 years. By 1900, in the United States, the average had been pushed up to 48 years. In the 20th century, nearly 30 more years were added to life expectancy, an unprecedented extension in the history of human kind. More year of life expectancy were added in the last century than from all the other increases across all prior millennia combined (Lee, 1997). During the past decade, gene research suggests that human life can be extended even further. A single-gene mutation was found in mice extending their lifespan by about 30% and also increasing their resistance to toxic chemicals (Migliaccio, et al. 1999).

The field of ageing research has been completely

transformed in the past decade....When single genes are changed, animals that should be old stay young. In humans, these mutants would be analogous to a ninety year old who looks and feels forty-five. On this basis we begin to think of ageing . . . can be cured, or at least postponed....The field of ageing is beginning to explode, because so many are so excited about the prospect of searching for—and finding—the causes of aging, and maybe even the fountain of youth itself (Guarente & Kenyon, 2000).

However, it is important to note, that biases about race, class, and gender that also affects views of elderly people must be overcome for the benefits of longevity to be meaningful. For example, inequalities in terms of quality of life and life expectancy persist for elderly African-Americans, persons living below the poverty line, elderly who are divorced, widowed or never married, and those with limited savings (The Institute for Research on Women & Gender, 2002). Furthermore, the length of life matters when its duration makes a difference to the quality and value of our lives. Extended longevity calls for the development of a new awareness about the fulfillment of the human potential in later life. As the age wave crests, we need to reflect on questions about the purpose and meaning of our extended longevity. A unitary view of aging requires that health care professionals and policy makers

place new emphasis on promoting and ensuring that all persons have the maximum potential for a quality and meaningful later life.

Optimistic Aging

The rising wave of aging boomers is already shattering conventional notions of what it means to grow older. Ken Dychtwald, (1990) the author of *Age Wave: How the Most Important Trend to Our Time Will Change your Future* and *Age Power: How the 21st Century Will be Ruled by the Old* (1999) predicts that as baby boomers age they will unhinge the obsolete marker of age 65 “old age” and the onset of entitlements. Instead, people will retire when they are ready and can afford to. Older people will seek meaningful employment into their 70s and 80s. Age-enhancing technologies including macro and micronutrients designed to delay aging, promote energy, relaxation, sexuality, mental alertness, endurance, recuperation, and wellness will be in demand. Customized youth extending hormones, brain enhancement herbs, vitamins, drugs, age-enhancing spa, sensory devices designed to improve vision and hearing, clothes that sense and adjust temperature differences in different body zones are just some of the technologies on the horizon for the aging population. Lifelong learning centers, such as Elderhostel, will be increasing in demand. Homes will be re-engineered so that they are ergonomically appropriate for older bodies. There will be a tremendous need for health care professionals with specialized knowledge of the

health and illness concerns of older adults. Financial services and the travel/leisure industry will need to be re-vamped in order to meet the needs of active and productive older adults.

Most significantly, the elder boomers are placing increasing emphasis on research that shatters the myth of entropic aging. Rogers' negentropic vision of aging calls forth positive proverbs of aging the extol the wisdom of age such as: "age before beauty," "age deserves honor," "with old men take counsel," "there is wisdom with age," "and it is good to grow old in a place where age is honored." A negentropic and optimistic view of aging requires new ways of thinking about aging such as viewing: "aging as living," "aging as education," "aging as art," "aging as a peak experience," "aging as a spiritual journey," "aging as adventure," and "aging as emerging brilliance."

New Evidence for a Model of Unitary Aging

Not only are older people living longer, but in many cases, living healthier too. In fact, the overall occurrence of disability among the aged is dropping (Singer, & Manton, 1998). Contrary to the entropic view of aging that older persons have more illness, most elders (65+) are healthy (78%) and engage in normal activities. For example, 30% of 50 to 64 year olds have no chronic condition, disability, or functional limitation and in a 1999 survey, about 35% of people age 75-84 state that they are in "excellent" or "very good" health (AARP, 2002). The MacArthur Foundation Study of Aging found that fully 25% of

"successful agers" studied actually improved physical function over an eight-year period of the 10-year-long study. More than half maintained their previous high levels of function. This dramatic finding shatters the myth that losses in physical function are an inevitable manifestation of advancing age (Rowe & Kahn, 1998). "Successful agers" remain actively engaged in life and tend not to smoke, have a low fat diet, engage in at least four hours of work a day where independent judgment is used, participate in regular aerobic and light weight-bearing activity, and maintain close personal relationships with family and friends (Rowe & Kahn, 1998).

A majority of persons in later life are at least as satisfied with their lives as younger persons. Added years, often brings about deeper emotional satisfaction (Carstensen, Isaacowitz, & Charles, 1999). As persons grow older, they also tend to become more satisfied with personal relationships, learn to control their emotions more successfully, and increase available stores of useful memory. "On average, older persons are in better physical and mental health and have more freedom from pain than ever before" (The Institute for Research on Women & Gender, 2002, p. 3). Another study conducted by the National Center on Women and Aging (2002) at Brandeis University found that over 50% of women experience aging as better than they expected it to be. This holds true even for a majority of women (53%) over 80 years of age. Also, older women are no more likely than younger women to report they have a disability. In fact, women over

80 are significantly more likely to report that they are in good health than younger women (National Center on Women and Aging, 2002).

While the elderly become more vulnerable to physical ailments in later years, they also become more resilient psychologically (Gatz, Kasl-Godley, & Karel, 1996). Recent evidence suggests that the reduction in disability rates continue to decline at even a steeper rate than they did between 1994-1999 (Manton & Gu, 2001). Moreover, contrary to public perception, 60 percent of people over 80 live independently in the community (Crimmins, Reynolds, & Saito, 1999). In 1999, only 4.7% of persons in later life live in nursing homes, a decline from 5.3% in 1985. Compared with other age groups 50 and older, exercise and gardening in particular, has increased for the most people age 75 and older (AARP, 2002).

