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# Visions



Infinite Potentials

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## **VISIONS: THE JOURNAL OF ROGERIAN NURSING SCIENCE**

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## **Editorial: The Diversity of Possibilities**

By: Martha H. Bramlett, RN, PhD.

My mother, Frances Hains, is an artist. She always has been, although she may deny it. Her mother, Rosabelle Reinhardt, was also an artist as was my paternal grandfather Peter C. Hains, II. My grandmother used watercolors and pencil. My grandfather sculpted. I use their names because it is, at least for my grandparents, the only time they will ever be recognized for their art. Neither signed their work (it was considered immodest for a woman of my grandmother's era and most of my grandfather's works were unfired and have long since disintegrated.) My mother painted early in her life and then taught first grade for about 37 years. I remember the drawings she would do with a simple box of the big chunky crayons that came eight to a box for first grade. I have since tried to replicate them and have grown to appreciate how difficult they are to achieve. After retirement she went back to painting. Her work is now appreciated by all who see it and, at 91, she continues to paint. Once a week we go to our art group to paint.

My mother and both my grandparents had more of life's trials than a person should have. All three turned to art for a chance to escape, to give themselves voice, and to transcend some of their less pleasant realities. They are not alone. I am now a member of the art group with my mother and her friends. The group is shrinking. Death and disability have taken their toll. Yet the group continues to provide respite and healing. Amid mutual critique of art work and storytelling about events past and present, the art provides a place without time, without boundaries. One can immerse oneself in this world and simply be. We call it the cheapest two hours of therapy a person could ask for. The magic is not in the quality of the art (although some of it is exquisite), but rather in the experience of the art. The experience of the art gives a reprieve from less pleasant aspects of life as well as the reward of the product. The experience of art is a meditation.

Certainly, there are more forms of art than painting and sculpture, but all have the potential to provide an avenue to healing, transcendence, and meditation. And art is not the only way to achieve transcendence, meditation, and healing. These can be found in the observation of a sunrise, or the caressing of a cherished pet. The ways are too numerous to mention. That is what we sometimes forget. We live in a world that searches for universal cures, the "magic pill" that will heal the masses. Yet, the possibilities often lie in diversity. Each of us, with our wonderful variety of patterns, filled with nuance and subtlety, must identify our own path to transcendence, to healing. Perhaps, that is the art of nursing, helping others to identify their unique paths.

## ETHICS IN HEALING

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### Abstract

This paper examines the definition and meaning of healing and its implication for healers, nurses, and clients. What is healing and who directs healing? Who decides what is and is not healing? Before nurses can study healing and the relationship of energy work in healing; we must first define what is being studied and the ethical boundaries of healing.

Key Words: Healing, Ethics in Healing, Energy work

Every nursing student is taught the five rights of administering medication, which includes the right medication, the right dose, the right method, the right time, and the right patient. Recently, the five rights have been expanded to include the patient's right to refuse medication or treatment (Patient's Rights, 2003). Every patient has the right to decide to accept medical care or not. Healers weigh this patient right with their own need to help or heal those who are ill. Is it possible to balance the desire to alleviate another's pain and suffering with the patients' right to choose his or her own course of action? Is being healed always in the best interest of the patient? The focus of this paper is to explore the meaning of healing and the ethics of a healing practice.

#### Healing

When asking whether being healed is always in the best interest of the patient, we need to uncover why the question is being asked. Are

we asking whether an individual has the right to have medical treatment available and to be free from pain or disease? Or are we asking what is healing and what is the relationship of the healer to the healee? What rights and obligations do I, the healer, owe the client?

The Oxford English Dictionary (2003) defines healing as the restoring of health and well being, that is, being free from disease, or making sound and whole. The traditional Western meaning, to be free of disease or pain (Dossey, 1993), is consistent with the conventional meaning of being cured. Yet, each culture, subculture, and human being has a different understanding or interpretation of what illness and being healed means to the individual. For example many people, who have diseases, will tell you how much they have changed and learned from experiencing the process. These people often discover a deeper spiritual connection between themselves and

the world, a fuller understanding of the meaning of life, and a stronger connection with life and family (Newman, 1994; Rogers, 1990). These stronger connections can also be described as a healing which may or may not manifest as a physical healing. An example is a 46-year-old female with metastasis of breast cancer, spending her last days on the telephone, counseling other breast cancer clients about the positive options available to them. A person never truly knows the strength of his or her own character until it has been tested. Illnesses, as part of the healing process, are one of those universal trials that test the strength of character and the divinity of the soul.

Perhaps healing is more than just the absence of disease or pain. Cultures such as Native American and Ayurvedic believe that disease is a manifestation caused by an imbalance or being in disharmony with the universal energy or way ("dis-ease") (Gerson, 1993; Grossinger, 1990; Hoffman, 1967; Wyman, 1975). If healing is the restoring of balance and harmony, then again the answer is yes, every person has the right to pursue medical treatment to relieve pain and suffering. Otherwise, the disharmonious human being is susceptible to further manifestations of disharmony, which can escalate to the losing of one's soul or way.

From a Rogerian perspective, human beings are open energy systems continuously exchanging matter and energy with each other, unidirectionally, along the space-time

continuum (Rogers, 1990). In this view, health is the manifestation of the rhythmic patterning of energy that flows not from illness to wellness, but rather through a series of fluctuations (Newman, 1994). Since all movement is unidirectional, illness is not seen as a step backwards nor is healing seen as a step forward. Rather, they are viewed as equal entities of patterning or change. Healing as patterning is the inevitable concept of continuous change in an open system, thus all movement or change is healing.

#### Ethics in Healing

Implied within the question of whether healing is always in the best interest of the patient are several ethical considerations. First, what determines healing? Who is influencing the healing process? Can a healer produce a healing that is not in the best interest of the client? Can someone be healed against his or her own desire? If healing is a shift towards balance, and human beings are open systems in continuous change, then healing is a continuous process, not a moment in time. In this regard, it is useful to examine who or what is influencing the healing process.

Novey (2000) maintains that one of the basic principles of holistic healing is that, "the body has the inherent ability to establish, maintain, and restore health; the process is ordered and intelligent: nature heals through the response of the life force" (p. 5). This same idea was taught by Spencer W. Kimball (1982), the prophet and seer for the

Church of Jesus Christ of Latter-Day Saints:

It must be remembered that no physician can heal. He can only provide a satisfactory environment and situation so the body may use its own God-given power of re-creation to build itself. Bones can be straightened, germs can be killed, sutures can close wounds and skillful fingers can open and close bodies; but no man yet has found a way to actually heal. Man is the offspring of God and has within him the re-creating power that is God-given. And through the priesthood and through prayer, the body's healing processes can be speeded and encouraged (p. 508).

In both secular and non-secular views, healing is understood to be an intrinsic power within each human being. Physicians and healers do not heal; they only provide environmental changes that facilitate the natural healing power of each human being (Novey, 2000; Kimball, 1982). Quinn (1989) also purposes that the healer not only creates but is the healing environment. The locus for healing lies within each human being.

Exactly how or where this power/energy manifests itself in the shift is unknown. However, there are several themes often repeated in different belief systems, which can provide us with some clues.

The first theme is that physical illness or disease is the

physical manifestation of being out of balance or harmony with one's nature or environment. Most indigenous people, from the North American Native American to the Maori of New Zealand, practice healing rituals designed to restore balance or harmony between the person who is ill and nature (Hoffman, 1967; Wyman, 1975; personal conversation with Maori healer, 1998). The fundamentals of Traditional Chinese Medicine (TCM) are based on balance between the Five Elements, the person, and the natural order of the Tao (Beinfeld & Korngold, 1991; Cohen & Doner, 1996). The fundamental concepts of the Ayurveda healing system are balance between the Doshas body types and maintaining the balance of the mind and spirit (Gerson, 1993). Even in the basic belief system of the Judeo-Christian theology is the concept that disease is a result of being out of harmony with God's will or laws (Myss, 1996). Although cultures such as Irish American and Afro-American view illness as a punishment for being out of harmony with God's path (Purnell & Paulanka, 1998), the recurring theme is being balanced, being in harmony with one's environment and higher power as the state of healing.

The second theme, which recurs in many healing systems, is that the body/mind/spirit is one whole entity acting as a single unit. The human body cannot be studied or treated without understanding the mind/spirit connection. Disease is seen as a manifestation of the physical body related to



deeper/higher imbalances of the mind/spirit (Achterberg, Dossey, & Kolkmeier, 1994; Beinfield & Korngold, 1991; Myss, 1993; Wyman, 1975). Whether it is Ayurveda, Homeopathy, TCM, or energy work, the object of the healing is not to suppress physical symptoms, but to move deeper through the layers of body/mind/spirit to the creation or beginning of the disease or imbalance, which resides in the spiritual plane (Beinfield & Korngold, 1991; Cohen & Doner, 1996; Gerson, 1993; Novey, 2000; Vithoulkas, 1980).

#### Conclusion

Is being healed always in the best interest of the patient? This question can only be answered through the framework of the inquirer's belief system. However, if one believes that human beings are continuous changing energetic systems moving unidirectionally, then healing is an inevitable process. Human beings are continuously healing as they journey through all phases of life. According to Rogers (1990), even death is a healing; it is the ultimate healing (personal conversation, 1990).

As such all healing is in the best interest of the patient because healing is unidirectional movement directed by one's own inner wisdom. Sometimes the healing which occurs on the spiritual plane does not manifest observable changes on the physical plane as in a cure. This does not mean that healing is not occurring; rather, the person's own wisdom has directed the healing to a

less visible realm. Thus ethically, healthcare professionals and healers should honor and support the individual's unique journey or process however it may manifest without personal judgment or expectations.

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## **A ROGERIAN EXPLORATION OF NURSE MANAGERS' EXPERIENCE OF JOB SATISFACTION, STRESS, AND POWER**

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### **Abstract**

Job satisfaction, stress, and power were studied within the Science of Unitary Human Being as mutual-process pattern manifesting the human experience of change. Historically, the concept of stress has not been congruent with the Rogerian view of mutual process. Stress was re-defined herein from the Rogerian perspective as "an experience of change manifested by individualism, challenge, opportunity, and consciousness raising" and operationalized with a 10-point Self-Anchoring Striving Scale. A national, randomized sample of 600 nurses resulted in a response rate of 45 percent of which 124 female nurse managers were identified for participation in the study. Data from the 124 respondents who met the study criteria were analyzed with Pearson product moment correlations and simple regressions to measure the relations among the study variables. T-tests, analyses of variance and chi-square analyses were computed to examine the study variables' associations with demographics. Power and job satisfaction were moderately related ( $r = 0.40$ ), while stress and power were weakly related ( $r = 0.19$ ). Stress was related to three of the four proposed manifestations of stress, challenge, opportunity, and consciousness raising. Three of the four dimensions of stress were inter-correlated. These findings provide partial support for the Rogerian concept that the whole is different from the sum of the parts. The correlation between job satisfaction and power reflects the theoretical rationale that managers who view themselves as participating in change should manifest power and experience job satisfaction. Further study is needed to clarify, operationalize, and test the proposed Rogerian conceptualization of stress.

**Key Words:** Job satisfaction, stress, power, Science of Unitary Human Beings, Rogerian Science, nurse managers, Martha Rogers

### **Introduction**

Within the perspective of the Science of Unitary Human Beings (Rogers, 1970, 1992, 1994) people and their world are in a mutual process allowing individuals to participate in the creation of their

own reality. This perspective is different from the traditional paradigm of stress that leaves individuals subject to their environments. From the Rogerian perspective, stress may be seen as a pattern manifestation of the

person-environment mutual process of change. As such, it may be defined as an experience of change manifested by individualism, challenge, opportunity, and consciousness raising (Hurley, 2002). To begin to explore and validate this conceptualization of stress, the relations of stress to job satisfaction and power were examined in a random sample of nurse managers. Both job satisfaction and power are also pattern manifestations of the person-environment mutual process of change. All three variables- stress, power, and job satisfaction- can be conceived as relevant to nurses and, in particular, to nurse managers.

Stress has been labeled as one of the most debilitating and expensive phenomena in our society. Stress can affect nurses' ability and willingness to provide nursing care and can lead to job dissatisfaction, burnout, and low commitment. The cost in terms of recruitment, retention, and absenteeism of nursing personnel is high. The nurse manager is crucial to the success of the goals of the institution and often this success is a result of the manager's ability to affect staff attitudes and care. In this position, balancing the goals of the organization with the needs of staff and representing the organization to staff is both challenging and stressful.

#### Theoretical Rationale

According to Rogers (1970, 1992, 1994), "the concern of nursing is with [human beings] and [their]

entirety, [their] wholeness" (Rogers, 1970, 3). Rogers continues, "the phenomenon central to nursing's conceptual system is the life process in [human beings]" (p. 83). The Science of Unitary Human Beings provides a framework for viewing change as the hallmark of the life process. Santos and Cox (2000) state that the science of organizational development defines "the phenomenon of change as a stressor" (p. 8). If the hallmark of the life process is change and change is considered a stressor, it is understandable why stress is considered pervasive in today's society. The traditional definitions of stress are not congruent with Rogerian science principles. For example, stress is typically viewed as something negative. Stress need not have a negative connotation, however. Not every person who experiences stress will experience illness or adverse psychological symptomatology. In fact, according to Aurelio (1993) too little stress is as bad as too much. This view suggests that traditional theoretical perspectives that view stress as negative and requiring "adaptation" may be limiting.

The human field pattern includes the beliefs, attitudes, feelings, and emotions of individuals that help them to perceive and participate in their reality. Stress is, therefore, a possible human field manifestation arising out of the human-environmental mutual process at any given relative present. That is, stress may be defined as a person's experience of

change. Barrett (1983) states that life is a flow of experiences. To be alive is to experience this flow and, thus, to move and to change (Barrett, 1983, 5). From a Rogerian (Rogers, 1970, 1992, 1994) perspective, stress is a manifestation of the human experience of continual change that occurs in the mutual human field and environmental field process. Even Lazarus (2000), while rooted in stress as an adaptive process, views stress as a relational process between humans and their environments. Perceiving humans either as subject to "environmental influences" or as acting on the environment conflicts with the Rogerian concept of mutual process of people and their environments (Rogers, 1970, 85). But by recognizing the human/environmental mutual process, the stress experience can be viewed as other than an adaptive process.

Power is a concept of concern for nursing but is most often discussed in terms of power and control over someone or something. Barrett (1983) proposed a power theory that differs from the traditional view of power discussed in the literature. Barrett looked at power as a potential within people that may or may not be manifest. According to Barrett, an individual's power is realized through mutual process with the environment.

Conceptualizing power as an inherent quality is not new. However, Barrett (1983) provides a way to operationalize the concept of power as an inherent quality, allowing it to

be studied in a framework that emphasizes the individual's active participation in creating change rather than the traditional view of the individual being acted upon or affected by external events. Barrett's theory conforms to a mutual process of humans and their environments as opposed to control over one's environment. Rather than being affected by events in one's life, Barrett's concept of power emphasizes active participation of the individual in creating change.

