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Visions



Infinite Potentials

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Visions: The Journal of Rogerian Nursing Science
Volume 12 Number 1 2004

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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.
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EDITORIAL: PATTERN OF THE FIELD

By Sonya R. Hardin, RN; PhD, CCRN

Nursing is the science of irreducible human and environmental energy fields arrived at by a synthesis of facts and ideas. An energy field is a form of the living and nonliving. Field is a unifying concept. Energy signifies the dynamic nature of the field. A field is in continuous motion and is infinite. Pattern is the distinguishing characteristic of an energy field perceived as a single wave. The field is identified by pattern and manifesting characteristics that are specific to the whole and which cannot be predicted from knowledge of its parts.

As the picture on the front of this edition of the journal reflects a field with bales of hay, one should stop and reflect on the meaning of pattern and field. The picture clearly indicates that finding the pattern of the field can be challenging as one often faces the clearly unpredictable nature of the field.

Recognizing the manifestations of field can be difficult. For example the field on the front cover may have several bales of hay. Yet the quality of the hay can only be discerned by an experienced farmer. Similarly, in nursing, we find that the expert clinician has the ability to uncover the manifestation of patterns in the human-environmental field. As we strive to understand the concept of pattern in the Science of Unitary Human Beings, the following poem seems to capture field and pattern.

The Fields are Dancing

They dip and round
And then begin to soar
Circling playfully, wide and then narrow;
Fast and then slow—and then fast again.
Intertwined and Meshed
Separate but one.

They dance. Each alone; each in unity.
They dance a dance of exhilaration- of joy;
A dance of celebration, of being.
Yet no one moves-no touch is seen.
The fields dance.
Eyes see nothing-yet all is perceived.
The excitement pierces my being.
Obvious to all that will behold.

And so it is with all around,
Just as in a dance.
All that is dips and rounds;
Slow then fast,
Close and far;
Timelessly blending and weaving
The fabric of the dance.
Each anew and unique,
Yet familiar.

The dance goes on.

Martha Bramlett, RN; PhD
July 11, 1991

This edition of the journal has several articles that focus on pattern and field. As a special inclusion, we have decided to reprint a piece written by John Phillips RN; PhD, in 1989 in the *Rogerian Nursing Science News*. This work continues to be significant as we strive to understand the concept of pattern.

Corrections: Leddy, S. K. (2003). A nursing practice theory: Applying a unitary perspective of energy. *Visions: The Journal of Rogerian Scholarship*, 11, 21-28.

We apologize for the following omission on page 25, Volume 11 No. 1: Leddy discusses six domains of energetic patterning. Only 5 were listed. **Coursing** was omitted. Coursing clears meridian to reestablish free movement of energy.

AN INTERPRETIVE STUDY OF MARTHA ROGERS' CONCEPTION OF PATTERN

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Adapted from a paper presented at the Fall Conference of the Society of Rogerian Scholars, "Emerging Pattern in a Changing World," Savannah, Georgia, November 15, 2003.

Abstract

In order to explore Rogers' ideas about pattern, we conducted a rational hermeneutic interpretive study of nursing science text reviewing three of Martha Rogers' (1970, 1986, 1992) publications in which she discussed pattern. We found that Rogers had consistently used the term "patterning" in reference to the observable manifestations of the person-environment field process, and that observable human patterning remains recognizable in spite of constant change. We concluded that the verb "patterning" is more useful than the noun "pattern" for application and utilization of the Science of Unitary Human Beings in contemporary nursing practice. Our findings provide continued support for the usefulness of rational hermeneutics for interpretive studies of nursing science text.

Key words: Science of Unitary Human Beings, pattern, Martha Rogers, hermeneutics

Martha Rogers' ideas have challenged nurses worldwide for many years. She challenged us to understand nursing as knowing rather than doing and as human service based on knowing rather than isolated functional activities. She challenged us to view nursing as understanding and caring for

human beings in the wholeness and mutuality of the person-environment process rather than as isolated actions and responses in a limited cause and effect manner. She patiently and consistently emphasized the need to see pattern as a whole rather than as particulate events or aspects of reality. In short,

she emphasized seeing the forest rather than each tree.

Throughout Rogers' writings, pattern is identified as "a unifying concept" (Rogers, 1970, p. 53), a "key concept in these [homeodynamic] principles" (Rogers, 1986, p.6, and "a key postulate in this [conceptual] system" (Rogers, 1992, p. 30). Given the centrality of pattern in the Science of Unitary Human Beings (SUHB), we decided to conduct a study of pattern as explicated in Rogers' writings.

The purpose of this study was to explore the nature of Rogers' conceptualization of pattern using rational hermeneutic interpretation of selected passages from Rogers' writings across time. The process we used to conduct the study encompassed the following five steps:

1. Identify selected passages in which Rogers discussed pattern to include in the study.
2. Discuss our interpretations of the selected passages.
3. Identify new insights based on 21st century knowing.
4. Discuss our understanding of our insights and the conceptual changes Rogers made over time, along with the rationale she gave for those changes.
5. Offer new understandings to be considered for application in the complex world of contemporary nursing practice.

Methodology

The sample for our study consisted of passages from Martha Rogers' publications that included the terms, "pattern," "patterning," and/or "restructuring." The following publications were reviewed:

1. *An introduction to the theoretical basis of nursing*, pages 53, 61-65, 98-102.
2. Rogers, M.E. (1986). Science of unitary human beings. In *Explorations on Martha Rogers' science of unitary human beings*, pages 4-7.
3. Nursing science and the space age. *Nursing Science Quarterly*, pages 29-32.

Research Design and Procedure

Rogers' conceptualization of pattern as expressed in her writings was interpreted hermeneutically in light of 21st century knowing, using a rational hermeneutic research approach for the interpretation of nursing science text (Allgood & Fawcett, 1999). The rational hermeneutic approach was extrapolated from Allen (1995), who differentiated hermeneutic interpretation from contemporary phenomenological interpretation. Unlike phenomenology, bracketing of previous knowing is not required for a rational hermeneutic research. Rather, the emphasis is upon discovery of a new understanding of the text by examining the text within the context of the contemporary knowing of the researchers. Nurses and philosophers who are interested in enhancing understanding of textual material have been using this

research approach with increasing frequency (Alligood & May, 2000; Geanellos, 2000; Malpas, 2003; Thorne, Kirkham, MacDonald-Emes, 1997; Walker & Alligood, 2001).

Our decision to use a rational hermeneutic research approach was influenced by our understanding of Gadamer's work. According to Malpas (2003), Gadamer was recognized as the decisive figure in 20th century hermeneutics. Gadamer (1989) asserted that application in understanding "implies that all understanding has a practical orientation in the sense of being determined by our contemporary situation" (p. 9-10). Gadamer's distinction between understanding as truth and explanation as method establishes a basis for our claim that understanding is ontological rather than methodological. Furthermore, his position on the primacy of ontology is a key to understanding

our rationale for selecting rational interpretive hermeneutics for the interpretation of nursing science text. Gadamer's position, Malpas explained, "is not a rejection of the importance of methodological concerns, but rather an insistence on the limited role of method and the priority of understanding as a dialogic, practical, situated activity" (p. 4).

The essential process of the rational hermeneutic research approach, then, centers on interpretation of language and meaning, which we accomplished by following the procedure extrapolated from Allen (1995). The methodology involves a) identifying a specific research question, b) then reading the relevant text from publications, c) interpreting what is read, and d) interacting with the text (see Table 1).

Table 1

Methodology for the Rational Hermeneutic Study of Rogers' Concept of Pattern

Research Question

What can be discovered from a review of Rogers' writings about the concept of pattern?

Reading

Meaning, which is the core hermeneutic strategy, is produced through reading.

Interpreting

Interpretation is recursive in that it involves dialectic between the ideas from the text being considered and the whole, in this case, the SUHB conceptual system.

Interacting

The reader interacts with the text, analyzing the context in which the text was produced and the meaning words held in that context so that the interpretation that results is a fusion of the text and its context with the reader and his or her context. This process of interacting with the text is the hermeneutic circle. The text itself serves as a check on the interpretation.

Findings

The hermeneutic interpretation of Rogers' conception of pattern in the selected publications led us to the discovery of two significant findings. Our most obvious finding was that Rogers consistently identified *patterning* as the visible manifestation of pattern in the real world. *Pattern*, as used by Rogers, is an abstraction and a noun. Therefore, pattern is an entity. In contrast, *patterning*, as used by Rogers, is the dynamic or active process of the life of the human being. Manifestations of patterning are visible or otherwise accessible to the senses.

We also found that patterning, which we interpreted as the observable manifestations of pattern, reflects a relatively consistent pattern in the midst of constant change. More specifically, despite the continuous change that occurs in the patterning of a person's life, each unitary human being is recognizable over periods of time that we identify as calendar years.

Examples of quotations from Rogers' publications that led us to our findings include: 1. The existence of organization and patterning in living systems is an observable phenomenon" (Rogers, 1970, p. 61). [We should note here that in her 1970 book, Rogers also used the terminology "pattern and organization." In later publications, she referred only to "pattern," and did not mention "organization." The anecdotal rationale at the time was that inasmuch as organization is a pattern, use of "pattern and

organization" created a redundancy. We were unable to find a written rationale for that change in terminology.] 2. "Patterning of the living system subsumes within it both structure and function (Rogers, 1970, p.62).

3. "Patterning is a dynamic process" (Rogers, 1970, p. 63).

4. "...patterning that identifies [human beings] undergoe[s] continuous revision and innovation" (Rogers, 1970, p.63).

5. "Pattern was noted earlier to be an abstraction. Manifestations of patterning are observable events in the real world" (Rogers, 1986, p. 6).

6. "Increasing diversity of field patterning characterizes the process of change" (Rogers, 1986, p. 6).

A review of Rogers' 1992 journal article led us to trace changes in the terminology she used across time. We discovered her changes resulted in language especially significant to our study of pattern. What Rogers (1977) originally called "Correlates of Unitary Human Development" (Rogers, 1977) became "Correlates of Change," in 1980, then "Correlates of Patterning" in 1986, and finally "Manifestations of Field Patterning in Unitary Human Beings" in 1992. Perhaps Rogers' most direct and clear language about the nature of patterning came in her 1992 journal article. As she introduced one of the tables included in the article, she clearly differentiated pattern from patterning, stating: "Pattern is an abstraction that reveals itself through its manifestations" (p. 31). Rogers mentioned patterning four times in her comments about the

table, as well as in the title of the table. She then provided examples of field patterning in human beings by declaring, "Some manifestations of relative diversity in field patterning are noted below" (p. 31).

Conclusions

With regard to the importance of our findings about pattern and patterning in the application of Rogers' conceptual system in contemporary nursing practice, we concluded that: a) patterning of the life of a patient or client is an observable emergent of the person-environment process and is especially relevant to the use of Rogers' work in the complex world of the practice of nursing; b) the concept of patterning as an action word is different from the noun pattern; and c) patterning of the life process reveals the developmental nature of Rogers' framework. We believe Rogers' description of patterning (the verb) is more useful in nursing practice than pattern (the noun), inasmuch as nurses encounter people in the process (patterning) of their lives.

With regard to our finding that patterning reveals relative consistency in the midst of constant change, we raise the questions listed below for consideration:

1. Might this phenomenon be explained by the *rates* of change in pattern manifestations or patterning?
2. Could a study of Rogers' principle of resonancy and her discussions of the frequency of field patterning shed light

on an answer to this question?

3. Could it be that the rate of change in pattern manifestations is sufficiently slow that the essential unitary human being remains the same?
4. Is what we perceive as similarity in unitary human beings over time a reflection of the evolutionary emergence of our perceptual abilities?

We invite readers who are using the SUHB in their practice to engage in dialogue about patterning and theory-based practice. You contact us directly or respond to this article through submission of your thoughts to the journal editors.

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HUMAN ENERGY: A CONCEPTUAL MODEL OF UNITARY NURSING SCIENCE

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Abstract

This article introduces assumptions and constructs of the Human Energy Model, a conceptual model of unitary nursing science. Three theories derived from the model, healthiness, participation, and energetic patterning are discussed. Finally, available instruments, research based on the theories, and guidelines for future research are proposed.

Key words: conceptual model, unitary, energy, pattern

Acknowledgments:

I have been fortunate to have been mentored by Dr. Jacqueline Fawcett. Her support and assistance are gratefully acknowledged.

During the past two decades, nursing science has moved toward an increased acceptance of the assumption that humans are unitary beings whose behavior is a reflection of holistic patterning. Health also is increasingly viewed as a holistic synthesis of wellness with illness/disease (Newman, 1994). Despite these expoused beliefs, however, investigators continue to dichotomize the human being and health into body (physical) and mind (psychological) parts, and the literature still reflects use of indicators derived from a clinical model of health as the absence of disease.

Unitary science is in an early stage of development. Rogers' Science of Unitary Human Beings

(SUHB) is the only extant nursing unitary conceptual model, but it is highly abstract and many find it difficult to use. Of the extant grand theories (Fawcett, 2000), only Human Becoming (Parse, 1989), and Health as Expanding Consciousness (Newman, 1986), both influenced by Rogers, have been conceived within a unitary worldview. The purpose of this article is to present a conceptual model of unitary nursing science, the Human Energy Model (HEM). It is hoped that the model's use of familiar language for concepts will stimulate theory-based scholarship within a unitary worldview.