Cowling (1990) pointed out that increasing diversity among elders is a manifestation of negentropic aging. There is new evidence supporting the notion that chronological age has little meaning. The "Aging in the 21st Century Consensus Report (The Institute for Research on Women & Gender, 2002) states:

Chronological age, the, will tell us less and less about the circumstances, needs, or chances for successful aging of an individual. Over life course, varied interests, opportunities, and other circumstances can result in even greater variability in health, cognition, living arrangements and financial status Variability in the

course of aging and the onset of diseases, then, makes for highly diversified cohorts of older people the same age (p. 5).

Therefore, within a unitary perspective, each person is unique and it is the unfolding pattern that needs to be the focus of pattern manifestation appraisal and appreciation and voluntary mutual patterning.

Another major manifestation for a negentropic or unitary view of aging is the research demonstrating, contrary to popular myth, that most elders retain their normal mental abilities, including the ability to learn and remember. While it is true that the speed of cognitive functioning is slowed by aging, thinking more slowly should not be equated with thinking poorly. The ability to solve problems of everyday life (what some refer to as wisdom) remains as sharp in the very old as in the middle aged (Bates & Staudinger, 2000). In one major longitudinal study, more than 50% of the people followed from 60-80 years showed no deterioration in cognitive abilities, and 8% demonstrated measurable gains in performance on tests designed to measure thinking prowess (Schaie, 1990).

Enhancing the Aging Process

Today there are more than 100,000 age-enhancing research projects underway in numerous disciplines in all corners of the world. As the boomers age, their lifelong obsession with youth will be a major driving force toward the development of new technologies. Dychtwald (1999) anticipates that by the year

2020 more than 90 percent of surviving boomer elders will have their life expectancy impacted by emerging life enhancing technologies such as “super-nutrition, gene therapy, bionics, and organ cloning. To meet the needs of tomorrow’s elders, below is a list of just a few of the new markets Dychtwald (1999) describes that will emerge:

- A new science of biomarkers using genomics that become key indicators of an individual’s health, immunologic fortitude, mental vitality, and potential for longevity;
- Nutraceuticals including age-enhancing appetizing drinks, meals, snacks, and supplements engineered with macro- and micronutrients that promote energy, relaxation, sexuality, mental alertness, endurance, recuperation, wellness, and other desired conditions;
- Customized youth-extending hormone therapeutic that will slow down the aging process;
- Mind enhancement herbs, vitamins, drug, acupuncture, visual stimulation, software downloads, and mind exercises that help prevent dementia, better memory, and stimulate higher intelligence;
- Age-enhancing spas that offer intensive revitalization programs, ranging from stress reduction, toxin purging, and metabolic adjustments to muscle toning and nervous system tune-ups;

- Elderhostel-style life-long learning programs at colleges, universities, churches, and community centers on cable TV and the Internet that include both vocational retraining for older adults and vocational instruction on the arts, music, cooking, public speaking, etc.;
- Mature employment and career transition coordinators who would assist maturing adults in career and life style transitions by navigating through a network of job opportunities with minimum hassle;
- Audiovideography production services that create documentary-like videoportraits for ordinary individuals telling the story of their long lives and capturing their views, philosophies, and lifestyles.

However, it is important to assure that the efforts to promote a so called “positive aspects of aging” to be as disguised efforts to restore youth, but rather be attempts to enhance and appreciate growing old as fundamental to human development. Nursing can have a vital role in creating and offering services that enhance the aging process and quality of life of person’s in later life.

Croning

A negentropic view of aging calls forth new images and new ways to participant in the aging process. Two examples that re-envision the aging process are *croning* and *sage-ing*. Croning is the process of becoming an active wise woman

(Walker, 1985). Croning can begin at any age, but is particularly relevant for women 45 and over. Crone is a term used to describe an ancient archetype, an aspect of the triple goddess (maiden, mother, crone), and the third phase of a woman's life (Walker, 1985). Women who call themselves a crone are willing to acknowledge their age, wisdom, and power. Through conscious self-definition, a crone helps reverse hundreds of years of ageism, oppression, and degradation. Crones activate their potential as wisdom carriers and guardians of the future by learning the ancient heritage of crones, honoring the helical seasons of the life cycle, and respecting the integrality of human beings with the universe. For nearly 30,000 years, older women were strong, powerful sources of wisdom and were honored and respected in their communities. Crones apply their wisdom to intentionally bring about change that enhances the lives of women while leaving a legacy for future generations (Walker, 1985). Crones embrace the healing power of women and work to harvest the wisdom from their life experiences to bring about a compassionate world and empower women to dismantle ageism, racism, classism, heterosexism, and other hierarchical structures that create imaginary boundaries that falsely separate people from each other.

Sage-ing

Schachter-Shalomi & Miller (1995) re-envisioned aging in a way that is both consistent with and expands the understanding and implications of Rogers' unitary view of aging. He proposes an alternative

to viewing aging as inevitable diminishment, disengagement, waning vigor, lowered self-esteem, and social uselessness by viewing aging as a late-life developmental process of *sage-ing*. Sage-ing is a process that helps "transform the downward arc of aging into the upward arc of expanded consciousness that crowns an elder's life with meaning and purpose (Schachter-Shalomi & Miller, 1995, p. 7-8). Sage-ing is further described as a process that enables older people to become physically vital, spiritually radiant and socially responsible. Sage-ing brings about more adventure, passion, mystery and meaning into an elder's life.

Within a sage-ing or unitary perspective of aging, elderhood becomes a time when elders work as mentors to share their wisdom and transmit a legacy to future generations. Elders would not be disconnected from families, rather because of a new appreciation for their wisdom, elders would be seen as the mentors, story-tellers, vocational counselors, and conservators of family traditions. Elders share their wisdom to help heal families, communities, and the planet as a means to create a more peaceful, compassionate, and harmonious global community. Sages use life review and journaling can be used to help them look at and appreciate their lives, find meaning, and gain self-understanding, and share with others the wisdom gained through years of life experience (Butcher & Buckwalter, 2002; Schachter-Shalomi & Miller, 1995). Forgiveness work can be used to

heal relationships and let go of grudges.