Barrett (1983) defined power as knowing participation in change. "Knowing participation is being aware of what one is choosing to do, feeling free to do it, and doing it intentionally" (p. 7). According to Barrett's conceptualization of power, a person has the ability to participate in change and "can knowingly actualize some potentials rather than others" (p. 30).

Power too has been discussed in the literature within a cause-and-effect paradigm. Barrett's (1983) theory of power is contrary to this traditional view of power. Derived from Rogers' (1970) Science of Unitary Human Beings where person and environment are in mutual process, Barrett's theory proposes that power is an inherent attribute to be manifested regardless of the context in which it is being used. Barrett describes power as an actualization of potentialities. Barrett defines power as "the capacity to knowingly participate in change characterizing the continuous patterning of the human and environmental fields" (Barrett, 1983,

p. 4). Knowing participation in change has implication for how one views the worth or meaning of one's life. The field manifestations of Barrett's power which are "being aware of what one is choosing to do, feeling free to do it, and doing it intentionally" (1983, p. 7), speak to one's effectiveness in participating meaningfully in life. In Barrett's theory power is a change in participation. Whereas in other paradigms, power is often referred to as being used or exerted, in Barrett's theory power is not a tool or result of an interaction. In contrast, power is a human field manifestation that is realized through being aware and deliberately choosing an option for events arising out of the human-environmental mutual process. How individuals participate is expected to vary. Furthermore, the varied patterning of the human-environmental field related to how power is realized is unpredictable and will reflect the interpretations of a person's value system.

Job satisfaction continues to be a major focus in the nursing literature (Ruggiero, 2005; Stacciarini and Tróccoli, 2004). From a Rogerian (Rogers, 1970, 1992, 1994) perspective, job satisfaction may be conceptualized as a feeling where the working individual believes there is an opportunity to experience challenge that does not exceed ability to be successful. Through deliberate choice by an individual, both the individual and environment change together and the individual experiences a feeling that in and of itself is rewarding and

not necessarily dependent on the outcome of the event.

This characterization of job satisfaction is similar to the concept of optimal experience "flow" described by Csikszentmihalyi (1988). Flow experience describes an "optimal state of experience" (Csikszentmihalyi, 1988, p. 3). From studies of a wide variety of persons who pursued strenuous activities, observations were made regarding the feeling of intrinsic reward. The observation of a common experience that individuals felt was rewarding in and of itself was realized. Optimal experience maintains that the activity and the dynamics of the experience make enjoyment possible. Optimal experience requires a balance between challenge and skill with each becoming more complex over time. While the "content of the activities" can vary, the "dynamics of the experience" is believed to be stable over time (Csikszentmihalyi, 1988, p. 10). It is ultimately the individual who determines if flow will occur. Rogers (1970, 1992, 1994) also sees the evolution of life as a continuous patterning of energy fields toward greater complexification.

## Literature Review

### *Stress*

Stress continues to be a subject of interest in both the general literature and that of nurse managers (Judkins, 2004). Findings in both the theoretical and empirical literature, although not based in the Rogerian (1970, 1992, 1994) framework, lend support for conceptualizing stress as

an experience of living that flows from the mutual process of the human and environmental fields, and for suggesting that stress is manifested by individualism, challenge, opportunity, and consciousness raising.

In a study of the mental and physical health of spouse caregivers, Hooker, Monahan, Shifren, and Hutchinson (1992) investigated the role of personality in the development of symptomatology. The underlying premise that personality determined the subjective appraisal of the stressor was supported ( $r = .65$  for neuroticism and  $r = -.50$  for optimism,  $p < .001$ , two-tailed). Adler and Mathews (1994) suggest that appraisal of stress is more important than exposure to life events in deciding health outcomes. Their view suggests there is an individual component to the stress experience.

Jeziarski (1993), in a qualitative study with 11 emergency department nurse managers, consistently described a perspective of challenge and an ability to make a difference (change) as themes that helped the managers with the daily stresses of their work. Thus, there is a connection with challenge, change, and stress. Stress needs to be experienced and seen as a challenge for growth and development (consciousness raising) to occur. Consciousness raising relates to a person's ability to grow and learn from an experience. Thus, while an event may be negative and stressful, the outcome promotes

growth and can be seen as positive flow.

Other studies also speak to the connection of challenge and growth. McNeese-Smith (1995) in her study of nurse managers determined that managers must "challenge employees to stretch and grow" (p. 25). Frisch, Dembeck, and Shannon, studied 21 female head nurses with all respondents agreeing that stress was sometimes positive with two using the word "challenge" (1991, p. 11). Fontaine, Manstead, and Wagner (1993), in a study of optimism, perceived control over stress, and coping, subjected coping strategies to principal axis and components analysis. The positive reinterpretation and growth items loaded as separate components indicating a difference in the two concepts. The separate loadings for these two concepts support investigation of consciousness raising as a field manifestation of stress.

When an event occurs, there is an opportunity for an options to be taken or ignored. Kerfoot (1991) states that, "basic to an optimistic outlook is the belief that there are possibilities and opportunities... in the present and the future" (p. 64). A study of "effective" nurse managers by Everson-Bates (1992) supports a view that persons who see opportunity rather than liability in reality are more successful in their endeavors.

#### *Power*

Researchers, who have studied power within the Rogerian Framework (1970, 1992, 1994),

provide a foundation for the exploration of the job satisfaction, stress and power relations. Caroselli-Dervan (1991) found no significant relation between power and feminism in 89 female nurse executives suggesting that other variables such as stress may better explain the concept of power in this group of individuals. Moulton (1994) also studied nurse executives regarding empathy and power and found a significant relation in the empathy subscale personal distress and power ( $r = -.14, p < .05$ ). Viewing a person's perception of the stress experience as either a constructive or destructive human pattern manifestation, one can hypothesize that personal distress is a stressful experience, and without awareness, one's ability to realize power is limited.

Rizzo (1990) found support for her premise that meaning in life adds to a person's life satisfaction. Meaning in life is one way individual's grow and develop. Eighty-four predominately elderly females had significant relations between power and purpose in life ( $r = .51, p < .001$ ). Wright (1999) found a relation between trust and power ( $r = .49, p < .001$ ) in her study of 189 adults.

Everson-Bates (1992) conducted an ethnographic analysis of the role of first-line nurse managers identified by their managers as effective in their jobs. She explored their beliefs, values, and behaviors. She also interviewed nurse executives and hospital administrators regarding their role

expectations for nurse managers. The groups were in agreement regarding the process and skill components required to do the job. The essence of the role was "managing reality and managing people... it was the process of interpreting facts as opportunities rather than liabilities" (Everson-Bates, 1992, p. 35). One common trait among the managers was the desire for power and control to make change. However, their concept of power was rooted in the traditional view of control and authority.

#### *Job Satisfaction*

Using The Index of Work Satisfaction scale, Tumulty (1992) studied 110 head nurses to test a model for role redesign and found job satisfaction to be only 4.2 (range 3.18 to 4.97) out of a possible score of 7. Wells (1990) also studied 95 nurse managers' job satisfaction as it related to organizational structure and achieved a mean score of 140.7 (range 91 to 178) out of a possible score of 190. Exactly what impacts job satisfaction remains questionable, but individualism remains a component to be investigated. For example, recent studies in concepts such as autonomy and empowerment in nurses have found that individuals may vary in their need for autonomy (Cunningham & Hyman, 1996; Song, Daly, Rudy, Douglas, & Dyer, 1997). These studies support the premise of Barrett (1983) that power also manifests differently in individuals.

Differences among nurse managers in motivation also suggest an individual component to stress



and job satisfaction. Hansen, Woods, Boyle, Bott, and Taunton (1995) when comparing nurse managers to traditional business personnel, found nurse managers did not fit the mold for motivation to manage, "the degree to which a manager possess strong desire to achieve managerial role requirements" (p. 28). Motivation can be intrinsic or extrinsic. Intrinsic motivation according to Deci (1975) allows a person to feel competent and self-determining in relation to his environment and has recently been acknowledged as a component of the nursing experience (Song et al, 1997; Tovey & Adams, 1999). Intrinsic motivation may be a component in the conceptualization of job satisfaction as optimal experience "flow" (Csikszentmihalyi, 1988) used in this study.

Zavodsky and Simms (1996) support the concept that optimal experience can be actualized in the work environment. They likened the concept of optimal experience to the concept of work excitement developed by Simms and Erbin-Roesemann (Simms, Erbin-Roesemann, Darga, and Coeling, 1990). Zavodsky and Simms studied work excitement among 399 nurse executives and managers. Nurse executives were very excited ( $M = 4.34$ ,  $SD = .92$ ) and nurse managers were moderately excited ( $M = 4.08$ ,  $SD = .89$ ). Six factors emerged on factor analysis, three of which were variety of experience, pace, and personal growth and development. The researchers equated pace to change and variety to challenge.

## Methodology

A correlational design was used to investigate the relations among stress, power, and job satisfaction in female nurse managers drawn from a random, national sample of 600 nurses in a mailed survey. The return rate was 45%. Out of the returned questionnaires 135 participants met the eligibility requirements (female, working in a patient care setting, and having 24 hour accountability for unit management). Eleven of these were excluded from the study because of missing data, leaving 124 completed questionnaires for analysis.

### *Instruments*

The Self-Anchoring Striving Scale, known as the Cantril Ladder (Cantril, 1965) was chosen to measure nurse managers' perception of their stress experience and the proposed manifestations of stress (individualism, challenge, opportunity, and consciousness raising). An individual identifies a point on the ladder (scale) that locates oneself in relation to the concept being measured. The anchoring points of the scale are the highest and lowest points of the concept being measured. Like Rogers (1970, 1992, 1994), Cantril viewed the totality of the human-environment as irreducible (Cantril & Bumstead, 1960). Cowling (1986) agrees that measures of self-report, that are experienced-based, may be more methodologically compatible with the study of variables in Science of Unitary Human Beings and serve as valid indices of the human-environmental field pattern.

Construct validity for the Cantril Ladder has been demonstrated by significant correlations to variables of concepts that should have a theoretical connection to the variable being measured (Palmore & Kivett, 1977).

Power was measured by The Knowing Participation in Change Test (PKPCT, Version II) developed by Barrett (1983). Power was operationalized as knowing participation in change, which was derived from the Science of Unitary Human Beings (Rogers, 1970). The instrument was developed using panels of judges, a pilot study, and factor analysis resulting in four concepts each measured by 12 bipolar adjective scales. The concepts awareness, choices, freedom to act intentionally, and involvement in creating changes represent the field manifestations of power. Construct validity determined by factor analysis yielded coefficients of .56 to .70. Reliability determined by combining the variance of the factor scores ranged from .63 to .99. Each concept has a retest question the reliabilities of which ranged from .70 to .78.

The Work Quality Index (WQI) instrument designed by Whitley and Putzier (1994) was used to measure job satisfaction. The instrument is composed of 38 items which measure work environment, autonomy, work worth, relationships, role enactment, and benefits. Construct validity for the instrument was established by factor analysis and the instrument's internal consistency was demonstrated by

Cronbach alpha coefficients which ranged from .72 to .94.

#### *Analyses*

Data analyses were computed using the Statistical Package for the Social Sciences Version 8.0 for Windows. The total WQI (Whitley & Putzier, 1994) and PKPCT, Version II (Barrett, 1983) scores were used in Pearson product moment correlations with stress and its four manifestations. Cronbach alpha coefficients were obtained to ensure the reliability of the WQI and PKPCT, Version II with this sample. The individual scores on the Cantril Ladders (Cantril, 1965) were used in the analyses. Other analyses (Pearson product moment correlations, t-tests, analyses of variance, and chi square analyses) were used as appropriate to explore the relations among the personal demographics and the study variables. Age, marital status, number of children, years in nursing and the current position, educational preparation, geographic location, size and type of institution, size of unit managed, direct care responsibility, salary, overall life satisfaction, experience and amount of stress, experience of crisis, and participation in fate were all investigated. In addition, open-ended questions were asked regarding the respondent's perception of the experience of stress.

#### *Findings*

The sample comprised 124 respondents from 34 states, with one to 17 respondents from each state. The Midwest had the largest representation with 31.4% of

respondents. The Northeast and Southeast had 29% and 24% respectively. The Southwest had 13.2%, while 2.4% came from the Northwest.

The participants ranged in age from 29 to 60 years ( $M = 43.6$ ,  $SD = 7.3$ ). Most participants were Caucasian (90.4%), married (76.7%), with one to three children (69.9%). Just over 20% had no children while just over 98% of respondents indicated a Christian religious affiliation. One-fifth of the sample held a master's degree (21.8%) and less than 50% had a bachelor's degree (41.9%) as their level of education. Most bachelor's and master's degrees were in nursing, 36.3% and 16.2%, respectively. No one in the sample reported holding a doctoral degree. Respondents reported 7 to 39 years in nursing ( $M = 20.7$ ,  $SD = 7.8$ ), with 6 months to 37 years in their current position ( $M = 7.4$ ,  $SD = 6.7$ ). Over 50% of the respondents were in their current position five years or less (52.4%), with approximately 2.4% in their current position for less than one year.

The mean annual salary was \$55,800 ( $SD = 11.4$ ). Just over half of these managers (54.7%) provided direct patient care. Most respondents worked in a community hospital with fewer than 350 beds and the average size of units they were responsible for was 37 beds.

#### Results

Job satisfaction was not related to stress ( $r = -0.11$ ,  $p = .23$ ) or any of the four manifestations ( $r = 0.02-0.13$ ) (see Table 1). Power was

positively and significantly correlated to job satisfaction,  $r = .40$ ,  $p = .000$ . All subscales of both the power and job satisfaction instruments were significantly correlated. Three of the four manifestations of stress were intercorrelated (challenge, opportunity, and consciousness raising ( $r = 0.37-0.43$ ,  $p \leq .001$ ). Their correlation to the measure of stress was ( $r = 0.24-0.37$ ,  $p \leq .01$ ) except for individualism which did not correlate to stress ( $r = 0.13$ ) or challenge ( $r = 0.15$ ) but did correlate to power ( $r = 0.24$ ,  $p \leq .01$ )

Age, marital status, number of children, years in nursing, educational preparation, geographic location, and size and type of institution were not related to job satisfaction, stress, or power. However, married persons were more satisfied with life ( $t = -1.95$ ,  $df = 121$ ,  $p = .05$ ).