The Human Energy Model

The HEM Worldview

The major philosophical, conceptual, and theoretical influences on the development of the Human Energy Model are Eastern philosophy; the vision of Martha Rogers (1970), to whom a significant intellectual debt is owed; quantum physics theory; living systems theory (Ford, 1987); process theory (Sabelli, 1989); and complexity theory.

The HEM has been developed within an organismic world view (Pepper, 1942), incorporating elements of dialectism and contextualism. The organismic view emphasizes continual change at all levels of analysis (Lerner, 1984). Dialectism emphasizes contradictions between complementary opposing views, and growth through their synchronization (Riegel, 1976). The contextual view incorporates interrelationships among humans and their environments.

The content of the HEM is also grounded in the concepts of energy field, mutual human-environment process, and pattern in Rogers' (1970) *Science of Unitary Human Beings*; the conceptualization of health as a synthesis with illness in Newman's (1994) *Theory of Health as Expanding Consciousness*; and the idea of complementary opposites (paradox) in Parse's (1995) *Theory of Human Becoming*.

A number of explanations of reality predict the same observable phenomena (Herbert, 1985). According to Bohm's (1980) theory of

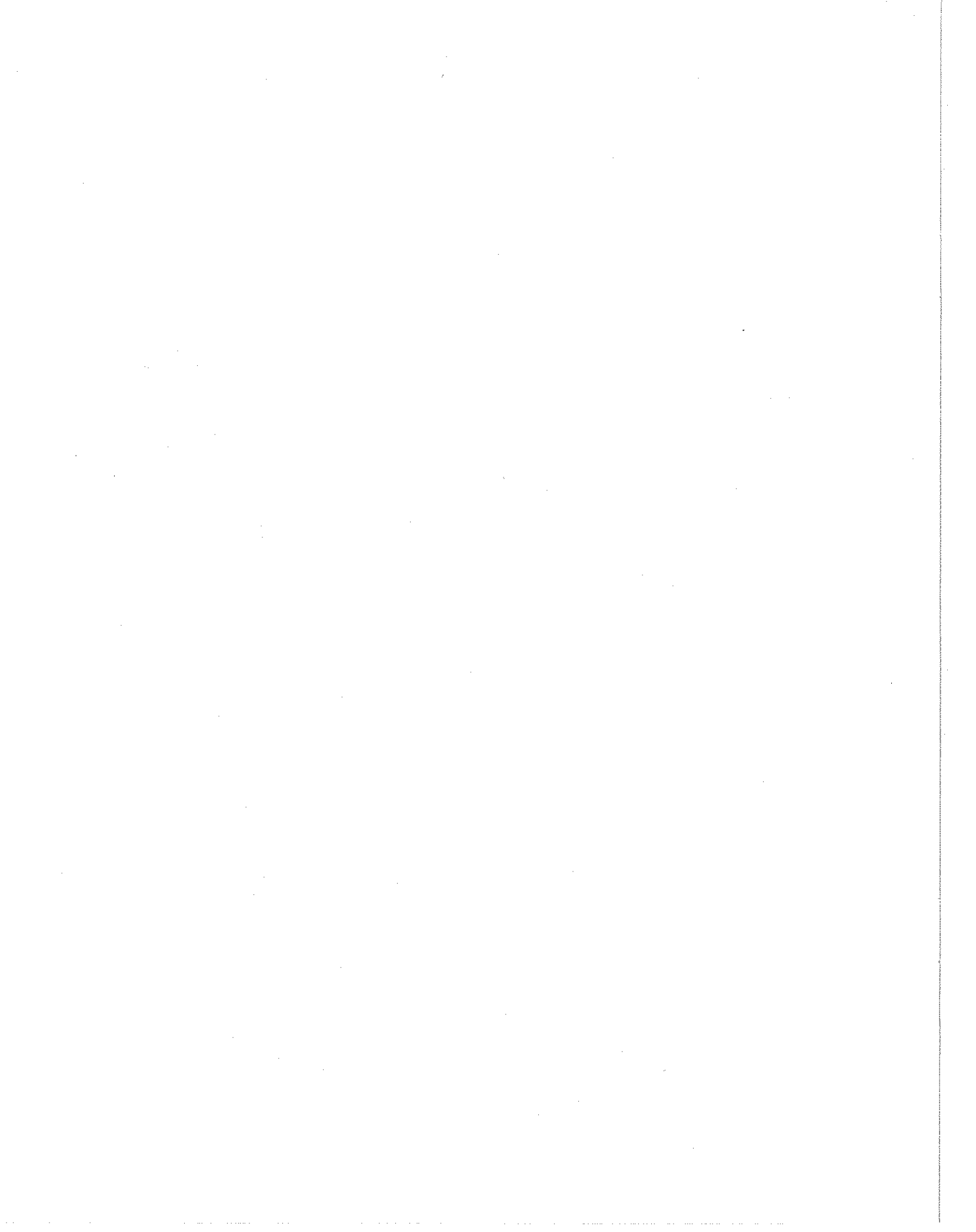
the explicate/implicate order, experienced reality corresponds to the explicate order, that is, what can be observed and/or experienced. Created and influenced by human awareness, the explicate view of reality emphasizes separateness, boundaries, and the concrete form of discrete entities. An alternative view of reality is of an undivided wholeness, the implicate order, conceptualized as the underlying, undivided, unknowable whole of energy/information/ matter transformations. In the HEM, an undivided reality is assumed to underlie experienced reality (Leddy, 2000).

Overview of the HEM

The View of Energy in the HEM

In the human energy model, everything in our world and beyond is composed of a universal essence that has a dual nature of particle and wave (Leddy, 2003). "Potentiality and actuality, wave function and particle, are different phases of the same event" (Slater, 1995, p. 227). The three aspects of universal essence, matter, information, and energy, are an undivided wholeness. *Matter* is the potential for structure and identity, *information* is the potential for coordination and pattern, and *energy* is the potential for process, movement, and change.

Energy is defined as "the capacity to create change" (Sarter, 2002, p. 1). Changes are communicated throughout the living system (Oschman, 2000). "Energy isn't exchanged, transmitted, lost or gained; instead, it is transforming or



environment, creating mutual change (Leddy, 2003).

"Fields are known to be attracted to like fields that they resonate with; they are repulsed by those with unlike characteristics" (Hunt, 1996, p. 241). The human essence field can "choose" environmental patterns which resonate or interfere with self-patterning (Davidson, 1988), by intentionally selecting and terminating processes with the environmental field. This is of clinical significance as attentive focusing of intention may serve as a mechanism to increase frequency (and therefore intensity), complexity, and harmony of resonant energy (Schwartz & Russek, 1997b). (This is of clinical significance, eg. therapeutic touch)

HEM Concepts

The HEM addresses the metaparadigm concepts of human beings, the environment, mutual human-environment process, health, and nursing. The structure of the HEM is depicted in Figure 1.

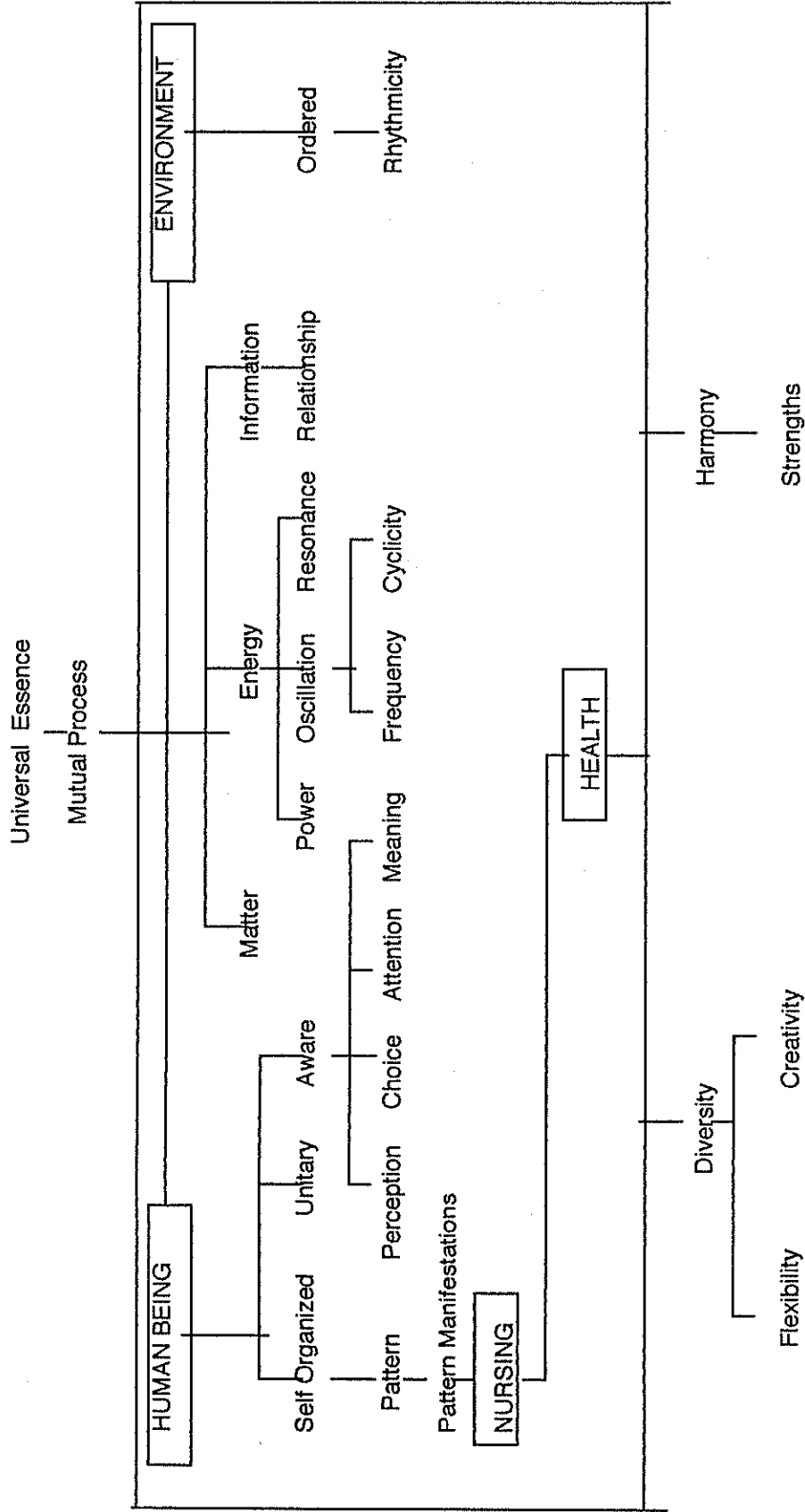
Influenced by Rogers' science of unitary human beings, the **human being** is viewed as a *unitary* field of universal essence that is open to and continuously interacting with an environmental universal essence field. While Rogers defined the human being as an energy field, the concept of universal essence allows inclusion of matter and information in the field. Because everything emerges from and is embedded in essence, such as body/mind/spirit, or physical/ psychological/social, are artificial analytic distinctions. The

human being is unitary, and can only be understood as a whole.

The HEM diverges from the SUHB in its inclusion of the concept of self-organization. *Self-organization* distinguishes the human universal essence field from the environmental universal essence field with which it is inseparably intermingled (Leddy, 1998). Self-organization comprises the structure of a human being. Structure is defined as "the distribution processes assume as a consequence of the dynamic interrelations among their parts" (Fuller, 1990, p. 94) Therefore, structure is not a rigid and unchangeable framework. Rather, structure consists of a network of processes, and is dynamic in a continuous transformation, while conserving organizational pattern and coherence. Self-organization is a synthesis of constancy and change, that provide identity and some stability. Human beings differ in structure, but are alike in organization.

Through organization, new properties emerge unpredictably, leading to increasing diversity. However, many processes are coupled, through synchronization, so that they reoccur in particular cyclical pattern relationships. Self-organization is demonstrated by *pattern* and its manifestations. Organized, interrelated processes form patterns. Pattern has been defined as a "configuration of relationships" (Crawford, 1982, p. 3), or as consistencies or regularities of the interconnections among energy

Figure 1. The Human Energy Model



Theories

1. The descriptive theory of participation is derived from mutual process
2. The explanatory theory of energetic patterning is derived from pattern manifestations
3. The descriptive theory of healthiness is derived from health strengths

processes. Pattern is unknowable, while the manifestations of pattern are accessible to human perception. Given that everything in the universe is in dynamic energy/matter/information transformation, it is recognition of pattern that gives perceived continuity to constant change. What human beings perceive as stability is relative persistence of organized energy pattern manifestations based on qualitative similarity, not a static identity (Lerner, 1984). Pattern manifestations such as fatigue, anxiety, or pain, can be modified through energetic patterning nursing interventions.

The human being also exhibits *awareness*, one form of energy that links the human being with the environment. Awareness makes possible perception, attention (focus), the construction of self-identity and meaning, and the ability to influence change through choice. Both separateness (analytic distinction), and holism (merging synthesis), are functions of human awareness. Through awareness, the human being perceives and categorizes patterns. These perceptions then form the basis for cognitive patterns of thinking and feeling, and intellectual patterns of determining meaning of what is being contemplated. Therefore, meaning is a construction of human awareness. Constructed meaning(s) of experience are related to purpose or goal(s) for living. Meaning has also been associated with a sense of connectedness. Through conscious choice, the human being selects,

defines, modifies, and transforms experiences of participation into manifestations of diversity and harmony.