Later life is a time for “harvesting” the fruits of one’s lifetime experience. When we “harvest, we consciously recognize and celebrate the contributions we have made in our career and family life (Schachter-Shalomi & Miller, 1995, p. 53). Harvesting is a time of appreciating the friendships we have nurtured, the young people we have mentored, the wider involves on behalf of the community we have given to society and the planet. Embracing sage-ing as a process expands the artificial boundaries of aging toward new horizons of unlimited potential.

The Rise of Unitary Aging

We see vibrant examples of a new style of aging all around us. Former U.S. Senator Robert Dole extolling the benefits of Viagra and Senator John Glenn, who at the age of 77, returned to outer space. Alan Greenspan, at the age of 76, continues to over see the nation’s economy. Well into their 60s and 70s, Sean Connery, Paul Neuman, and Jack Nickelson continue to find meaningful roles in major motion pictures and are considered “sex symbols.” Dozens of rock bands from the 1960s and 1970s, many whose members are in their 50s and 60s continue to perform and record new music to sold out concert arenas.

Another example of the possibilities of vitality in later life is the work of Former President Jimmy Carter and his wife. Now the author of 13 books, including *The Virtues of Aging* (1998), as the founder of the Carter Center, he travels the world and works to impact public policy,

attempts to facilitate democracy, protect human rights, and prevent disease. He and his wife regularly volunteer for Habitat for Humanity, a nonprofit organization that helps needy people in the United States and in other countries renovate and build homes for themselves. In 1991, he launched The Atlanta Project (TAP), a communitywide effort to solve social problems associated with poverty. At age 80, his many activities promoting peace and human betterment worldwide led to the former President Carter being awarded the 2002 Nobel Peace Prize. Carter (1998) states that he and Rosalynn are “almost as active now as we have ever been, writing, teaching, caring for our farmland and personal finances, serving the Carter Center, with its multiple projects all around the world” (p. 76).

Martha E. Rogers is another exemplar of the potential vibrancy of aging. Martha Rogers lived her theory of aging. After her retirement, she maintained an office at New York University and continued to teach, develop her theory and mentor a generation of future nursing leaders, faculty, and students. She published more than 30 articles after her 65th birthday and presented at more than 100 conferences around the world disseminating her views on nursing and the Science of Unitary Human Beings. In fact, Rogers developed most of the advances of the Science of Unitary Human Beings after her retirement from New York University. Rogers’ life and her work serve as a catalyst for envisioning elders as agents of evolution and innovation.

Embracing a unitary view of aging would mean that more nurses may be more likely to choose gerontology as area of study and practice. The impeding nursing shortage due partly to nurses retiring early perhaps could be eased somewhat by nurses being able and willing to choose to practice longer into their later years. Practicing nurses interested in caring for older adults would be actively involved in creating, offering, and managing services that are designed to help elders remain active, involved, connected, productive, and healthy. Enlightened nursing homes would be owned and managed by nurses devoted to ensuring a quality of care that enables elders to live in comfort and dignity and to continue to flourish and regenerate. Nurses would be resources for people in retirement homes, long-term care, assisted living, and other alternative communities offering programs to assist elders in creating meaning, synthesizing wisdom, and continuing to grow.

As the possibility of unitary aging takes root, an extraordinary future awaits us in later life. Later life no longer will be feared as a time of dispiritedness (Butcher, 1996) but as an opportunity for growth and service to humanity. Indeed, we are all jewels of humanity, shaped, buffed, and polished by time and our experiences. As precious gems, we all have enduring value and beauty as our multiple facets reflect light in ways that flash brilliance. To all possible crones and sages, a fulfilling life imbued with splendor, meaning, accomplishment, active involvement, growth, adventure,

wisdom, experience, compassion glory, and brilliance awaits.

References

- AARP (2002). *Beyond 50: A report to the nation on trends in health security*. Washington, DC: Author.
- American Heritage Dictionary* (2000). (4th Ed.). New York: Houghton Mifflin.
- Bates, P.B., & Staudinger, U. (2000). Wisdom: A metaheuristic to orchestrate mind and virtue toward excellence. *American Psychologist*, 55, 122-136.
- Booth, W. (1992). *The art of growing older: Writers on living and aging*. New York: Poseidon.
- Butcher, H. K. (1996). A unitary field pattern portrait of dispiritedness in later life. *Visions: The Journal of Rogerian Nursing Science*, 4, 41-58.
- Butcher, H. K., & Buckwalter, K. C. (2002). Exasperations as blessings: Meaning-making in family caregiving. *Journal of Aging Studies*, 7, 113-132.
- Carstensen, L. L., Isaacowitz, D., & Charles, S.T. (1999). Taking time seriously: A theory of socioemotional selectivity. *American Psychologist*, 54, 165-181.
- Carter, J. (1998). *The virtues of aging*. New York: Ballantine.
- Chopra, D. (1993). *Ageless body, timeless mind*. New York: Harmony Books.
- Cowling, W. R. I. (1990). Chronological age as an anomaly of evolution. In E. A. M. Barrett (Ed.), *Visions of Rogers' Science-Based Nursing* (pp. 143-149). New York: National League for Nursing.
- Crimmins, E., Reynolds, S., & Saito, Y. (1999). Trends in the health and ability to work among the older working age population. *Journal of Gerontology*, 54B (1), S31-S40.
- Dychtwald, K. (1999). *Age power: How the 21st century will be ruled by the new old*. New York: Tarcher.
- Dychtwald, K., & Flower, J. (1990). *Age wave: How the most important trend of our time will change your future*. New York: Bantam.
- Ebersole, P., & Hess, P. (1981). *Toward healthy aging, human needs and nursing response*. St. Louis: Mosby.
- Friedan, B. (1993). *The fountain of age*. New York: Simon & Schuster.
- Gatz, M., Kasl-Godley, & Karel, M. (1996). Aging and mental disorders. In J. Birren