One question was whether the nurse manager had direct care responsibilities. Direct care responsibility was related to size of the unit,  $\chi^2 = 10.79$ ,  $df = 3$ ,  $p = .01$  and education,  $\chi^2 = 6.29$ ,  $df = 2$ ,  $p = .04$ . The more beds the manager was responsible for, and the more educated she was, the less direct care responsibility she had. Nurse managers' perception of the stress experience was related to direct care responsibility,  $t = 2.44$ ,  $df = 113.74$ ,  $p = .02$  and years in current position,  $r = .19$ ,  $p = .03$ . Nurses with responsibility for direct patient care and in their positions longer perceived the stress experience as defined. Nurse managers with experience in a recent crisis ( $F =$

TABLE 1

## Correlation Matrix for the Major Variables and the Stress Manifestations

	1	2	3	4	5	6	7
1. Stress	1.00	.19*	-.11	.13	.37***	.31***	.24**
2. Power		1.00	.40***	.24**	.02	.13	.06
3. Job Satisfaction			1.00	.06	.07	.02	.13
4. Individualism				1.00	.15	.34***	.30***
5. Challenge					1.00	.43***	.37***
6. Opportunity						1.00	.41***
7. Consciousness Raising							1.00

\*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\*  $p \leq .001$

5.42,  $df = 1$ ,  $p = .02$ ) and those managers who perceived themselves to have greater stress ( $F = 3.22$ ,  $df = 2$ ,  $p = .04$ ) also saw the stress experience as defined.

Salary was related to several variables. In summary, the longer the nurse manager was in the position,  $r = .25$ ,  $p = .01$ , the more educated the nurse manager was,  $F = 3.50$ ,  $df = 2$ ,  $p = .03$ , and the larger the institution the nurse manager worked in,  $r = .23$ ,  $p = .02$ , the higher the nurse manager's salary.

#### Discussion

Overall the participants in this study were satisfied with their jobs, with 96.5% reporting a moderate or high level of satisfaction. The participants likewise reported experiencing stress, almost 98%, with 52.5% rating the experience of stress medium and 44.2% as high (See Table 2). That scores for stress and job satisfaction did not correlate

is puzzling but several reasons are suggested. The instrument measuring stress may not have been sufficiently robust to explore the stress experience. Several relevant questions were not investigated as part of the study or incorporated into the construction of the stress instrument. Not explored was the kind of philosophy of stress that had been incorporated into the participants' everyday lives. Likewise, participants were not asked to describe the event they chose to reflect upon when responding to the question that anchored the stress measurement. Also not explored was the participants' perceptions of the intrinsic nature of nursing versus the everyday practice of the job when responding to the job satisfaction questions. For instance, workload was indicated as a significant source of stress yet respondents had high

job satisfaction. Thus, workload did not significantly influence job satisfaction. Some researchers (Dwyer & Ganster, 1991) have found the pressure of too much to do in too little time may not equate to stress. Researchers (Caspi, Bolger, & Eckenrode, 1987) have also found that persons previously exposed to major life events are less affected by daily hassles, for example, workload.

Another puzzling finding is the fact that individualism scores did not correlate to stress as a personal phenomenon, subjective in nature. The fact that individualism did not relate significantly to the experience of stress is an unexpected finding. The participants in this study who had experienced a crisis in the last six months were more inclined to perceive the stress experience as incorporating the manifestations of stress ( $F = 5.42$ ,  $df = 1$ ,  $p = .02$ ), and the crises expressed were negative life events. Some authors (Rice, 2000) suggest negative events, such as death of a loved one, may be a more universal experience rather than an individual one. Furthermore, there is an assumption in stress-as-stimulus theories that there is an inherent stress in events, regardless of individual differences.

In other words, the simple fact that some major life events cannot be avoided or modified to any great extent (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982) can distract from the individuality of the event. Life events are often seen as distal measures of stress, one reason being a life event does not address the significance of the event

for the individual experiencing it (DeLongis et al., 1982). There is some support for the fact that there is a proximal and distal component to the stress process. For instance, Singh, Verbeke, and Rhoads, (1996) suggest that viewing role stress from the individual perspective versus a compositional or collective approach is not holistic in nature, and negates the contribution of the environment. They maintain that both individual and organizational variables matter when determining the effect of role stress processes.

Thus, nurse managers may not have appreciated an individual response to a major event, as much as the communal response, and so they may be more aware perhaps of what is considered a universal understanding of stress. Thus, while they could reflect upon the positive aspects of the experience (challenge, opportunity, and consciousness raising), the focus of their perception is not the individuality component of their experience.

Barrett's (1983) theory would suggest that nurse managers who were highly motivated toward actualizing and experiencing their power would express job satisfaction. This relation was demonstrated in this sample of nurse managers. As persons with an increased awareness of power, the nurse managers sought a position where that power could be manifested and this was reflected in their job satisfaction. Power contributed 16% of the variance of job satisfaction. Job satisfaction

**TABLE 2**  
**Univariate Statistics Related to Crisis, Stress, Experience, Degree of Stress and Participation in Fate**

Variable	Frequency	Percent
<b>Crisis</b>		
Yes	50	41.0
No	72	59.0
 <b>Experience stress</b>		
Yes	121	97.6
No	2	1.6
Not Sure	1	.8
 <b>Degree of Stress</b>		
Low	4	3.3
Medium	63	52.5
High	53	44.2
 <b>Deciding Fate</b>		
Yes	112	91.0
No	5	4.1
Not Sure	6	4.9

remains poorly understood. Further research on the issue is needed.

The sample of nurse managers who had direct care responsibilities, or who, were in their positions longer, or who, had experienced a recent crisis, or who, perceived themselves as having greater stress, had higher stress scores on the Cantril Ladder (Cantril, 1965). This finding may demonstrate the principle of integrality, ever present in the practice of nursing, by showing that the special nature of the relationship of patient and nurse, as well as personal experiences,

may assist the growth persons realize in terms of their own awareness of the stress process and its meaning.

The equally important focus on stress and the quality of life experienced by individuals calls for innovative strategies for managing the experience of stress. It is suggested that education and training for nurse managers move beyond conceptualizing stress as negative toward fostering awareness of the stress experience as challenging and growth promoting in the work environment. Increased

awareness of the mutual process of the human and environmental field may help individuals identify health-promoting ways in which to participate in the stress process.

Partial support for the concept that parts of the whole are different from the whole (Rogers, 1970, 1992, 1994) may be drawn from the lack of correlation of the individual stress manifestations and job satisfaction. All manifestations except for individualism were intercorrelated among themselves and to stress. This suggests that the parts cannot be separated from the whole or each other. The lack of significance of individualism for the stress experience remains unclear.

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**COMMUNITY ASSESSMENT USING COWLING'S UNITARY APPRECIATIVE  
INQUIRY:  
A BEGINNING EXPLORATION**

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**Abstract:**

Community assessment using Martha Rogers' theory, the Science of Unitary Human Beings (SUHB) is utilized as an ongoing framework for the development of a profile of a small rural community in a southern state. This paper is an outgrowth of a unitary profile completed by RN-BSN students and faculty at Georgia Southern University and presented to a conference audience. Specifically discussed is community assessment utilizing Cowling's (1990) unitary appreciative inquiry (UAI) praxis methodology. Cowling's method provided the template used to explore and construct a unitary pattern profile of this community. The original presentation of the profile included multiple expressions of pattern manifestations from the community: visual, sound, taste, touch, and smell. Hopefully a sense of some of these experiences will emerge from this paper and will aid in conveying some of the sensation of 'being there' and 'knowing' to the reader. To accomplish this, the reader is asked to go 'within' this community as the pattern unfolds.

**Keywords:** Community nursing, Cowling's Unitary Appreciative Inquiry, Unitary Science, Martha Rogers

As with individuals, creating a profile of a community requires multiple ways of seeing and experiencing. Cowling describes appreciative inquiry as 'an orientation, process, and approach for illuminating the wholeness, uniqueness, and essence that are the pattern of human life' (2001, p. 32). In attempting to capture the essence of a community, one has to

move beyond the collection of facts and figures and try to understand the overarching spirit of the community. At best, one tries to create a living portrait of the community while knowing that the community is in constant and dynamic change. Exploring the pattern manifestations gives clues as to the nature of the energy field. Given the current press toward community focus in nursing

education, grounded in the changes we are experiencing in health care delivery, attention should be given to the practice of community health nursing in the framework of Rogers' Science of Unitary Human Beings. Butcher (1994) expounded on the kaleidoscope metaphor used by Rogers (1980) to describe change.

When looking through a kaleidoscope, one sees continuous changing patterns of color and light brought about by the unique relationships among bits of colored glass and reflecting surfaces. As the kaleidoscope is rotated, there is constant change, continuous variation in form, revealing new, creative, and innovative manifestations of the evolving pattern. (p. 401)

And so it is with the community in a changing, evolving manifestation of pattern.

#### Community Health Nursing

Community health nursing has been taught for years and presently there is a major trend toward expansion of the roles of nurses in community health. Nursing educators are integrating community health nursing in curriculum beyond the community health nursing courses. Differentiation is made between community based nursing and community or population focused nursing (Stanhope & Lancaster, 2004). Although both these aspects of nursing should be explored with SUHB, the focus of this paper is community or

population focused nursing. Community or population focused nursing is concerned with the health of the total population and considers how community health problems and issues affect individuals, families, and groups, and is a blending of public health and nursing theory (Stanhope & Lancaster, 2004). The goal of population focused practice is to enable communities to be healthy. This requires a collaborative effort with other disciplines and with the community and emphasizes the ongoing interaction between people and their environment in which each is affected by the other (Stanhope & Lancaster, 2004). Essential to this process is the community assessment.

#### Community Assessment

There are many theoretical models for aspects of community health and community health nursing. For example, Neuman, Orem, Levine, Roy, and General Systems Theory have been used as a framework for community assessment.

As presented in entry level textbooks, General Systems Theory (GST) and much of the related terminology emphasizing such aspects as boundaries and stimulus-reaction in a way that relates poorly to those seeking a holistic model for community assessment. The best example of community assessment using General Systems theory is explicated by Hanchett in *Community health assessment: A conceptual tool kit* (1979). Although this book is grounded in General

Systems Theory, the strong influence of SUHB is evident and the modes of community assessment are congruent. Unfortunately, this particular work is not reflected in any of the major community health nursing books currently in use.

Hanchett (1988) explored the process of community assessment from Rogers' perspective in her book, *Nursing Frameworks and community as client: bridging the gap*. Community assessment is described as "manifestations of the community-environmental field process" which could be conducted using quantitative or qualitative approaches. Hanchett saw community assessment as identifying manifestations of the community-environmental field process. Identification occurs by "the use of quantitative and qualitative methods . . . that is rich in meaning and a powerful instrument for change" (p. 138). Hanchett noted that a simple aggregate, or group of individuals do not constitute a community. An aggregate could be all persons in the United States with a particular diagnosis. A community must be persons who can be identified as having a unique field in the collective sense. Most often, this is thought of as persons living within a specific geographical area. Communities are identified as "being related in some experiential, interpersonal way" (p. 138).

There is little or no reference to Rogers' Science of Unitary Human Beings in the major textbooks presently used in community nursing. The few references to

SUHB that are found are generally dated from 1970 to 1980, not applied to practice, and are erroneous in their presentation of Rogers' model. For example, one textbook, in citing nursing theory as applicable to community health nursing, lists "applicable content from Rogers SUHB as: (1) Holistic Health, and (2) Time perception and (3) Lines of defense (Clemen-Stone, Eigsti, & McGuire, 1995). Although the terms "holistic health" and "time perception" have been addressed in SUHB literature, they do not refer to essential principles of SUHB. Unfortunately, "lines of defense" implies boundaries and linear causality not compatible with the spirit of SUHB. No additional information is offered and cited references are ambiguous. A later edition (Clemen-Stone, McGuire & Eigsti, 2002) mentions Rogers' Science of Unitary Human Beings but does not include any discussion at all and has omitted any reference on the table of "Examples of Selected Nursing Theoretical Models Applicable to Community Health Nursing" (p. 256). This textbook is widely used in nursing education. In another textbook the statement is made that "all (nursing) models identify person as an integrated biopsychosocial being but may use different definitions" (Stanhope & Lancaster, 1996). The illustrations that follow cite Rogers' SUHB as one example with person defined as an energy field. This comparison is overly simplistic and is at best misleading. The most recent edition offers only one sentence describing

SUHB referring to Rogers' 1980 publication and there are no links to application and no discussion is offered (Stanhope & Lancaster, 2004). Allender and Spradley (2005) devote two short paragraphs to the Science of Unitary Human beings in which they describe the theory as having arisen from systems theory and having a developmental approach. Three additional textbooks reviewed did not include any information on Rogers Science of Unitary Human Beings (Clark, 2003; Lundy & Jones, 2001; Smith & Maurer, 2000). Students, then, are offered little guidance for coming to know a community from a unitary perspective.

#### Unitary Appreciative Inquiry

Cowling (2001) describes UAI as praxis, a combined research and practice method used to capture the pattern of wholeness innate in persons, families, groups, organizations, or communities. Until now, the primary emphasis of Cowling's methodological work has been with person or groups of persons. Using UAI with a community will expand its utility and demonstrate its versatility. The variety of strategies developed is directed at circumventing and avoiding reductionistic and fragmentary tendencies present in much research on humans. Cowling's method is designed for research questions which aim to explore and understand phenomena as *overarching panoramic aspects* of life pattern, rather than as segmented fragments. In other

words, the research focus is upon the *overall life pattern* of persons or groups of persons and, in that regard, is inclusive rather than exclusive. This conceptually places a phenomenon within the framework of life pattern, rather than isolating or stripping it from the wholeness of life.

Cowling (2001) created UAI to avoid gaps which eliminate important features of life; gaps that occur when the focus for practice and/or research is narrowed or confined to some singular aspect of living. To appreciate pattern is to "perceive, be aware of, sensitive to and to express the full force and delicate distinctions of something while sympathetically recognizing its excellence as experienced in gratefulness, enjoyment, and understanding" (Cowling, 2001, p. 19).

Cowling's method has an orientation, a process, and an approach which concentrates on knowing and appreciating the pattern of another. The *orientation* revolves around the wholeness of each case study. It flows from the assumptions, concepts, and principles of unitary science. The basic focus for UAI is the experiences, perceptions, and expressions underlying the life pattern of individuals, groups, or communities. The goal of UAI is to appreciate the wholeness, uniqueness, and essence manifested in a singular unitary pattern. Whether the inquiry centers on an individual, a group, a family, a community, or society, the reference point is the field pattern of that entity. UAI requires an inclusive rather than exclusive view of what counts as

pattern information; it takes into account information that lies outside the realm of observable data. Field pattern also includes all aspects of environment as the context of human life (Cowling, 1997; Cowling, 2001).

The *process* of UAI centers on comprehending the pattern of each case. The process is directed through appreciative knowing and incorporates unitary, participatory, synoptic, and transformative aspects in the process. Appreciative knowing has at its heart the metaphysical concept that human life is a mystery that can never be fully known; it implies that persons or groups of persons can be viewed as having pattern rich with possibilities and potentials that can be mobilized to enhance life and enrich self and others. The process is unitary in that it implies that all individuals, groups, and/or organizations are whole in nature consisting of an overall life pattern that gives uniqueness and identity to each. The process as participatory implies that through partnership or affiliation in inquiry, more extended and deeper forms of knowledge can be generated. The practice of participatory inquiry requires parity, mutuality, and respect for all individuals involved in order to enhance the potential for knowledge-based action. The process is synoptic in that themes, connections, and/or commonalities are sought using multiple ways of knowing. Synopsis seeks an inclusive panorama of data as pattern information from a variety of sources. The researcher considers the data as an ensemble of

information leading to knowledge of life pattern. The process is transformative in that through this process, circumstances and occurrences associated with human life can be seen in a novel context. New insights go beyond what may be associated with particular conditions or situations. Awareness can be expanded to see the potentialities and possibilities existing within the wholeness of life which reflect the uniqueness of each person. The skill of the unitary researcher is enhanced as s/he attunes to what can be revealed through multiple ways of knowing and seeing (Cowling, 1997; Cowling, 2001).