Environment might be regarded as the back"ground," or context, in which the human being as "the figure" is embedded (Ford, 1987, p. 51). Persons appear distinct, but are not separate from the environment. The universal essence environment includes multiple organized units such as individuals (such as a nurse), family, community, or work context, and free energy embedded in its surrounding universal context.

The universal essence environment is viewed as *ordered*, demonstrating rhythmic pattern while changing through continuous transformation of energy with matter and information. These transformations occur as a web of connectedness in relationships within the self and with the environment, including other humans and/or an 'ultimate other.' Change is partially unpredictable, but is also in process with by inherent order in the universe, history, pattern and choice. Because of field order and history, there is some probabilistic predictability to change, but according to quantum theory it is not possible to isolate a particular cause and effect relationship (Capra, 1991). The experience of coherence of the environment influences the human being's construction of meaning and goals.

Health is the pattern of the whole. This pattern varies rhythmically in quality and intensity over time. Health is characterized by

a changing pattern of *harmony/dissonance* and diversity which is manifested in creativity and flexibility.

Knowledge-based consciousness in a goal-directed relationship with the client is the basis for nursing. The mutual participation and connectedness of human beings and their environments underlies the experience of relatedness to the environment and relationship with other human beings. A nurse-client relationship is a commitment characterized by intentionality, authenticity, mutual trust, respect, and genuine sense of connection. "The nurse is a knowledgeable, concerned facilitator. The client is responsible for choices that influence health and healing" (Leddy, 2003, p. 68). The purpose of nursing is to facilitate harmonious pattern manifestations of both the client and nurse. The facilitation of harmonious health patterning is accomplished through health pattern appraisal, recognition, and subsequent energetic interventions.

Two descriptive theories from the model have been derived: the theory of healthiness and the theory of participation, as well as the explanatory theory of energetic patterning.

Theories Derived from the HEM

The Theory of Healthiness

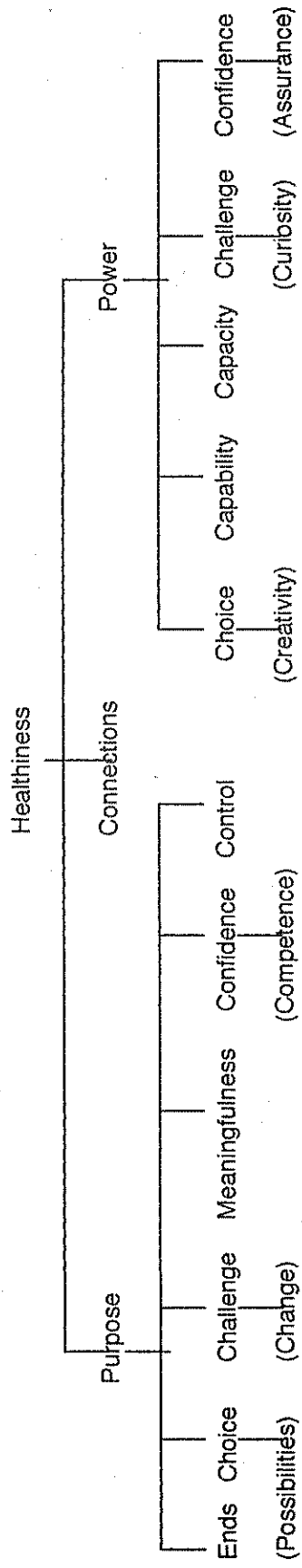
Health is conceptualized as a dynamically changing life process that manifests the pattern of the unitary human being. One manifestation of health pattern is healthiness, which is defined as a

measurable process characterized by perceived purpose, connections, and the power to achieve goals. "Healthiness reflects a human being's perceived involvement in shaping change experienced in living. Therefore, healthiness is a resource that influences the ongoing patterning reflected in health" (Leddy, 1997, p. 49).

Purpose, the human being's attribution of significance and direction to the dynamic pattern of human-environment mutual process (participation), was initially conceived to incorporate the dimensions of meaningfulness, as connections (defined as having rewarding relationships with others) and the characterization of an aspect of the present or the desired future as having meaning, import, or value; and ends, defined as goals which a person aims to reach or accomplish. However, when this descriptive theory was tested empirically, using the Leddy Healthiness Scale (LHS) (Leddy, 1996), factor analysis separated the connections items into a third concept which was labeled connections. The revised theory is depicted in Figure 2.

The theory proposes that by actively channeling energy, the human being gains *power*, which is the perceived ability to direct energy toward the achievement of goals. Power was conceived to incorporate the dimensions of: challenge, which is perceived opportunity, excitement, curiosity and/or involvement in change toward meaningful goals; confidence, which is an assurance of the ability to successfully overcome

Figure 2. The Descriptive Theory of Healthiness



Reference: Leddy, S. K. (1996). Development and psychometric testing of the Leddy Healthiness Scale. *Research in Nursing & Health*, 19, 431-440.

obstacles to achieve goals; capacity, which is a perceived quantity of available energy; choice, the perceived freedom and creativity to select from among alternatives (possibilities) for action; capability to function, the perceived ability to work, play, and carry out activities of daily living; and control, which is the perceived ability to influence the rate, amount, and/or predictability of change.

The Theory of Participation

In the theory of participation, participation is defined as the experience of continuous human-environment mutual process. The notion of human-environment mutual process, as continuously occurring processes of energy transformations which create mutual change of the human being and the environment, is central to the HEM. The concept "participation" is defined as the experience of expansiveness and ease of continuous human-environment mutual process.

Expansiveness of participation is the experience of fullness and activity, while *ease* is the experience of smoothness and calmness of human-environment mutual process. Empirical testing of this descriptive theory by way of factor analysis of the Person-Environment Participation Scale (PEPS) supported the theory (Leddy, 1995).

The Theory of Energetic Patterning

The theory of energetic patterning is a practice theory based on the HEM concept of pattern. The

purpose of nursing in the HEM is to facilitate harmonious health pattern manifestations of both client and nurse. The facilitation of harmonious health patterning is accomplished through health pattern appraisal (Cowling, 1997), pattern recognition, and subsequent energetic interventions. The theory proposes that healing nursing interventions facilitate field energy movement and resonant pattern manifestations of both the client and the nurse healer.

Healing occurs in the human essence field surrounding, supporting, and interpenetrating the physical body. When energy in the field is disrupted by blockage, deficiency, or excess, illness manifests in the body. "All diseases are caused by a break in the flow or a disturbance in the human energy field" (Hunt, 1996, p. 77). The North American Nursing Diagnosis Association (Johnson, et al., 2001, 106) has classified "energy field disturbance" as a legitimate nursing diagnosis, defining it as "a disruption of the flow of energy surrounding a person's being that results in disharmony of the body, mind, and/or spirit." Illness manifests in the human field long before it is obvious in the body (Starn, 1998).

Healing is based on a unitary and open person-environment process. Actual physical touch and "exchange" of energy are not needed for energetic healing because of the outward extension from the body of the field that permeates a physical body, and mutual process between the essence fields of the practitioner and that of the client. The field

interaction 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, with the healer merely acting as a facilitator or booster to accelerate the client's healing process (Sharp, 1997).

"Attention may increase synchronization of biophysical processes, creating a laser-like summation of energy" (Schwartz & Russek, 1997a, p. 54). The actual mechanism for energy healing could be a focused bioelectronic wave that moves between healer and client, initiated by intention or expectation in the nurse healer's field (Leddy, 2003). Or, the nurse 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. It is theorized that intentional focus by the healer can foster harmonious entrainment of energy field vibration. By providing a frequency appropriate for entraining the oscillations back to coherence, balance often can be restored (Oschman, 2000). "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). Energy field harmony is associated with healthiness and healing.

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
6. *clearing*, transforms matter to release energy tied to old patterns (Leddy, 2003b).

A number of types of interventions are consistent with this theory including nutrition, exercise, touch modalities (eg. therapeutic touch, massage, Reiki, acupressure), bodywork, light therapy, music, imagery, relaxation, and stress reduction. Table 1 presents examples of non-invasive therapies that are appropriate for each of the domains of energetic patterning.

Energetic patterning is possible because of the overlap and interpenetration of human-environmental fields. The nurse intentionally and purposefully uses her own and the client's focused awareness, in a connected

relationship, to promote energy field harmony and diversity. Characteristics of a connected relationship include: involvement, presence, reciprocity, balance of power, focus on strength and skills, clear goals, and a sense of the ability to influence outcomes. The nurse participates but, the client has the major responsibility in the change process.

The HEM and Research

Research Design and Methods Consistent with the HEM

The HEM proposes that an individual's unitary pattern manifestations are unique, although there may be similarities of manifestations among individuals. In addition, it is proposed that pattern is dynamic, manifesting cyclical change over time and space. Therefore, the most appropriate designs for research guided by the HEM are longitudinal, intra-individual designs using multiple, quantitative and qualitative methods for data collection and analysis.

Data collection and analysis guided by the HEM is influenced by the assumption of multiple interrelationships of processes rather than linear cause and effect, and the process of observation (including the observer) is assumed to influence the data. Therefore, multiple methods for data collection should be used. Multiple data collection points are needed to adequately describe dynamic cycles. Concurrent data collection of as many of the interrelated variables as possible is desirable.

Several qualitative approaches to appraisal, description, and portrayal of pattern manifestations appear appropriate including grounded theory methods, narrative analysis, Parse's (1989) "dialogical engagement" encounter, Newman's (1997) hermeneutic and dialectic methodology, and the unitary field pattern portrait method (Butcher, 1995). Several quantitative approaches to the identification, analysis and comparison of pattern manifestations appear to be potentially useful including intra-individual time series analysis with autocorrelation, P-technique, and rhythm analysis using cosinor or spectral techniques.

Tests of the model and theories are a priority for research. In particular, the domains of the energetic patterning theory need to be tested. It is proposed that non-invasive strategies such as bodywork, relaxation techniques, nutritional counseling, imagery, and exercise are consistent with this theory, as very appropriate nursing patterning modalities.

Empirical Research Based on the HEM

Two instruments that are consistent with the HEM have been developed. The Leddy Healthiness Scale (LHS) (Leddy, 1996) is a 26-item, 6-point Likert type scale. The healthiness scale measures perceived purpose, connections and power to achieve goals. A high score indicates more strength that contributes to wellness. A low score indicates fewer resources for

wellness. Alpha coefficients for internal consistency reliability have ranged from .89 to .92. Test-retest reliability at 2-6 weeks was .83. The Person-Environment Participation Scale (PEPS) (Leddy, 1995) is a 15-item, 7-point semantic differential scale. It measures participation as the experience of expansiveness and ease of continuous human-environment mutual process. A high score means more perceived ease and expansiveness of mutual process. Alpha coefficients for internal consistency reliability have ranged from .90 to .94. Stability of the construct was .52 at six months, and .60 at one year. Test-retest reliability at 2-6 weeks was .74.

Using the LHS, studies (Leddy, 1996; Leddy & Fawcett, 1997) with healthy samples have demonstrated moderate to strong correlations with the Sense of Coherence Scale (Antonovsky, 1987) ($r = .70$), Power as Knowing Participation in Change Test (Barrett, 1986) ($r = .62$), Perceived Well-being Scale (Reker & Wong, 1984) ($r = .74$), Perceived Meaning Index (Reker, 1992), ($r = .62$), Person-Environment Participation Scale (Leddy, 1995) ($r = .60-.73$), Fatigue Experience Scale (Leddy, unpublished) ($r = -.46$), and the Symptom Experience Scale (Samarel et al, 1996) ($r = -.54$).

Using the PEPS, studies (Leddy, 1995; Leddy & Fawcett, 1997) with healthy samples have demonstrated strong correlations with the Sense of Coherence Scale (Antonovsky, 1987) ($r = .70$) and the Power as Knowing Participation in Change Test (Barrett, 1986) ($r = .69$).

In a path analysis guided by an explanatory theory of healthiness (Leddy & Fawcett, 1997), participation, change, and energy were found to have significant paths to healthiness. Energy and healthiness had significant paths to mental health and satisfaction with life, while change and healthiness had significant paths to current health status and symptom distress.

Summary

The assumptions and constructs of the Human Energy Model are discussed. Three theories derived from the model are healthiness, participation, and energetic patterning. Available instruments and research based on the theories are also reviewed. Guidelines for research are proposed. This model is potentially useful for scholars and practitioners who believe in a unitary worldview. Collegial critique will enhance this work in progress.

Note: The author invites readers to submit alternative representations of the model to the editors for publication in the next issue of the journal.

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**“YOU’RE JUST SHOVED TO THE CORNER:” THE LIVED EXPERIENCE
OF BLACK NURSING STUDENTS BEING ISOLATED AND DISCOUNTED
A PILOT STUDY**

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Abstract

The purpose of this research was to explore the lived experience of Black nursing students in a predominantly White university in a rural southeastern community. The research questions, asked utilizing a phenomenological approach, were: what is it like to be a black student in a predominantly white nursing program; in a predominantly white university?

Black students currently enrolled in the undergraduate nursing program participated in audio taped face-to-face interviews. Emerging from the data were three themes and the synthesis of unity.

The major implication continues to be for faculty to create caring learning environments where no student is disenfranchised. The data support Watson’s Theory of Human Science and Human Care and Rogers’ Science of Unitary Human Beings as the integrated theoretical framework for nursing curricula. Strategies are presented specific to situations shared by the participants.

