Volume 14 Number 1 2006

Visions

Infinite Potentials

The Journal of Rogerian Nursing Science

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Volume 14 Number 1 2006

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Cover Art: Desert Sunset (Watercolor 16 X 20) by Frances Reinhardt Newton Hains

The editors regret to announce the resignation of Therese Connell Meehan from the editorial board of Visions as well as her resignation as a reviewer. Dr. Meehan served on the editorial board of the journal since its inception in 1993. Her services are greatly appreciated.

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Society of Rogerian Scholars
College of Nursing
New York University
246 Greene Street, 8th floor
NY, NY 10003-6677

ISSN 1072-4532
Indexed in CINAHL

VISIONS: THE JOURNAL OF ROGERIAN NURSING SCIENCE

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Editorial
Seeking Purple
By Sonya R. Hardin RN, PhD CCRN

I think that "thoughts of purple" seem to be fitting for this edition of the journal given the watercolor painting on the cover and the lead article titled "It is Not Easy Being Purple." Did you know that purple is a color that falls between blue and red. On a chromaticity diagram, the straight line connecting the extreme spectral colors (red and violet) is known as the *line of purples* (or *purple boundarylessness*); it represents one limit of human color perception (http://en.wikipedia.org/wiki/Purple). Ok, if this is too much for you, as it was for me, I decided to ask Martha Bramlett, Co-editor of *Visions* about purple.

And according to Martha Bramlett, purple was chosen by Martha Rogers because it is the highest visible frequency of the spectrum. Violet's wavelength (around 440nm) is seen within the visible spectrum, at the extreme blue end. Purple does not lie within the spectrum as such (although, obviously, it is visible), but is rather the admixture of the colors at the two ends of the spectrum (red and violet). As such, it lies in the color wheel's "gap" - an extraspectral region representing hues that in themselves do not have a unitary wavelength specification (http://en.wikipedia.org/wiki/Purple).

The color purple brings forth in my mind many symbols. As a young child I can remember my first teachings of purple being the color that royalty always wore. This dates back to the Roman times, when clothing was died with Tyrian purple (produced from the mucus of the hypobranchial gland of various species of marine mollusks, notably Murex) and limited to the upper class. Purple has always been associated with the elite. For example during Byzantine times, empresses would give birth in the "Purple Chamber" of the palace. Hence came the name *Porphyrogenitus* ("born to the purple") mark of a dynastic emperor (http://en.wikipedia.org/wiki/Purple). Are we as Rogerians "born to the purple?"

Then further down in history, purple was not seen in Europe until 1245 when the coat of arms of the Kingdom of León was included in the color of the metal. The use of purple with royalty as well as among militaries/governments have grown over the centuries. Since the 2000 election in the United States, followers of the Republican faction have been identified with the color red and Democrats with blue. Thus, purple has arisen as a compromise color representing moderation between the two, this is seen often in history (http://en.wikipedia.org/wiki/Purple).

In the Netherlands, purple means a government coalition of right-liberals and socialists (symbolized by blue and red, respectively). The bridge between these two political parties was known as the Paars (purple--a mix between red and blue). Purple was the bridge between the two party lines (http://en.wikipedia.org/wiki/Purple).

For the sports enthusiastics, one can seek purple in the uniforms for sports teams such as: **NFL**-Minnesota Vikings, Baltimore Ravens; **NBA**-Los Angeles

Lakers, Toronto Raptors, Sacramento Kings, New Orleans Hornets, and Milwaukee Bucks; **NHL**- Los Angeles Kings and Mighty Ducks of Anaheim; **Major League of Baseball**-Colorado Rockies.; **Universities**- Louisiana State University, Clemson University, Northwestern University, Kansas State University, University Of Scranton, and the University of Washington. No one has been left out intentionally if your team was not listed; it was purely my oversight (http://en.wikipedia.org/wiki/Purple).

On a more reflective note, purple is symbolic for courage, wisdom, equality, womandom, feminism, lesbianism and gay rights movement. Purple combines the color of blue typically ascribed to as masculine and pink/red usually ascribed to femininity (http://en.wikipedia.org/wiki/Purple).

Given that I can be called patriotic, I would be remiss to not mention "the Purple Heart," which was established by General George Washington in 1782, during the Revolutionary War. It was reestablished by the President of the United States in 1932 and is awarded in the name of the President of the United States to any member of an Armed Force or any civilian national of the United States who, while serving under competent authority in any capacity with one of the U.S. Armed Services after 5 April 1917, has been wounded or killed, or who has died or may hereafter die after being wounded.

In speaking of the Purple Heart, I should ask that you not confuse this item with the Purple Heart Highway. The Purple Heart Highway cuts through the center of Pennsylvania and links Spruce Creek to historic Mooresburg. This road dates back to when the Iroquois walked throughout the Karondinah Path and frontiersmen traveled Penn's Creek Path. It was a vital stagecoach route and in modern times became Pennsylvania State Route 45.

And for all of you that are in academia, I must remind you of the *Boston Globe* article that came out in 2004 discussing the use of a purple pen over a red pen in grading. Color psychologist have stated that purple (a mix of red and blue) embodies red's sense of authority but also blue's association with serenity, making it a less negative and more constructive color for correcting student papers. Purple calls attention to itself without being too aggressive. And because the color is linked to creativity and royalty, it is also more encouraging to students (Aoki, 2004). Hence, another reason to be purple.

I hope I have not overwhelmed you on the topic of purple, if I have not, I would like to make one last suggestion for those of you that travel and may find yourself in the San Francisco area. If you like history and want to experience "Purple" and the "Best Small Night Club" in the San Francisco Bay area, try the *Purple Onion* located at 140 Columbus Avenue, San Francisco, CA 94133, telephone: (415) 956-1653. This is the club that launched the Smothers Brothers and hosted such comedians as Phyllis Diller and Mort Sahl. It has recently been restored by owners, Stephanie and Mario Ascione, and has wonderful entertainment and food items such as Panzarotti (deep fried mashed potato with mozzarella and parmesan), Insalatino di Valentino (arugula, fennel, radicchio,

strawberries, and pomegranate seeds), Filete di Antelope (antelope over risotto with white truffle oil and a porcini mushroom sauce) and Fresh Raspberry Panna cotta (http://www.caffemacaroni.com/purple.shtml). I am sure this place would delight anyone who is "purple."