The *approach* involves constructing a unitary pattern profile from the multiplicity of pattern manifestations, information, and knowledge emerging from the inquiry process. The approach brings to fruition the ontologic and epistemologic assumptions of a unitary philosophy and addresses the metaphysical concerns of an appreciative stance toward life. The elements of approach are comprised of a set of steps that are utilized prior to, during, and after encounters with participants used to formulate a profile of the life pattern associated with the phenomenon or phenomena under study (Cowling, 1997; Cowling, 2001).

Most important in this type of inquiry is the generation of knowledge used to create both a profile and outline purposive strategies that can be used in the provision of client care. Cowling

(2004) outlines four forms of knowledge generated during any research inquiry. *Experiential knowledge* occurs through the immediacy of participation and relationship with another, a place, or a thing. It may manifest as descriptions of everyday experiences in unique ways or through mutually shared or created group expressions. *Presentational knowledge* emerges from expressing meaning and significance through such forms as art, music, images, movement, films, drama or the like or any combination of these; however, presentational knowledge may take any form that communicates the manifestations of pattern through association with some creative endeavor. *Propositional knowledge* consists of ideas or theories expressed in informative statements. This form of knowledge emerges from a synopsis/synthesis of shared information and helps to form the basis for factual claims that are unique to the phenomena of concern and/or are applicable in more global situations. Propositional knowledge has the potential for generating theoretical statements and additional inquiry to further refine understanding of phenomena. *Practical knowledge* involves identification of information that may be useful in developing skills or competencies. This type of knowledge allows for the establishment of purposive strategies for persons employed in service to others, provides emancipatory strategies for persons seeking respite from difficult or

intolerable situations, or provides the thrust needed to improve the overall quality of life. All of these forms of knowledge will emerge during appreciative inquiry; however, there may be a heavier emphasis on one or more areas depending on the purpose and outcomes of the inquiry.

#### Creating A Community Portrait:

RN-BSN students taking their community health nursing practicum were invited to participate in the creation of a community profile. As part of their studies, they had evaluated several models or templates used in community assessment. Additionally, they were introduced to UAI as published in 2001 (Cowling, 2001) in orientation, process and approach for community assessment. They were excited about this innovative approach though a little anxious about how they should go about doing it. Several techniques for seeing, connecting, and expressing were explored.

We began our trek to the community with a group meditation. As the students were enjoying a visual image and (hopefully) in a relaxed state, the teacher said to them:

- ❖ Check out your attitude about the community. Acknowledge any prejudices, fears, concerns and put them out of your way.
- ❖ Practice noticing. Hear what people have to say, what they talk about, think about and what they mean.

- ❖ Relax and allow the community to tell its story to you. Engage with the community.
- ❖ Feel yourself immersing into the community and connecting with the people who live there.
- ❖ Look at them with eyes of respect and with a valuing approach. Be thankful for them and what they can share with you. Appreciate them and their way of life.
- ❖ Also value your own intuition and your own ways of knowing.
- ❖ Find joy in the experience and keep it with you.

Students were invited to begin the inquiry process by walking around town, stopping in shops, by having lunch, by being there and by getting used to being there.

In this community, students already shared a couple of advantages. First, Georgia Southern University School of Nursing facilitates a nursing clinic in this small town. The people in the community have a strong sense of ownership in the clinic, it is "their" clinic, they were instrumental in obtaining the resources needed to begin it, and theirs were the voices listened to in determining the goals of the clinic. So any Georgia Southern University nursing student or faculty member coming to the community generally has a welcome. Secondly, one of the students was born and raised in the community. She had been away a few years and had recently moved back and was

now working with the townspeople as their clinic nurse.

In order to provide the students with "structure" and "organization" (they were very nervous without it!) in the beginning, suggestions were made for gathering information. Care was taken here that the categorizations of data not become the project itself but simply aid the students in looking beyond the easily observable data. Although the systematic collection of information is useful and probably necessary, this can result in 'seeing pieces' instead of the integrated whole. There is a difference in systematic collection of information and analysis based on filling in the categories with information. Toward this purpose, an artificial distinction was made between subtle and direct information. The students repeatedly saw that the information itself did not allow itself to be corralled into a category, but it served to give them a point of reference in a new experience. The categories, as they were used, gave the students a guide for seeking information, but were not to be used to express the information itself. While their perspective may seem small, it is critical to the unitary approach. Examples of categories they began with were:

*Direct Information:*

- ❖ data, numbers, statistics, demographics
- ❖ hardware (infrastructure) schools, churches, public systems
- ❖ photos
- ❖ words, descriptions



- ❖ responses
- ❖ headlines
- ❖ stories, legends
- ❖ history
- ❖ sounds

Students recognized that this information told very little about the community until the meaning this information had for the community could be captured and expressed.

*Subtle Information:*

The gathering of the subtle required a bit more artistry and creativity: Categories that were developed include:

**SPIRIT**—optimistic, sad, happy. What do you “feel” as you walk through town? Do people greet you with a cheerful “good morning!” or do they stare at you silently? Do they acknowledge your presence at all? How do they greet each other?

**FLOW**—does the community feel closed off from other communities, is there feeling of “insider-outsider”? Does life seem to go on easily or do you sense tension, anxiety.

**EXPERIENCE**—What has happened in this community? Do you see signs for fund raising for the baseball team that has just won the state championship? Are people proud of this? Has this community experienced a disaster, has the only manufacturing plant in town closed and many are now unemployed?

**EXPECTATIONS** — Do residents see this community as dying, or do they see it staying much the same, or growing? Are things going to get better----or worse?

**ATTITUDES** — How do residents feel about change in their

community, how do they feel about strangers, and about each other? How do they define being healthy or being sick? Do they “take care of” their own?

**VALUES** - What behavior is OK and what is not? Are people expected to work if they are able to or is it OK (or even expected) to be on social programs. What is normal for this community in terms of honesty, sexual behavior, and how people spend their money? Is drug and alcohol use tolerated?

**ESTHETICS** - Look at the buildings. How are the streets and homes kept? How important are esthetics to the community? Is there a sense of pride in community buildings or do they reflect the despair of the community? Are there weeds in cracked sidewalks or petunias in flower boxes? Maybe there are both. Are divisions and contrast evident?

**RHYTHMS-MOVEMENT** How do things happen every day? Can you “set your watch” by the behaviors? Do the rhythms change with the seasons, for example, when the crops come in? How does traffic move, how do people get about?

**TIME SENSE**- Is the past a frequent reference or do people speak often of the future? Is the sensation time passing fast or slow?

**HOPES AND FEARS**-Do residents speak of a bright vision for the future or do they fear for the survival of their children?

**RELATIONSHIPS** - Get a feel for the flow in relationships. How important is family? What is meant by family? Who talks about whom?

Pay attention to nonverbal cues. Could relationships in the community be a threat to the well-being of a community, or the greatest strength? Does there seem to be divisions along economic, racial or ethnic lines?

#### Pattern Profile Of A Small Southern Community

In keeping with the participatory nature of UAI, the students, faculty, and community members created a synthesis of physical descriptions, perception of energy flow, distillation of human dynamics, and history, all woven together into an intense story giving a "snapshot" view. This story is a vehicle for merging data into the flow of life in the community and achieving a fuller understanding. The technique uses a creative distillation in order to capture the essence of the little town. It should be noted that for purposes of confidentiality, the names used are fictitious and the information shared about individuals is actually a synthesis of experiences in other towns. The following are excerpts from the story.

##### *A Small Georgia Town*

*....a snapshot:*

A faded green sign on the outskirts of town reads "Welcome to the Turpentine City," but for a quarter of a mile or so, one sees only wide, flat fields of cotton. The town is 1.8 square miles. It begins with farm land and ends with farm land, and in between is a cluster of small

businesses along the main street. This tiny community is situated twenty miles west of Statesboro on US Highway 80, and pops into view with a string of small white and red brick houses on either side of the road. The main intersection is marked by a flashing caution light—the only traffic light in town. Driving through the community, it appears that the town is quiet except for another car or two along the main street, but after stopping, we see that people are busy with their everyday activities; raking yards, having a cigarette and passing time with a neighbor on the old stained couch in front of Jones Car Service, or having breakfast at Stewart's diner. Several second hand shops are on either side of the street in circa late 1800's early 1900's brick buildings.... buildings that obviously had experienced several lives. We are directed to the town's "historic" district: —three old, unpainted clapboard buildings. A resident told us the story of these buildings: they belonged to Dr. J. A. Stewart. "He ran a night club in one, lived in one, and had his office in the other. I reckon that's so they'd all get to drinking and carrying on and need some doctoring. Then he's be right close by to do it. Keeps himself in business that way, ya' know."

On the sidewalk, one of the storekeeper's displays used exercise equipment, a set of drums, and large house plants to entice passers-by into stopping for a closer look. Next door is Jones Brothers Produce, an older wooden building with bright hand-painted signs nailed to it advertising "Boiled Peanuts," "Corn & Squash" and "Red Ripe Tomatoes" *FOR SALE!*

*Breakfast in a small town  
café:*

With the recent addition of Bonnie's Café, now there are TWO restaurants in town, both of them serve country-style home cooking: the ever-present fried chicken, mashed potatoes, gravy...well, you get the idea. Today, it seems that surely half of the town's population has shown up for breakfast. The atmosphere in the café is thick with cigarette smoke, the aroma of fresh-brewed coffee, and the voices of the townspeople as they listen to hear whatever gossip might be about...and add their two-cent's worth as well! The patrons and waitresses are friendly with each other.... "How's your Mama been, Joe?" and "I'm sure looking forward to some of that fried chicken today!" The chief waitress is Miss Martha, the owner's aunt. Coffee comes without asking but a menu

only if you do. We listen to the flow of conversations for awhile, noticing how the talk goes around tables and between them. "Corn looks mighty bad this year, too much rain early on and it's late, May corn is never any good." "You, know Danny's had folks out working on Sundays to get caught up, plowing on *Sunday!*" The Chairman of the City Council and town barber, Roy Barnard, speaks to most everyone, but skillfully manages not to engage, or even acknowledge, mind you, Mr. John Warren. Seems Mr. John and Mr. Roy have a property dispute going on and are not speaking. Another "bump" in the conversation flow occurs when Miss Martha refills Joe Lanier's coffee cup. Her usual chatter stops abruptly. It seems that Joe and Miss Martha have been feuding over a family situation for months.

Poetry was another method used to attempt to capture the spirit, the tempo, and the flavor of the community.

*The Hardware Store*

There's a tiny country town--  
I reckon you can still call it a town--  
A name for it is on the sign by the  
main highway,  
but there's not a post office there  
anymore.  
A few stores are not closed down  
yet,

They peek almost like guilty children  
from among the rosy brick remains  
of former mercantiles  
—from among those hoping to hide  
their shame, it seems,  
in drapes of Kudzu and Wisteria  
and a bits of Morning Glory vine.  
A cooperative effort to soften the  
sadness.  
In the middle of town Mr. Saseen's  
Hardware Store still lives.  
It's long gray windows reflect  
this small world more than showing  
off the goods inside.  
Wide wooden ledges stretch across  
the window's bases,  
the paint worn off, perches to sit on  
and talk  
and maybe whittle long thin shavings  
onto the worn concrete sidewalk.  
Nice inside, always a little cool and a  
little dark,  
though light enough to find the things  
you need  
or the things maybe you wish you  
did.  
Dog food and wicks for kerosene  
lanterns,  
dishes by the piece; bowls and cups  
and plates,  
things you can pick up and feel,  
not confined to a cardboard box—  
though they are a little gritty, aren't  
they?  
Garden seeds are in magic wooden  
bins,  
sprouting hazy pictures of  
vegetables fulfilled  
through dusty glass drawer fronts.  
Walking on toward the back, the dry-  
seed-smell fades  
in favor of the acid odor of fertilizer  
so empowered by this day's heat

that it is in possession of the air back  
here.

Could it *really* be too hot to rain?  
This question is brought into  
discussion  
up front next to the galvanized tubs  
and cast iron pans  
by Mr. Saseen and Mr. Joe Smith.  
Mr. Saseen goes to move the tomato  
plants in  
off the sidewalk, a sign that closing  
time is here--  
the only one, since there is not even  
a cardboard one to hang up.  
Everybody knows when it is time to  
go home.

Yes, supper soon.

Supplies for that here too, if you  
want such.

One short row of shiny cans and  
bright boxes.

New kinds of things for microwaving,  
their sleekness breaking the rhythm,  
like a city cousin at the family  
reunion--

a little too polished for the  
circumstance.

Home for supper now.

Photography is another  
technique the students used to  
attempt to capture the essence of  
the community. Photos taken by the  
students were made into a video  
used to try to capture the "feel" of the  
community using pictures and  
sound. A composer friend wrote  
music especially to go with the video.  
Many community members asked for  
copies of this special film.

Additionally, a special bag of  
"goodies" was prepared for those in  
the audience for the presentation of  
the community profile at a national  
conference. Included were foods

representative of the area: peanuts, peach candy, and cane syrup. Also in this special bag were samples of agricultural products and other symbols important to the community.

Some of those from outside the community who experienced the pattern profile did tell us that they felt they had been transported across time and distance and actually experienced being in a small southern town, if just for a few moments. If so, then our exploration using Cowling's Appreciative Inquiry as our guide was successful.

#### Utilization Of Knowledge From The Inquiry

One of the main purposes of UAI is to "provide a focus from which to consider nursing intervention" (Cowling, 1990, p. 58). Nursing intervention, from the unitary perspective, is a mutual process and is undertaken as a commitment from the community to improve well being. Nurses are co-participants in this process.

Knowledge gained during this inquiry was used in assisting the residents of this community in trying to improve the overall health of its citizens. As alluded to earlier, knowledge resides in four areas. Experiential knowledge was gained by the student and faculty researchers as they walked through the town, observed activities, and interacted with the townspeople. The residents also took the time to share their experiences from their unique perspective. Both the townspeople and the researchers together in mutual process decided to focus on

a health problem that they wanted to work on to improve their environmental field and the experience of sharing in mutual process unfolded. Experiential knowledge was the vehicle of sharing a little bit of the smells, sounds, and tastes as the researchers shared their presentational knowledge with a broader audience; boiled peanuts, sweet tea, peach candy, and a video clip with voices and images from a town which almost seemed to be lost in time.

Presentational knowledge emerged through the way in which information was shared with the researchers by the townspeople. Knowledge was presented how people went about their daily activities and the way in which verbal knowledge was shared; storytelling and reminiscence. Presentational knowledge was incorporated in the way in which the profile was developed and shared with a broader audience. Choosing to use sights, sounds, tastes, song, and story as opposed to facts and figures enhanced the presentation.