- & K. W. Schaie (Eds.). *Handbook of psychology of aging* (4th Ed., pp. 367-382). San Diego: Academic Press.
- Guarente, L. and Kenyon, C. (2000). Genetic pathways that regulate ageing in model organisms. *Nature*, 408, 255–262.
- Gleick, J. (1999). *Faster: The acceleration of just about everything*. New York: Pantheon.
- Institute for Research on Women & Gender (2002). *Aging in the 21st century: Consensus Report. Difficult Dialogues Program*. CA: Stanford University.
- Katch, M. P. (1983). A negentropic view of the aged. *Journal of Gerontological Nursing*, 9, 656-660.
- Manton, K., & Gu, X. (2001). Changes in the prevalence of chronic disability in the United States black and nonblack population above age 65 from 1982-1999. *Proceedings of the National Academy of Sciences*, 98 (11), 6354-6359.
- Migliaccio, E., Giorgio, M., Mele, S., Pelicci, G., Reboldi, P., Pandolfi, P. P., Lanfrancione, L., & Pelicci, G. (1999) The p66shc adaptor protein controls oxidative stress response and life span in mammals. *Nature*, 402, 309–313.
- National Center on Women and Aging (2002). *Executive summary: 2002 National Poll Women 50+*. Brandeis University, Boston: Author.
- Neugarten, B. (1979). Time, age, and the life cycle. *The American Journal of Psychiatry*, 136, 887-894.
- Rogers, M. E. (1970). *An introduction to the theoretical basis of nursing*. Philadelphia: F.A. Davis.
- Rogers, M. E. (1980). Nursing: A science of unitary man. In J. P. Riehl & C. Roy (Eds.), *Conceptual models for nursing practice* (2nd ed., pp. 329-337). New York: Appleton-Century-Crofts.
- Rogers, M.E. (1986). The science of unitary human beings. In V. Malinski (Ed.). *Explorations on Martha Rogers' science of unitary human beings* (pp. 3-8). Norwalk, CT: Appleton-Century-Crofts.
- Rogers, M. E. (1992). Nursing and the space age. *Nursing Science Quarterly*, 5, 27-34.
- Rowe, J.W., & Kahn, R. L. (1998). *Successful aging*. New York: Pantheon Books.
- Russell, P. (1992). *The white hole in time: Our future evolution and the meaning of now*. San Francisco: Harper.
- Schachter-Shalomi, Z. & Miller, R.S. (1995). *From age-ing to sage-ing: A profound new vision of growing older*. New York: Warner Books.
- Schaie, K. W. (1990). Intellectual development in adulthood. In J. E. Birren and K. W. Schaie (Eds.) *Handbook of the Psychology of Aging* (3rd Ed). San Diego: Academic Press.
- Shahar, A. (2003). The holistic future of aging. *The Futurist*, 37 (5), 8.

- Singer, B. H., & Manton, K. G. (1998). The effects of health changes on projection of health service needs for the elderly population of the United States. *Proceedings of the National Academy of Sciences*, 95(26), 15618-15622.
- Strumpf, N. (1978). Aging—a progressive phenomenon. *Journal of Gerontological Nursing*, 4(2), 17-21.
- Walker, B. (1985). *The crone: Women of age, wisdom, and power*. New York: Harper & Row.

IMAGINATION COLUMN

TAKING FLIGHT

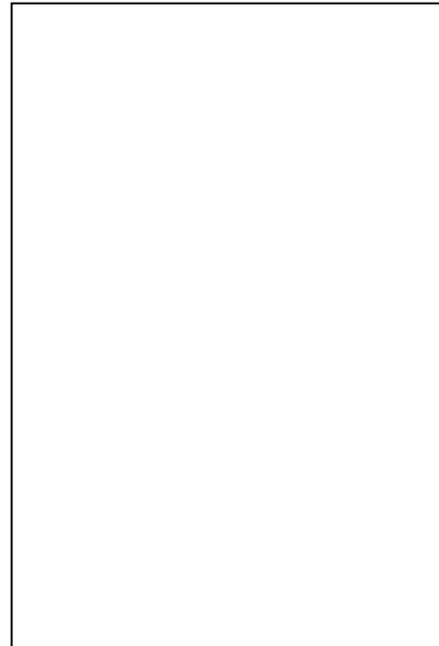
By

Howard K. Butcher, RN; PhD, APRN, BC

This picture of Dr. Rogers was taken on a bright summer afternoon in 1992 at the base of the 60-foot high Kill Devil Hills Monument National Memorial, which rests on top of a 90-foot tall dune in Kill Devil Hills, North Carolina. The monument was dedicated on November 20, 1932 at the site where the Wright brothers launched the age of human flight in 1903. Dr. Rogers was present for a course taught by Sarah Gueldner titled, "NSG 808 The Rogerian Conceptual System of Nursing" through the Medical College of Georgia School of Nursing. The course was held at a house on the beach in Nags Head. Toward the end of the week, a group of 8 or 9 of us accompanied Martha to the Wright Museum near the base of the dune and the Monument at the top of the dune because she wanted to "touch" the monument since she said, "I touched the Space Shuttle and I'm going to touch that monument where flight began."

At the time, Martha traveled with an electric breathalyzer and occasionally needed treatments for her emphysema. I recall that Sarah and Martha Bramlett brought along a wheelchair so Martha could get to the top of the dune without becoming too short of breath. However, Martha refused to use the wheelchair and insisted we put the wheelchair back in the van and was determined to walk up the helical path to the top of the dune using her own power. Her absolute determination to get to the top without assistance is an image seared into my memory as a powerful indicator of how she lived her values. Occasionally she would sit on the ground and rest, but eventually, we all made it to the top.