Key words: minority nursing students, caring, Rogerian Science, African American, Black Nursing Students, Nursing Education

Background

There continues to be serious concern over recruitment and retention of minority students in general and specifically in nursing. Although there have been numerous articles written about recruitment and retention, there is a paucity of studies on what strategies actually improve retention of minority students. The majority of the studies

focused mainly on university-wide programs and strategies (Hesser, Pond, Lewis & Abbott, 1996; “Improving Minority Enrollment”, 2001; McKnight, 1996; Porter-Tibbetts, 1992; Rodgers, 1990; Sheffler, 1997; Sherrod, 1995; Underwood & Fay, 1996) while some did focus at the nursing program level (Buchanan, 1999; DeYoung & Adams, 1995; Grams, Kosowski, &

Wilson, 1997; Kornguth, Frisch, Shovein, & Williams, 1994; Kosowski, Grams, Taylor, & Wilson, 2001; Kosowski, Grams, & Wilson, 1997; Pacquiao, 1995).

At the programmatic level, the Southern Regional Education Board of Education (SREB) Council on Collegiate Education for Nursing (2002) found 52% of programs demonstrated an increase in racial/ethnic diversity of students; a 4% demonstrated a decrease and 44% were unchanged (p. 2). Although many of the published strategies pertaining to recruitment of minorities have been adopted by universities and nursing programs, improvements in the retention of minority students are not yet the measured outcome. The SREB survey reports actual numbers enrolled but does not reflect actual numbers retained.

This study was created out of concern for minority students and the quality of their educational experience, as it has been shown that these students may be at higher risk for attrition. The purpose of this research was to explore the lived experience of black nursing students enrolled in a predominantly white university in a rural southern community so that successful interventions for retention could be developed.

Generation and Analysis of the Data

The study employed a phenomenological approach using van Manen's methodology and was guided by Watson's Theory of

Human Science and Human Care (van Manen, 1990; Watson, J. 1999). The research questions were: What is it like to be a black student in a predominantly white nursing program? What is it like to be a black student in a predominantly white university? The sample criterion were: (1) enrollment in the Baccalaureate of Science in Nursing (BSN) program and (2) being African American. The sample size was four and constituted 100% of the black student body in the BSN program at the time of the study. Although the sample size was only four participants, saturation was reached as evidenced by repeating/enduring patterns and themes across participants.

Following approval from the Institutional Review Board for the Protection of Human Participants, the purposive sample of black students in nursing was obtained by a non-faculty research assistant who was also black. The participants were assured that the research assistant would not identify them to the faculty and the data would not be analyzed until they were no longer in the nursing program. Each participant chose a pseudo-name as well as the time and place of the interview.

Data collection tools included audio taped interviews, field notes, and the research assistant's journal. Interviews lasted from one to two hours and a second research assistant (also a non-faculty member) transcribed the audio tapes. van Manen's method was followed as the faculty researchers

described "the phenomenon through the art of writing and rewriting" reflecting on the emergent essential themes (1990, p. 30-31). The black research assistant then reviewed the analysis (repeating/enduring patterns, emergent themes and synthesis of unity) for rigor, establishing that credibility, fittingness, auditability, and confirmability were evident (Sandelowski, 1986).

Findings

Three themes and a synthesis of unity emerged from repeating and enduring patterns. To preserve the richness of meaning and strengthen credibility, the researchers remained faithful to the participants' own words. The themes were: (1) "*You're just shoved to the corner*," (2) "... *I have to strive to do the best I can*," and (3) "... *You just got to maintain*." The synthesis of unity was "... *[it's] a constant struggle*." Exemplars of the themes and synthesis of unity are presented.

Themes

"*You're just shoved to the corner*."

The participants repeatedly shared experiences that the lack of relationships, collegiality, and support among classmates were barriers to their academic performance. Although they stated that the nursing faculty was not discriminatory and was always willing to help, the participants tragically shared the reality of what it feels like to be discounted by their peers on the basis of race.

"It's not fun. You don't feel like one of the group. You are always aware of the fact that you're not quite one of them [the white students]."

"A lot of things they [white students] know they pass along and share information with each other that you are not aware of. You [are] just not included in finding out the information. They just separate themselves from me... I'm not used to that."

"It's hard being black when you have nobody else that's older in the program that you can turn to to get help from. Because most of the other nursing students... have upperclassmen that they can relate to or get help when it comes to studying, how to study, and what to study."

"When we have lab, we got to have partners. And then I'm the only black female [and] I'm thinking, well, maybe nobody wants to be my partner because they think I don't know anything. And you know, I'm the last one - I don't have a partner. Again, I just feel like maybe she's my partner because we are the last two."

"You may get one or two that wants to include you... You may go up to them, you'll risk to say 'are you going to study?' If you think that you know them and everything's o.k. you'll say, 'are you all going to have a study group this weekend?' And they'll say 'yeh'. But, when the time comes...you can't get in. You're just shoved to the corner."

"...*I have to strive to do the best I can*."

The participants expressed setting high expectations of self (i.e.

maintaining the grades, keeping up with the other students) to overcome their belief regarding their lack of preparedness for college both academically and socially and the stereotypes that the participants carried with them on how they thought others viewed blacks.

"I'm the only black, in all my classes I've been the only black. It's hard because... you got to prove yourself. If you don't do as well as the other students they just single you out. That's why I have to strive to do the best I can."

"The main thing is the GPA. If I drop out, they'll probably say 'well, there's just another African-American that can't go through the program.' I just try to not be one of those statistics."

"If I'm late, it will be like 'I [faculty] figured she would be late. It's just like black people being late'. I feel like the nursing program is probably no different than any other program on this campus. I mean...when you look around there's not many African-Americans at all. It's just a symptom of the overall university."

"I wasn't prepared to come to college when I came. It's just hard trying to get someone to realize that you need help especially if you hadn't had a lot of background in the material. Just like with chemistry, if you need help or you gotta find someone to help you – it's just hard to get somebody to try to help you."

"... You just got to maintain."

This theme emerged from repeating/enduring patterns embedded throughout all the interviews. The participants

persevered in spite of feeling isolated and discounted.

"I was going to transfer where there are more black people because I'm thinking maybe the situation would be different. I [would] wish I was at a black college and I was like 'no, because the reason why I'm here is because they have a good nursing program'. And that's why I just try to work so hard and study. ...I just feel like you just got to maintain."

The Synthesis of Unity

The synthesis of unity became known as participants talked about the struggle and one participant clearly stated, "...[it's] a constant struggle." Although the themes emerged through van Manen's methodology, it was necessary to return to Husserl's foundational work of phenomenology to understand the Doxic Human Reality. Husserl's Doxic Human Reality states that a person has a basic hunger to be known and to know self in relation to the other and the world (Husserl, 1970). The synthesis of unity reveals the meaning of the phenomenon of being black in a predominantly white program.

"I haven't got to any good experiences yet. I don't know how much longer I can hold on. It's just been a year and a half of struggling. It's just been a constant struggle for me to make it."

The themes of "you're just shoved to the corner", "...I have to strive to do the best I can", and "you just got to maintain" support the

struggle of being black in a predominantly white nursing program – the lifeworld of this study's participants.

Discussion

The findings of this study support what is documented in the literature regarding experiences of minorities in predominantly white institutions (Browne-Krimsley, 1996; Buchanan, 1999; Hesser, Pond, Lewis & Abbott, 1996; "Improving Minority Enrollment", 2001; Kornguth, Frisch, Shovein, & Williams, 1994; McKnight, 1996; Porter-Tibbetts, 1992; Rodgers, 1990; Sheffler, 1997; Sherrod, 1995; Underwood & Fay, 1996):

1. the lack of academic preparedness in high school;
2. alienation and ethnic isolation; and
3. not knowing how the system works.

Although participants in this study did not feel discrimination from the nursing faculty, the feeling of being isolated and discounted seemed to predominantly emerge from the lack of relationships, collegiality, and support among classmates. From within this phenomenon emerges the experience of alienation and ethnic isolation which then compounds the inability to navigate the system (not knowing how the system works). In addition to any university-wide recruitment and retention efforts, nursing programs must create caring learning environments where no student is disenfranchised. The specific strategies used to create these environments must be based

upon research findings, which are implemented and their effects on retention then measured.

Implications and Recommendations

Students, regardless of race, enter college with pre-existing ways of interacting and expectations of the educational experience. However, the participants in this study shared experiences characterized by: (1) a lack of relationships, collegiality, and support among classmates, and (2) poor understanding of how to navigate the system. These were barriers to their academic performance. From these data, it appears that faculty need to strive to create a caring learning environment where no student is disenfranchised. The implications, therefore, are all directed to nursing curricula and nursing faculty.

Jordan states, "Academic ability or inability also depends on how one perceives and responds to his or her environment. ...Until we begin to track the ontological reasons for dropout, we will continually compile reasons that cloak the real issue," (1996, p. 389). The data support the need for caring learning environments. Watson's Theory of Human Science and Human Care and Rogers' Science of Unitary Human Beings provide the integrated theoretical framework for nursing curricula to create such an environment. The faculty-student relationship needs to be a mutual caring relationship with "high regard for the whole person and their being-in-the-world" (Watson, 1999, p. 63).

Caring is the "moral ideal of nursing with concern for preservation of humanity, dignity, and fullness of self" (Watson, 1999, p. 74). The science and practice of caring, however, can only be practiced when one knows and understands how it is practiced. Rogers' Science of Unitary Human Beings provides the epistemological basis for caring.

Rogers' Science of Unitary Human Beings emerges from four fundamental postulates: energy fields, openness, pattern, and pandimensionality. "Because human and environmental fields are integral with each other, they cannot be separated. They are always in mutual process" (Malinski, 2001, p. 196.) The student and environment (i.e. other students, faculty, or the university as a whole) are continuously in mutual process either knowingly or unknowingly and have the potential to influence the patterns of both student and environmental fields. Thus, changes in the attitudes and actions of students can be achieved. However, nursing students cannot knowingly participate in change to manifest the nature of human care and caring values in nursing until they understand human-environmental field processes. The integration of Rogers' and Watson's theoretical frameworks provides the epistemology and ontology of nursing praxis (its theories, science, research and practice). Students may or may not bring racial prejudice to the environment, and if they do manifest racism they may do so either knowingly or unknowingly. For

example, students may have grown up with racial undertones and, although they may consider themselves as non-racist, they may indeed unknowingly act with prejudice (i.e. exclusion of blacks from a study group). Faculty can intervene in this process by creating environments that encourage non-racist attitudes and actions, and by giving students the knowledge and skills to knowingly participate in change.

Based upon the participants' lived experience and published research, faculties are encouraged to explore the following recommendations to lessen the struggle:

a. Faculty needs to integrate epistemological and ontological frameworks of caring in nursing curricula that not only focus on nurse-to-patient, but nurse-to-nurse and person-to-person mutual processes, which includes faculty-to-student and student-to-student caring. Watson's Theory of Human Science and Human Care and Rogers' Science of Unitary Human Beings as an integrated theoretical framework could provide direction for curricular development.

b. Based upon the work of Kosowski, et al. (2001), Grams, et al. (1997), and Kosowski, et al. (1997), faculties are encouraged to create caring groups including all nursing students. This would foster cultural sensitivity and consciousness in the faculty and student body as a whole in understanding how they knowingly and unknowingly are in

mutual process with one another. Knowing participation means that the students and faculty choose to practice the caring values in nursing.

c. The faculty may need to consider other possibilities to encourage students to include rather than exclude others from a group.

d. It may be important for faculty to create a level-playing field. In other words, is it possible to make copies of papers, exams, etc equally available to all students? This may involve non-nursing as well as nursing courses. On most university campuses, there are files of exams and papers maintained at various locations such as fraternities and sororities (as well as individuals selling these items). These are available only to those students who have access through membership in a group or contact with people who have access. Students in this study talked about how the white students knew someone who had gone through the program or knew upperclassmen from whom they could get copies of papers, notes and exams.

e. Faculties are encouraged to create, assign and run study groups. This assures that there is a healthy mix of race and scholastic ability (DeYoung & Adams, 1995, p. 191).

f. In departments with no minority faculty, the nursing alumni association could explore the development of mentoring

programs utilizing their minority alumni (Browne-Krimsley, 1996).

g. In curricula where students do not enter immediately into the organized nursing program, the faculty could develop caring groups specifically for the pre-nursing students and include them in the minority alumni mentoring groups. "The first few weeks of college are critical times for the freshmen minority student. It is during this time that friends are made, support systems needed, opinions formulated, and disillusion born" (Rodgers, 1990, p. 38).

h. The faculty is encouraged to reflect upon and evaluate the true meaning of cultural diversity and disenfranchised persons.

Nursing faculty must "role model caring as a way of being" (Grams, Kosowski, & Wilson, 1997, p. 15) thus, creating an environment of belonging and connectedness. This recommendation is also reflected in Porter-Tibbetts' findings supporting Pearlin and Schooler's work, which shows exclusion experiences are organizationally based and managed by emotion-focused coping (1992). Pearlin and Schooler state coping failures that are organizationally based "...represent the failure of the social systems in which the individuals are enmeshed" (1978, p. 18). Any or all strategies in creating a caring learning environment, however, need to emerge from an epistemological and ontological framework to ensure that each student, whether or not a minority, experiences belonging and

connectedness. Through their own lived experience, students may then learn to create caring environments for patients, families, communities and more importantly for each other.

Further research is recommended. Specifically, minority student groups at other schools should be included in research samples. These minority groups should include African-American groups as well as those of ethnic backgrounds to determine if the themes identified in this study extend beyond a single university or ethnic group. Concurrent inclusion of the dominant non-minority student population would give an interesting comparison for such studies. Although several studies have presented the need for faculty to create caring learning environments, it is also important to design longitudinal intervention studies to explore and measure the above recommendations.

