

Living Rogerian Unitary Nursing Science in Tumultuous Times and Teaching Our Next
Generation With Healing Stories.

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Retired

Abstract

This paper was presented at the 2018 Rogerian Scholars Conference as the opening Martha E. Rogers Scholars Fund Lecture. The theme of the conference was exploring ways to facilitate pandimensional knowledge development and healing practices for the next generation of professional nurses. It emphasizes the need to share our healing stories of theory informed unitary nursing *praxis* through dialogue with students, practicing nurses and faculty colleagues in mutual process. By describing ways unitary nurses and faculty can help transform our society with a knowingly pattern of a tumultuous field can promote health for all people. Such socio-political praxis can be achieved by educating our nursing students, nursing faculty, and practicing nurses using theory informed unitary/holistic nursing health patterning modalities. Martha Rogers' 1992 predictions acknowledged that nurses will be regularly integrating in their practice non-invasive modalities such as meditation, imagery, and therapeutic touch. Conflict resolution and peer mediation education is presented as an additional health patterning modality unitary nurses are encouraged to embrace.

Key Words: Martha Rogers' Science of Unitary Nursing, Healing Stories, Ericksonian Hypnosis, Therapeutic Touch, Conflict Resolution/Peer Mediation, Power.

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Introduction

This abbreviated and slightly updated paper was presented as the opening Martha E. Rogers Scholars Fund Lecture for the Rogerian Scholars conference at New York University School of Nursing in October, 2018. The theme of the conference was facilitating pandimensional knowledge development and healing practices for the next generation of professional nurses. It emphasizes we need to share our stories of theory informed unitary nursing *praxis* through dialogue with students, practicing nurses and faculty colleagues in ongoing mutual process.

This paper also describes ways unitary nurses and faculty can help transform our society and more knowingly pattern a tumultuous field to promote health. I teach health as eudaimonistic, ever evolving well-being (Larkin, 2007) and wellbecoming (Phillips, 2019) for all people, wherever they are. Promoting health in a rapidly changing environmental field was Martha Rogers' mission. Rosemary Parse once described Martha Rogers as "an earthquake". As earthquakes have the capacity to destroy and constructively create, Martha "destroyed the complacency of the nursing world, (a world under the purview of medicine), she brought down longstanding structures that fostered old views, and she simultaneously created a new landscape for nursing, altering the terrain forever" (Parse, 1997, p.7). Parse emphasized "Her voice will not be silenced...", "her aftershocks will continue to enrich our lives, destroying old views and inspiring new ones, all at once" (1997, p.11). So, hold on and enjoy the ride! With Rogers' unitary nursing science, society can be pandimensionally transformed for human betterment and the betterment of our environmental field.

Martha Rogers' profound contributions: Science of Unitary Human Beings: Martha Rogers' contributions to nursing science began more than 60 years ago. Over 20 years ago at a NYU Rogerian Dialogue, John Phillips stated all phenomena can be perceived and experienced through a unitary nursing science lens. This awareness has guided much of my professional and personal life. Rogerian unitary nursing science helped me understand healing experiences in my nursing practice. To help knowledge development of the next generation, we educators and nursing scholars need to integrate more praxis narratives about our clinical experiences. We need to teach with our nursing stories utilizing a unitary, transformative, caring healing theory informed nursing lens.

John Phillips suggested (2015) that we faculty need to facilitate students understanding so they can live unitary nursing science, with a pandimensional awareness in their soul. Could stories become an aesthetic pedagogical strategy to facilitate soul understanding of unitary nursing science?

Preparing for this talk and delving more deeply in the Rogerian literature became a form of self-care and comfort, as if I were on a vacation from the chaos of news, real and false. Reading the excellent Rogerian books, articles in Visions and Nursing Science Quarterly, helped me reflect and live more constructively in our current tumultuous times. It is wonderful that Visions, the Journal of Rogerian Science is available for free on the Society of Rogerian Scholars website (<https://www.societyofrogerianscholars.org/index.html>). I encourage you to dwell with the readings, and discover your subsequent reflections as a form of restorative and pandimensional self-care.