Propositional knowledge resided in more formal activities of outlining areas for development and life improvement. Choosing to look at evidence in an inclusive way in order to decide on what it was important for the community as a whole to do to enhance the overall quality of community life formed the backbone of decision-making for this community. Propositional knowledge forms the basis for action and future research endeavors.

Practical knowledge was imparted in strategies incorporated by the town residents in carrying out their daily activities, the rationale for doing things in a certain way, and what was perceived as important as a community focus. Practical knowledge, additionally, was the impetus for deciding on the best format for presentation of the knowledge that was shared in the professional arena. Practical knowledge formed the venue for the decision made by the community to engage the nurses in providing strategies for an intervention carried out in mutual process for the betterment of the residents. Practical knowledge formed the basis for mutually deciding what might be effective in making change and what might work for this particular group of people. The emergent knowledge forms that basis for the creation of the profile.

Choices that are made are reflective of the knowledge that emerges during an inquiry and the creation of the profile. Therefore, the profile must be validated by those of the community. Validation, in this regard, is determining the degree by "which it captures and conveys the experience, perception, and expressions..." (Cowling, 2001, p. 58) of the manifestations of pattern. Accuracy, by this definition, is only one of the reasons for validation of the knowledge and the profile.

As Cowling suggested in his work with individuals, community members may be able to recognize trends or recurring events that may give them clues for implementing

change in their community. In the case of this community, the prevalent and very open use of tobacco was seen as inhibiting well being in the community. The community selected strategies aimed at helping middle school children choose not to use tobacco and they asked the nursing students to take this on as a project. Community members also asked the nurses to begin classes at the health center on diet and exercise, which were currently unavailable within the community.

Cowling's Unitary Appreciative Inquiry (UAI) has potential for application to community health nursing as evidenced in this beginning work. Although many models are currently in use for the purpose of community assessment, Cowling's Unitary Appreciative Inquiry will enable a unitary approach for nurses not only in conducting the community assessment, but co-participating with communities in a meaningful way.

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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 phone (319-335-7039); email: [howard-butcher@uiowa.edu](mailto:howard-butcher@uiowa.edu).

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### Using Metaphoric Unitary Landscape Narratives to Facilitate Pattern Transformation: Fires in the Tallgrass Prairie as a Wellspring of Possibilities

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*Land of the pastoral plains, the grass-fields of the world!  
Land of those sweet-aired interminable plateaus!  
Land there of herd, the garden, the healthy house  
of adobie! Land there of rapt thought, and of the realization  
of the stars!  
From Leaves of Grass, Walt Whitman (1860)*



## Story and Metaphor

Before I discovered the works of Martha Rogers while pursuing a Masters degree at the University of Toronto, I came across a book by David Gordon's (1978) titled *Therapeutic Metaphors: Helping Others Through the Looking Glass*. The idea of testing the therapeutic use of metaphor was the first idea I had as a thesis topic. I went on to complete my thesis testing Rogers' Science of Unitary Human Beings (SUHB) focusing on the relationship of pleasant guided imagery with time experience and human field motion (Butcher, 1988) and forgot about the significance of Gordon's (1978) work. Now, twenty years later, my research on journaling and storytelling has the potential for enhancing health and well-being while reawakening the idea of using stories rich with metaphor as a unitary patterning modality (Butcher, 2004).

Stories, in one form or another, have been used for ages as a way of conveying information and knowledge to each other and from one generation to the next. Stories may be expressed in the form of poems, novels, fairy tales, fables, parables, songs, movies, jokes, or gossip. Working with people to uncover deep meanings in their stories can create opportunities for healing and hope.

According to Polkinghorne (1988), human language in personal narratives are replete with symbols, figures of speech, metaphors, and similes that serve to illuminate certain themes, convey meaning,

filter, and organize the personal story. The storyteller or writer uses metaphors to extend understanding beyond the literal connection creating a deeper meaning of the events. Generally, metaphor is defined as "a way of speaking in which one thing is expressed in terms of another, whereby this bringing together throws new light on the character of what is being described" (Kopp, 1971, p. 17). "Metaphors are central to explaining our everyday realities. The way we think, what we experience, and what we do every day is very much a matter of metaphor" (Lakoff & Johnson, 1980, p. 3). Metaphors bring about change and transformation by inviting one to view an experience from a new perspective through the making of new connections. Hence, metaphors build bridges between embodied knowledge and abstractions by reconstructing and connecting experiences to meaningful symbols and imagery. The new connections have the potential to reveal deeper insights and meanings about a situation from which new attitudes and actions may arise (Banonis, 1995; Burke, 1984; Lakoff & Johnson, 1980). These new insights are pathways to a deeper understanding of ourselves and those we care for. People make sense of their world and themselves through the creation of stories. Meaning is created among those telling and listening to the story. Dillard (1982) explained that the meaning from metaphor is what brings forth the mystery expressed in

universal themes that become guides toward the light of our being, from birth to death, through the passage of time, and through the journey of life.

Gordon (1978) explained that metaphors in the form of stories, fairy tales, parables, and anecdotes can be used consciously and unconsciously to assist clients in making desired changes. Olds (1992) states that as "meaning transports," metaphors facilitate the remaking of story thereby extending or enhancing the understanding of experiences (p. 24). For example, a client may be expressing some experience in which they feel limited in some way, perhaps seeing no choices or alternatives to overcome and transcend a particular situation. At this point, the nurse may tell a story about another client or create a story about how another person who had a similar situation was able to find resolution. Upon hearing the story, if the situation resonates with the client's own view of the world, he/she may incorporate the resolution into his or her own situation. Expected and unexpected moments in the story can mark the rise and fall of crisis and resolution by working and reworking the story in a way that reframes a person's experience.

Narrative therapists and constructivist psychologists deliberately use story and metaphor as a strategy for promoting self-healing (Neimeyer & Mahoney, 1995; Rosen & Kuehlwein, 1996; White & Epston, 1990). There is increasing interest in nursing

concerning the use of metaphor, storytelling, and myth as a potential healing modality (Banks-Wallace, 1998; Gaydos, 2005; Tuyn, 2003; Watson, 1987). In terms of Rogerian Science, credit must be given to Tuyn (1992; 1994) as being among the first to see the congruency and relevance of constructivist approaches to counseling such as the use of narratives to the Science of Unitary Human Beings. However, there has been no published works on how narratives about landscapes can be used as metaphors to enhance pattern transformation.

#### *Landscape as Narrative*

One major source for story and metaphor is our natural environment. People are shaped by their landscape as much as they are shaped by genes (Lopez, 1988). Story-telling, then, is a reflection of the character and subtlety of landscape and context in which we live. Landscape comes alive through the telling and sharing of our stories.

In a view consistent with Rogers' notion of integrality, David Abram (1996) in his brilliant landmark book, *The Spell of the Sensuous: Perception and Language in a More-Than-Human World*, beautifully demonstrates how human beings throughout time have been "situated in the land in much the same way that characters are situated in story" (p. 163). For thousands of generations, people viewed themselves as part of nature. He illustrates how the language and stories of Western Apache, the Hopi, Navajo, Balinese, Aboriginal people

of Australia, and other indigenous cultures have always been intertwined, interpenetrating, interdependent with "the sensible landscape itself" (Abram, 1996, p. 85). In fact, these indigenous cultures "dwell within a landscape that is alive, aware, and expressive" (p. 139). The "animation" of nature provides human beings a direct relationship with a "many-voiced landscape" (p. ix) and a "sensuous reality" (p. x). Only by affirming the animateness of the landscape do we allow for full immersion and participation with our surrounding landscape. In this way, every tree, creature, the sky, rock, leaf, and blade of grass has its own place-specific mind and intelligence. It is only within this matrix of people and land that is experienced alive where meaning arises and proliferates. The aliveness and sensuousness of landscape made meaningful is illustrated throughout Abram's (1996) book and is a model for creating the metaphoric landscape tallgrass prairie narrative presented later in this paper.

#### *Landscape as a Healing Metaphor*

Nightingale (1860) wrote extensively about the importance of internal and external visual experiences, light, color and beauty as effective agents if care and recovery that she felt were basic to nursing. Rogers (1992) also placed great emphasis on the environment in describing the oneness of human beings with their environment. Watson (1999) pointed out how contemporary health settings are

incorporating works beauty, works of art, aesthetics, light, and color, as well as nature to help promote harmony and wholeness.

The idea that landscapes are "therapeutic" is not new. There is a deep-rooted notion in contemporary society that contact with nature and natural landscape is a source for personal and social health benefits (Parry-Jones, 1990). The textures, sounds, smells, and visual scenery of the environment have always been sources of inspiration where the human spirit is nourished and renewed. Williams (1999) explains that the concept of the therapeutic landscape is concerned with a holistic, socio-ecological model of health that focuses on the complex interactions that include the physical, mental, emotional, spiritual, societal and environmental.

#### *Walking in Beauty*

Palka (1999) found that wilderness national parks are places of healing where the environment promotes wellness by facilitating relaxation and restoration while enhancing physical, mental, and spiritual well-being. Williams (2002) further argues that while the literature points to the use of therapeutic landscapes for healing and the recovery process, they can also be used in the maintenance of health and well-being. Sheppard (1994) noted that the natural world in particular is a source for healing. She described how taking beautiful photographs of the sea was particularly therapeutic for a terminally ill client she cared for and

noted how "a rainbow, a beautiful sunset, the sound of a loon quavering across a northern lake all engender awe within us" (Sheppard, 1994, p. 105). For many people, such awe inspiring images are a source for hope, peacefulness, happiness, relaxation, and healing. Knopf (1987) pointed to four potential reasons that natural landscape is a benefit: a) nature restores; b) it facilitates competence building; c) it carries symbols that affirm culture or self; and d) landscape offers a pleasing diversion.

This paper offers an additional way in which engagement with landscape may be a source for well-being. The activity of writing about and/or sharing richly constructed metaphorical narratives about the healing nature of landscapes maybe an additional source of health patterning. This paper includes an example of a self-created story rich with metaphor that I created, and recreated, which has served as a source of strength, renewal, and self-healing in my own unfolding life journey.

#### *Tallgrass Prairie*

One's environment is a rich source for the discovery of landscapes that may be turned into metaphor. Ever since moving to Iowa, I've been tuned into the rhythms, textures, beauty, and magic of the tallgrass prairie. For thousands of years an open tallgrass prairie covers more than 400,000 square miles of North America stretching from Manitoba, covering

northwestern Indiana, the northern two thirds of Illinois to the eastern parts of the Dakotas and Nebraska, and extending down through western Missouri, eastern Kansas, and into eastern Oklahoma (Olson & Madson, 2005). Of the four great biomes of North America, desert, tundra, forest, and grassland, the largest is grassland. Heat-Moon (1991) appropriately wrote that the one singular metaphor that described the vast prairie was an "*ocean of grass*" since "this land is *like* the sea and it is *of* the sea" (p. 114). In the words of a poet, nature writer, and scholar, William A. Quayle (1905) stated, "the prairie is the sea of the land" (p. 49). Iowa, unlike any other state, was almost entirely covered (85%) by a 30 million acre tallgrass prairie (Price, 2004).

Reports from French explorers in the 1600s were the first to describe the endless treeless lands. However, the tallgrass prairie was long the home for the Sauk, Iowa, Fox, Sioux, Mesquakies, Osages, Kaws, Poncas, as well as a host of other tribes. The term "prairie" was commonly used in France and Quebec to describe grassland. Ever since one of the early explorers, Pere Jacques Marquette noted in his 1673 journal of the "*belles preies*," the term has lasted to describe the boundless, vast, rich grasslands. *Prerie* it was then; prairie it would become when adopted and anglicized by the English (Madson, 1995).

No other landscape has been or continues to be as important and misunderstood as the American

grasslands (Kinsey, 1996). Often, the vast grasslands were described as "too simple, too monotonous, and befitting their form, too plain" (Kinsey, 1996, p. 3). The ocean of grass was even viewed as a "sublime void," (p. 11) "vast desert," (p. 15) and "wasteland " (Kinsey, 1996, p. 15).

As waves of settlers moved westward, the vast domains of the unbroken tallgrass prairie became fragmented. In a very short span of time, towns sprang up, ranches fenced in, land was tilled for farms. People quickly realized the rich prairie sod can be stripped away and used to build homes made of sod, some even two-storied high. As the railway spread westward bringing lumber and glass, the sod houses disappeared (Madson, 1995; Price, 2004). Settlers soon realized the top 42 inches of black organic nutrient rich soil brought about by the synergy of mineral deposits left from an ancient swallow sea and pulsing and retreating Pleistocene glacier melts of two million to eleven thousands years ago combined with the radiant energy from the sun, seed blowing winds, cycles of rainfall, organic decay, and prairie fires that unlocked and returned minerals to replenish the soil, created the richest and finest farm soil in the world (Madson, 1995; Savage, 2004). Today, less than 4% of the tallgrass prairie remains. In my home state of Iowa, only one-tenth of one percent of the native tallgrass prairie still exists (Price, 2004).

As part of environmental concern about preserving original

American landscapes, interest in the tallgrass prairie has steadily grown. All around the upper Midwest and great Plain states, prairie restorations are being made by park boards, arboretums, colleges and universities, nature conservatories, and backyard naturalists (Madson, 1995; Madison & Oberle, 1993). Just an hour away to the west from my home in Iowa City is a restored 8,000-acre tallgrass prairie at the Neal Smith Wildlife Refuge near the appropriately named town, Prairie City.

Thirty miles east of Iowa City, in the small enclave of Rochester, is a genuine sliver of land considered the finest example of an unshorn, uncurried native oak savannah tallgrass prairie in the state of Iowa. Most conveniently, just a mile north from my home, a tallgrass prairie restoration project is underway at the newly created Waterworks Prairie Park. The tallgrass prairie is a place I frequently seek out as a means to immerse myself in beauty, sound, life, and meaning.

In *Specimen Days*, Walt Whitman (1882) recognized the importance of the grasslands when he stated that while the prairie may be less stunning than Yosemite, Yellowstone, or Niagara Falls, the prairies and plains "fill the esthetic sense fuller, precede all the rest, and make the North America's characteristic landscape . . . what most impressed me, and will longer remain with me, are these same prairies" (94). Whitman went on to say that "these prairies . . . will they ever appear in and in some sort form

a standard for our poetry and art?" (p. 95). While nature is a source for endless metaphors that may be used to create a deeper meaning and understanding, this story is about the potential of the tallgrass prairie as a metaphor for healing and renewal. I share it only as an example of how landscape narratives rich with metaphor may serve as a mutual patterning modality.