So now I invite you to find a nice quite spot and sit back with this edition of the journal and experience "being purple."

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It's Not Easy Being Purple: An Invitation to Dialogue

Report of a Session at the Ninth Rogerian Conference
June 25, 2004
New York University
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And others whose names we may have missed

It's Not Easy Being Purple: An Invitation to Dialogue

"Speak to me of anything, if it is human." W. Blake

The Worldview

According to Rogerian nursing science (Rogers, I992), energy fields are the fundamental unit of everything, both living and non-living. Two energy fields are identified, the human field and the environmental field. Within this worldview, humans are energy fields in constant mutual process with their immediate and extended environmental energy field, which includes and cannot be separated from other living and

nonliving fields. Energy fields are boundary-less and dynamic, changing continuously, like clouds in the sky. Clouds have no actual boundaries, not even membranes, but appear as continually changing manifestations of energy patterns recognized as clouds. Rogers posited that high frequency within the human-environmental energy field process is associated with a sense of vitality and well-being. Barrett (1990) pointed out that individuals can participate knowingly in their unique mutual human-environmental field process to bring about change for the betterment of the whole, including themselves (Parse, 2003).

Parse's (2003) theory of community becoming, an extension of Rogers' nursing science, holds that community is not a location or a group of people who have similar interests or life circumstances; rather, community is the human connectedness with the universe, including connectedness with yet-to-be possibilities. Within this view, vulnerability is an emergent of the community in process that occurs when an individual or group becomes disconnected from the community, and therefore from resources needed. The process of community involves imagining the vision of possibilities and inviting others to capture the vision, thus energizing the community to join forces to prevent or overcome the disconnect. Parse describes a humanitarian model of nursing practice based on true presence and profound respect of both the human and environmental fields.

The Essence of Being Purple

Purple is not an ordinary color to Rogerians. It is the highest frequency of the color spectrum that is visible to the human eye (Brown, LeMay, & Bursten, 1997), so "being purple" is welcomed by Rogerians as the symbol of ultimate awareness and connectivity with the universe. When you are "purple," everything is interesting...everything is attended with heightened consideration. The poignant excerpts of dialogue described in the paragraphs below encircled and sprung from a group of people who came together at the Ninth Rogerian Conference to explore what it means to be purple, especially in a world that seems to validate only black and white (or red versus blue) thinking. To begin, we stretched, imagined, and improvised colors and feelings as we danced alone and then together. We transitioned from movement to dialogue (sending our inner rhythms into outer spaces) by taking a moment to really, consciously look at one another, and appreciate the human being standing right in front of us, in this moment. The field we co-created became the ground for our discussion of what it means to "be purple." Connection, vulnerability, and transformation unfolded as dominant themes.

Far from being an intellectualized, abstract discussion, we discovered the simple need to notice and be noticed by each other

in order to experience connection. One participant said, "People need to be noticed in ways that work for them." This doesn't happen when we "notice" people only in the sense of how they fit who we think they are and what they should be doing. "In the hospital, we expect people to share half a bedroom with a total stranger, and then hurry up and get well!" Another dancer shared the importance of being noticed as someone who is useful and has a contribution to make. The group agreed that adolescents, nursing home residents, and even retirees are examples of people often overlooked for their gifts: "No one ever asks your opinion once you've retired." Factors that lead to "disconnect" were often easier to identify, and ranged from the understanding gap between generations of nurses to the painful cutoff experienced by persons who are homeless, illegal aliens, refugees, migrant workers, or prisoners. In one form of Korean Zen meditation (Shrobe, 2004), one continually asks the question, "avoiding relationship?" How do I, in this moment, resist connecting with my experience and with those around me? Does being purple mean raising the questions, "What is love? What is connection.....in this moment? In this one? In this?"

To truly connect, we allow ourselves to be vulnerable, and it was offered in discussion that vulnerability can be viewed as an evolutionary emergent. In our discussion, Marcia Andersen, president of an innovative service for a vulnerable inner city population in Detroit, described this state of vulnerability as "pre-purple" (Andersen, 2004). As living seems to get more complicated, with endless grief and suffering all over the globe, could it be as Margaret Wheatley (2002) suggests, that insecurity and self doubt are actually useful, and that one can work towards a better future without being grounded in the security of achieving a specific outcome? Surely, being comfortable with uncertainty in difficult times, as Pema Chodron (2002) describes, is akin to saying "It's not easy being purple."

When we are connected to self and others, vulnerable and open to the uncertainties of life, we create the opportunity for transformation to occur. In small ways, each moment gives us an opportunity to transform anger into empowerment, confusion into patience, personal pain into compassion. Finding ways to do this is as unique as each one of us, our particular sensitivity to the world around us, and our passionate interests. We each emerge as expressions and manifestations of the whole.

Linda offered a story of how this discussion encouraged connection, vulnerability, and transformation in her own life:

> Over the past year, someone I love beyond all reason, my son, hit puberty with a force that knocked my world off balance. This formerly loving, inquisitive, engaged (but always intense) young person became angry, sullen, silent, and

unapproachable almost overnight. Dramatic physical changes (growth spurt, acne, voice deepening), social changes, and environmental/societal stressors were clearly rocking his world as well. Hostility and volatility seemed to leak out of his pores. Of course, as his mother, the thing most excruciating for me was seeing him in pain, and my helplessness at his rejection of all attempts to provide support of any possible kind we could think of. Need I mention that one of my certifications is as a clinical specialist in child and adolescent mental health? This became merely a cruel joke at some moments.

Through this fog of pain, I wondered if these feelings of connection and vulnerability that I often tried to push away, could actually aid in transformation. I began to hold the possibility that his changing behavior could be manifestations of patterning, probably at the moment when he challenged my suggestion of medication by saying, "maybe I'm supposed to be feeling like this!" This led to my viewing him as a warrior walking through the fires of alienation and rage, or on a quest not unlike the characters in his beloved *Lord of the Rings*. What would happen if I "noticed" this directly to him, and asked him what it would look like to transform this mountain of emotion into power? Mastery of himself and his world seemed at times to lend coherence to the chaotic rhythms of his days. He was most comfortable in his own skin when drawing, paintballing, playing music, camping, and being with friends. The next months we made sure he had plenty of opportunities for these activities, and it also became a time to de-emphasize academic performance. He's let us know that most of what he needs to learn right now isn't found in the classroom.