I met Martha Rogers in the early 1980's, when I was in the Master's program at NYU. I continued at NYU for my doctorate, and John Phillips was my faculty and chair. John would regularly invite Martha to our classes, and we often met with her for dialogue through the master's and doctoral student nursing associations. I had great conversations with Martha in her office, about paranormal experiences, energy fields in outer space, and we argued about psychoneuroimmunology as an appropriate area to study, regarding stress and illness. After our conversations and much reflection, I considered psychoneuroimmunology a pattern manifestation of the human energy field, much like looking at only one or two dimensions of Flatland.

Rogers' Metaphor of Flatland & Unitary Nursing Science: For those who have not yet heard of the isomorphic analog of Flatland, this is a story by Edmond Abbott (1952), of a land of two dimensional shapes in which children are dots, women are lines and men are 2 dimensional shapes. One day, an educator square, (known much like Martha Rogers, as a rebel!), saw a dot appear, then the dot turned into a line, and then it moved back to a dot. The educator square could not explain this, until he suddenly jumped out of two dimensionality into three dimensionality and discovered that actually, what he was perceiving, was a sphere moving from two dimensionality into three dimensionality.

Martha Rogers considered this metaphor an analog to her theory (Rogers, 1992), and it made sense to me and my understanding of psychoneuroimmunology. However, perhaps I

could not defend it well, she continued to argue that measurement of natural killer cells was particulate and not congruent with her conceptual framework. I still disagreed, and this was when I began to learn about her capacity to engage in constructive conflict communication patterns. I will discuss more about the need in our society to learn patterns of constructive conflict resolution later in this paper.

Tumultuous patterns explored: Infinite Potentials!: “Infinite potentials”, was on the early covers of Visions: The Journal of Rogerian Science. Infinite potentials continue to be a helpful and hopeful perspective today, as we strive to live unitary nursing science in changing, tumultuous time to live unitary nursing science in changing, tumultuous times.

Definitions of tumultuous include highly agitated, distraught, riotousness, violent, boisterous, unquiet, confused, noisy, stormy, full of change, and uncertainty (Dictionary.com, n.d.). Symptoms of experiencing tumultuous patterns might be feeling scattered in focus and flailing in behavior. Antonyms of tumultuous are quiet and calm.

How would Martha Rogers and Rogerian scholars describe *tumultuous* patterns from a unitary nursing science perspective? Would Martha say it is an evolutionary emergent, like hypertension, cancer and hyperactivity? Are tumultuous patterns illustrative of helicy, evolving diversity, and calling us to evolve our patterns so we can learn new ways to feel a sense of calm in the midst of a storm? Do we need to learn and teach patterns to help students, patients, ourselves find calm in the midst of chaotic storms? (How timely are these considerations as I revise this talk in 2021).

Stories of Health Patterning in Tumultuous Times: I read in Reader’s Digest a story over 40 years ago, about a woman who fell overboard, off a boat in a horrific, tumultuous storm. She survived many hours until she was rescued. She described her process of taking deep breaths, then deeply relaxing while exhaling, allowing her arms to rise while she was sinking under the water surface. Then, when her arms were above her head, she swooped them down to her sides and raised her head above the water line to take another deep breath. She did this for several hours until she was rescued. She would have died if she had been flailing her arms without rest. I taught my children this and I encourage you try it out in a pool, lake or ocean. It can feel like a moving meditation.

Living in tumultuous times, perhaps this rescue story is illustrative of how we can and should be integrating health patterning modalities more explicitly in our lives, in our nursing education and in our nursing practice.

Elizabeth Barrett in 1992 defined a health patterning modality as “a specific approach to assisting clients with knowing participation” (p.156). She emphasized there are many health patterning modalities that can enhance power as knowing participation in change, such as meditation, therapeutic touch, music, imagery, dance, journaling, humor and relaxation and centering, which is described by Krieger (1993), is essential to all of them.

Nursing now has many tools to aid focus, presence and the capacity to be in and appreciate the pattern of the moment. Martha Rogers, in her seminal 1992 *Nursing Science and the Space Age* article posited that noninvasive therapeutic modalities will mark the future of nursing practice. But we are not there yet! I think we need to teach all nursing students and practicing nurse’s meditative, non-invasive health patterning modalities, for their own self-care and for the care of their patients. This should be an expected standard of nursing care and it should be in *The Essentials* (2020). Increasingly, the public will expect this, as they become more knowledgeable of the health promoting benefits of noninvasive modalities.