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INNOVATIONS COLUMN

"Change is continuously innovative."

Martha E. Rogers

The purpose of this column is to provide opportunities for authors 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 science of unitary human beings 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. The feature article in this issue's Column is an explication of an innovative patterning modality, which has the potential to enhance power as knowing participation in change.

WRITTEN EXPRESSION AND THE POTENTIAL TO ENHANCE KNOWING PARTICIPATION IN CHANGE

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"Everything is held together with stories . . . That is all that is holding us together, stories and compassion." Chapter 1. Barry Lopez

"In the process of evolution, man's search for meaning takes on new dimensions and his capacity for understanding grows." Chapter 2. Martha E. Rogers

Human beings are natural storytellers. We conceive our lives as a web of stories and we use stories to construct meaning and to share communicate ourselves with others. Everyone has a story to tell. Stories are often mixtures of pain, suffering, and frustration on one hand, and joy, pride, and satisfaction on the other hand (Rosen, 1996). As people share their stories, they shape the meanings of their unique experiences. Documentation of using the written word spans the history of humankind. There is evidence of expressing meaning in primitive cuneiform signs impressed on clay tablets 5,000 years ago by Sumerians. Records of narratives have been found in many cultures and languages including Sanskrit, Latin, Greek, Chinese, Old German, Icelandic, and Old Slavonic. One of the oldest surviving records is found in the Westcar Papyrus of the Egyptians in which the sons of Cheops entertained their father with stories (Pellowski, 1977).

Writing has always been an avenue for expressing one's feelings and thoughts about traumatic and painful experiences. Shakespeare wrote "Give sorrow words; the grief, that does not speak" (Macbeth, Act IV, Scene III). More recently, there is increasing interest in the health benefits of writing. This paper examines anecdotal and research evidence on the potential benefits of expressive writing. Hemingway wrote "write hard and clear about what hurts" (Hemingway quoted in Lauber, 2004, p. 37). Expressive writing involves writing one's deepest

thoughts and feelings of a stressful, traumatic, of difficult experience (Lepore & Smyth, 2002; Pennebaker, 1997a). The paper concludes by conceptualizing expressive writing as an innovative unitary health patterning strategy with the potential to facilitate knowing participation in change.

Narrative and Healing

The process of telling one's story is both an informative and transformational act for both the storyteller and the listener (Butcher & Buckwalter, 2002). Jerome Bruner (1999), one of the creators of narrative psychology, states that telling stories is not just something we do, but rather it is the "very process in which we construct Self . . . No story, no self" (p. 8). Central to narrative is the idea that it organizes human meaning. We construct knowledge and meaning by constructing language schemes. These language schemes are organized as narratives. As Polkinghorne (1988) points out, the core argument for the value of narrative is that narratives are "the primary scheme by means of which human existence is rendered meaningful " (p. 11). Robert Coles (1989) has written about the value of storytelling as a humanizing and meaning-giving force for human betterment in a variety of contexts such as education and medicine. As people share their stories, they shape the meanings of their unique experiences. As people share their stories with others, they name and shape the meanings of their unique

experiences. Since stories are never told in exactly the same way, stories and story telling permit both continuity and change (Harvey, 1996).

Stories can heal as they endow experience with meaning. The naturalist writer Barry Lopez has written pointedly about the healing power of story. "I felt exhilaration, and a deeper confirmation of the stories . . . the stories had renewed in me a sense of purpose of my life With certain stories, certain individuals may experience a deeper, more profound sense of well-being (Lopez, 2004, pp-4-7). Harvey (1996) poignantly states, "without the pain that comes with significant loss, there can be no story. Without the story telling, there can be no meaning. With out meaning, there can be no healing" (p. 205).

Anecdotal Evidence of the Benefits of Written Expression

There is both ample anecdotal and scientific evidence that writing heals. Many writers have pointed out the health benefits of writing. Hemingway said to "write hard and clear about what hurts." Alice Walker (1995) sees her writing as "a matter of necessity and that you write to save your life is really true and so far its been a very sturdy ladder out of the pit." In writing the book *House of Spirits* after her daughter lapsed into a coma, Isabel Allende (1995) stated that writing the book "saved my life." She explained that she began her career as a writer for expressing her grief as a form of self-care. Her book

Paula was intended to be a book not for publication but was written as a expression of her profound grief about her daughter's terminal illness and death. Jamaica Kincaid's memoir of her brothers death from AIDS was her effort to understand his dying as to "not to die with him, I would write about it" (Kincaid, 1997). Kincaid believes that writing about unpleasant, painful, and difficult truths about her life and family is the only way she can survive. When the poet Audre Lorde learned she had cancer, she started a writing a diary that later became *The Cancer Journal*. In the journal, Lorde (1980) wrote about how her writing and her love for women "kept me alive for the last year." Lorde (1980) felt that what is important must be spoken and made verbal and shared. For Lorde, writing is a "a gateway, however cruelly won, into tapping and expansion of [our] own power and knowing.

The shelves of bookstores, libraries, and websites abound with memoirs, novels, poetry collections, testimonies, and illness narratives, which Louise DeSalvo (1999) refers to as "wounded body narratives" (p. 184). DeSalvo (1999) points out that reading the literature on personal disaster gives the audience a sense that "meaning can be found in life's most difficult moments" (p. 185). Narratives provide insight into people's thoughts, feelings, and words as they deal with issues of loss, sometimes failing and sometimes succeeding.

In addition, there have been a number of recent books for the

general public offering both a rationale and specific techniques for writing as a way of finding meaning, healing, transformation. *Writing to heal the soul: Transforming grief and loss through writing* (Zimmermann, 2002); *With pen in hand: The healing power of writing* (Klauser, 2003); *Writing as a way of healing: How telling our stories transforms our lives* (DeSalvo); *Listen to me: Writing life into meaning* (Lauber, 2004); and *Writing to save your life: How to honor your story through journaling* (Weldon, 2001) are a few of the more recent publications describing the benefits as well as strategies to help people write about their difficult experiences in a way that may be beneficial to one's health.

Review of Research on the Benefits of Written Expression

There is an accumulating mass of scientific literature demonstrating the health benefits of expressive writing. Since 1986, Pennebaker and his colleagues have explored the health benefits to people who write about their deepest thoughts regarding traumatic or stressful experiences. They have reported significant effects using 15 to 30 minute writing sessions for 3 to 5 consecutive days with health benefits lasting as long as 4 to 6 months after writing (Smyth, 1998).

A meta-analysis of 13 randomized experiments from 5 different labs testing the effect of written expression found significant drops in the number of physician visits ($d=.42$) and changes in physiological functioning, including improved immune functioning,

hormonal functioning ($d=.68$), and better psychological well-being ($d=.66$) (Smyth, 1998). The dose of the written expression ranged from a single 20 minute session to one such session per week for 4 weeks or writing for 3 to 5 consecutive days in one week. Studies also varied in relation to what participants were asked to write about. In some of the 13 studies, participants were asked to write about the most traumatic event in their life (Greenberg & Stone, 1992), an ongoing traumatic event (Pennebaker, Colder, & Sharp, 1990) or either a past or on-going trauma (Francis, 1992). Participants in the comparison group were typically asked to write for the same amount time as the experimental group about innocuous topics such as what one's plans were for the day. The most common outcome measures in the 13 studies included self-reported symptoms, number of health center visits, and positive or negative affect. Physiological functioning effect sizes were higher in studies that instructed participants to write about either past or current traumas (as opposed to past traumas only).

The longevity of written expression's effect has varied. Some studies have reported positive health outcomes for a duration of 1 or 2 months (Greenberg, & Stone, 1992; Greenberg, Wortman, & Stone, 1996; Pennebaker & Francis, 1996; Pennebaker & Susman, 1988); other studies have demonstrated reductions in the number of health clinic and physician visits lasting 2 months (Cameron & Nicholls, 1998;

Krantz, 1994; Pennebaker, & Francis, 1996), 6 months (Francis, 1992; Pennebaker & Beall, 1986; Pennebaker, Colder, & Sharp, 1990) and up to 1.4 years in holocaust survivors (Pennebaker, Barger, & Tiebout, 1989).

Emotional expression has been used successfully in a wide range of populations and ethnic groups. Within the United States, written expression has benefited senior professionals with advanced degrees at rates comparable to maximum security prisoners with a sixth grade education (Smyth, 1998; Spera, Buhrfeind, & Pennebaker, 1994). Among college students, no differences have been found as a function of the student's ethnicity or native language (Pennebaker, 1997b). Written expression has consistently produced positive results among French-speaking Belgians (Rime, 1995), Spanish-speaking residents of Mexico City (Dominguez, 1995), and English-speaking New Zealanders (Petrie, Booth, Pennebaker, Davison, & Thomas, 1995). Personality and demographic variables, including age, gender, anxiety, inhibition, and constraint, have not been found to be related to the positive health benefits of written expression (Pennebaker, 1997b). However, one study that pre-selected participants on hostility found those high in hostility benefited more from writing than those low in hostility (Christensen et al., 1996).

In addition, other studies using approaches similar to written expression have also found positive

health effects. For example, Classen (2001) and associates found supportive-expressive therapy, a non-directive counseling approach that includes finding meaning, leads to greater declines in traumatic stress symptoms in women with breast cancer as compared to patients randomly assigned to a psychoeducational group. Stanton et al. (2000) developed an strategy using six emotion-focused coping sessions with infertile women and found significantly greater improvements in general distress and depression at one month post intervention in women participating in an emotion-focused coping session as compared to women in either the control or problem focused group (McQuenney, Stanton, & Sigmon, 1997). In addition, in a study of women with breast cancer, Stanton and her associates (2000) found that women who coped by expressing emotions surrounding their cancer had fewer medical appointments, improved physical health and vigor, and less distress than those who scored low on expressed emotion.

Harvey's (1996, 2000) extensive research into the role of explaining, describing, and emotionally reacting to major losses in a story-like form, what he calls account-making, has demonstrated the great value in dealing with life's major stressors through the written or verbal expression of one's thoughts and feelings about the event. Research into the processes of account-making have demonstrated that telling one's story is associated with successful coping in sexual assault

and incest victims (Orbuch, 1994), Vietnam combat veterans (Harvey, Agostinelli, & Weber, 1989), elderly persons' who have lost a loved one from death, divorce, relocation (Weber, Harvey & Stanley, 1987) and persons who retire (Grove, 1998). Harvey (2000) notes Pennebaker's work on written expression is similar to his research on account-making; both demonstrate that for persons who have experienced major trauma and losses recounting their story of the traumatic event leads to health benefits.

Among the most compelling aspects of written expression research is its impact on symptom reduction in persons with asthma and rheumatoid arthritis, and on improved immune function. Most subjects in emotional expression studies have been healthy persons who have experienced a traumatic event. However, research indicates written expression may also enhance health in subjects with health problems. Results from a recent randomized trial published by Smyth, Stone, Hurewitz, & Kaell (1999) in JAMA, demonstrated that asthma patients in an experimental group (N=39) showed improvements in lung function ($p < .001$), whereas control group patients showed no change. Rheumatoid arthritis patients in the experimental group (N= 32) showed improvements in overall disease activity ($p = .0001$), whereas control group patients did not change. Smyth and colleagues (1999) note that the gains in the experimental group were beyond

those attributable to the standard medical care that all participants were receiving. In this study, participants wrote for 20 minutes on three consecutive days for one week.

A number of studies have found positive effects of written expression on markers of immune function (Christensen, et al., 1996; Esterling, et al., 1994; Futterman, et al., 1992; Knapp, et al., 1992; Lutgendorf, et al., 1994; Pennebaker, Kiecolt-Glaser, & Glaser, 1988; Petrie, Booth, Pennebaker, Davison, & Thomas, 1995; Petrie, Booth, & Pennebaker, 1998). Written expression has been associated with reliable decreases in autonomic system activity (Pennebaker, 1993), elevations in NK-cell activity (Futterman, et al., 1992), and changes in blood lymphocyte reactivity to mitogens (Knapp, et al., 1992). Experimental studies have also shown immunological changes in persons randomly assigned to either write or talk about emotional issues. Investigations have shown that in comparison to controls, those in emotional disclosure groups have decreased Epstein-Barr Virus (EBV) antibody titers suggestive of better immune control of the latent virus (Esterling, et al., 1994; Lutgendorf, et al., 1994), increased proliferative response capacity of blood T lymphocytes to phytohemagglutinin (Pennebaker & Susman, 1988), increased post inoculation antibody levels against hepatitis B suggestive of a more adaptive antibody response (Petrie, Booth, Pennebaker, Davison, & Thomas,

1995), acute increases in NK cytotoxicity (Christensen, et al., 1996), and increases in total circulating lymphocytes and CD4 (helper) T-lymphocyte levels (Petrie, Booth, & Pennebaker, 1998). These immune effects have lasted as long as 6 months post intervention (Petrie, Booth, Pennebaker, Davison, & Thomas, 1995). Studies have found poorer immunological function after stressful experiences with lower levels of social or spousal support in caregivers who have restricted opportunities to talk to others (Glaser, et al., 1993; Kennedy, Kiecolt-Glaser, & Glaser, 1988; Kiecolt-Glaser, et al., 1991). In addition, studies of survivors of major life events that are difficult to confide to others, such as rape and sexual abuse, suggest that such individuals may be at greater risk for poor health (Golding, et al., 1988; Kimerling, & Calhoun, 1994; Pennebaker & Susman, 1988). The implications of these empirical studies are that written expression seems to enhance immune function.