For nearly an hour we enjoyed the accomplishment, the scenery, the endless view of the ocean, and each other. The phrase "IN COMMEMORATION OF THE CONQUEST OF THE AIR BY BROTHERS WILBUR AND ORVILLE WRIGHT CONCEIVED BY GENIUS ACHIEVED BY DAUNTLESS RESOLUTION AND UNCONQUERABLE FAITH" is written around the sides of the monument and when I noticed the word "GENIUS" on one end of the monument, I asked her to pose there. I realized in that timeless instant, the full meaning and possibilities this image would convey. The image radiates Rogers' essence, energy, beauty, vitality, and brilliance all-at-once.



She was 78 at the time of the picture and indeed, she lived her theory of negentropic aging. An enlarged color print of this image adorns a wall in my office and remains my source of continuous inspiration.

Editors Note:

You will notice that the above vignette describes the same trip as the editorial. This is a true example of synchronicity. Neither Howard nor I knew of the other's articles while they were in preparation, yet each of us was inspired by memories of the same trip. Martha Bramlett

Rogerian News

In the past, news from the Society of Rogerian Scholars has been presented in the newsletter and on the society web site. The board members have voted to merge the news into the journal, *Visions*. News will continue to be presented on the web site, <http://medweb.uwcm.ac.uk/martha/>.

The Values of SRS

Brenda Talley, RN; PhD.

President, Society of Rogerian Scholars

In beginning my role as president of the Society of Rogerian Scholar, I find myself reflecting on my beginnings with the organization. I have read the recent postings on the list serve by some of our newer members and find profound similarities in our experiences. I think this dialogue is describing to us the true values of SRS. I wanted to share my experience with SRS as a way of “introducing” myself as the new president.

On finding Scholarship:

As a doctoral student, I had, of course, *heard* of Martha E. Rogers. I had also heard mutterings of how complex the Science is, how hard it is to understand, and how difficult it is to apply in “everyday” nursing. Yet, I found myself taking nursing theory with a dyed (purple) in the wool Rogerian, Sarah Gueldner. Sarah (to be fair) included ALL the theories, but her passion and her vision of Rogerian Science struck me. Then Sarah, along with Martha Bramlett, offered a summer elective on “EXPERIENCING” Rogerian Science. Although I was very interested, my first thought was that I could not go. I was struggling as a PhD student. Not with the course work (not that it was easy!) but with the multiple expectations of myself as a full time employee and as a “traditional” wife, mother, and daughter. I felt fragmented and pulled from here to there. I could find some satisfaction in accomplishment, but no joy in the learning. I DID the course work, but I did not FEEL it. I was talking with my long time friend and classmate, Alison Rushing, about why I could not go. Alison Rushing said, “This will be the only chance we get as doctoral students to be truly in the role of scholars. At least we will have a week to be immersed.” Given my life at the time, the decision to go was a radical one, and not without repercussions, but I have not regretted it. Not only did it change the way I experience learning, my life was changed.

On finding Martha:

All of us have met Martha Rogers. True, some have not met her in the physical manifestation, but to know her work is to know Martha in a sense. I had the honor of meeting her just a few years before her death. Others knew her longer and more intimately, but I did feel an instant connect to her. As part of our summer elective course, we went to the conference in New York. I can’t describe what an adventure it was for me to take off from my small country farm for the city of New York! And I was supposed to meet Martha Rogers (gasp!), or at least Sarah said I was to. All through the conference, I kept finding reasons

not to speak to her. Mostly it was because she was always engaged in conversation with someone and I decided it would be rude to interrupt. The truth is, I am a bit shy and the thought of approaching her left me weak in the knees. Surely I would have been speechless, even if I had. On the very last day, we were observing the unveiling of the holographic portrait of Martha and I found I was standing next to her. No one else happened to be nearby. At that point NOT to speak would have been rude. I turned to her to introduce myself (as a student of Sarah's). At that point, she took MY hands in HERS and told me that SHE was very glad to meet ME. She held my hands gently for a moment and I feel them still. Each of us, I think, can close our eyes, and feel Martha's hands on ours. She is there for us.

On finding the Science:

Later in the summer, we spent a week at the beach. Our teachers were Sarah and Martha, and we had guest teachers from other disciplines. Martha Rogers came and spent the week with us. So how do you *experience* Rogerian Science???? We (literally) sat at Martha's feet and listened and spoke. We experienced the Science by letting go of notions that were trapping us and opening up to knowing the universe. We valued and accepted diversity in ways of learning and expression. We let go of fears of failure and embarrassment and we talked about our visions. We shared, we laughed, and we saw.

On finding community:

While I met several people in New York I now call friends, the week we spent on the beach in North Carolina with Martha as part of the course really brought me to the community of SRS. This has only expanded over time, and each time I am present at a conference, read an article in *Visions* or dialogue with others, my feeling of connection grows. We have a safe and supportive arena for discussions of new ideas and questions. We support and help each other in achieving goals. I think I may not have finished my dissertation if not for the support of several SRS members. By the time I was initiating my dissertation, I found myself at a school radically changed in terms of faculty. I was told I could EITHER plan on actually graduating with a PhD, OR I could attempt to do a Rogerian dissertation. It was the advice and guidance of Elizabeth Barrett and others who helped me through that difficult time.

The Essentials of SRS :

The Spirit of Martha, the Science, the adventure and excitement of scholarship, and the caring community are integral to SRS. We care about the well being of each other and hope for the success of all. We bring different-though complementary- gifts to the Society of Rogerian Scholars, and these gifts can change over time. Roles shift, priorities change, but the essence of the Society remains the same.