Daniel Siegel (2018) published a NYT best seller entitled *Aware*, on the therapeutic benefits of meditation. John Kabot-Zinn has mediation exercises on YouTube, as does

Oprah and Deepak Chopra. Bill Gates (2018) even recommends meditation as a way to help balance oneself, particularly in the face of stressful difficulties.

The new Joint Commission advisory on non-pharmacological and non-opioid evidenced based treatment options for pain management is now recommending meditation and progressive relaxation strategies as non-invasive options for pain management. Additionally, the Joint Commission recommends members of the health care team receive training on these approaches (Bronk, 2018). Unitary nurses should be at the front line in providing patients and teaching health care providers these holistic health patterning modalities. Frisch, Butcher, Campbell and Weir-Hughes (2018) described *Holistic Nurses’ Use of Energy-Based Caring Modalities* and reported results from a survey of 424 nurses that 76% of participants “reported using nursing theory or holistic theory to inform their practice...”(p.213). It is heartening how many nurses are providing holistic nursing modalities and utilizing nursing theory to guide their practice. Perhaps there is hope for healing our health care system!

Ericksonian Hypnosis as a Power Promoting Health Patterning Modality

I have had a private practice in nursing and health patterning for over 30 years, utilizing nursing theory and teaching patients, nurses and other health care providers Ericksonian hypnosis for pain and stress management. I am now aware that years ago, unknowingly, I was facilitating their power as knowing participation in change. Ericksonian hypnosis is a health patterning modality based on the work of Milton Erickson MD, who has been described as the father of modern hypnosis. He depicted hypnosis as therapeutic communication, which integrates imagery, therapeutic suggestions, therapeutic storytelling and therapeutic metaphors to co-explore possibilities and potentials with the client, who is a co-creator in this mutual patterning of promoting health. Erickson described hypnosis as a process of helping free people from learned limitations and he emphasized that within each individual, there are sufficient resources for transformational change (Larkin, 2001, 2007). I believe that Erickson, as he deeply appreciated the strengths and resources within each individual, was engaging in what Richard Cowling describes as *pattern appreciation* (2000). Erickson reportedly viewed his work as atheoretical, because what theory could adequately address the uniqueness of each human being? However, I posit he was not aware of the Science of Unitary Human Beings! Although he never met Martha, I do enjoy imagining their creative dialogue process, as they mutually discover their aligned perspectives. Much of my doctoral dissertation discusses their conceptual alignment (Larkin, 2001, 2007). When I learned about Elizabeth Barrett's power theory (2015), I realized that facilitating power as knowing participation in change was particularly aligned with the therapeutic patterns and goals of Ericksonian hypnosis. Now when I teach Ericksonian hypnosis interprofessionally, I utilize a Rogerian unitary nursing lens and I emphasize the power theory. I remember a psychologist, then vice-president of the New York Milton H. Erickson Society for Psychotherapy and Hypnosis organization, expressing delight after reading "Nursing Science and the Space Age" (Rogers, 1992), saying "Now I have a theory that guides my work!". It is time for the science of unitary human beings to transcend our nursing discipline and guide other inter-professional health care providers in unitary theory informed practice. Violet Malinski's recent article "Pregnant with Promise, Time to Deliver" (2017) similarly encourages unitary informed nurses to help guide other professionals in unitary theory informed practice.

However, we still need to teach our nursing students unitary theory informed nursing practice, so they fall in love with our disciplinary knowledge. Florence Nightingale claimed nursing was distinct from medicine, and Martha was adamant in agreement that nursing is unique and should be guided by its own disciplinary knowledge (Roger, 1992).