This view of his patterning led directly to two other decisions: we said, "It's important for you to create your own space" and he re-did his room, choosing a Japanese style unlike any other room in our home, but matching his interests in manga drawing and Japanese language. Even more important, he's been engaged in activities where he cares for and/or teaches younger children, which nurtures him as he finds what he has to give to others.

Do I think this means he will no longer struggle with depression, anger, relationships? No, as Havel (Wheatley, 2002) has said, "Hope...is an orientation of the spirit, an orientation of the heart....It is not the conviction that something will turn out well, but the certainty that something makes sense regardless of how it turns out." Connection, vulnerability, transformation...and the courage to "be purple" gives us all room to breathe, and simply be who we are in this moment. And isn't that enough? (Linda Tuyn)

Sarah noted that Kruger Graves was purple, too. People thought of him as a curmudgeon, but he wasn't, he was just purple. He lived out in the country in East Tennessee, in a house with a big porch that went all across the front. His family had moved the house years ago, from the next county, and put it back together again on the strip of land between Maloneyville Road and the L&N Railroad. The train went up in the morning and came back at night, hauling coal from the Kentucky coal mines. A two-person swing hung from the ceiling on one end of the porch, and Kruger sat in it almost all the time except in the winter. He just about always kept his fly swatter in his hand, and he used it to wave at people he knew when they drove by. Everybody knew him, and we'd all tap our horns as we drove by, just speaking to him. He'd nod and raise the swatter up once – his way of speaking back.

He was in his 80's and never married, so he lived there alone. He never had indoor plumbing, even though several of the men in the community had offered to help him put it in. But he did get someone to run a pipe from his springhouse to the kitchen, and water just ran in all the time – it didn't even have any faucet handles. And of course he didn't have a phone, either. He did finally get a light socket put in most of the rooms, and a wall plug, so he could plug in his TV. In the late afternoons men would stop by and sit on the porch for a while, and talk politics with him, and together they'd size up the state of the world in general. He had a high-pitched voice, especially if he got a little riled up over something. So they'd say things on purpose sometimes just to get under his skin, and he'd shake his head kind of sideways and take issue with them.

In his last years he had trouble with his knees, and it got to be hard for him to bring in a bucket of coal to keep his stove burning. So in cold weather his long-time friend Chart, who lived about a mile further on up the road, would drive down to Kruger's every night, often the last thing he did before he went to bed. Kruger would leave two empty coal buckets sitting on the porch just outside his front door before he went to bed at night, and Chart would take them over to the coal pile and fill them up and set them back by the door so Kruger would have coal in the morning to start his fire back up again, so he could keep warm.

Then one morning Chart got a call from George, Kruger's nephew who lives in town, saying that they couldn't get Kruger to come to the door. They knew Chart would know how to get in to his house by some secret way. Chart, not young himself, grabbed his jacket and said quietly over his shoulder as he hurried out the door to his car, "Kruger's dead." His grandson Charles went along, too, as he often did. Chart led the way into the house through the basement door, and sure enough, Kruger was dead. He hadn't made it all the way to bed the night before; he was laying across the foot of the bed, no life about him.

A while later, when his will was read at the county courthouse, Chart learned that Kruger had left him $1,000 -- for gas, I'd say, to pay Chart back for all the errands he took him to do. Chart would drive him to get groceries, and to his doctor's appointments, and once in a while to do his business at the bank in town. But Kruger was skeptical about banks, and he was known to keep more money hidden in his house than he should have. One time Kruger started to have episodes of passing out, and he had to go to a nursing home for several weeks to get his heart medicine "straightened out." Chart would stop by and see him regularly, and one time he asked Chart to take him to his barber to get his hair cut. Chart did, of course, and then Kruger asked Chart to "just take me on home." And that's what Chart did – he sprang Kruger out of the nursing home! What are good friends for, anyway? In his will, Kruger also left Chart his coal pile, and his dry kindling out in the woodshed. Because Kruger, in his own way, knew that Chart was purple too.

When Chart's grandson Charles grew up, he got an "A" on a college English paper he wrote about Kruger. Charles and his young friends also played the guitar and sang at the *Buffalo Nickel*, a nightspot in Buffalo, New York. Charles was the lead singer, and he wrote a song about Kruger; he burned it on a CD and gave it to all the family for Christmas that year. The song told about him sitting on the porch listening to his granddad and Kruger talk about their view of the world. Near the end of the song Charles, reflecting on Kruger's last night alive, sang, "and Kruger died alone that night...as all men really do." Kruger was purple, and Chart was too, and they showed Charles how to be purple. So you see, it's possible to pass purple on.

As the end of the "Purple" session neared, someone in the group started to sing the song "No Man Is An Island" (Whitney and Kramer, 1950); several in the group recognized it and started singing along. Everyone agreed that whoever wrote or sang the song must have been purple, too.

For almost two hours the room radiated with exquisite thoughts. "Being purple is the way we are with people and our shared environment." "Life is the flow of human energy with all there is." "Melting into the silence between sounds." "Living in the moment of oneness with the universe." Near the end of our time together, someone softly reminded us that all we can give to each other is inviting audience.

Endnote

Purple is not just a color; it is a way of being. Not just what you wear, but who you are. It symbolizes our engagement with the universe, characterized by heightened awareness. The bold, high energy color conveys a daring willingness to be different, and to accept the possibility of more than the observed reality. When you are purple you would not use terms such as normal, disabled, handicapped, or unconscious to describe another.

Instead, everyone is viewed as able, in their own way, to move toward their potential. In writing this treatise, we are entrusting our theoretical musings to you, readers with whom we share our mutual human-environmental field process, and we invite you to continue the dialogue that we have begun.