Written Expression as a Unitary Patterning Modality

Psychoneuroimmunologic, cognitive, constructivist theories explaining the processing of traumatic memories offer theoretical explanations on how writing can facilitate psychological and physiological changes (Booth & Petrie, 2002; Mahoney, 2003; Pennebaker, 1997b; Lutgendorf & Ullrich, 2002). Pennebaker (1997b) postulates the act of constructing stories is a natural process that can

be accelerated through written expression by helping one to organize and to integrate thoughts and feeling into a coherent fashion. Pennebaker and Seagal (1999) explain that writing about a traumatic experience is an act of converting emotions and images into words changes the way the person organizes and thinks about the trauma. Writing about or expressing feelings "accelerates" or facilitates the coping processing by enhancing meaning-making. The labeling of emotions through written disclosure allows individuals to reduce the perceived affective intensity of stressful events while simultaneously affording them an increased sense of control over affective experiences.

While these theoretical explanations shed some understanding on the "psychological and physiological mechanisms" associated with expressive writing, Rogers science of unitary human beings presents an alternative understanding. Rogers (1988, 1992, 1994) placed great emphasis on modalities that are traditionally viewed as holistic and noninvasive. In particular, therapeutic touch, guided imagery, and the use of humor, sound, dialogue, affirmations, music, massage, journaling, expressive emotional writing, exercise, nutrition, reminiscence, aroma, light, color, artwork, meditation, storytelling, literature, poetry, movement, and dance are just a few of the voluntary mutually patterning modalities consistent with a unitary perspective.

The use of expressive writing as a patterning modality is an extension of Butcher's (1998) Unitary Field Pattern Portrait research methodology (UFFP). In the UFFP research method, the researcher constructs a "unitary field pattern profile" for each participant by synthesizing together all the information collected for each participant into a narrative statement revealing the essence of the participant's description of the phenomenon of concern. The field pattern profile is in the language of the participant, and is then shared with the participant for validation and revision.

In addition to sharing the profile with research participants, creating and sharing unitary pattern profiles are also part of the "unitary pattern-based nursing practice method" (Butcher, 2000, in press). When initial pattern manifestation knowing and appreciation is complete, the nurse synthesizes all the pattern information into a meaningful pattern profile. Voluntary mutual patterning may begin by sharing the pattern profile with the client. Sharing the pattern profile with the client is a means of validating the interpretation of pattern information and may spark further dialogue, revealing new and more in-depth information. Sharing the unitary field pattern profile with the participant is postulated to enhance knowing participation in change.

Reading a reflection of one's own experiences, perceptions, and expressions (unitary field pattern portrait) provides a means for one

see new insights and understandings into one's life pattern. Cowling (1990) explained that many "health problems and issues" rest on the notion that there is an underlying and enduring process that accounts for the experience and that awareness techniques" offer a way to "get in touch with this underlying process" (p. 61). The recognition of new patterns has the potential to facilitate transformations in patterning. With a new sense of awareness, participants are free to choose if and how they want to participate in their own change process (Barrett, 1998). An increased awareness of one's own pattern may offer new insight and increase one's desire to participate in the change process (Butcher, 2001, in press).

Writing one's own "portrait," written expression, may offer a powerful means to enhance knowing participation in change. Lauber (2004) explains that "it has been my experience that personal writing can go a long way in fulfilling this function [making meaning]; as an instrument of self-awareness and reflection, it often serves to illuminate life" (p. 15). Lauber (2004) goes on to describe expressive writing is "an act of power" (p. 16). Barrett (1990) explains that modalities designed to enhance power as knowing participation in change "allow the client's health patterns to develop, evolve, or change in ways that foster healing" (p. 36). Barrett has described the notion of power from the perspective of Rogerian nursing science.

Barrett's (1989) Theory of Power as Knowing Participation in Change was derived directly from Rogers' postulates and principles and interweaves awareness, choices, freedom to act intentionally, and involvement in creating changes. Power is a natural continuous theme in the flow of life experiences and dynamically describes how human beings participate with the environment to actualize their potential. Barrett's power enhancement nursing model also emphasizes increasing awareness as a means to facilitate change. The nurse does not simply provide information to increase awareness, but rather focuses on eliciting client descriptions, incorporating information concerned with the client's current health situation, and helping the person work through the complexities (Barrett, 1989). Written expression as a voluntary mutual patterning modality potentially enables the client's efforts to actualize health potentials from their own perspective.

Written expression is pattern work and has the potential to enhance meaning making. Pattern work involves the reflective exploring of experiences, perceptions, expressions, and their meanings and connections. Like Frankl (1963), Rogers (1970) recognized the importance of making meaning when she stated: "In the process of evolution, man's search for meaning takes on new dimensions and his capacity for understanding grows" (p. 93). Written expression, like journaling and bibliotherapy, can

transform life patterns (Mahoney, 2003). In a ways consistent with Rogerian Science, Mahoney (2003) describes in detail how transformations or changes in life patterns: a) occur in waves or oscillations of perceived expansion and contraction, progress and regress, success and failure; b) are nonlinear, reflecting mixtures of mostly slow, small steps; frequent return to repeating similar yet different patterns with occasional large and sudden leaps of change; c) are unpredictable; d) are holistic or unitary in nature; and e) can be amplified or accelerated into large and enduring changes through patterning modalities (Mahoney, 2003). Lauber (2004) explains that writing is a means for catharsis, rinsing pain, facilitating integration, navigating one deep self, and providing perspective. As new understanding and meaning unfolds from the reflective writing process, a new shift in perception may emerge as one meaning pattern is transformed into another (Carlsen, 1996; Mahoney, 2003). Thus, expressive writing is a unitary energetic patterning modality with the potential to transform human-environmental pattern manifestations by enhancing knowing participation in change and accelerating meaning making.

Processes of Written Expression

There are multiple guidelines describing the processes of written expression. The research described in this article is based on Pennebaker's (1997b) protocol for

emotional written expression. In general, writing need only be for 20 minutes over a period of three to four days. Ask participants or clients to use a space to write that is comfortable, private, and where they can write for the 20 minutes without interruption. Participants write about issues that they are currently dealing with, traumas not disclosed, or resolved, or something that they happen to dream about constantly. Participants typically asked to write about what happened and express their deepest thoughts and feeling about the event/experience. Encourage participants to express both "positive" and "negative" emotions. Pennebaker's (1997a) research shows that narratives that are both very high and very low in the expression negative emotions correlate with poorer health. Those narratives that correlated with health improvements were those that contained a moderate number of negative emotions. Also, the research indicates that those who benefit most from writing constructed coherent meaningful "stories" (Pennebaker, 1997b). Typically, participants are asked not to be concerned with grammar, spelling, or punctuation. Rather, the idea is write without fear of judgment and to spend the time writing and not editing. Writing, however, should not be a substitute for action or involvement in the change process.

While it is natural for human to tell stories and seek meaning, expressive writing is an innovative modality that demonstrates much promise toward accelerating health,

healing, and knowing participation in change. As a patterning innovation, one of the most remarkable features written expression is its simplicity. To write about one's deepest thoughts and feelings an experience for 20 minutes takes little time and is inexpensive since all that is needed is a writing instrument and a pad. Writing is portable since one can actually write most anywhere and is flexible because one can choose what to write about and when to write. Yet, there is strong evidence that writing enhances health, well-being, and human betterment.

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PRACTICE

We are seeking a column editor for the practice column. This column is focused on integrating Rogerian Science into the application of nursing. If you are interested, please e-mail the editors.

A Light in the Darkness: Rogers' Science of Unitary Human Beings in 21st Century Nursing Practice

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When contemplating the usefulness of Martha E. Rogers' Science of Unitary Human Beings (SUHB) to current nursing practice, I visualize a beacon of light shining in a vast sea of darkness. In this column, the difficulties of the ailing health care system in the United States are exposed as the darkness within which modern nurses must work. Utilization of Rogers' framework is explored as a method

for nurses to shine light where it is so sorely needed.

Twenty-first century health care is marred by numerous complicated difficulties. These include budgetary constraints, dictates of managed care agencies, increasing costs for malpractice coverage for physicians, skyrocketing health insurance premiums, and an unprecedented nursing shortage. As a practicing intensive care nurse, I witness such

degradation to the health care system and its participants on a regular basis. When seeking solutions to the complex problems facing health care, it feels like one is searching for a lost piece of heirloom jewelry that has fallen to the ground on a nighttime outing. Groping blindly along, one fears that the precious object of value shall never be recovered. The encompassing black of night impairs the seeker's vision.

So too, does the nurse feel despair when trying to revive the troubled health care system, or even to work within its chaotic structure. The darkness of all the difficulties inherent in such work situations can lead to poor quality of patient care, hopelessness, and burnout. Our noble nursing profession is experiencing a mass exodus. There are many causative factors, but certainly some of the aforementioned ones are contributors to the situation.

Before we become dismayed, we need to ask ourselves, "What is the solution?" I believe the answer is multifactorial. But a guiding light that may serve to assist us on our journey is Rogers' SUHB.

John R. Phillips aptly describes Martha Rogers as "...an icon of light for nursing and humankind" (1997, p. 39). He describes Rogers as follows,

Through her unconditional love she respected people's dignity and worth and their capacity to actualize their potentials. The light from her concern for human dignity and worth illuminated nurses to

the meaning and purpose of nursing so they could be quality-of-life enhancers. This illumination gave nurses a different insight into nursing that helped them to create new ways to perceive people and to care for them (1997, p. 39).

As a certified holistic nurse, I find that Rogers' pandimensional view of human beings and the environment is compatible with my holistic nursing practice. In her visionary article, "Nursing and the Space Age," Rogers describes the SUHB, and discusses the therapeutic modalities nurses may use in their practice. Rogers states,

The uniqueness of nursing, like that of any other science, lies in the phenomenon central to its purpose; people and their worlds in a pandimensional universe are nursing's phenomena of concern. The irreducible nature of individuals as energy fields, different from the sum of their parts and integral with their respective environmental fields, differentiates nursing from other sciences and identifies nursing's focus (1992, p. 29).

Rogers specifically lists Therapeutic Touch as a modality that relates to her views consistent with human beings as energy fields. There is a large body of research to support the efficacy of Therapeutic Touch. A more recent holistic modality that has emerged is Healing

Touch (HT). This is an energy-based modality, developed by Mentgen (Hover-Kramer, 2002). There is still a paucity of research on HT, since it is in its infancy. In my clinical practice, I have found both TT and HT to be quite effective tools. As a certified Healing Touch practitioner, I have been able to use HT to reduce anxiety and pain levels of patients and coworkers alike.

However, specific healing modalities sometimes receive overemphasis. Charlotte Eliopoulos, who is an RN, and past president of the American Holistic Nurses Association was interviewed about the current practice of holistic nursing. Eliopoulos stated,

People used to think we were weird, drumbeating, middle-aged hippies—misfits in the medical system—and now people are saying it makes sense and schools of nursing are teaching holistic care. The biggest challenge is that many nurses who are interested equate it to the practice of complementary and alternative therapies. They think it is one in the same. But it isn't. You don't necessarily have to practice a whole list of alternative therapies to be a holistic nurse. It's simply your philosophy of practicing, no matter where you are or what you are doing. It's your way of being (Horrigan, 2003, p.97).

Eliopoulos then defined the essence of holistic nursing,

It is understanding that you have to look at body, mind, and spirit, and that each part impacts the others. When you are implementing the assessment or doing care planning, you have to look at the person in totality. Even if it's an emergency room situation and you are dealing with a crisis, you can't ignore the other components (Horrigan, 2003, p. 98).

Holistic nursing facilitates healing on many levels. It heals the individual nurse, the patient, the family members of the patient, the nurse's coworkers, and the health care system itself. This is due to the pandimensional nature of reality. I realize that these may seem to be lofty claims. Much still needs to be substantiated by research. Such research may serve as a platform for evidence-based practice that can restore our health care system and the patients who utilize it for services.

As a nursing instructor at the University of Oklahoma, I provide the Lawton campus students the lecture on holistic nursing. I incorporate principles of holistic nursing throughout other courses I teach as well. While in clinical settings, I encourage students to consider holistic approaches to solving patient problems. This has often had positive results. For instance, I taught students a basic Healing Touch technique in the classroom setting. Soon afterwards, I assisted a nursing student in the clinical setting to perform the technique on a

patient in severe pain, while pain medication was being obtained for the patient by the charge nurse. The patient had excellent results, and the student was amazed at her experience. She had never felt the energy field of a patient in such pain, and was surprised that she could feel the difference in his field as the pain decreased. It was a revelation to her.

As a doctoral nursing student, I plan to focus my dissertation on some aspect of Healing Touch on critically ill patients or their families. The only framework that I have found suitable for such an inquiry is Rogers' SUHB. Her knowledge of quantum physics and energy fields vastly expanded nursing's understanding of healing processes that can occur when interacting with the energy fields. I will soon begin a Research Assistantship at the Texas Woman's University Center for Nonlinear Research in Denton, Texas. It is an interdisciplinary research center, including participation by physicists. I certainly plan speak with involved physicists, in order to ascertain more exact ways to measure changes in the human energy field than are currently available.