As we look at the organization and roles within SRS, we will stay true to our values. As we begin exploring ways we can communicate, both to each other in sharing the Science with others, we will remember these essentials. As we establish and maintain forums for scholarly conversation and the display of scholarly work, we will recall our wonderful history. As we discover new ways of being with each other we will know the richness of our kinship.

Report from the 2002 Fall Conference
Sonya Hardin, RN; PhD.

The Society of Rogerian Scholars and the Martha E. Rogers Scholars Fund, Inc. celebrated the 15th anniversary of SRS and the 10th anniversary of *Visions* at the 2002 fall conference in Richmond, Virginia on October 12-13. Many of the board members were at the conference and met on Friday evening, October 11th, where they were creatively engaged in the process of discovery and change. The board voted to appoint Dr. Sonya Hardin and Dr. Martha Bramlett as co-editors of *Visions*. A dialogue emerged on new sections of the journal as well as methods to solicit manuscripts. A discussion on the lack of submissions for the Rogerian Newsletter was discussed. The board voted to fold the Rogerian News into the back of the journal. Future issues of *Visions* will have a section devoted to significant news for the Society of Rogerian Scholars.

Dr. Margaret Newman was the keynote speaker, who gave us many thoughts to reflect upon in her delivery of "No Boundaries." She spoke about the panoscopic vision being unboundedness, which allows freedom to explore without limits. One must go beyond labels and dichotomies to create understanding. Her presentation moved all participants forward in their thinking.

Snapshots of the 2002 Fall Conference

During the conference, I listened to Diane Berry, PhD.C, speak about expanded consciousness. She utilized Margaret Newman's *Theory of Health as Expanding Consciousness* to explicate women's experiences with weight loss and maintenance. Women who maintained their weight experienced improved self-confidence, increased self-esteem, decreased personal vulnerability, and better control of their lives.

Dr. Rothelyn Zahourek discussed intentionality and healing. She said that healing happens in a fluid, dynamic, mutual process between and among individuals and their environments rather than a specific, linear, causal fashion. Intentionality was discussed relative to healing. Intentionality is the capacity for and quality of intention. Intentionality is the structure that gives meaning to experience. I learned that wholeness and healing take place only when sufficient time and energy are devoted to free expression and exploration. Healing is that eternal becoming of wholeness that's not achieved in a lifetime, but it's something to work towards. Intentionality requires one to be clear with oneself as to why you're doing something and what motivates you to do that...and then from there, moving out to what it is you intend to do. Intentionality can apply to anything in life. Intentionality in healing manifests in patterns of thoughts, meditation, imagery, hopes, desires, attitudes, choices, motivation, will, emotions, behaviors, and actions.

Dr. Jane Flanagan described a Pre-admission Nursing Practice model which was generated from Rogerian Science, Newman's *Theory of Health as Expanding Consciousness*, and Watson's *Theory of Transpersonal*

Caring. Her qualitative study on the impact of the model on patient and nurse perceptions of it yielded six themes. These were 1) finding balance, 2) meeting the person where they are and providing a safe environment, 3) caring for self and letting go of control, 4) making the choice to change and exploring creativity, 5) acknowledging suffering and recognizing unmet expectations as part of the healing process and 6) forgiveness as a strategy to facilitate spirituality and enhance self-discovery.

I would be remiss if I did not share with the readers the Celebration Luncheon. With small kaleidoscopes at our tables, purple balloons, and a festive air, various members came forward and shared their experiences with the Science of Unitary Human Beings. Sarah Gueldner shared fabric that had been bought on a trip to Spain. This fabric was from a skirt that had been sewn on a trek with Martha Rogers.... As the fabric was being passed with everyone snipping off a piece, I began to wonder how we can continue to maintain our connectedness to the past, be ever present, and see the future without boundaries.

**Society of Rogerian Scholars
Board of Directors
2003 - 2004**

President (2003-2005)

Brenda Talley, RN; PhD, CNAA

President-Elect (2004-2005)

To be Elected

Vice President (2003-2005)

Alison Rushing, RN; PhD C.

Secretary (2002-2004)

Roberta Hills, RN; PhD

Appointed Membership Chair (2003-2005)

Tracy Edwards, RN

Treasurer (2003-2005)

Jacqueline Fawcett, RN; PhD, FAAN

Directors (2002-2004)

Francelyn Reeder, RN; PhD

Marlaine Smith, RN; PhD

Juanita Watson, RN; PhD

Directors (2003-2005)

Rothlyn Zahourek RN; PhD

Barbara Latham, RN; PhD C

Nelma Crawford Shearer, RN; PhD,

**Chairperson, Nominating Committee
(2002-2004)**

Mary Ellen Dye, RN; PhD

Pam Reed RN; PhD

Sonya Hardin, RN; PhD

In Memory of:

Cheryl's McGaffic

Cheryl Mallernee McGaffic, RN; PhD, was born in 1958. She died October 28, 2002 at the University of Arizona College of Nursing in Tucson, Arizona. She was tragically murdered on October 28, 2002 by a 41 year old nursing student who was failing in his program. She is survived by her husband, Walter McGaffic of Tucson. She earned both a B.S.N. and a PhD. in Nursing at the University of Arizona. Her doctoral thesis was based on the spiritual aspects of death and dying; this was to become her primary career focus.

She was a nursing professor at the University of Arizona at the time of her death. Cheryl was an active member of the SRS and the associated listservs, and made profound and insightful contributions to the community.

Leah Gorman

Leah Gorman, RN; PhD, 76, died in February 2003. A memorial service was held on February 24, Tuesday, at the Catholic Cathedral of Christ the King. Dr. Gorman was a nationally recognized leader in Nursing, she had been a chief nurse with the National Institute of Mental Health and taught at a number of universities. Emory University hired Dr. Leah Gorman to head its graduate nursing program and research in 1980.

Farewell, Leah.....Say Hello to Martha for us.....