When the forms of an old culture are dying, the new culture is created by a few people who are not afraid to be insecure. R. Bahro

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Do You Feel Like You Belong?
An On-line versus Face-to-Face Pilot Study

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ABSTRACT

The use of the Internet for on-line educational purposes has grown over the past decade. More than 40% of college courses use on-line resources compared to only 11% in 1995 (Green, 2000). Nurses, especially nurses pursuing graduate degrees, are requesting that more courses be taught on-line. Pedagogy principles of good teaching practices identified by Chickering and Gamson (1987) include, among other things, encouraging contact between students and faculty, and encouraging communication and cooperation among students. It is this author's belief that students need to feel connected and experience a sense of belonging to be successful in their academic endeavors. According to Rogers (1990), the environmental energy field is integral with the human energy field. The energy field is a unifying concept, which can be perceived as class room or virtual environment. However, energy fields are boundaryless and coextensive. The purpose of this study was to examine similarities and differences in perceived boundaries as evidenced by sense of belonging in graduate nursing students taking an on- line versus face-to-face graduate research course. A descriptive comparative design was used. A convenience sample of 39, 10 on-line and 29 face-to-face students, participated in this study. No statistically significant differences were found between the two groups, indicating that both had a similar sense of belonging, thus supporting the concept that human and environmental fields are unboundaried. Establishing an environment where one feels connected is more important than the type of structural environment i.e., virtual versus brick and mortar. Students' ability to be integral with their academic environment and to experience a sense of belonging may be crucial to success.

Key words: Sense of belonging, Science of Unitary Human Beings, Martha Rogers, On-line

Introduction

The first day of class is always an exciting time. Students meet their professors; classmates introduce themselves to each other and many times lasting friendships are formed. Over the past decade, an explosion of on-line courses and programs have taken the academe world by storm. In addition, administrators encourage their faculty to teach more on-line courses, graduate students seem to want more on-line courses and technology in the world is expanding. For many students, on-line offerings provide the

opportunity for professional growth that may otherwise not be available to them (York, 2002). Pedagogical principles of good teaching practices indicate a need for communication between faculty and students. Students want to feel like they "fit-in" the class and have something of value to offer. The question that comes up is whether students who take on line courses establish the same sense of belonging as students in a face to face classroom setting. Sense of belonging is an important concept to study because a growing number of students are working alone in front of their computers. Can students who working in isolation feel a sense of belonging and succeed in their academic endeavors in a virtual classroom?

Research examining the concept of sense of belonging is sparse although, in the past five years there have been many studies conducted to examine the similarities and differences of on-line and traditionally taught courses. The results of those studies vary. Differences reported are attributed to characteristics of the students enrolled, their age, learning style, level of computer self-efficacy and whether undergraduate or graduate course work is being taught (Christensen, Uzoamaka, & Kessler, 2001; Dutton, Dutton & Perry, 2002; Mahoney, 2004; O'Malley, 1999). Various investigators report that there are no significant differences between classroom performance and course completion for students taking courses on-line versus face-to-face (Dutton, Dutton, & Perry, 2002; Woo & Kimmick, 2000).

Chickering and Gamson's (1987) landmark work on principles of good teaching practices have influenced web-based delivery. Course management systems, such as WebCt© and Blackboard©, use Chickering and Gamson's principles in the design and philosophy of coursework (Slater & Stern, 2004). Principles of good teaching encourage contact between students and faculty, cooperation among students, active learning, and prompt feedback. They emphasize time on task, communication of high expectations, and respect for diverse talents and ways of learning (Chickering & Gamson, 1987). The majority of the seven principles mentioned reference communication and contact with others as important teaching practices.

Communication and personal contact may take on very different perspectives when communication entails email, discussion boards, threaded discussions, and chat rooms. An assumption is that sense of belonging is a relative mutual patterning manifestation. For example, people can be in the middle of a crowded room and can feel totally isolated and others can be all by themselves in front of a computer screen and be entirely immersed with other people. The purpose of this study was to examine boundary as evidence by a sense of belonging in graduate nursing students enrolled in an on-line versus traditional face-to-face advanced nursing research course.

Background and Framework

A recent report on the "Pedagogy of on-line Teaching and Learning" by faculty at the University of Illinois (1998-1999), supports a broad approach to on-line instruction, yet at the same time pointed out the importance of emotional interaction between teacher and student and among students themselves. Theoretically present in the traditional classroom, the potential absence of an emotional component in on-line courses is viewed by some as problematic, given the important social dimension in education.

On-line teaching and learning is a relatively new paradigm for nurse educators. The profile of a graduate student is one who is often older, works full time and balances family and school responsibilities. It is no wonder that graduate students look for nursing programs that offer convenience and flexibility. Pedagogical practices of adult learners allude to the fact that adults learn best at their own pace and assumingly, in their own space. For some students, working on their courses in pajamas at 2:00 am in front of the computer fits their learning needs.

Chickering and Gamson's (1987) principles of good teaching practices address traditional classroom environments that can be applied to virtual environments. For students to succeed in academia, they need to be encouraged to connect and communicate with instructors and peers. Students need to bond with faculty members and peers, whether it is in a chat room or traditional brick and mortar classroom.

According to Rubinstein (2005), a sense of community can be formed by providing students with the opportunity to work in groups on a project or task. DiRamio (2005) stated that students interacting and helping other students form connections. DiRamio encourages students to work together to find the answers.

Hagerty and Putasky (1995) define sense of belonging, as "the experience of personal involvement in a system or environment so that the person feels themselves to be an integral part of that system or environment" (p. 173). Defining attributes of sense of belonging are described as "valued involvement" and "fit." Sense of belonging can be a strong motivational factor needed to successfully complete an academic course.

Rogers (1990) posits five main concepts in her Science of Unitary human beings: (1) energy field, (2) pattern, (3) multidimensional, (4) unitary human beings (human energy field), and (5) environment (environmental energy field). She describes energy field as the fundamental unit of the living and the non living" (Rogers, 1990, p. 7). As such she states that energy fields are dynamic and boundaryless. Pattern, described as the unique and identifying characteristics of field, is perceived as a unitary wave. Pandensionality describes the nature of reality as nonlinear having no spatial or temporal attributes (Rogers 1990, 1994; Madrid and Smith,

1994). Human and environmental fields are described as "irreducible, indivisible, [pandimensional] energy fields identified by pattern . . ." (Rogers, 1990, p. 7). The Principles of Homeodynamics describe the relations between the concepts and how humans and environments evolve. Resonancy describes the tendency for continuous change from lower to higher frequency wave patterns in energy fields. Integrality describes the constancy of mutual process of human and environmental fields.