Teaching Unitary Nursing: I recommend we start teaching unitary nursing at the beginning of nursing education and then continue to seed it and strengthen students understanding throughout their Master's and Doctoral studies. Unfortunately, we are not there yet! I have to admit I was horrified when a recent graduate from a DNP program said she did not know what theory informed practice meant, and she now has a position as faculty in a nursing program. In articles by Barrett (2017), Malinski (2017) and Grace, Willis, Roy and Jones (2016), authors bemoaned about the lack of theory taught in graduate programs. How can we rectify this as a collective? I think we need to more purposefully seed theory in the first nursing courses and continue to reinforce theory informed practice throughout all levels of nursing education. Additionally, we need to mentor seasoned nurses and faculty, who missed this education. I agree with John Phillips (2000) in his article on Rogerian Science and the needed "healing of the bastardization of nursing..."(p. 197), in that discovery of theory informed Rogerian nursing can heal the divisions in our profession regarding the limiting, mechanistic and reductionistic process of teaching/practicing nursing from a biomedical model (McCarthy & Jones, 2019). I want us to embrace teaching/practicing from a unitary/transformativ/caring healing theory informed nursing praxis model to survive, thrive and heal as a professional discipline.

How can we teach unitary nursing science so that students understand it in their souls (Phillips, 2015)? I find it disturbing how many chapters and articles I've read that have described Rogerian SUHB as too abstract and difficult to understand. I am purposefully not citing them in this paper. If we teach theory more blatantly, in all levels of nursing education, utilizing multiple ways of knowing - perhaps more students, recent graduates and practicing nurses will be aware of the pleasures of unitary-transformativ theory informed nursing practice. We need to teach nursing students centering, presencing and theory informed ontological competences, health patterning and comfort promoting nursing modalities.

I have been teaching in nursing schools for over 25 years. In my practice and in my teaching, I regularly emphasize and strive to model self-care, and I encourage the use of contemplative practices as essential to the provision of holistic nursing. I think we need to

teach experiential meditation, imagery and relaxation approaches in many ways, while still integrating necessary empirical content. Years ago I was co-teaching a master's health assessment class. I was discussing Barrett's power theory when I noticed most of my students looked exhausted. I decided to offer them a progressive relaxation / meditation induction while continuing to teach the power theory. One of my students, Jackie Levin, said that when she read the required readings on the power theory, "I felt like I already knew it!" Is teaching empirical content in meditative inductions one way we can help students understand theory "in their soul"?

Therapeutic touch: As I was preparing for this talk, I also reflected on my own introduction to Rogerian Unitary science, during my first job in a burn unit. I had watched a video about Therapeutic Touch (TT) with Dolores Krieger, who was then a Professor in the NYU Division of Nursing. I became curious about therapeutic touch, took a brief continuing education class and then offered it to a 58 year old man in the burn unit, who was dying, with over 80% burns post a car explosion. He was in isolation, and according to report, unresponsive (students, don't believe that!). I offered him TT when no one was watching, during my night shift. I had received report from the nurse on the evening shift that she and the nurse on the day shift had been suctioning this man's lungs for copious secretions every 15 minutes. I anticipated this would be much of my night shift work. I suctioned his lungs at the beginning of my shift, continued with my critical care assessment and then offered him TT. As per the TT recommended protocol, I centered, established an intention for the highest good and then began assessing his field. When I assessed his field over the L side of his lungs, I felt a strong sense of energetic congestion and I was viscerally reminded of being crushed and congested in a NY subway during the 5 o'clock rush hour. I pushed away the congestion, with an intention to help clear, balance and open up the field. I continued to offer TT for a few minutes until his field felt more symmetrical and balanced. Throughout the night I assessed his lungs every 15 minutes and they remained clear. After 4 hours, I looked at the critical care flow sheet, which had 4 suctioning checks every hour during the day and evening shift. I then secretly wondered if the TT had affected my ears. I suctioned his lungs once more for minimal amounts of secretion and then again offered him TT. This time I only felt a minimal amount of congestion over the left side of his lungs. It seemed to have cleared post TT, and I did not need to suction him for the rest of the night. The chart for the day shift had 4 checks every hour for suctioning,

as did the evening shift. I documented only 2 suctionings for the entire night shift. I did not, however, document that I offered TT. This was in 1978, when we didn't talk about energy healing. But you know what? We still barely talk about energy healing. And we don't talk enough about noninvasive unitary and theory informed health patterning modalities. Even though Martha Rogers, in her seminal 1992 article, *Nursing Science in the Space Age*, emphasized that nursing would be more regularly offering non-invasive modalities in our work, we are still in our infancy.