Metaphoric Unitary Tallgrass Prairie  
Landscape Narrative

*What is it to live between lighting and thunder? What is it to live between the sudden shocking flash of lighting and its rolling crashing earth-shaking rumble of thunder. In 1999, storms chased me to Madison, Wisconsin where I went to attend a two-week workshop on Heideggerian Hermeneutics. I left Iowa City amid warnings of impending severe weather. My wife wanted me to wait until the warnings were over, but I wanted to leave and out race the threatening storm to Madison. Darkening thunderclouds billowed on the western horizon. On the way I swung by the new house we were having built because I knew it would be another two weeks before I would see it again and I knew that when I returned, it would be nearly complete.*

*I raced up Highway 151. All along the way, I kept the storm clouds in my rear view mirror. Streaking bolts of lightening flashed behind me. Yet to my astonishment, when I arrived in Madison, I could see the storm that chased me along the way had already been there.*

*Driving into Madison, I could see the chaos left behind by the storm. Downed tress, tree limbs scattered about, electrical workers were repairing downed power lines. How is it that I could out run a storm and yet the storm arrived before me? What is in mystery? Can one ever really out run a storm?*

*Lighting struck again Tuesday morning. News arrived that there was a fire. Our new house under construction burned to the ground. With these words, I dropped to my knees in disbelief. Everyday for months I would go to the house as it was being built to check on the progress. I would sweep away the dust and wood chips between wood beams. Clean up the trash before it became boarded between dry walls. Lying in bed at night, I could close my eyes, picture every detail, and imagine each space upon completion.*

*Suddenly, it was all ashes. I decided to stay for the rest of the conference. One reason was I knew it would be too much to see what was left, and I had hopes that by the time I returned to Iowa City, the burned out shell would be cleared away and gone.*

*Listening to Prairies*

*When will I hear the thunder?  
Does living between the lightening  
and the thunder illuminate meaning?  
Does lightening and thunder speak?  
How does one know thunder when  
one hears it? Can a fire from  
lightening bolts bring renewal? How  
does a loss become a possibility?*

*Lightening and thunder speak to prairies. Early French explorers described the heartland or middle North America as an open, endless, empty, undulating, grass covered, treeless landscape of soft rolling hills. Iowa was once all a tallgrass prairie. While the vast Midwest prairie nearly gone, the prairie is neither lost nor forgotten. The wisdom of the prairie persists.*

*Then, I knew nothing about the wisdom prairies speak. Searching for meaning amid loss, I needed to spend time away from the conference and so I decided to visit the nearby Curtis Prairie at the University of Wisconsin Arboretum. The power of the prairie is subtle and of surprising natural complexity and beauty. It is a magical world that must be experienced up close. Prairies are pathways for the soul to walk. To walk the prairie is to journey from the swaying green into the deep blue becalmed sky. The prairie path leads to the sky path. "The paths are one" (Quayle, 1905, 50).*

*Dwelling and thinking, Walking on dense tufts of grass, I listened to the silence between the lighting and the thunder. This vast, perfect openness of grass, sky, and wind. Limitless with no boundaries. At first, I heard the hissing of the grass blowing in the wind. Ocean of billowy green. Swells on swells, lifting then falling. Undulating solid earth. Like endless ocean waves, rippling patterns of bending grasses towering above my head moved across the landscape. Cather's (1918) description of the tallgrass prairie comes to mind when she says*

*"more than anything else, I felt the motion in the landscape; in the fresh, easy-blowing wind, and in the earth itself" (16). The wind is the only chance grass can make music. I'm listening to the chant of the prairie.*

*Awakened, I see amid this emptiness is abundance. A kaleidoscope of dozens of different grasses crowd the ground. I was awe struck by the thick carpet of eye high big bluestem, gold stem, Indiangrass, prairie cord grass, ripgut, and sloughgrass, I immersed myself in the short little bluestem, windmill grass, sand lovegrass, blue grama, switch grass, June grass, prairie dropseed, needlegrass, porcupine grass, and purple topstop that brushed against my thighs as I walked through this place of wonder, this endless sea of shades of sage green under a brilliant turquoise sky.*

*Amid this chaos are rhythmic patterns. What appeared as unruly weeds, on closer look, revealed a highly complex ecosystem. In the grassland ecoregion diversity reigns with 1,595 species of grasses, sedges, and wild flowers, 160 species of butterflies, 122 species birds, 72 species of mammals, 18 species of reptiles, and 13 species of amphibians (Savage, 2004). However, most vivid and interspersed thickly amid these majestic grasses were the wild prairie flowers. To think that endless grass and sky were enough, the burst of color overwhelmed my senses.*

### *Beauty Heals*

*Prairies speak beauty. The bright warm sun shines on radiant prairiescapes enameled with bursts of floral indigo, lavender, gold, cream, crimson, white, and magenta. I hungrily searched for their lyrical, evocative names. Even the names of the flowers speak beauty. Waves and waves of lobelia, lupine, New Jersey tea, Turk's-cap, yellow star, pasture rose, purple milkwort, sneezeweed, purple avens, Ohio spiderwort, wild bergamot, fringed gentian, black-eyed susan, golden alexanders, purple coneflower, blue flag, cardinal flower, Maximilian sunflower, and butterfly weed bloom and swing as their fragrance is lost in the gusty wind. Birdsfoot violet, blazingstars, purple prairie clover, yellow coneflower, show goldenrod, shooting star, whorled milkweed, kittentails, thimbleweed, bush clover, wild indigo, forget-me-nots, and prairie smoke spring forth. The sun turns tall tiger lilies into flaming torches of color. Prairie flowers come on in waves, each with its own time, some blooming briefly and others persisting for weeks on end.*

*To walk waist-deep in prairie flowers is to stroll through a fragile fragrant world unlike any other. "From the very first greening of spring to the full ripening of autumn, the prairie is spangled with a vivid progression of flowers" (Madson, 1995, p. 81). White, pink, and lavender of spring; yellow-gold of summer; crimson and bronze of autumn; and the slate of winter (Price, 2004). Except for a short period early in the growing season,*

*the flowers must compete with a rising tide of grasses. The smallest and most delicate appear in the spring while the taller and coarser flowers blossom in the late summer. Yet, there are a few delicate stalwarts left from spring that blossom hidden deep in the grasses of late summer (Madson, 1995). Slopes flooded with pink, white, yellow, purple, and orange sparkle against a carpet green background. Ensnared with wild flowers I fall down on the grass. Beauty heals.*

### *Prairies Gather Community*

*"One learns a landscape finally not by knowing the name or identity of everything in it, but by perceiving the relationships in it—like that between the sparrow and the twig" (Lopez, 1988, p. 64). The grasses and flowers gather birds, insects, badgers, rodents, squirrels, prairie dogs, and rabbits. Butterflies flutter from flower to flower. Bees buzz. Grassland birds sing as they fly through the air. The prairie horned lark, lark bunting, bobolink, meadow lark, dickcissel, and longspurs sing while flying because there are no tree perches (Madson, 1995). I watch the red-winged blackbirds flap about. Wrens warbled. Fall and spring squadrons of migrating Canadian ducks, pelicans, sandhill cranes, whooping cranes, bitterns, egrets, swans, and geese make the Midwest prairie a temporary home. Cotton and jackrabbits leap through the grasses. Prairie chickens, elk, and bison made the tallgrass prairie home until they were hunted to near extinction. However, the rodents still*



*lurk often unseen in the tall grasses. Little critters like jumping mice, ground squirrels, prairie dogs, prairie voles feast on the limitless grasses, forbs, seeds, fruits, and root while foxes, minks, weasels, shrews, badgers, skunks, snakes, owls, and hawks feed on them.*

*Peering deeply into the grasses, I see that the prairie is teeming, swarming, and bursting with life. Insects buzzing. As many as 10 million insects are in each acre of a tallgrass prairie (Madison, 1995). Flies, locust, grasshoppers, bees, and ants are just some of the thousands of insects that are welcomed by the prairie plants. The prairie gathers community.*

*Busy blue dragonflies flit from blade to leaf to blade. But, I rather follow the dance of monarch, swallowtail, and buckeye butterflies, bumblebees, and birds while wondering how does this bountiful and beautiful community sustain itself?*

#### *Fires in the Heart and on the Heartland*

*Fire is the oldest story of all. "Birth, growth, decline—that is the arc of fire's narrative" (Pyne, 2004, p. 20). Little of human life escapes fire's touch. Fire is the creation of the living world. Life supplies its oxygen, and life furnishes its fuel. Fire exists because the earth holds life. Fire is the source of creation. After all, the universe is made of fire.*

*Certain Native Americans called it the "Red Buffalo." Sooner or later, the Red Buffalo comes to feed, a season of fire and rebirth. During*

*the blazing afternoons of midsummer, lightening and thunder speak to the prairie. A fiery furnace of walls of scarlet flame thirty feet tall roar across the prairie fed by the dry grass tinder and pushed by the fast wind. The glow of the fires could be seen for forty miles while the black smoke darkened the sun driving the animals mad. At night, "along the fire lines rise ignitions and expostulations of yellow cinders, my nose fills with the sweet sent of char, and, on the dimmed horizon, the big, blooded moon rises, too smoked to light anything but itself" (Heat-Moon, 1991, p. 76).*

*How does the prairie fire call forth new possibilities? How are prairies places of hope and promise? After spending hours walking through the prairie, I returned to the Arboretum's visitor center looking for answers. Reading through books about prairies, suddenly I had an "eureka" moment. Every four or five years, the staff at the Arboretum deliberately set the prairie on fire. Before the prairie was lost, lightening strikes during thunderstorms started most fires on the prairie. In an instant, there came a sudden insight. The "fire blizzard" is one of the greatest horrors of prairie life, yet, it is the fires that sustain the prairie (Olson & Madson, 2005, p. 18).*

*Prairies and fires co-create one another. As ruinous as the prairie fire may seem, the fire does little damage to the tallgrass prairie. "Fire is a principal ecological process influencing the evolution of numerous plant species in the Great Plains grasslands and a primary*

disturbance mechanism for sustaining the structure, diversity and productivity" (Brockway, Gatewood & Paris, 2002, 135). Burning dead plant materials unlocks their minerals to return to the soil feeding the next generation of grasses and flowers.

The prairie is not a place that shows all, but rather is a vastly exposed place of hiddenness. The actual growing points of the grasses are safe underground and not harmed. Between 60 and 80 percent of the grasses by weight, typically grow below the ground. A 10-foot tall strand of big bluestem is anchored by a 12-foot deep root into the earth (Savage, 2004). The vital processes of the grass are safely dormant in the complex network of roots and rhizomes shielded by the heavy bark topsoil.

Grasses are designed to burn. Temperature in the prairie fire may raise to 400 degrees Fahrenheit, but an inch or two beneath the surface, the temperature may only rise a degree or two (Madson, 1995). This immense underground network is the source of survival in times of fire as well as drought. The cycle of death and rebirth, burning and greening, seeding and sprouting is the steady, varied, and faithful renewal gives rise and sustains the prairie (Brown et al., 2005).

New possibilities burst out of the coexistence of prairie and fires. The prairie rises like a phoenix out from the ashen and charred meadows again and again, linking destruction with creation, old growth with new growth. Prairies are places

of hope and promise. Prairies are the well-spring of possibilities.

#### *Living in Topsoil*

I remember that first day I visited Iowa in 1999 when I stepped out of the Cedar Rapids airport terminal, stood on the top steps looking out at a seemingly infinite field of freshly tilled black dirt. Then I breathed the air. Heavy, rich smell of earth. A somewhat sweet odor filled my senses, fresh and damp. The smell of rhubarb, something similar to mushrooms enriched with wet fall leaves composting. Smell of roots.

This product of glacier gouging, bluestem growing, vegetation decaying, earthworm aerating, gopher burrowing, rain soaking, cold freezing, heat thawing, and fire releasing (Stone, 2004). Place of immense wealth and unimaginable bounty. Place of health. Place of transformation. This is where the grass's growing points reside. Growing points, safely hidden and underground in the topsoil, to re-emerge again and again. Topsoil is where rebirth occurs. Topsoil harbors new possibilities.

"You must not be in the prairie, but the prairie must be in you" (Quayle, 1905, p. 30)

On a bright-lit day, I drove back to Iowa City. All along the drive, I thought about whether or not to stop by the place where the house once stood. I really had no intent to stop and see the devastation. But as I neared the exit to what was to be our home in just a few days, I could not help myself. I hoped that what

was left of the house would be cleared away by now. As I made the familiar turn, I could see the house was gone. Only the driveway and foundation remained. I drove up the driveway, got out of the car, stood on the edge and peering down into the basement. A rotting scent of wet charred cinders rose from the ashes. There, in a heap of twisted metal, broken glass, melted vinyl siding, and burnt lumber were the last blackened remains. However, peering deeply into the heap's hiddenness, instead I saw the deep-rooted growing points of the tall grasses and wild flowers in the prairie's rich topsoil.

#### *Bur Oak*

Now, here I sit here writing these words some 6 years later in the very place that pile of burnt remains once stood. It took five months to the day to rebuild this house, and there is no place I'd rather call home. There will always be more firestorms to endure. When the storms threaten, I return to the relic of an old oak savanna tallgrass prairie down the road from Iowa City in Rochester, Iowa. Tallgrass savannas are the transition points between the forests and the prairie. Commonly, bur oaks dot the savanna are there because "the bur oak is the only tree that can stand up to a prairie fire and live" (Leopold, 1989, p. 26). The bur oak's thick crust of corky bark shields the trunk from fire, and its deep roots save it from drought. When storms gather, I think about this prairie, the grass, the rich topsoil, and my roots knowing

*those with roots in deep black soil can weather storms and endure as new possibilities arise.*

*I heard and dwelled with the voices that live between lighting and thunder. Now, I'm at ease as "the prairie sings to me in the forenoon and I know in the night I rest easy in the prairie arms, on the prairie heart" (Sandburg, 1996, p. 176).*

*I breathe in prairie as prairie breathes in me.*

#### Metaphoric Unitary Landscape Narratives as a Voluntary Mutual Patterning Modality

I have long held, as Cody (2000) illustrated, that a nursing conceptual frame of reference is also a way of personal knowing since it serves as a way to understand oneself as a nurse. Rogerian science guides not only my professional practice by providing the conceptual lens that allows me to *think nursing* but Rogerian science informs my way of being in the universe. Thus, Rogers' postulates and principles informed my interpretation and representation of the tallgrass prairie landscape.

Unitary science was woven into and throughout the tallgrass narrative. For example, energy as the fundamental unit of the living and nonliving is reflected in the notion that everything comes from fire. Lightning and fire are both powerful manifestations of energy. Openness is represented in numerous images of the prairie as an endless ocean of grass. Since everything is pattern, all the descriptions of the wildflowers, grasses, wildlife, and the continuous

changing nature of color over the seasons are all examples of manifestations of pattern. Pandimensionality was represented at the onset of the narrative in describing the nonlinear nature of the storm that chased me to Madison, Wisconsin. The storm had already arrived.

Integrality echoed throughout the narrative. The oneness of sky and grass, fire and life, soil and new growth, and especially the interconnectedness of the relationships of grasses, flowers, and all the living creatures that form the tallgrass prairie community, all illuminate the integral nature of human beings and their environment. In addition, the idea of being immersed in beauty and the healing nature of beauty reflects human-environmental mutual process. The powerful notion of not just being in the prairie, but the prairie being within (you are your landscape) is another of the images and ideas that point to the principle of integrality.