Sense of Belonging is proposed in this study as a pattern manifestation of human fields reflecting the evolution toward higher frequency (resonancy) and the mutual nature of the human and the environmental field (integrality), specifically, the educational setting. The human and environmental fields are integral with each other, and are boundaryless. While many perceive boundaries, as we evolve this perception diminishes. Thus individuals would have a similar sense of belonging in a virtual or brick and mortar environment. Sense of belonging was studied within the Science of Unitary Human Being as the mutual process pattern manifesting the environmental human mutual process. The mutual process of the human and environmental energy fields transcend traditional classroom environments to include on-line environments. The mutual response of students communicating through various mediums suggests that a sense of belonging can be created in any environment as long as students feel connected rather than isolated. Sense of belonging is hypothesized here to be integral with the human-environmental energy field. Therefore students who choose and are successful in an online environment are those who thrive in pan-dimensionality.

Literature Review

Smith, Ferguson, and Caris (2001) conducted a qualitative study that examined courses taught on-line and face-to-face. Twenty-one instructors who taught both on-line and face-to-face were interviewed. Four of the interviews were conducted over the telephone and 18 were done by email. The researchers found emerging themes. Results from this study revealed that on-line courses were labor intensive and highly text-based. The study also showed that on-line courses offered intellectually challenging forums, which elicited deeper thinking on the part of the students. One participant noted that one-to-one relationships (instructor-student and student-student) were formed in on-line courses to a greater degree than in face-to-face classes.

Kenny (2002) conducted a qualitative study to explore the experience of nursing students with on-line learning. Purposive sampling was used to obtain a sample of 21 students enrolled in a Health Informatics course. Focus groups were used to enhance and validate the information from group discussions. Four major themes evolved: (1) an increase in computer

confidence, (2) flexibility, (3) active learning and (4) practicalities of teaching. Active involvement in learning emerged as a major theme. "All students' first responses were that they now knew everybody's names" and "students worked closely with the lecturer" (p. 131). A strong sense of teamwork and peer interaction emerged as an important theme in Kenny's study.

O'Malley (1999) found that distance and on-line learning are perceived by students (N=128) as having some benefits, although benefits cited were not necessarily knowledge related. Approximately 54% of the respondents were female and 46% were male with an average age of 23 years. The majority of respondents (64%) had taken at least one course and a large minority (48%) had taken a distance-learning course. A larger percentage (67%) of the respondents had taken a course that combined traditional and on-line methodologies. O'Malley found that students perceive that on-line courses have a significant advantage over traditional methodologies. The advantages noted were: saving students' time, fitting in better with students' schedules, and enabling student to take more courses. The students did not believe that they learned more in on-line courses and had concerns related to being able to contribute to class discussions. The author pointed out that the students seem to prefer traditional courses to on-line courses, although they wanted more on-line courses. No reasons were given for why the students felt this way, but one might assume that on-line courses are more accommodating of their life circumstances.

Dutton, et al. (2002) found different characteristics in on-line and traditional students. Students (N=193) enrolled in traditional (n=104) and online (n=89) sections of a computer course completed usable surveys. The response rate for both groups was 68%. Dutton et al., (2002) found their on-line students to be older, more experienced with computers, more likely to have jobs and/or childcare responsibilities and have longer than average commutes to campus. The on-line students were less likely to be enrolled in traditional undergraduate programs and were more likely to be lifelong learning students. Results showed that on-line students made significantly higher exam grades than lecture students.

Conflicts between class time and work, time commuting to class, and flexibility in setting pace and time for studying were all significantly more important for on-line than for lecture students. Lecture students enjoyed the contact with the instructor and fellow students, were motivated to participate in regular class meetings, and reported better learning from hearing a lecture and advice from advisor or other university official (Dutton, Dutton, & Perry, 2002).

Mahoney (2004), examined differences in sensory modality between on-line and traditional graduate students. A sample of 19 students participated in the sensory modality study, 8 on-line and 11

traditional students. The mean age for the on-line class was 45 (SD 5.95). The ages ranged from 32 to 50 years old. The mean age for the traditional class student was 35 (SD 9.26). The ages ranged from 25 to 50 years old. The between group mean for age was statistically significant ($t = 2.67$, df 17, $p = .016$). There were older students in the on-line course and younger students in the traditional course.

Sensory modality was measured using the Sensory Modality Checklist (SMC) (Haynie, 1981). The SMC assesses strengths in auditory, visual and kinesthetic domains. Scores within four points of each other mean that the participant uses a mixed modality. Mixed modality means that the participant processes information in more than one sensory modality with balanced ease. If there are five points or more between any of the scores, the participant has relative strength in that modality as compared to others. Participants may have two modalities that seem stronger than the other one. The participant learns more easily and expresses themselves more naturally in the modality with larger scores.

Mahoney (2004) found no significant difference between visual learners in the on-line versus traditional students ($t = -.334$, df 17, p .743). Furthermore, there was no significant difference between kinesthetic learners in the on-line versus traditional students ($t = -1.28$, df 17, $p = .215$). The findings from the on-line and traditional students were similar. This study's findings suggest that students learn from a variety of teaching modalities. Both on-line and traditional students use mixed sensory modality styles, with auditory and visual being the strongest for both groups. Students seem to process information in more than one-way. Students' needs vary, and faculty need to be cognizant of their own learning style in order to incorporate various learning modalities. Although the findings showed no significant differences, the sample size was small (N = 19). Additional research, using a larger sample, is warranted.

Methods

Design

The research question was "Is there a difference in perceived sense of belonging in graduate nursing students enrolled in an on-line versus face-to-face advanced research course?" The University Institutional Review Board approved the study and the study was given exempt status. This study was conducted at a university in central New Jersey using a descriptive comparative design. The sample consisted of 39 students who had taken the graduate level nursing research course, 29 in a traditional classroom setting and 10 online. Students were asked to participate in this study after completing the research course. Completed questionnaires were returned anonymously.

Instruments

The Sense of Belonging Instrument (SOBI) by Hagerty and

Patusky (1995) was used for this study. It contains two scales, the SOBI-P and SOBI-A scales. The SOBI-P measures the psychological state of sense of belonging. Items in the SOBI-P focus on the proposed dimensions of "valued involvement" and "fit." The SOBI-A measures the antecedents of sense of belonging. Items in the SOBI-A focus on the "desire" and the "ability" for developing sense of belonging. Content validity on the original 55-item instrument, was established using seven experts who provided suggestions to ensure that the domain was adequately tapped by the items on the instrument. Initial psychometric testing of the 49-items was tested on two sample groups consisting of community college students and clients from inpatient and outpatient settings, diagnosed with major depression. Construct validity was examined using factor analysis, contrasted groups, and correlations with measures of similar constructs (Hagerty & Patusky, 1995).