I tell my students I am not adverse to drugs, I am adverse to only providing drugs. There are enough research studies supporting the health promoting benefits of holistic, unitary health patterning modalities (Dossey, 2017). For example, Epstein, Barrett, Halper, Seriff, Phillips & Lowenstein's early research on helping people manage asthma with imagery (1996) is outstanding. The many dissertations, studies and theoretical reports on therapeutic touch and its efficacy for reducing pain, anxiety, and postoperative use of analgesics, (Fry & Kijek, 1999; Coakley & Duffy, 2010; Hanley, Coppa, Shields, 2017; Malinski 1996 and my research on enhancing power and progression toward desired self-selected health goals for people with chronic illness with Ericksonian hypnosis in support groups (Larkin, 2001, 2007) are only a few of the correlational studies demonstrating the health promoting benefits of holistic nursing modalities. It is essential we integrate these modalities more explicitly in our teaching and nursing practice.

I am now able to look back at many of my nursing experiences with non-invasive modalities and understand them more deeply from a unitary lens. For example, prior to my introduction to Rogerian science, 36 years ago, I was assigned to a one to one with a patient who was blind and deaf from birth, and dying. I offered her TT during her transition from life, and suddenly felt in mutual process her tremendous initial fear, it reminded me of a puppy cowering in a corner and then, I felt her energy dissipating gently, into a profound sense of peace as she passed. I was amazed, and felt I shared in mutual process pattern manifestations of her death experience. I did not yet understand this from a unitary nursing perspective. But in Rogerian science, such a paranormal experience is well within the unitary world view.

I have had many subsequent experiences with Therapeutic Touch, particularly when I was working as a pain management consultant/holistic nurse at a hospice in NYC. I know, ontologically, from my own mutual process with patients, that therapeutic touch is a powerful

comfort promoting modality. It is easily learned and time efficient with patients, in a linear and cost effective sense. I have also noticed, that the comfort promoting benefits of therapeutic touch continued well after I left the room. Parse refers to this phenomenon as a lingering presence (Parse, 2015; Larkin, 2017). Of course, more research is needed, but in the meantime I encourage my students to learn and become a researcher as they offer this modality and other non-invasive health patterning modalities to their patients. I also encourage students to discover how their patients will be their teachers regarding the therapeutic benefits of unitary health patterning modalities.

Health patterning power enhancement: Phillips (2015) emphasized we need to focus on health patterning power enhancement, in an environmental field of unconditional love. How can we academics more knowingly facilitate health patterning power enhancement in an environmental field of unconditional love with our students?

I recently was a guest lecturer in two final leadership courses in a baccalaureate program. I was presenting on the importance of theory informed self-care, with progressive relaxation and meditation strategies. The professor introduced me and then asked her first class of 45 students “How many of you have a preceptor that models self-care?” Only 4 of the 45 students raised their hands. This is pitiful, and I believe, models malpractice. We should not allow this to be a norm. How can we challenge this norm and teach our students, our practicing nurses and too often, our colleague’s better ways of becoming a therapeutic deviant, live the power theory and knowingly change non-healthy norms in our work so it is inclusive of self-care? I also taught in the afternoon nursing leadership class of 35 students and 5 students raised their hand to say they had a preceptor who modeled self-care. That was slightly better but still, horrific armchair statistics regarding the lack of wellbeing and wellbecoming in our profession.

We theory informed nurses have work to do. In all areas of life, unitary nurses have the opportunity to knowingly pattern the field to promote pandimensional health and wellbecoming. This is living Elizabeth Barrett’s (1986, 1997, 2010,) power theory, knowingly participating in change. We need to knowingly participate in areas of health that evoke our passion, our activism. Then we can more purposively evolve our power, by growing our awareness regarding these issues, our choices, our freedom to act intentionally and our involvement in creating healing change in our world.