Resonancy is also woven throughout the narrative. Images of constant motion, undulation of the grasses, cycles or seasonal changes and transformation, cycles of death and rebirth are all rhythmical patterns of continuous change. Finally, helicy is reflected in the unpredictable nature of change, the inherent complexity, innovativeness, and diversity of life as well as the tallgrass prairie.

### *Flowing with Turbulence*

The theory of kaleidoscoping in life's turbulence (Butcher, 1993) derived from Rogers' (1992) postulates and principles provides a theoretical context for understanding the use of unitary metaphoric landscape narratives as a voluntary mutual patterning modality. Kaleidoscoping is defined as "flowing with turbulent manifestations of patterning" (Butcher, 1993, p. 186). Turbulence is a dissonant commotion in the human-environmental mutual field process. Turbulent life events are situations clients consider as traumatic, painful, or difficult. In the tallgrass narrative, the turbulent storm on the horizon foreshadowed the traumatic experience of the house burning down. The fire, of course, is a representation of any turbulent or traumatic life experience. However, the prairie fire, as a metaphoric representation of the house fire placed the meaning of the loss into an entirely new context, one of renewal, rebirth, growth, transformation, and new possibilities.

Flowing is "intense harmonious involvement in the human-environmental mutual field process" (Butcher, 1993, p. 190). The idea of flow within the theory of kaleidoscoping with turbulence change was derived from Csikszentmihalyi's (1990) model of flow posits that total immersion in activities that require high degrees of involvement concentration and are experienced as highly enjoyable, meaningful, or aesthetic are associated with a sense of well-

being. Flow involves deep participation in an activity and according to Csikszentmihalyi (1990) can be beneficial in making "life more rich, intense, and meaningful" (p. 70). Becoming immersed in meaning flow activities, paying attention to what is happening, and enjoying the immediate experience are all ways that can help transform potential threats and experiences of turbulence into enjoyable challenges and assist in recovering a sense of harmony.

Literature, art, music, dance, cinema, gardening, exercise meditation, sports, swimming, and photography, as well as a host of other activities people can be deeply involved in, are all potential patterning modalities that are postulated to enhance flowing with turbulent life events (Butcher, 1993). Likewise, the process of writing, reading, sharing, or experiencing meaningfully constructed metaphoric landscape narratives, has the potential to enhance flow, facilitate knowing participation in one's own change process, and restore a sense of harmony.

The experience of being immersed in the tallgrass prairie was, for me, a flow experience. Because the tallgrass prairie holds particular deep meaning for me, the process of writing the narrative was also a flow experience. Imagery and memory helped me re-experience the deep sense of enjoyment I have each time I visit the nearby tallgrass prairies.

### *Writing Landscape Narratives and Meaning-Making*

Metaphoric landscape narratives are a specific form of expressive emotional writing. The large number of studies demonstrating the health benefits of expressive emotional writing was summarized in Butcher (2004). In addition, the insights gained from hearing stories that resonate with meaning and connect one's own experience, offers a powerful way to increase awareness of one's own life process.

Unitary metaphoric landscape narratives are energetic patterning modalities with the potential to transform human-environmental pattern manifestations by enhancing accelerating meaning-making and knowing participation in change. As meaning transports, reading, hearing, or creating one's own metaphoric landscape narratives have the potential to enhance meaning making. As new understanding and meaning unfolds from the connecting with narratives rich with meaning, a new shift in perception may emerge as one meaning pattern is transformed into another (Carlsen, 1996; Mahoney, 2003). With a new sense of awareness, persons are free to choose if and how they want to participate in their own change process (Barrett, 1998). In other words, meaning-making potentates knowing participation in change.

### *Co-creating the Metaphoric Unitary Landscape Narratives*

Gaydos (2005) offers a model for creating and using personal narrative in nursing practice that may be adapted for voluntary mutual patterning. The process is a "co-creative aesthetic process" that includes four aspects: engagement, mutuality, movement, and new form. The process may be initiated by asking client's to describe a difficult situation that they overcame, endured, and feel helped them grow. Engagement occurs when the nurse and client spend time for the specific purpose of telling and hearing the story. Mutuality is demonstrated through the appreciation, compassion, empathy, authenticity, honoring, commitment, and respect conveyed by the nurses in the telling and listening to the narrative. Movement is the moment to moment rhythmical and "synchronous going back and forth" (Gaydos, 2005, p. 258) between the nurse and client as the telling of the story unfolds. The nurse makes notes of metaphors, meaningful symbols, and imagery expressed in the telling of the story. The nurse can make observations and share insight about the possible meanings expressed in the story and point how memories may be connected. As new meanings arise, the personal narrative takes on new form. Client's can be asked to write their story. Examples, such as the landscape narrative in this paper, can be shared with the clients as an example of how their story can be metaphorically connected whatever

aspects in nature that holds particular meaning for them.

Following the insights by Abram (1996) about the need to reconnect with the "animistic, sensuous universe" (p. 121), unitary landscape narratives are written to enhance the flow experience by vividly bringing alive the characteristics, consciousnesses, and wisdom of plants, animals, and beauty of the landscape. The more alive the story, the more vital and stirring will be our encounters with it (Abram, 1996). Encounters with the beauty and meaningfulness of scripted vivid and sensuous landscape narratives can fill us with passion, grace us with joy, and light up our existence. Immersed in landscape, and suddenly, we are bewitched, and dazzled. The beauty brightens the darkness of despair, and its colorful spontaneity can regenerate one's life (Butcher, 1993; Serrucci, 1990).

For me, the unitary nature of fire and the tallgrass prairie serves as a continual source of inspiration. Although the original seed of inspiration occurred when our home that was under construction burned, I have found my re-experiencing the insights revealed in the tallgrass metaphor narrative serves as a continual inspiration to endure turbulent or traumatic events. In addition, sharing metaphorical landscape narratives of over coming and enduring adversity may help client's gain some insight into their own experience or may serve as an inspiration to create their own metaphorical narratives.

Lets sit down here . . . on the open prairie, where we can't see a highway or a fence. Let's have no blankets to sit on, but feel the ground with our bodies, the earth, the yielding shrubs. Let's have the grass for a mattress, experiencing its sharpness and its softness. Let us become like stones, plants, and trees. Let us be animals, think and feel like animals. Listen to the air. You can hear it, feel it, smell it, taste it. Woniya wakan—the holy air—which renews all by its breath. Woniya, woniya wakan—spirit, life, breath, renewal—it means all that. Woniya—we sit together, don't touch, but something is there; we feel it between us, as a presence. A good way to start thinking about nature, talk about it. Rather talk to it, talk to the rivers, to the lakes, to the winds as to our relatives.

John Fire Lame Deer in  
Deer & Erdoes (1972, p. 119)

Listen to and write the wisdom landscapes speak. Think metaphoric, become metamorphic.

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## **PRACTICE COLUMN**

Practice Column Editor: Valerie S. Eschiti, RN, MSN,  
CHTP, AHN-BC  
Assistant Professor  
Wilson School of Nursing  
Midwestern State University  
Wichita Falls, Texas



As new editor of the practice column, I am pleased to introduce the writing of a graduate student of mine in the Wilson School of Nursing: Nicole Hooper. She has written this manuscript as part of her master's degree research project. How wonderful it has been to see Nicole discover the marvels of the human energy field, and to gain understanding of how the works of Martha Rogers and Susan Leddy apply to her project. Nicole has joined the Society of Rogerian Scholars in order to attain further knowledge and support on her new journey as a nurse practitioner. Her article aptly describes how Rogers' SUHB and Leddy's Human Energy Model can be applied to the practice of the nurse practitioner. As editor of this column, I invite you to send your manuscripts to Valerie S. Eschiti at Midwestern State University, Wichita Falls, TX or email to Valerie.eschiti@mwsu.edu.

### **Healing Touch: An Integrative Approach for the Nurse Practitioner**

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Midwestern State University  
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The use of integrative therapies in health care is becoming more common (Eisenberg et al., 1999). Integrative medicine, as defined by the National Center for Complementary and Alternative Medicine (NCCAM), "...combines

mainstream medical therapies with complementary and alternative therapies for which there is some high-quality scientific evidence of safety and effectiveness" (NCCAM, 2002). Complementary and alternative therapies are a group of

diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine alternative therapies are used in place of conventional medicine. Complementary therapies are those that are used in conjunction with mainstream medicine. While some scientific evidence exists regarding complementary and alternative therapies, for most there are key questions that are yet to be answered through well-designed scientific studies (NCCAM, 2002).

Interests in these therapies on the part of the consumer increases as traditional biomedical interventions fail to control, reverse, or resolve the underlying diseases and the symptoms of the diseases or side effects of treatment. The NCCAM is playing a vital role as it provides avenues to determine how integrative therapies can lead to enhanced quality of life for individuals as we enter the new millennium (Corless, Abrams, Nicholas, & McGibbon, 2000).

Healing Touch (HT) is an integrative therapy that may be used in conjunction with traditional allopathic medicine. It is a biofield or energy-based therapeutic approach to health and healing. HT is an integrative and holistic therapy that purports to work with the human energy system to clear blockages and restore balance in the body (Wilkinson et al., 2002). HT may or may not use physical touch to influence the human energy system. Specifically, HT influences the human energy field that controls the

energy flow between the human energy field and the environmental field. (Healing Touch International, 1998).

These non-invasive techniques utilize the hands to clear, energize, and balance the human and environmental energy fields thus affecting physical, emotional, mental, and spiritual health and healing (Healing Touch International, 1998). The principle of the work is that the body is a complex energy system that can be affected by another to promote well-being (Mentgen, 2002). HT is a therapy that may be used as a beneficial intervention for patients seen by primary health care practitioners.

More people are seeking alternatives and adjuncts to traditional healthcare as they realize that mainstream approaches focus on treating a symptom rather than the causes and on curing rather than preventing disease (Hutchinson et al., 1999). They are also dissatisfied with the reliance on prescription medications and surgery. But perhaps the main reason for HT's success is that for nurses and the general public there has been a resurgence of interest in holism, the idea that an indivisible relationship exists among the body, mind, and spirit (Hutchinson et al., 1999)

Rogerian nursing focuses on people and the world in which they live. These areas of concern are a natural fit for nursing care, encompassing people and their environments. It operates from a pandimensional universe of open systems, points to a new paradigm,

and initiates the identity of nursing as a science (Rogers, 1970).

Professional practice in nursing seeks to promote symphonic interaction between human and environmental fields, to strengthen the integrity of the human field, and to direct and redirect patterning of the human and environmental fields for realization of maximum health potential (Rogers, 1970). Therefore, within this framework, the aim of nursing practice is to strengthen the coherence and integrity of the patient as a unitary energy field process in order to maximize patient healing and well-being.

Roger's conceptual model provides a stimulus and direction for research and theory development in nursing science. The Science of Unitary Human Beings (SUHB) is used as the theoretical basis for HT. From this framework Rogers derived a theory of paranormal phenomena which posits that in a unitary, multidimensional universe there is no linear time and no separation of human and environmental fields, and the action-at-a-distance phenomena, such as HT, are normal rather than paranormal (Meehan, 1998). Rogers maintains that research in nursing must examine unitary human beings as integral with their environment, and that new research tools are needed to accomplish this task; for example, measuring the effects of HT as a nursing intervention. The intent of nursing research, therefore, is to examine and understand a phenomenon and from this understanding design patterning activities that promote healing.

Leddy's (2004) Human Energy Model addresses the metaparadigm concepts of human beings, the environment, mutual human-environment process, health, and nursing. Influenced by Rogers' SUHB, 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. Pattern manifestations such as fatigue, anxiety, or pain can be modified through energetic patterning nursing interventions such as HT (Leddy, 2004).

As a primary health care provider who plays a key role in health care delivery, it is likely that a nurse practitioner will be asked questions regarding various integrative health care modalities. Therefore, it is important that nurse practitioners have the most up-to-date information about the use of these modalities. The North American Nursing Diagnosis Association (NANDA) now has an approved nursing diagnosis of "Disturbed Energy Field," which adds credence for the use of HT as an intervention in nursing practice (Carpenito-Moyet, 2004; Eschiti, 2004). A thorough knowledge base of HT is important to ensure competent and holistic care by nurse practitioners when the use of HT as an intervention is warranted.

The knowledge of integrative therapies by the nurse practitioner has been addressed in two qualitative studies. In the first study (Hayes and Alexander, 2000), nearly two thirds of nurse practitioner respondents described themselves

as "slightly" knowledgeable about integrative therapies in general. In turn, nearly one fifth indicated that they were at least "quite" or "extremely" knowledgeable, outnumbering those who considered themselves "not at all" knowledgeable. Nearly two thirds of the nurse practitioners had recommended or referred patients for complementary modalities, however, HT was rarely included in these modalities.

In the second study, an investigation was conducted regarding the level and source of nurse practitioner knowledge of complementary and alternative health care practices, as well as their referral practices involving these treatments. Eighty-three percent of the nurse practitioners recommended complementary and alternative treatment modalities to their patients. The most frequent modalities recommended were massage therapy, chiropractic care, acupuncture, and nutritional and herbal treatment. The practitioners did not recommend HT. Only 24% reported knowledge from a formal nursing educational program. Over 60% of the practitioners relied on their personal experiences for knowledge, as well as lay and professional journals (Sohn & Loveland Cook, 2002).

According to researchers of both of these studies, attention needs to be given to increasing content about integrative therapies, including HT, to nurse practitioners. This can be accomplished through education available through formal

academic programs, journal articles, professional conferences, and in-service educational opportunities.

The practice of HT has emerged as a specialized example of the use of touch in nursing practice and is a treatment option for nurse practitioners to provide safe, noninvasive care to promote healing, and overall well-being of the client. However, this can only be accomplished through knowledge of HT and encouraging nurse practitioners to embrace the profession of nursing's holistic philosophy of patient care and incorporating this philosophy into their practice.

Although not all nurse practitioners implement or incorporate integrative therapies into their individual practices, in order to recommend or refer selected clients for these therapies, such as HT, nurse practitioners need to be wholly aware and educated to assure knowledge of holistic health care interventions. HT as a nursing intervention is integral to the art of nursing practice and can facilitate comfort and healing in a wide range of clients. Research supports HT as a nursing intervention that has a positive and beneficial effect for the client (Wardell & Weymouth, 2004).

I recently completed a level one HT class. This was my first real encounter with an energy based healing modality. Up until this point my only knowledge of HT was through an extensive review of literature of research articles. Although I was a firm believer of the benefits of HT just from reviewing its

positive outcomes from the multiple research studies, my personal experience brought my understanding and knowledge of HT to a much greater level. I personally experienced the benefits of HT through stress reduction, relaxation, and an overall sense of well-being. Many others experienced a decrease or alleviation of various sources of pain. This experience has allowed me to truly understand the benefits of HT as an intervention for a nurse practitioner in primary practice.