In conclusion, Rogers' SUHB serves as a beacon of light to the nurse who wishes to practice with excellence, and to be a positive change agent in our sick health care system. One only needs to use a small bit of imagination to extract even more wonderful ways in which Rogers' framework can be used to dispel the darkness of current health

care environments. The creative minds of nurses who resonate with Rogers' example of ingenuity, courage, and perseverance will continue to carry the flame of Rogers' light into the future.

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ROGERIAN FOUNDATIONS

This column is intended to provide readers with insights into the pillars of the Science of Unitary Human Beings. It will include reprints of previous commentaries from various sources as well as new reflections. We are seeking an editor for this column. If you are interested please contact the journal editors.

Behold Pattern . . .

Ruminations from the Vice President John R. Philips
Reprinted from Rogerian Nursing Science News
Volume 1, Number 3, March 1989

The time is ripe to behold pattern, the distinguishing characteristic of energy fields, both human and environmental. We need to renew our knowledge of the building blocks, especially how pattern is involved in the unitary nature of Rogers' system. This aim will further understanding of her system.

Each of the building blocks has different meanings and purposes to provide the unitary nature of her system. The building block of energy fields is the fundamental unit of both the human field and the environmental field, and in their integralness are infinite in a universe of energy. There is a resonating flow of energy through both fields, the environmental field through the human field and the human field through the environmental field. Congruent with this unifying, dynamic nature of energy fields and the flow of energy, the building block of open systems mandates that each field be open in an acausal manner.

There is of especial significance to the building block of four-dimensionality in providing the unitary nature of Rogers' system.

Both the human and the environmental field are four dimensional [now pandimensional], whereby reality is perceived without the attributes of space and time as we know them in a three dimensional universe. If the human being is four-dimensional [pandimensional] and the environment is four-dimensional [pandimensional], and since the two fields are integral, then it follows that the dimensionality is not something that can be manipulated or a dimension one moves into from three-dimensionality. At this point we need to behold pattern and explore its significance in Rogers' system. It is pattern that identifies the human field from the environmental field, even though the two fields are integral with each other. It is through pattern manifestations that changes in energy fields are experienced, and which provide clues to what the field pattern is like.

The nature of pattern changes is postulated by the principles of homeodynamics, which involve all of the four building blocks. However, the importance of pattern is noted in

the principles, whereby the pattern of human and environmental fields increases in diversity, changing from lower frequency to higher frequency. The principle of integrality makes explicit the mutual human field and environmental field process involved in pattern changes.

The significance of pattern in Rogers' system is further indicated through her Manifestations of Field Patterning in Unitary Human Beings. These manifestations encompass the four building blocks and the principles of homeodynamics since they are manifestations of the mutual human field and environmental field process that signifies increasing diversity, as evidenced by higher frequency wave patterns. Thus, it is important to note how changes in pattern occur. Pattern change occurs through the unitary nature of Rogers' system. Changes in pattern cannot be isolated to any one particular building block or a principle of homeodynamics. The whole system must be used to look at manifestations of the patterning process.

However, in the operationalization of a theory derived from Rogers' system, there can be a focus on a particular principle to specify the multiplicities of pattern changes and the processes by which they support the Science of Unitary Human Beings. One must be alert, however, not to fall into reductionism whereby parts of Rogers' system are used.

One needs to recognize that patterning is an active process relative to one's participating

knowingly in change. The manifestations of patterning signify the ways individuals experience the world and the actions they take in their life situations. This emerging patterning of people involves choices that indicate ways the environmental field can be patterned, either by people themselves or by persons in their environmental field. Through our participating in the patterning of the environmental field of a person we can help that person to participate knowingly in the patterning of his/her own field through the mutual process.

Through this process, people's specific patterning of their human and environmental fields helps them to perceive attributes that help to actualize their potentials. This is important to recognize since people have many potentials that require different field patterning for their actualization.

Recognition of the four dimensional [pandimensional] wholeness of the person gives credence to the pattern manifestations of hopes, dreams, goals, and visions of the person rather than just dealing with manifestations of the physical body. In helping people perceive this patterned wholeness, they can discover anew the meaning and purpose of the living/dying process. This enriches their understanding of the growing diverse changes taking place in their lives.

By helping people to participate knowingly in the patterning of their human and environmental fields, we enhance awareness of their

potentials and how these potentials can be actualized. In this respect, health transcends manifestation of the body, mind, or spirit to focus healing energies to optimize potentials of the human energy field through participating knowingly in the patterning process. We look forward to having a dialogue with you

concerning your views of pattern in Rogers' system.

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Media Review

This column is intended to provide reviews of various media including books, movies, audiotapes or any other media that may have relevance to Rogerian Science. Please submit reviews to Pat Christensen, RN; Ph.D., 410 Beckwith Drive, Taylors, SC, 29687-6464.

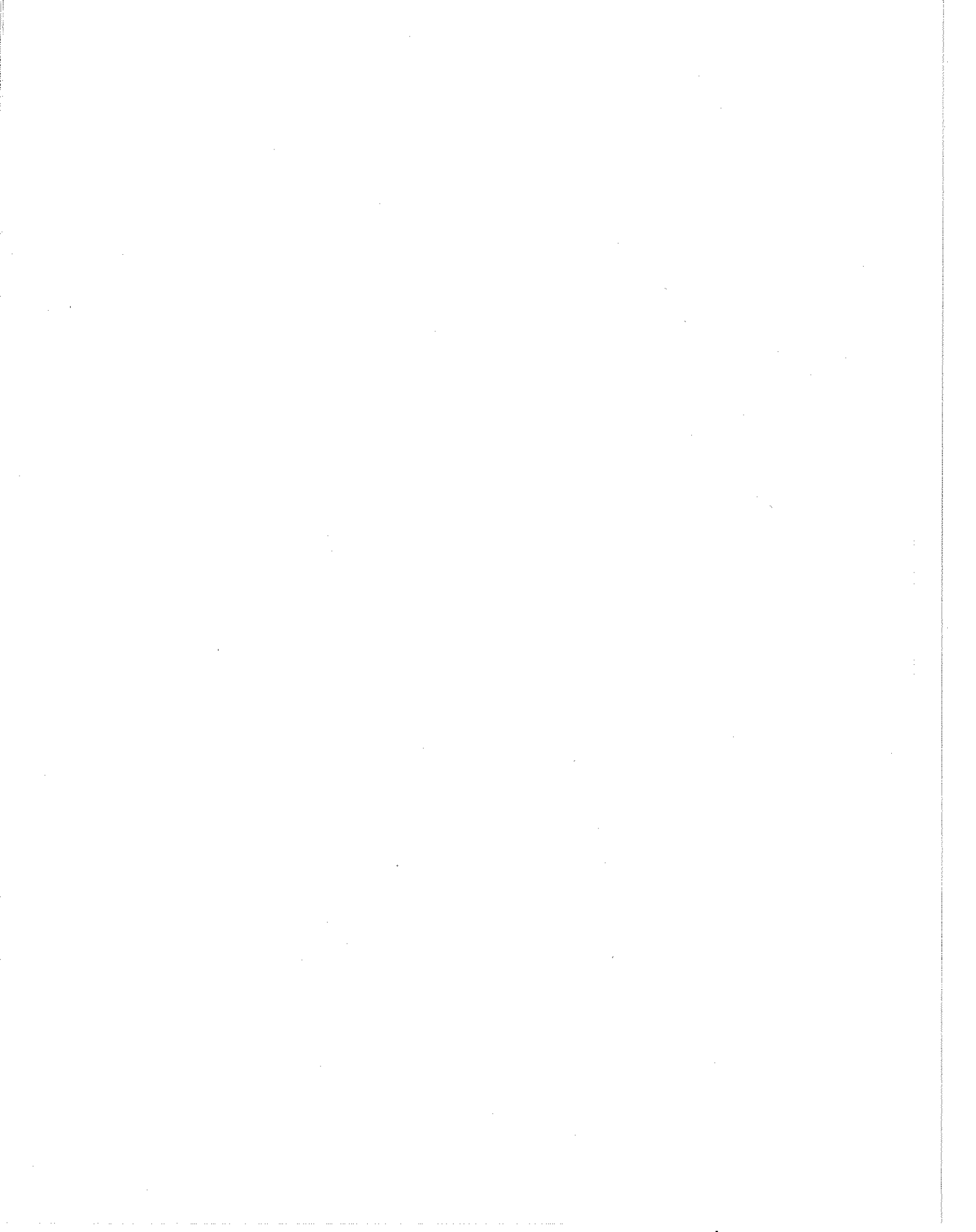
Burkhardt, M.A., & Nagai-Jacobson, M.G. (2002). *Spirituality: Living our connectedness*. Albany, NY: Delmar Thomson Learning.

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Written by two nurses who met over 20 years ago as faculty members at the same school of nursing, this book addresses a subject not often entertained by members of the health care community. Although many health care professionals agree on the importance of the assessment and consideration of the client's spirituality and spiritual needs into the plan of care, few health care professionals admit to having a good sense of how to perform that function. Even fewer admit to giving their own spirituality more than a passing thought. Believing that "...all persons are spiritual beings for whom care of the spirit is an integral

part of healing and wholeness . . ." the authors of this book have attempted to provide a guide for members of the health care community to understand their own spirituality, to address their own spiritual needs therein, and to be able to extend that understanding of spirituality toward a deeper level of holistic patient care.

Being careful to address spirituality separate from and different than religiousness, the authors refer to the spiritual essence possessed by all persons as a relationship with a "Sacred Source." Going further, the authors explain that this relationship can manifest itself through a connection with



usefulness of those two scales to the reader's clinical practice.

While designed to afford health care professionals with a guide toward developing a more holistic practice that encompasses the spirituality of clients and their families, the usefulness of this book extends well beyond the health care community. All individuals who desire a deeper connection with their own spiritual essence as well as that of those around them could benefit from the information contained within this book.

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Brenda Talley
President, Society of Rogerian Scholars

Our many forums and modes for communication and discussion sometimes astound me. Though some forms, such as letter writing, seem to be diminishing, the use of others are enhanced by our increasing facilitation of their use. Only a few years ago, chat rooms, e-mail, and web pages were new and intimidating, at least to some of us! Not only do many of us use these means to communication on a daily basis; a few of us are expert in their use. We are fortunate in the Society of Rogerian Scholars to have those who are expert and willing to share their knowledge. Tom Cox (a.k.a. Bear) and Fran Biley have been busy helping us to solve electronic communication issues and allow us to use these means to communication to the best effect. You will see information in this journal on the use of a new site for our discussion board. This site will enable us to indefinitely archive discussion held in this way. This is important in two regards": the development and expansion of scholarly discourse and dealing with issues important to the membership.

Of course we do enjoy and value the communication that takes place at our conferences, though not everyone is able to attend in the physical manifestation. We had the Fall Conference in Savannah, Georgia last November and have only just experienced the Conference in New York this past June. During the conferences we were able to hear (and often touch, engage, and immerse - - we have such creative contributors!), that which is happening in scholarly endeavors related to Unitary Science. The experience was beautiful, refreshing, and energizing.

Additionally, we had our business meetings within the Conferences. At our most recent meeting in New York, Tracy Edwards, Chairperson of the membership committee, provided information that we now have 175 members from 6 countries. He is working on building an on-line directory of members and hopefully will compile email addresses for all (or most) members which will enable our ability to communicate. We welcomed new board members: Fran Biley is president-elect; Marlaine Smith is secretary; new directors are Barbara Wright, Maryellen BcBride, and Maryellen Dye; Nancy France is the chairperson of the nominating committee with members Jim Matejik and Linda Tuyn. The Society of Rogerian Scholars is a voluntary organization and is dependent on the work of the membership. The Society appreciates the commitment of those willing to serve.

Another topic introduced at the New York business meeting involved the SRS Confence for 2005. I was very pleased that the 2003 conference was in Savannah, near my home. I was even more pleased that those in attendance clearly wanted a repeat of location for 2005. The conference facilities are excellent for our purposes and Savannah is a lovely and interesting setting. The tentative dates are October 22 and 23, 2005. We chose these dates according to the information provided by members in New York. We have a hold on the facilities, but no contract signed yet. We are hoping to avoid conflict with other organizations of interest to SRS membership, so let us hear from you. Maryellen Dye will be the chairperson of the planning committee. Already we are thinking of having optional activities such as a carriage ride through the old city or a boat trip. I am excited already!

Likely our next board meeting will be by chat room. We have not tried that yet, but it is less expensive than conference phone and is easier to keep records of the dialogue. So we will be having yet another adventure!

I look forward to our improved ability to communicate with each other.

ROGERIAN SCHOLARS LIST SERVES

There were initially two list serves used by many of the members of the Society of Rogerian Scholars, one at NYU and one managed by Fran Biley. Given a number of issues regarding these multiple list serves, the Board of Directors voted in Fall 2003 to support one list serve. These issues included the confusion to members of multiple list serves as well as the availability of space for list serve archives. In an effort to resolve these and other issues, a list serve has been created on the Yahoo groups site that will be co-moderated by Thomas Cox and Fran Biley. The Society of Rogerian Scholars encourages all members to migrate to the yahoo list serve.

To subscribe to the Yahoo groups listserver:

The homepage for the listserver is:

http://health.groups.yahoo.com/group/Martha_E_Rogers/

You can join the group by going to that page or by sending an email to:

Martha_E_Rogers-subscribe@yahoogroups.com

Put "Subscribe" in the subject line and in the first line of the text box for the email – We're not sure this is really necessary but it is worth doing.