Conflict resolution as a power promoting health patterning modality: Some of the tumultuous and challenging issues I am passionate about and advocate for are unitary/holistic nursing, theory informed education and practice, peace education, constructive conflict resolution, peer mediation, restorative discipline/justice and cleaning up our environment. How can we more knowingly facilitate healing and address these issues, relate them to our imperative of living Rogerian Science and promoting health, well-being and wellbecoming for all people, wherever they are?

This includes promoting health for all the children who have been separated from their parents, and their parents, who have let their children go in the hope of gaining their freedom. This includes the people living in Flint, who are still drinking poisoned water. This includes all students and teachers who are living in fear of the next school shooting and it includes children, teachers, parents, school nurses, administrators, security guards, friends and neighbors who are still striving to recover from the last school shooting. It includes immigrants, those living in war zones, those striving to recover from trauma, those suffering from racism and white supremacy. It includes people who are living in poverty, who have inadequate health care, and those who are scrambling to relocate from yet another climate change induced fire or flood. It includes people who are suffering from pain and not receiving holistic nursing/health patterning modalities to help ease their suffering. This includes people who are suffering from opioid abuse and addictions. It includes bullies and the bullied. It includes Democrats, Republicans, libertarians and all others. It includes people, animals, marine life and our environmental field, which is being increasingly poisoned by plastic, chemicals, and garbage. It includes those who advocate for freedom to print 3-D assault rifles. It includes nurses who feel they are suffering from burnout, compassion fatigue, workplace violence and abuse. These are only a few of the profoundly abundant issues nurses can exercise emancipatory knowing and praxis and live our Code of Ethics (2015) to advocate health for all.

Once again the Gallup poll reported the public considers nurses to be the most trusted professionals (nursingworld.org, n.d., 2020). We can capitalize on our reputation; transcend politics and address any and all of these issues from a health promoting patterning perspective, utilizing a unitary lens to help knowingly facilitate healing change. Peggy Chinn has established a nurse activist group and you can join this and collectively, knowingly live and enhance power and facilitate healing change and wellbecoming for all. Her blog site

www.nursology.net is a wonderful resource for social and political activism as well as for nursing theory.

I believe all patients should be offered unitary theory informed health patterning modalities as a standard of nursing practice, and I posit that not offering health patterning modalities is negligence and malpractice. Unfortunately, many baccalaureate nurses do not receive education in theory informed health patterning modalities. I recently spoke to 2 unitary nursing colleagues who were hospitalized and experienced post-operative pain, and they woefully reported their nursing care was technologically competent but distressingly robotic, uncaring, and blatantly non- theoretical. I think they were not educated in the science and praxis of unitary human beings.

According to John Phillips all human beings “have differences in pandimensional awareness.” (2015, p.26). How do we educators help cultivate pandimensional awareness to help nursing students learn to practice from a unitary world view? It is essential to teach nursing beyond the empirics, beyond the restricted yet still dominant biomedical model.

Phillips emphasized we need to nurture the emergence of healing/*wellbecoming* for the flourishing of life. How can we facilitate this *wellbecoming* to help more knowingly transform our suffering society, our patients, our nursing students, our new graduates, our practicing nurses, our faculty? How can we help them experience a sense of dynamic participation for the betterment of living (Phillips, 2015), so they can more knowingly facilitate healing change in the abundant tumultuous health issues throughout our world?

Violence & racism

Significant tumultuous patterns in our society today are racism and violence, on the streets, in our schools, movie theatres, malls and Capital. How can we unitary nurses more knowingly pattern the field and promote peace? We need to grow our awareness regarding racism and violence, our choices, our freedom to act intentionally and our involvement in facilitating healing change.

Violence in schools has been escalating pandimensionally. This public health issue is endemic and schools are frantically responding in tertiary ways, with armed guards, increased police presence, metal detectors and lock downs. Students are practicing armed shooter drills and more states are recommending teachers carry guns. One school in our country has supplied classrooms with buckets of rocks, so students can throw rocks at armed shooters

(Bacon, 2018). I think this is horrific and reactive, amplifying fear and teaching our children to respond to conflict violently.