The two factors explained 36.8% of the variance inherent in the set of items. The student test-retest correlation over an 8-week period was .84 for the SOBI-P and .66 for the SOBI-A. The coefficient alphas for the SOBI-P and SOBI-A, respectively, were reported as follows: students, .93 and .72; depressed clients, .93 and .63 and nuns, .91 and .76 (Hagerty & Patusky, 1995).

The SOBI-P scale consists of 18 items scored on a 4-point scale of strongly agree to strongly disagree. The range of scores is 18 to 72 with 18 indicating the lowest sense of belonging and 72 indicating the highest sense of belonging. The SOBI-A consists of 14 items. Strongly agree is scored as 1 point and strongly disagree is scored as 4 points in items # 13 and 14. The range of scores for the SOBI-A is 14 to 56 with higher scores indicating a higher sense of belonging.

Findings

The mean age for the on-line students was 37 (SD 9.34) with a range from 25 to 53 years of age. The mean age for the classroom students was 41 (SD 9.5) with a range from 26 to 56 years of age.

The Chronbach alpha for this sample of 39 students on the SOBI-A was .90 and the SOBI-P was .96. Chronbach alpha for the on-line students ($n = 10$) for both the SOBI-A and SOBI-P was .93. Chronbach alpha for the face-to-face students ($n = 29$) was .89 for the SOBI-A and .96 for the SOBI-P. Independent t-test on total scores showed no significant difference in sense of belonging between on-line and face-to-face graduate nursing student SOBI-P ($t = 1.225$, df 37, $p = .228$) and SOBI-A ($t = -1.778$, df 37, $p = .084$). (See Table 1 for means and standard deviations). The results from this study showed that there were no significant differences in overall scores on the SOBI-P and SOBI-A scales in nursing graduate students taking an on-line versus face-to-face advanced research course.

Table 1
Sense of Belonging
Means and Standard Deviations for On line and Face-to-Face (n = 39)

Variable	SOBI-P		SOBI-A		
	M	SD	M	SD	n
On-line	65.80	6.61	40.90	7.99	10
Face-to-Face	61.75	9.64	45.00	5.63	29

When asked what students liked best about taking an on-line or face-to-face course, students in the on-line course liked the convenience, flexibility, and rapid feedback. The students appreciated the deadline dates for assignments. The face-to-face students like the professor and peer feedback/discussions/ collaboration, and the ability to listen to coursework presented. Both groups disliked the workload, stating that there was too much work. Some students liked working in groups to produce the research proposal, a process more easily facilitated in a face-to-face setting. Others preferred to work on their proposals alone, a preference easily accommodated in either type of course.

Discussion

The findings of this study suggest that students can feel a sense of belonging in either on-line or face-to-face learning environments. However, the mean score for online students was higher on the SOBI-P while the mean score for fact-to-face students was higher on the SOBI-A. Possibly, with larger sample sizes, these differences would gain statistical significance. If so, this would indicate that on-line students had a greater sense of belonging, while students in face to face classes demonstrate higher antecedents for a sense of belonging. From a Rogerian perspective, the environmental field is boundaryless and integral with the human field. One could interpret the findings to indicate that those choosing a classroom environment are moving toward a sense of boundariless belonging as compared to the online group that is already perceiving a less boundaried reality.

Pedagogy principles of good teaching practices identified by Chickering and Gamson (1987) emphasized communication and cooperation among faculty and students and student-to-student. This study found that timely feedback was key and likely to contribute to one's sense of belonging. Timely feedback was

important for both groups of students. The use of e-mails and e-mail attachments were common ways for communicating back and forth. On-line students requested a feedback timetable with a forty-eight hour or less turn-around time. Given the portability of computers, feedback may be easier for on-line students.

One on-line student requested audio taped lectures in combination with PowerPoint presentations to augment learning. A few of the on-line students wanted to know what their classmates looked like. Likewise, some student requested that pictures of the professor and students be provided on the course management system. Perhaps providing faces to names, may in some way, help to form a better sense of awareness and connectiveness among students and faculty.

Faculty need to be cognizant of the way they present course content to on-line and face-to-face students and use teaching strategies to help students connect. Faculty can allot time for students to introduce themselves and share stories about their future goals in nursing. This can be accomplished by scheduling synchronized sessions for on-line students and setting aside time at the beginning of class for face-to-face students.

Rogers' theory of unitary human beings applies the innovative and every changing aspect of human beings in a pan-dimensional universe. As the universe changes, so do human beings. Graduate nursing students, as human beings, are energy fields whose pattern emerges from their beliefs, attitudes, feelings and perceptions of their universe. Students participate in the creation of their own reality.

As technology expands our horizons of the universe, ways to experience it also change. One's ability for change involves being aware of choices and open to new ideas and ways of doing things. It may be possible that the on-line students in this study have greater awareness of the integral nature of reality, thus they feel more comfortable with this learning format. Perhaps the students in this sample felt a sense of belonging in the venue of their choice. The students were satisfying their own individual learning styles and needs.

Implications for practice include faculty being aware of ways to keep students in touch with one another and supporting an environment where students feel like they fit in. It appears that no one way is best. Adult learners gravitate toward their comfort zone. For some students, on-line works best, while for others the face-to-face approach works better. The students in this sample felt a sense of belonging regardless of the learning venue. Perhaps, they selected the environment that best provided them with a sense of belonging. Recommendations for future studies include conducting a replication study with a larger more diverse sample. Future studies may include adding other measures, such as, locus of control, self-efficacy and power.

In conclusion, chalkboards, overhead projectors, and stand up lecturers seem to have a place in academia and probably always will. As long as students request face-to-face and on-line format, or a hybrid of both, adult learners will lean toward learning environments where they learn best, feel most comfortable and fit in. As long as there are support systems in place for students to experience a sense of belonging, students will be successful in academia whether they immerse themselves in on-line classes or face-to-face classes.