If you have any trouble subscribing or at any time – write to Thomas Cox ("bear") at: tc_spirit@yahoo.com and he will graciously help.

To Unsubscribe from the NYU List Serve:

Send a blank email to:

leave-merogers-center-54562H@forums.nyu.edu.

This email must be sent from your email account that is subscribed.

List serve moderated by Fran Biley

The list serve that was moderated by Fran Biley is no longer in operation. The archive for the list serve that Fran Biley moderated goes back to 1989. Fran has, of course, done a great deal of very professional work on his site and the more support we all give him and his work the more we contribute to the preservation, extension, and transmission of Martha Rogers' work and extraordinary contributions to our lives and to nursing and humanity.

<http://www.jiscmail.ac.uk/cgi-bin/wa.exe?GETPW1=SUBED1%3Dnurse-rogers%26D%3D0%26F%3D%26H%3D0%26O%3DT%26S%3D%26T%3D0>

To get to this archive, you must register and then go to the list Nurse-Rogers. It is here that you will find list serve dialogue from September 1998-October 2003.

ABSTRACTS

A Portrait of Families With a Member Labeled Schizophrenic

Noreen R. Brady, RN; PhD, APRN, LPCC
Assistant Professor
Director, The Sarah Cole Hirsh Institute
Frances Payne Bolton School of Nursing
Case Western Reserve University

The purpose of this qualitative study was to enhance understanding of living in family with a member labeled schizophrenic within the context of Rogers' Science of Unitary Human Beings (SUHB) using the Unitary Field Pattern Portrait research method (Butcher, 1994, 1998). Purposive sampling was used.

Fourteen individuals who were members of families with a labeled schizophrenic member participated: 6 consumers, 4 mothers, and 4 sisters. Audio-taped, in-person, open-ended interviews were conducted. Individual, subgroup, e.g., siblings, and individual family pattern profiles were constructed. Common themes from each subgroup's and family's profile were identified. Based on these themes an overall theoretical family portrait was constructed.

Living in a family with a schizophrenic member includes preparation for the unexpected; feelings of being stuck and frustrated; obligation to assume responsibility for the schizophrenic member's welfare; expectation of personal sacrifice, (greater for mother); ability to accurately assess family emotional closeness; identification of temporal markers signifying negative family changes; ability to endure and survive despite unfulfilled expectations, hopes, and dreams; transformative experiences indicating personal growth; and, extension of care and compassion to others in similar situations.

The family portrait was interpreted using the SUHB to create a theoretical field pattern portrait. Living in a family with a member labeled schizophrenic is experiencing sudden, unwelcome, increasingly diverse and incomprehensible family field patterns; experiencing dissonant rhythmicity with the pace of the universe and feeling out of step and lost; perceiving integrality as fractured and reluctantly relinquishing relationships, hopes, and dreams; feeling misunderstood and invalidated when shared pandimensional experiences are negatively interpreted; living in the relative present while using linear markers in time attempting to create order from chaos and create understanding of the incomprehensible; discovering abilities to endure and survive despite great adversities; participating knowingly in change by recreating vital identities and roles and regaining synchrony with the pace of the universe; perceiving healed integrality as the family unites in the service of the ill consumer-member; experiencing transformative experiences inspiring patterns of increasing diversity in sharing gifts of spirit and energy to others with similar perceived fractured integrality and the universe.

RISK INDUCED PROFESSIONAL CAREGIVER DESPAIR: A UNITARY APPRECIATIVE INQUIRY

Thomas Cox, RN; Ph.D.

The purpose of this research study was to expand nursing science through the collaborative investigation of registered nurses' experiences of the effect of insurance risk transfers such as capitation contracts, managed care programs, Diagnosis Related Groups (DRG) financing mechanisms and intra-organizational insurance risk transfers, on caregiving environments, registered nurses, and their clients. A collaborative, participatory, qualitative, descriptive, exploratory design, using unitary appreciative inquiry was used to facilitate collaborative relationships with registered nurses in the development of seven appreciative profiles of their experiences of risk induced professional caregiver despair. The eight registered nurses participating in this study revealed serious problems they believe result from the impact of insurance risk transfers on workplace staffing, equipment, and material resources. The data synopsis and synthesis also enhanced the a priori theory of risk induced professional caregiver despair and expanded the science of unitary human beings in previously unexplored domains. This study reveals the impact of insurance risk transfers on bedside nurses and the care they are able to render to their clients. This study met the research objectives of understanding the experiences of these registered nurses and developing strategies to improve the situations they face in the workplace. This report sets the stage for future work to identify and describe critical features of the impact of insurance risk acceptance and resulting cost-constraints on registered nurses, nursing environments, and clients.

Therapeutic Touch with Preterm Infants: Composing a Treatment

Mary Anne Hanley, RN, Ph.D.

The University of Texas Medical Branch at Galveston

The aim of this research was to explore the nature of Therapeutic Touch (TT) with preterm infants as described by Therapeutic Touch Practitioners and develop a TT treatment for preterm infants. The focus of the majority of TT literature for the past 30 years has been on the use of TT with adults. Little is known about the use of TT with preterm infants.

Narrative inquiry and descriptive methods were used to discover knowledge about the use of TT with preterm infants. Rogers' Science of Unitary Human Beings, Als' Synactive Model, and Krieger's Therapeutic Touch provided the theoretical framework for the research design and the analysis and interpretation of narrative data. Therapeutic Touch practitioners, with varying levels of experience using TT with preterm infants, participated in the study and

provided multiple, in-depth narratives regarding their use of TT. Narrative analysis revealed seven essential elements of Therapeutic Touch, four ethical dimensions of practice, and three global themes: Therapeutic Touch as a relational narrative, Therapeutic Touch as improvisation, and the relational ethics of Therapeutic Touch. Study findings support the need for future research to test and evaluate TT treatment with preterm infants as a science based practice.

Notable News

The Society of Rogerian Scholars Fall Conference for 2005 will be in Savannah Georgia. It is tentatively scheduled for October 22-23, 2005. Mary Ellen Dye is the program chair for this meeting. SRS is trying to avoid scheduling the conference on dates that conflict with other organizational meetings that may be of interest to society meetings. Please let her know if you have information about such conflicts.

Calls for Abstracts

The Caring Conference, June 15-18, June 2005

Call for Abstracts

North Lake Tahoe Conference Center
Kings Beach, California, USA
Submission deadline – October 15-2004
<http://uwadjmnweb.uwyo.edu/NCNS/>

The 10th Biennial International Neuman Systems Model Symposia

April 22-23, 2005

Crowne Plaza Hotel, Akron Ohio

www.newumansystemsmodel.com

for further information e-mail the chaiperson, Dr. Karen Gerhling:

kreed@uakron.edu

GOLDEN SLINKY AWARD

The Golden Slinky Award is given to individuals for their sustained contribution to Rogerian Science. This award recognizes superior scholarship in the field of the Science of Unitary Human Beings.

Congratulations to John Phillips and Elizabeth Barrett who are the 2004 recipients of the Golden Slinky award. The award was presented at the Ninth Martha E. Rogers Conference held June 25-27 at New York University.

Thank you to Professor Joanne Griffin for organizing the 9th Rogerian Conference. She is Professor of Nursing, Division of Nursing, The Steinhardt School of Education at New York University.

Congratulations to:

Martha Alligood who has accepted the position as Director of the Ph.D. Program at East Carolina University School of Nursing in Greenville North Carolina.

Thomas Cox (aka Bear) who has accepted a position as Associate Professor at Seton Hall University in New Jersey.

Recent Publications by members

Wright, B. W. (2004). Trust and power in adults: An investigation using Rogers' Science of Unitary Human Beings. *Nursing Science Quarterly*, 17(2), 139-146.

Gueldner, S.H., Michel, Y., Bramlett, M. H., Liu, C.F., Johnston, L.W., Endo, E., Minegishi, H., and Carlyle, M.S. (2004). Wellbeing picture scale. A revision of the index of field energy. *Nursing Science Quarterly*, 17(4).

LIBRARIES SUBSCRIPTIONS

Following is a list of libraries that subscribe to *Visions*.

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University of New England Library, Westbrook College Campus, Portland, ME
University of Tennessee Library, Knoxville, TN

International

Chilliwack General Hospital Library, Chilliwack, Canada
British Library, West York, England
University of NewCastle, NewCastle, Australia

In Memory: Sheila Cheema,
Former and Founding CoEditor, Visions,
Former CoEditor, Rogerian Science Newsletter

Eulogy read at the Memorial Service to Sheila Cheema by Violet Malinski

Sheila was a remarkable person, bright, creative, compassionate, and caring. We shared a love of nursing, an education at New York University, and a passion for a particular nurse theorist who helped shape our lives at NYU. Because of those shared interests, 13 years ago Sheila and I became partners in publishing a nursing newsletter and establishing a nursing journal for the Rogerian Nursing Society. I was doing the newsletter alone, and not very well, as I knew little about desk top publishing, and was getting a lot of criticism for the job I was doing. The exception was Sheila, who stepped forward and said, "I can see you're having trouble. Why don't you let me help, and together we can pull this off." She was right, as usual, and Sheila became the guiding light behind both of those endeavors. To me, this is one of the outstanding things about her; she was always ready to help, to do, to become active, rather than sit back and grumble or criticize. Sheila was always ready to lend a helping hand, and to do it because she cared, so her offers of help were always genuine. She worked tirelessly to perfect the layout, to make the journal look and read better every time we did it, so that today it is a respected journal and one of Rogerian nurses are very proud. What she started will be continued under the leadership of another set of nursing editors. As Howard Butcher, who teaches nursing at the University of Iowa, wrote upon learning of Sheila's passing,

I want to share in the sense of loss and shock. Her devotion and work for the Society of Rogerian Scholars board was invaluable for the advancement of Rogerian science. Her 10 years of work on Visions (the journal) really is incredible. That this journal came about is due to her unbelievable efforts and hard work. One of the gifts of her legacy, and there are many, is the gift of what it means to devote ones efforts toward making an organization successful. If we are were to fill her shoes and walk her walk, oh what a difference we all will make.

And from Richard Cowling who, as President of this nursing society, worked closely with Sheila for a number of years:

Her contributions to the Society of Rogerian Scholars and to Unitary Nursing Science and practice are enormous. The work of Rogerian scholars was shared through her efforts and hard work in taking a leadership role in publishing our journal. And there was much more she did behind the scenes. Her stewardship and concern for the organization were evident at every board meeting I led, and she was always there. Her presence at the conferences, promoting and encouraging our work, was unwavering.

It's impossible to remember Sheila without remembering her random acts of kindness. I went over to her house one day to work on the journal and ended up having to leave early because I wasn't feeling well. I couldn't just leave,

however, not before Sheila had fed me soup and hot tea, gave me a castor oil pack for my throat, and then sent me home with a bottle of Mother Earth cough syrup and a little vial of Eucalyptus oil to clear my sinuses. Everyone who knew her has their own stories of random acts of kindness, like this one from Francis Biley, who teaches nursing at the University of Wales College of Medicine, in Cardiff, Wales:

You won't believe how sad I am. Could you say, from me, that such was her nature and generosity I always felt cared for in her presence, being with her was easy, and I always felt close to her. She did much to encourage my participation in Rogerian science. Please convey my sadness and sorrow to Mo, I do hope that he is OK.

And from Richard Cowling, who teaches nursing at the Virginia Medical College: *I am very saddened by this news. Sheila touched many people's lives in a positive way. I will remember her for the many times she wrote me inquiring about my well-being and my family and her caring attitude toward me personally. This is very hard for me to take in...it just doesn't seem real. I will miss her.*

From Susan Leddy, who teaches at Widener in PA, *She had a rare mix of real warmth and a keen intellect. She was always very welcoming in appearance and affect. I always wanted to sit down with her and have an in-depth conversation.*

One morning, shortly after my husband passed on, I can remember calling Sheila and telling her I didn't think I'd make it through the day. She told me to come right over, sat me down with hot, sweet tea and homemade cookies, then brought me with her on her daily tasks, like going to the post office. She managed to convey, without words, that the best way to honor the memory of those who have gone before us is to go on living our daily lives.

Sheila was a very grounded, serene person, genuinely interested in people and the world around her. She was a font of wisdom when it came to nursing and holistic health. You could ask her any health-related question and she'd be sure to have an answer. She knew and practiced the Edgar Cayce remedies, was careful to eat foods without preservatives or additives; she liked milk and coke in glass bottles, no cans or plastic for her. She was a fantastic cook and the queen of kitchen gadgets. I don't remember anyone ever buying her a gadget that she didn't have already. A bright spot for many summers was the July 4th barbecue at Sheila and Mo's, where family, friends, and their friends would converge in the back yard for a royal feast, ending with Sheila's homemade ice cream.

Readings from the following text were read:

Hanson, W. (1997). The Next Place. Minneapolis: Waldman Publishing House Press, Inc.

Good night Sheila. You always picked things up through dreams, so I will look for you in mine.

Call for Manuscripts

The editors of *Visions* are seeking manuscripts of 3,000 words or less for the February 1, 2005 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
Mhbramlett1@ctc.net

OR
Dr. Sonya Hardin
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.

Notes

Society of Rogerian Scholars
Canal Street Station
PO Box 1195
New York, NY 10013-0867
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Name _____
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| Patron | \$250 |
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| Institutional Member | \$85 |
| Regular Member | \$55 |
| Student (with copy of student ID) and Retiree | \$35 |

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 from EBSCO Publishing. Available back issues are \$15.00 per copy.

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