Racism is currently in the forefront of our national discussion, with often passionate disagreements (Zahourek, 2020). The shooting of black men and women by police has spurred massive demonstrations across the country and embolden the black lives matter movement. This has spurred a national conversation which is also occurring in nursing. How can we help heal the historical disparities and deeply held fears and resentments? Unitary nurses can constructively respond to these American crises. Guided by our unitary theories and praxis, we can knowingly pattern the environmental field to promote a culture patterned with mutual respect and peace. Sensible laws have not yet been enacted to prevent the production and sale of assault weapons. Enforcing background checks and expanding mental health care continue to be insufficient. Since Columbine, nearly 200,000 children, kindergarden through high school have been directly affected by school shootings (Scarred by school shootings, March 21, 2018 The Washington Post, John Woodrow Cox and Stephen Rich). Many of the surviving children are suffering from post-traumatic stress. Children should feel safe in school, this is an essential precursor for learning, self- actualizing and constructively experiencing their power. I agree with Anna Kamenetz in her 2018 NPR article entitled “Here’s How To Prevent The Next School Shooting, Experts Say”, “Don’t harden schools. Make schools softer, by improving social and emotional health.”

Teaching Conflict Resolution and Restorative Justice in Schools and Communities.

A non-invasive health patterning modality I would like all nurses to know is constructive conflict resolution, peer mediation and restorative justice education. Martha knew how to constructively engage in conflict on issues she believed in. Many times I heard her utilize strong messages beginning with I statements, such as “I disagree, I think you are wrong”. And despite our disagreements, there was still a palpable sense of mutual respect in our field. This is patterning with constructive conflict resolution and it helped guide much of my future work.

Since 1996, I have been working with an inter-professional group to teach constructive conflict resolution skills in an urban/suburban elementary school outside New York City. Thus far we have graduated over 700 3rd, 4th and 5th grade peer mediators. We were trained by the organization “Creative Response to Conflict” (CRC), in Nyack, NY, which is known for teaching children and adults constructive conflict resolution and peer mediation skills. I

remember the first training I observed consisted of 22 4th graders, my son included. I knew many of these students had been regularly sent to the principal's office for 'bad' behavior. Following the training, I told a colleague that if everyone had this kind of training, I wouldn't have a private practice anymore!

We typically offered 2 trainings a year, and much of the 3 day conflict resolution and peer mediation training consists of content often taught in psychosocial nursing courses. Mindfulness, emotional regulation skills, deep listening, paraphrasing, brainstorming, suspending judgment, asking open questions and helping the disputants discover solutions to their problem that are win-win or fair-fair are skills taught in a restorative circle format experientially. I think students were implicitly learning unitary nursing science and ways of living the power theory. One exercise involved teaching that a single perceived reality can contain multiple truths, depending on one's perspective. Similar to emerging from Flatland, students were encouraged, to open up their awareness and discover additional perspectives. We looked at what are known as *perspective pictures*, i.e., the picture of the old lady that is also, simultaneously, a young lady with a feathered hat. We also read the story of "The Maligned Wolf" (Leif Fern, CRC, 1998). About half way through the story the children recognize it is the story of Little Red Riding Hood, but told from the wolf's perspective. Later we acted out a peer mediation in a fishbowl session with Little Red and the Wolf as disputants. The children discovered, through this modeled peer mediation process, that the wolf was just trying to protect the forest from polluters. Unfortunately, he made an assumption that Red was suspicious and dangerous, and then the conflict escalated and got out of hand. Clarification of differing perspectives is achieved through the peer mediation/therapeutic communication process. A win-win solution is discovered, and from now on both Red and the Wolf agreed to work together to keep the forest clean (Larkin, 2017).

I think this form of education helps children live the power theory. They learn ways to expand their awareness regarding conflict and violence, and grow their choices so they can respond to conflict constructively with words and mindful equanimity. Simultaneously, they enhance their awareness of their freedom to act intentionally and their involvement in creating healing change rather than engaging in violent acts.

Nurses are well suited to initiate programs of conflict resolution, peer mediation and restorative practices in schools and communities. We can work inter-professionally, in a non-

partisan way to live our theories, standards, Code of Ethics (ANA 2015) and mission “to promote health and wellbeing for all” (Rogers, 1992, p. 28). We can utilize our power and knowingly facilitate healing change (Barrett, 2015). We can augment our emancipatory knowing (Chinn, 2016) and constructively facilitate healing of this epidemic of social injustice and violence. We need more kindness, respect and social-emotional intelligence in our schools. Holistic nurses help guide this process and through unitary praxis (Smith, 2016), we can pattern the field for peace, justice and respect of diversity.