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Unitary Transformative Nursing: Using Metaphor and Imagery for Self-Reflection and Theory Informed Practice

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Abstract

Unitary Transformative Nursing is a continuous practice of self-reflection and refinement in pattern appraisal. Observation of our integral environmental field patterns will mirror our own internal landscape. This practice of honest internal dialogue transforms not only our Self, it also gives theory form and provides a methodology for articulating the often elusive theoretical basis for our holistically informed clinical practice. The use of imagery from nature and the metaphor of the elements, earth (soil), water (rain), fire (sun), air (wind), as pattern appraisal tools can assist in a unique expression of theory informed practice. This paper is a description of one nurse's journey of implementing a practice of Unitary Transformative Nursing at a large urban hospital and the use of creative pattern appraisal tools to merge theory into practice.

Keywords: Unitary, Holistic, Theory, Metaphor, Imagery

Introduction

This paper emerges out of my experience as the program coordinator for an integrative care program at a large urban hospital. In this newly created program and position, my role was to seed and grow Unitary Transformative Nursing throughout the institution which, until this point, had not been widely exposed to a holistic paradigm of care. I reflected on my first year of a two-year grant and found the early days of walking this path of Unitary Transformative Nursing rocky and at times thorny, challenging my sense of self, raising fears, and experiencing a loss of faith in my ability to bring holistic nursing to the medical center. As I encountered the different units and providers from medicine, surgery and critical care, I needed to find a way to understand the diverse microcosms of the institution, the mirrors reflecting my own shadow aspects demonstrating my yet unconscious areas for growth and evolution. I knew from my studies of the Science of Unitary Human Beings, energy-based therapies, and other metaphysical and spiritual practices that there is no difference between what is in the environmental field and my own field patterning. If I could find a way to learn from the environmental field patterning, then I could unfold my own implicate order. I found using the metaphors of nature and the elements, earth (soil), water (rain), fire (sun), and air (wind), for the integral environmental field

patterning as well as my own to be helpful in this unfolding. As I observed pandimensionally, my own implicate order and that of the integral environmental field was explicated.

In the early months of the grant funding the Integrative Care program, I judged my practice linearly, based on a causal paradigm. "Success," following the dominantly expressed patterns in the field, emphasized quantitative outcomes. The grant required quarterly reports documenting the program coordinator's activities as well as the number of patients who accessed the program and how many physicians were making referrals. Disappointment by the funder that not more patients and physicians accessed the pre-surgery program and with a low priority placed on the nursing educational programs, I went into a downward spiral of self-doubt, self-criticism and confusion as to my role and work. I was lost. I then remembered a poem by David Wagoner (Whyte, 1998, Introduction).

Lost
Stand still. The trees ahead and the bushes beside you
Are not lost. Where you are is called Here,
And you must treat it as a powerful stranger,
Must ask permission to know it and be known.
The forest breathes. Listen. It answers,
I have made this place around you,
If you leave it you can come back again, saying Here.

No two trees are the same to Raven.
No two branches are the same to Wren.
If what a tree does is lost on you,
You are surely lost. Stand still. The forest knows
Where you are. You must let it find you.

Permission to reprint from: University of Illinois Press, Whyte, D. (1998). The House of Belonging.

I read and reread these words. I sat still, in a place of unknowing and regained my center, found where Here was. I looked deeply at the nature of thorns and of rocky roads; remembered that the unknown can feel uncomfortable only when I am looking for the "known." With this, I again remembered Self. This deeper practice of holistic nursing is transformative, a sacred art that is informed by theory, science, clinical experience and self-reflection. The latter three have been relatively apparent in the day-to-day practice of holistic nursing. However, theory seemed elusive. To better understand my evolving practice and its manifestation, I returned to the Science of Unitary Human Beings.

History of Experience with Science of Unitary Human Being Theory

As I reread Rogers' work on the Science of Unitary Human Beings, I was surprised to experience, for the

first time, that her words made perfect sense. I began to see how this work is a science and how it now organically informs my whole life. The first time I read Rogerian theory was as a student in my undergraduate nursing program. At the time, frankly, I did not know what she was talking about. I did know without any reservation, however, that she was absolutely right. If someone had asked me to explain why and how, I could not. Was this the first awakening to "unknowing" as a way of knowing (Munhall, 1993)?

I wondered about this. If this informs every aspect of my life, when did this become so? Did it start when I read Rogers as an undergraduate nursing student and then become increasingly integral during my Master's in Holistic Nursing Program? Certainly Rogerian theory became more accessible through the illumination of my beloved teachers. These were not, however, my first understandings of the Science of Unitary Human Beings. As I looked back, I was living this science long before I ever had the formal teachings.

For example, I used to play in the woods behind my house. I was about five years old, in 1965, perhaps just about the time that Dr. Rogers was explicating her theory. I remember playing with the fairies. They were not made up fairies, and not fairies that I could see either. Rather they were wood fairies, patterns of energy that I knew were there, felt and unseen. Perhaps this was my first conscious pattern appraisal of the unitary field.

At six a friend of mine explained, in vain, to me the concept of sin and the certain punishment from God as well as parents. I challenged her; I knew there was no separation between God and myself. After all, if I came through this universe then the information inside me was universal, including God. I also maintained that I had free will and was responsible for the choices I made. Was this an early expression of my own power as knowing participation in change? (Barrett, 1997).

As a teen, I spent time in mutual process with the trees, feeling soothed by their timeless rhythm, much different than the rhythm of humans. I would ask questions of the old trees (not the young saplings—what did they know?), cradled in their arms, often waiting hours in linear time for their slow, deliberate answers.

Later, when I was 25 years old, I experienced an insight into manifestation of patterns as a volunteer advocate for our Domestic Violence Hotline. It was the middle of the night, and I received a call from a woman needing shelter for herself and two children. When I arrived, I recognized her. Twice before I had been through this "routine" with her. Tired and knowing that I had many miles to drive over dark country roads to the safe home and then back to my bed, I thought, "When will the woman learn?" This was not a very enlightened or compassionate thought. Then in that moment, I remembered it takes a

woman, on average, 7 times of leaving a violent relationship before establishing herself and children in safe relationships and homes. Rogers writes, "pattern is not directly observable. However, manifestations of field patterning are observable events in the real world" (1992, p. 30).

Kabir writes:

> The guest is inside you, and also inside me;
> You know the sprout is hidden inside the seed.
> We are all struggling; none of us has gone far.
> Let your arrogance go, and look around inside (Blye, 1997, p. 57).