By Sarah Hall Gueldner, RN;DSN, FAAN

When I learned that Leah Gorman, long-time friend of Martha Rogers, had slipped into eternity, I felt shades of the same loss that I felt when I learned that Martha had died. Leah was of the same jovial ilk as Martha, and they shared the same bold and robust worldview. I don't know just how they came to be friends, but they had settled into an extraordinarily comfortable process of mutual admiration, as only life-long friends can do, by the time I met them.

Like Martha, Leah always seemed ageless to me. Also, like Martha, she had some serious health problems over the years, but she never seemed to let them get her down. I don't think I ever saw Leah when she wasn't smiling, with Martha and the others, gathered in the small cafes in the Village, and sometimes at Martha's home on 8th Street. They and their contemporaries embraced and enjoyed life in a way that most of us may never have the courage and grit to do.

The last time I saw Leah was in 1993, when Martha Bramlett and I went to her house in Atlanta to pick up Martha and begin our trip to Spain for the International Council of Nurses and the Sigma Theta Tau International Research Conference. Leah met Martha at the airport the night before, and had invited her to stay overnight to get some rest before the long overseas flight. We knocked on the door, and Leah opened it wide, inviting us in. They collected Martha's things and off we went to Spain. (Martha would continue on to Egypt with Afaf Meleis to see the pyramids and deliver what would be her last international talk). I can still see Martha and Leah, carrying bags and chattering as they said goodbye. I feel sure that was the last time that Leah and Martha saw each other, and it may well have been the last time that they spoke with each other. That was almost nine years ago, and Leah stayed behind to teach us more about wisdom and living.

But now they are back together visiting...like old times. But this time Martha opened the door and welcomed her good friend Leah into "the ether," as she would say, with a raspy chuckle, I would imagine. I miss Leah, and I still miss Martha, but I don't worry one bit about them. I believe Martha might have poured a little scotch and raised her glass to Leah, toasting, "Enjoy!" They seem to be right where they belong, where pandimensional is how it is and energy is boundaryless, "not a little—not sometimes—but continuously." Where the human

and environmental fields flow through each other. Can't you just hear them chuckle as Martha shows Leah around? Two visionaries, mingling with the Universe.

IN THE NEWS

Cedars Medical Center has announced a decision to implement **The Science of Human Beings** as the framework for nursing services. The facility opened in 1961 in Miami Florida. Today the hospital cares for 20,000 admitted patients a year. The hospital has 94 monitored telemetry beds and is affiliated with teaching services of the University of Miami. The Emergency Department is a 22 bed unit designed for the evaluation of patients presenting emergently, urgently, or non-urgently for cardiac, endocrinological, pulmonary, surgical, gynecological, neurological, dermatological, traumatic injuries, psychiatric and orthopedic symptoms. Eighteen beds have hardwire capability for intensive, continuous monitoring of patients at a central station. They have a 4 bed chest pain center and the main operating room has 14 rooms where over 7,000 surgical procedures are performed yearly.

Sarah Gueldner, RN; DSN, FAAN

Dr. Sarah Gueldner has been appointed as Dean of the Decker School of Nursing at Binghamton University in Binghamton, New York.

Martha R. Alligood RN; PhD.

Dr. Martha Alligood has been appointed Dean of the School of Nursing at Palm Beach Atlantic University located in West Palm Beach, Florida.

THE MARTHA E. ROGERS CENTER FOR THE STUDY OF NURSING
SCIENCE, THE SOCIETY OF ROGERIAN SCHOLARS and THE MARTHA E.
ROGERS SCHOLARS FUND

CALL FOR ABSTRACTS FOR POSTER & PAPER SESSIONS

NINTH ROGERIAN CONFERENCE:

EMERGING POSSIBILITIES FOR UNITARY HEALTH CARE

**JUNE 25, 26, 27, 2004 NEW YORK UNIVERSITY, DIVISION OF
NURSING**

Criteria:

- Rogers' Science of Unitary Human Beings must be the framework for the content of the poster or paper and it must reflect M. E. Rogers' most current work.
- The poster or paper may reflect Rogerian education, practice, research, and theory development.
- The poster or paper may reflect the imaginative use of Rogers' Science in the changing health care environment.
- The poster or paper may focus on a Rogerian view of health policy issues and trends.

On the basis of your submission, the program committee may suggest revisions and/or changes. One page abstracts are to be mailed, faxed or emailed by November 1, 2003 (New date) to:

JOANNE KING GRIFFIN
New York University, Division of Nursing
Steinhart School of Education
82 Washington Square East, Room 221
NY, NY 10003
joanne.griffin@nyu.edu Fax (212-995-4353)

For more information call or email:

Mary Madrid **Elizabeth Ann Manhart Barrett**

973-790-1380 **212-861-8228**

drmaryphd@aol.com **eambarrett@nyc.rr.com**

**SOCIETY OF ROGERIAN SCHOLARS
MARTHA E. ROGERS SCHOLARS FUND, INC.**

The Society of Rogerian Scholars Martha E. Rogers Scholars Fund was established in 1994.. The Fund is exclusively charitable and educational with the following purposes:

- Educate the public about the nursing community’s roles in health carer
- Promote the use of the Rogerian Science of Unitary Human Beings for the well being of people.
- Provide scholarships and fellowships to persons who are studying and using the Rogerian Science of Unitary Human Beings.
- Cooperate with local, national or international not-for-profit organizations to inform the public about Rogerian nursing science.
- Conduct activities that are necessary, useful or desirable in accomplishing the purposes of the Fund.

PARTICIPATING

Martha E. Rogers said, “Dream Big!” You can make her dream a reality through your generous contribution or gift. The purposes of the fund can be achieved through your participating in her dreams and visions.

Yes, I want to participate in the dreams and visions of Martha E. Rogers.

My contribution of \$250.00 _____ \$100.00 _____ \$50.00 _____ \$25.00 _____
Other _____ is enclosed.