As a future nurse practitioner, I am expected to meet the patients' increasingly complex health problems while practicing it in a culturally sensitive way that considers all the individual needs of each patient. In that role, I must know of and offer to the patient any remedy that may improve the quality of life with the least invasiveness. HT as an intervention provides a way to stop, shift attention, and refocus from the complex multitude of issues at hand. Furthermore, concentration on the advancement of knowledge and implementation of HT in health care will enhance the practice of nursing and broaden the nurse practitioner's scope of practice. The endpoint or outcome of healing is a sense of being in harmony and experiencing a sense of wholeness (Hover-Kramer, 2002).

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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.

### QUESTIONS FOR DR. MARTHA E. ROGERS

Reprint from the *Rogerian Nursing Science News*  
March 1989, Volume 1, Number 3, p. 6.

An SRS member in 1989 asked Dr. Rogers to answer the following question:

**What constitutes a vital sign in the Science of Unitary Human Beings? As a nurse working in a hospital, I see blood pressure, pulse, and respiration as important indicators of patient status. What would they be used for in Rogerian nursing science, and how would you regard them?**

**Dr. Rogers' answer:**

In *Natural History* (February, 1977), Stephen Jay Gould noted: "Facts do not speak for themselves. They are read in light of theory." So called 'vital signs,' whether measured in home, hospital, work place, at the beach, or elsewhere are merely facts. They are commonly used as indicators of a biological system, 3 dimensional, entropic, causal models. Numerical norms are often deemed sacrosanct. Interpretation of these facts does not focus on unitary human beings nor can one generalize from a part to a whole. Moreover, a summation of

such facts is equally invalid as predictor of the whole. Numerical values as such are inadequate and often dangerous. The Science of Unitary Human beings is rooted in a 4 dimensional, negentropic, non-causal, open system model in which human and environment fields are irreducible and integral with one another. They are identified by energy field patterns. All characteristics, attributes, behaviors, and the like are manifestations of the whole; of the energy field patterns. All characteristics, attributes, behaviors, and the like are manifestations of the whole; of the energy field pattern. A synthesis of manifestations of field patterns is one of growing diversity, continuously innovative rhythmicities, and a range of multiple observable data to provide continuously evolving profiles of individual fields. The Principles of Homeodynamics postulate the nature of change and serve as probabilistic guidelines.

Overuse, misuse, and reliance on numerical values for whatever facts are potentially dangerous. Hypochondriasis is



generated and outcomes could be lethal. Outdated world views provide a poor basis for nursing practice.

Therapeutic modalities in nursing focus on irreducible human beings and are directed toward promoting maximum well-being. Individualization of services is a must.

**Another perspective, contributed by Violet Malinski:**

I agree with the questioner that vital signs are important. I see the challenge for Rogerian nursing science as one in which vital signs are reconceptualized as manifestations of field patterning rather than as indicators of the status and functioning of a particular organ system. As Dr. Rogers indicates, recognition of the individuality of each client is a must, rather than strict adherence to pre-established norms.

New world views, as embodied in the works of such scientists as Martha Rogers, David Bohm, and Illy Prigogine, suggest that probability rather than predictability is associated with continuous change and growing complexity. In January scientists attending the meeting of the American Association for the Advancement of Science heard a colleague say that a regular heart beat may be the signal of a problem rather than good health, because a 'healthy heart dances' (Browne, 1989, p. C9). Thus, predictability in the form of a regular beat may be a valid norm. This supports Rogers' view that reliance on numerical

values and norms can be misleading, if not dangerous.

At the same time, however, I believe that vital signs are important. One manifestation of the field is the physical body and obviously the body requires careful attention. Vital signs can be manifestation of fluctuating field patterning. Some changes are potentially threatening to the life process; others are not. The nurse uses her/his knowledge in making this assessment. For example, this past summer I received a phone call from my mother, frantic about the severe physical distress my father was in. A stubborn man, he had not 'let' her call the family physician for 2 days while he vomited and was doubled over with severe abdominal pain. The first thing I did when I got there was take his vital signs and do a quick assessment, noting abdominal distention and jaundiced eyes and skin, before bundling him off for treatment. Emergency surgery definitely relieved the problem he was experiencing and was a necessary medical intervention.

I practice the human field modalities of Therapeutic Touch, meditation, and guided imagery. I did not see Therapeutic Touch and imagery as the appropriate interventions for him at that immediate time. They came later in the work I did with my father. Meditation, however, was definitely therapeutic for me! Maintaining a meditative stance assisted me in remaining calm and focused, thus able to use myself therapeutically with both parents.

In another case, Therapeutic Touch and imagery might indeed have been quite appropriate prior to or in lieu of surgery. Again here is where the nurse's knowledge helps in making an informed choice. For example, a client complains of a headache; the nurse notes that blood pressure is elevated and the pulse is racing. Rather than assuming that these are indicators of a cardiovascular problem, the nurse may use them as part of a "pattern manifestation appraisal...the continuous process of identifying manifestations of the human and environmental fields that relate to current health events" (Barrett, 1988, p. 50). Rather than identifying a need for medical intervention, including drug therapy, the nurse and client may use Therapeutic Touch and imagery in "Deliberative mural patterning...whereby the nurse with the client patterns the environmental field to promote harmony related to the health events" (Barrett, 1988, p.50). Again, the nurse uses her/his knowledge base as well as the specifics for each individual client in making an informed choice in providing care.

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## SRS NEWS

### News from the President.....

First of all, as I am preparing to turn the office of president over to Fran Biley, I would like to thank everyone who has worked so hard on behalf of the Society of Rogerian Scholars. Organizations such as SRS have to have dedicated volunteers in order to survive. These volunteers are already busy people!!! Yet they are willing to commit time and energy to the work of the organization.

As a case in point, Maryellen Dye is the program chairperson for this year. She has spearheaded the efforts behind the Fall Conference, which is October 22 and 23 in Savannah, Georgia. By the time you get there (you ARE coming, aren't you???) you will see a neatly organized and utterly fascinating conference. My mother always said the trick was to make it look easy. I can tell you that Maryellen has put tremendous effort in planning and organizing the conference and there is STILL work to be done! Additionally, those who submitted or reviewed abstracts for presentations are appreciated for providing the very heart of the conference.

Another who is very hard at work at this time is Nancey France, the chairperson of the nominating committee. We are presently holding the ballot so that each of you will have the opportunity to stand for office if you so choose. If you are willing---or if you wish to nominate someone, please contact her at [nancey.france@murraystate.edu](mailto:nancey.france@murraystate.edu). She asks that you use the subject heading "SRS nominations". If you are nominating someone else, please be sure to get their permission before you send the nomination. This year we will be electing a vice-president, a treasurer, and three board members. The ballots will be mailed later in the summer.

The board held a meeting via chat room for the first time on March 26, 2005. While it was not without some "hitches" it went rather well. We were meeting in the chat room from all the way from western U.S.A. to the U. K. This format saved the cost of a conference call, which is rather expensive.

One of the decisions made at this meeting was to purchase a brick in memory of Martha E. Rogers for the garden at Sigma Theta Tau International Honor Society of Nursing in Indianapolis, IN. These beautiful bricks will honor our nursing leaders.

We have those in our organization who have been the very backbone of SRS for so long. . . John Phillips, Joanne Griffin, Elizabeth Barrett, Mary Madrid, Violet Malinski, Sheila Cheema, and others who worked tirelessly (well-- I don't know

about that, I suspect they may very well have been tired, but they worked anyway). As most of you know, those who had been on faculty at New York University and by whose efforts the Martha E. Rogers Foundation was able to produce a Conference of the Society of Rogerian Scholars every other year are no longer there. It looked as though we were never to have another SRS Conference at NYU since there must be a liaison for such events to use facilities. However, discussions with Dr. Terry Fulmer, Head of the Division of Nursing at NYU, have been productive and we should have some news to share soon. Dr. Fulmer has been very supportive of this effort.

See you in October!

Brenda Talley, RN; Ph.D.  
President

### Notable News

Congratulations to Richard Cowling who is moving to Greensboro, NC to head up the new doctoral program at the University of North Carolina at Greensboro.

Congratulations to Howard Butcher who was promoted to Associate Professor and tenured at the University of Iowa.

### Please update your records...

Dr. William K. Cody has assumed the position of Director of the Presbyterian School of Nursing at Queens University of Charlotte. The School was formed by the merger of the Vail Program of Nursing at Queens with the Presbyterian Hospital School of Nursing. Dr. Joan McGill continues on the faculty as Chair of the bachelor's degree program and Dr. Kay Smith continues on the faculty as Chair of the associate degree program.



#### **WILLIAM K. CODY, RN, PhD**

**Director, Presbyterian School of Nursing at Queens University of Charlotte**

Bill Cody received a bachelor's degree in nursing from Regents College, Albany, NY, a master's in nursing from Hunter College, and a PhD in nursing from the University of South Carolina. He comes to Queens after serving 8 years as Chair of Family and Community Nursing at the University of North Carolina at Charlotte. Author of nearly 100 publications on philosophy and theory in nursing, Cody is also a Robert Wood Johnson Executive Nurse Fellow, a program that promotes senior leadership in healthcare. Active in community health in the Charlotte area for more than a decade, Cody was named a 'Local Hero' by Bank of America in 2004. He serves on the board of directors of the National Nursing Centers Consortium and is a founder and chair of the board of directors of Shelter Health Services, a non-profit agency that provides healthcare for homeless persons.

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Barbara Latham has recently retired from the University of North Carolina at Wilmington. She will continue to live at Surfside Beach in South Carolina.

## **Rogierian Science Review: Glossary**

In September of 1991, when Dr. Martha Rogers was in New York, she met with colleagues to discuss updating the glossary. What follows are the proposed revisions which were published in the Fall 1991 Rogierian Nursing Science News.

### **Nursing:**

(Nursing Science)

The Science of irreducible human and environmental energy fields arrived at by a synthesis of facts and ideas commensurate with a new world view, an organized system of abstract knowledge: a new product.

### **Nursing Theories:**

Statements distinctive of nursing 's abstracts system that describe, explain, and promote understanding of phenomena of concern to nursing.

### **Nursing Research:**

The scholarly investigation of phenomena specific to the organized abstract system.

### **Research Methods:**

The creative use of approaches to scientific inquiry that may include but are not limited to qualitative, quantitative and developing methods commensurate with new world views.

### **Energy Field:**

Form of the living and the non living. Field is a unifying concept. Energy signifies the dynamic nature of the field. A field is in continuous motion and is infinite.

### **Form:**

The essential nature of a thinking as distinguished from the matter; the nature of a whole in terms of its unity.

### **Pattern:**

The distinguishing characteristic of an energy field perceived as a single wave.

### **Pandimensional:**

A nonlinear domain without spatial or temporal attributes.

### **Human Field:**

(Human Being)

An irreducible, indivisible, pandimensional energy field identified by pattern and manifesting characteristics that are specific to the whole and which can not be predicted from knowledge of the parts.

### **Environmental Field:**

(Environment)

An irreducible, indivisible, pandimensional energy field identified by pattern and integral with the human field.

**Practice of nursing:**

The imaginative and creative use of nursing science for human betterment.

**Nurse:**

A person who is educated to use nursing knowledge to care for irreducible human and environmental energy fields. Level and scope of practice are commensurate with academic preparation.

**The Uniqueness of Nursing and the Purpose of Nurses:**

The uniqueness of nursing lies in the identification of the phenomena of concern: irreducible, indivisible human and environmental energy fields.

The purpose of nurses is to promote well-being and health wherever people are in the life process including dying. Nurses help people participate knowingly in the life process, actualizing potentials deemed most commensurate with well-being. Thus nurses and clients participate mutually and knowledgeably to optimize potentials.

## **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/](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@yahogroups.com](mailto:Martha_E_Rogers-subscribe@yahogroups.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](mailto: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](mailto: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.

### **Call for Manuscripts**

The editors of *Visions* are seeking manuscripts of 3,000 words or less for the February 1, 2006 deadline. *Visions*, a peer-reviewed, biannual publication that is indexed in CINAHL (Cumulative Index to Nursing and Allied Health Literature) is focused on content that reflects some aspect of Rogers' Science of Unitary Human Beings (clinical practice, research, theoretical issues, etc.).

#### **Organization of Manuscript:**

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

Dr. Martha Bramlett  
6332 Fox Chase Dr.  
Davidson, NC 28036  
[Mhbramlett@ctc.net](mailto:Mhbramlett@ctc.net)

OR

Dr. Sonya Hardin  
School of Nursing  
9201 University City Blvd  
Charlotte, NC 28223  
[srhardin@uncc.edu](mailto:srhardin@uncc.edu)

### **Call for Columns**

The editors of the Columns are seeking columns of 1500 words or less for the Winter 2005 and Spring 2006 editions 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](mailto:srhardin@uncc.edu) Upon acceptance the author/authors must submit both a hard copy and disk.

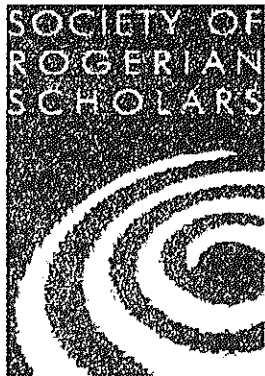
### **Call for Photographs**

The editors are seeking photographs of Martha Rogers or other artwork for upcoming editions of the journal. Please send photographs to: [srhardin@uncc.edu](mailto: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.

### **Call for News**

The editors are always seeking news about members for inclusion in the SRS News section of the journal. This news can include publications, promotions retirements, or significant life events. Please email any news to Dr. Sonya Hardin at [srhardin@uncc.edu](mailto:srhardin@uncc.edu).





# 2005 Conference

## October 22-23

### Coastal Georgia Center Savannah, Georgia

Sponsored by the Society of Rogerian Scholars and Martha E. Rogers Scholars Fund, Inc.

This 1.5-day conference will feature paper presentations based on Martha E. Rogers' Science of Unitary Human Beings relevant to nursing practice, theory development and research. Will provide academic presentations on nursing practices, theory and research related to the core tenants of Martha E. Rogers teachings. CEUs: 0.50 Hours: 5.00

#### **For More Information**

Call or e-mail J. Marie Lutz [seminars@georgiasouthern.edu](mailto:seminars@georgiasouthern.edu)

Program Specialist

Georgia Southern University

912.681.5555

#### **Registration Information**

This conference is presented in partnership with Georgia Southern University's Division of Continuing Education and Public Service.

#### **Conference Fees:**

\$175 members

\$200 non-members

\$125 Students

\$125 Speakers

#### **On the Web**

Register On-line (Secure Server)

<http://ceps.georgiasouthern.edu/conted/rogerianregister.html>

#### **Location/Directions**

<http://ceps.georgiasouthern.edu/conted/rogerianlocation.htm>

The Conference will be held at the Coastal Georgia Center located at 305 Fahm Street, Savannah, GA.

**Society of Rogerian Scholars  
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Steinhardt School of Education  
New York University  
246 Greene Street, 8<sup>th</sup> Floor  
New York, NY 10003-6647**

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