Richard Cowling, in a Journal of Holistic Nursing editorial (September, 2018), encouraged nurses to collectively respond to our prevalent social justice issues. He emphasized the importance of paying attention to the news and issues related to sexual harassment in the workplace, the opioid epidemic, human trafficking, the migration of impoverished and repressed peoples, gun violence, and school shootings as they affect the well-being of individuals, families and communities. He reminds us to “take strong actions to promote the betterment of humankind” and to be reminded of the “powers of wholeness, diversity and human kindness” (Cowling, 2018, p. 209). John Phillips (2015) reminds us that nurses can be “soul whisperers”, with integral presence, and as “energy spirits with the essence of love, everything is possible”.

Racism and tribalism are other toxic issues facing our society and our world. I encourage everyone to look at the TED talk by Valarie Kaun (2017), on Revolutionary Love in a Time of Rage. Kaun spoke about her early encounters with hate, in grade school she was told she would go to hell, because she was not a Christian and she was dark skinned. She spoke about the first man who was murdered after 9/11. He was wearing a turban, which in her culture indicates a willingness to serve. She became a lawyer and now teaches about revolutionary love, that forgiveness is freedom from hate. It is not forgetting or condoning murder and violence. She spoke about going to the jail with the brother of the man who was murdered. They met with the murderer, and heard his story, and the brother shared the story of man he killed. She emphasized the value of wondering about our opponents, and said, “Stories can create the wonders that turn strangers into sisters and brothers”, which can then open up possibilities for reconciliation. She implores us to love ourselves and tend our wounds, so we can “see my son as your own and protect him when I am not there.”

I watched this TED talk with nursing students in a conflict resolution class and then we read the following story about wolves to help expand our subsequent dialogue.

A Grandfather from the Cherokee nation was talking to his grandson. “A fight is going on inside me,” he tells the boy. It is a terrible fight between two wolves. One wolf is evil and ugly. He is anger, envy, war, greed, self-pity, sorrow, regret, guilt, resentment, inferiority, lies, false pride, superiority, selfishness and arrogance. The other wolf is beautiful and good; he is friendly, joyful, peaceful, loving, hopeful, serene, humble, kind, just, and compassionate. This same fight is going on inside of you and inside of every human being. “But Grandfather!” cries the grandson, “which wolf will win?” The elder looked at his grandson. “The one you feed”. (Boyes-Watson & Pranis, 2015, p.16).

Let us feed and nourish each other with living and teaching the Science of Unitary Human Beings praxis, integrating our healing stories for our nursing students, colleagues, patients and all people, wherever they are. In closing, I offered a contemplative and meditative induction for relaxation, replenishment, and to model teaching Rogerian/unitary concepts experientially. Interspersed in the induction were Rogerian concepts by Martha and other eminent nursing scholars. This induction was adapted from my SRS 2017 presentation and can be found in my publication in Visions (Larkin, 2018). Please feel free to offer and adapt this for students and colleagues, to help them more deeply understand and appreciate unitary nursing science.

Several issues have arisen since this paper was presented in 2018. The ugly manifestation of racism has exploded in our country. A global pandemic has killed and/or made sick hundreds of millions across the globe. In addition, a contentious election and the obvious manifestation of a significant split in values and how they are expressed have torn families and communities apart. How would Rogers describe these times? She would likely see these crises as potentials for creative emergence. At the same time there seems to be an emergence of interest in embracing and developing nursing theories and applying those theories to practice and education. Butcher (2002) and Smith’s (2021) work describing the concepts of turbulence-ease are so relevant in living Rogerian science during such challenging times. Greater attendance at nursing theory conferences, papers, and the emergence of www.Nursology.net as a theory repository and site for scholars to use and reference nursing theories suggests that an increased interest in nursing theory informed practice exists. This is cause for celebration! Let us live the power theory and knowingly facilitate healing change for all!

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