Please include your name and address and make check payable to:

Martha E. Rogers Scholars Fund Society of Rogerian Scholars
P.O. Box 1195
Canal Street Station
New York, NY 10013-0867

Contributions are tax deductible
Tax ID number for 501 c(3) 13-376591868

CONFERENCE OF THE SOCIETY OF ROGERIAN SCHOLARS

November 15-16, 2003

Savannah, Georgia

Emerging Pattern in a Changing World

Key Note: Dr. Jacqueline Fawcett will present "The Evolution of the Science of Unitary Human Beings: Focus on Language.

Dr. Fawcett has conducted a program of research dealing with wives and husbands' pregnancy-related experiences that was derived from Martha Rogers' conceptual system. She is perhaps best known for her meta-theoretical work, evidenced in many journal articles and several books including *Analysis and Evaluation of Conceptual Models of Nursing*, which has been translated into Finnish, Japanese, and German. Among other honors, Dr. Fawcett was elected to Sigma Theta Tau, Pi Lambda Theta, and the American Academy of Nursing. She serves as Treasurer of the Society of Rogerian Scholars.

Presentations include:

- Portraits of Healer/Landscapes: Touch Therapy Illuminations During Bone Marrow Transplant (Reeder)
- Caring for our Own: Incorporating a Caring Rogerian Science Perspective into the Impersonal Environment of Web-based Learning (Johnston)
- Seeing the Seed in the Apple: Using Haiku to Appreciate Moments in the Human-Environmental Process (Biley)
- Nursing Facilitation of Health as Expanding Consciousness with Families who have a Child with Special Health Care Needs (Falkenstern)
- Title to be Announced (Rushing)
- Perceptions of Power by Baccalaureate Nursing Students (McBride)
- An Interpretive Study of Martha Rogers Conception of Pattern (Alligood)
- The Use of Narrative Inquiry to Apprehend Unitary Phenomena (Hanley)
- Participation, Appreciation, and Emancipation: Emerging Unitary Praxis Themes (Cowling)
- Synchronicity, Paradox, Consciousness Integral to Intentionality and Healing (Zahourek)
- Spirituality as Integrality (Hardin)
- Finding Mantras in our own Traditions (Talley)
- Imagery as a Doorway to the No Spacetime Zone (Barrett)
- Using Unitary Appreciation Inquiry: Reflections on Praxis and Dissertation Research (Cox)
- Making Sense of Information Technology and the Issues from a rogerian Perspective: Exploring through Dialogue (Cox)
- Despair and Spinal Cord Injury (Alligood)

Visions: Journal of Rogerian Nursing Science

Call for Manuscripts

The editors of *Visions* are seeking manuscripts of 3,000 words or less for the February 1, 2004 deadline. A peer-reviewed, biannual publication that is indexed in CINAHL, Cumulative Index to Nursing and Allied Health Literature is focused on content that reflects some aspect of Rogers' Science of Unitary Human Beings (clinical practice, research, theoretical issues, etc.).

Organization of Manuscript:

1. Identification page (name, address, phone number, affiliation and professional title and running title, and email address.
2. Title page (no author identification.
3. Abstract followed by 3-4 key words for indexing.
4. Text 15-20 pages.
5. Submit 4 copies of the manuscript or email a copy to:

Dr. Martha Bramlett
6332 Fox Chase Dr.
Davidson, NC 28036
mhbramlett@worldnet.att.net

OR

Sonya Hardin RN PhD
School of Nursing
9201 University City Blvd
Charlotte, NC 28223
srhardin@uncc.edu

Call for Columns

The editors of the Columns are seeking a column of 1500 words or less for the Spring 2004 edition of *Visions*. Columns include: Innovations, Instrumentation/Methodology, Emerging Scholars, and Human-Environmental Field Patterning Practice. Selections for columns are editorial decisions. Only two copies need to be submitted by mail or Please send by email to: srhardin@uncc.edu Upon acceptance the author/authors must submit both a hard copy and disk.

Call for Photographs

The editors are seeking photographs of Martha Rogers for upcoming editions of the journal. Please send photographs to: srhardin@uncc.edu or mail to Dr. Sonya Hardin, Society of Rogerian Scholars, Canal Street Station, PO Box 1195, New York, NY. 10013-0867. If you send actual photographs please DO NOT SEND your original. Send a copy of the photograph since we cannot promise to return them.

Society of Rogerian Scholars
Canal Street Station
PO Box 1195
New York, NY 10013-0867
MEMBERSHIP APPLICATION FORM

Name _____
Address _____

Phone (Home) _____ (Work) _____

E-Mail Address: _____

Affiliation _____

- | | | |
|---|-------|--------------------------|
| Patron | \$250 | <input type="checkbox"/> |
| Supporting Member | \$150 | <input type="checkbox"/> |
| Institutional Member | \$85 | <input type="checkbox"/> |
| Regular Member | \$55 | <input type="checkbox"/> |
| Student (with copy of student ID) and Retiree | \$35 | <input type="checkbox"/> |

Make checks (U.S. funds only) payable to: Society of Rogerian Scholars
Membership year runs from July 1 through June 30.

For New Members Only who pay in April, May, or June, Dues are credited towards the following year.

Library subscriptions are available for *Visions: The Journal of Rogerian Nursing Science* at \$20.00 per year. Reprints of Articles in *Visions* are available for \$2.50 per article. Back issues are \$15.00 per copy.

Credit Card Information

The following Cards are accepted. Please check the space next to the one you wish to use, and provide the required information. Please print clearly.

Visa: _____

Mastercard: _____

Account Number: _____

Expiration Date of Card: _____

Signature: _____

Billing Address: _____

**Society of Rogerian Scholars
Canal Street Station
PO Box 1195
New York, NY 10013-0867**

PRESORTED
STANDARD
U.S. POSTAGE PAID
WHITE PLAINS, NY
PERMIT NO. 513