I did not and could not know how many times this pattern manifestation of leaving-returning-leaving would enfold and unfold. When I looked deeper, I could see that this exodus, though seemingly the same as the previous two, was different. Her pattern manifestation would be unpredictable and continuously evolving. My role, during our mutual process, was to be simultaneously present, non-judgmental, and to support its unfolding while field patterning courage, hope, ability to find new and diverse ways of being. The experience then shifted from one of frustration with repetition and stagnation to participating in something magnificent and beautiful.

Science Transforms into Practice

The Science of Unitary Human Beings is not how I practice nursing, rather, it is how I practice life. It informs every aspect of my day, making holistic nursing my sacred expression of all my diverse facets of self.

Seeding and growing Unitary Transformative Nursing in a traditional hospital setting would require me to view not only what is visible and obvious but also that which is hidden in the shadows as influences in the integral environmental field. Exploring my own patterns revealed, not for the first time, limiting beliefs and behaviors. At times disheartened, confused, frustrated, and angry, I questioned myself, who I was and what I was doing. Looking through the lens of the causal worldview, what had I accomplished in my first year? What thriving gardens now existed from my work?

In fact, not much had taken root, much less grown and flourished. How much seeding, nurturing, and tending needs to take place before something takes hold? Then I realized that I am not the broadcaster of the seeds, the planter, or the germinator. Jean Shinoda Bolen writes, "What comes into being depends on the nature of the seed" (1979, p. 70). It also depends on the environmental field in which this seed is integral. To widen my view, I began to assess each micro ecosystem within the larger dimensional macrocosm, using the imagery of a garden and the energy of the elements: earth (soil), air (wind), water (rain), and fire

(sun). These metaphorical pattern appraisal tools revealed the unique implicate order as well as my role in the integral environmental field patterning. The relationship of the element to the seed is alchemical.

Assessing what elements were in excess or in scarce supply revealed enormous information into the system, expanding consciousness (Newman, 1994), as did assessing the inner cycle of growth for the seed, and looking within to my own internal landscape as part of the alchemical process.

Pattern appraisal was subtle. Irene Dowd (1995), a neuromuscular anatomy and dance professor describes accessing pattern manifestation of the nervous system. "The nervous system can be perceived by fingers in the way that the wind can be perceived by my eyes: only indirectly. I see the tree branches moving to the south, but not the north wind that blows them in that direction". (p. 84)

I thought about wind. I thought I could know much more than simply which direction it blew. Wind has many qualities: it might be a moderate wind, cool, but not chilly. It can be whipping, fierce and biting. It might be just what is ordered on hot summer day, or it can bring disaster to an area under several feet of snow. If it is absent it is choking, and if it is excess it can literally blow you away.

I investigated this another step further. Newman (1994) describes the ring-like wave pattern emanating from two pebbles dropped into a still lake. Each pebble's ring eventually "radiate[s] toward one another...and the interference pattern spreads and is part of the whole of each of the previous patterns" (p. 105). Wherever these pebbles are "dropped" in the relative present, the radiating waves create interference patterns in the relative future. This, too, is an alchemical process and I was curious what it would be like to imagine myself as the interference pattern, emanating an element energy within me to balance what I perceived lacking or in excess within the unique environmental field.

Specific Reflections on Seed and Growing Unitary Transformative Nursing

My initial forays into mutual process were not always as a skilled alchemist and transformation occurs on pan-dimensional levels. I learned not to look for "gold" as the result of this alchemical process as the chemical Lead might evolve into something unexpected, much more than what my limited view of relative present may offer.

A Critical Care Unit

I was invited by the staff educator to give stress reduction sessions to the nursing staff in a critical care unit. We identified times and location "convenient" to the staff and the nurse educator would post up signs and work with the nurse manager to inform nurses and nurse assistant staff. I went up at the appointed time. The door was locked. I had to find the key. I sat in an empty room for 10 minutes. I located the nurse manager, who I had only met briefly and who was not directly involved in

requesting or planning the programs. She asked me to round up the nurses, whom I'd never met, in an environment completely new and foreign to me. I looked for and found some nurses, let them know the program was available to attend at this moment. A few nurses did partake over the 2 weeks. Getting them there each session repeated the same pattern.

My initial environmental field assessment declared this a barren landscape with no signs of life. Adding nutrients to the soil would take years. Why try to resurrect the dead when, after all, there must be plenty of fields at the Medical Center that have healthy living seeds? This assessment, which was based on frustration, needed a more reflective appraisal. Irene Dowd describes a state of "lucid neutrality" as one way tap into the underlying patterns.

> In order to sensitively receive that [underlying] communication, I need to keep myself in a state of lucid "neutrality": mechanically balanced, emotionally calm, mentally open and without any urgency to succeed. Otherwise, my own internal activities function as a kind of "white noise" that interferes with my ability to perceive the person I am touching.While maintaining a state of lucid neutrality, it is possible to feel contrast and variations in such features as form, temperature, texture, density, viscosity, rhythms, and rate of motion (1995, p. 78).

I took a deeper look, quieting my own inner chatter to feel the energy of this field.

It was dry, in fact arid. Is this the desert? What do the seeds look like? Parched, the soil was hard and cracked. This was not a desert landscape; that would have its own grace and beauty. This environment was desiccating from too much wind and sun. Water was scarce. If my programs were water, they were like a torrential rain, adding no value to a land so encrusted that it either runs off or indiscriminately washes away anything tender struggling to survive. What would harmonize the elements here and in myself, knowing that the critical care unit was as much its own field as a mirror to an aspect of my own inner landscape?

I looked at my own inner arid garden and found that it wanted a warm gentle summer rain. I could give that to myself. What about this unit? Droplets, at first, might make them aware of a thirst not previously noticed. Then in their own way, they might come to request or provide a water source for themselves.

Peri-Operative Nursing Departments

The peri-operative area has been preparing the soil for a healing and caring peri-operative experience for some time. They keep preparing the soil, but not buying the plants. Last fall and early winter, I worked with a small team there and we created a

four part educational program for the nursing staff. These programs were completely voluntary and well attended. Focus on presencing, centering, and grounding was primary as were Rogerian theory and concepts. Holistic nursing modalities were taught as theory informed practice.

The time in-between each session was time for the nurses to practice the new modalities? I dropped by from time to time to answer questions, mentor and model the practices. I observed that my limited presence to support these new initiatives, was like planting a new garden and not providing enough sun, rain or human contact (weeding, staking and pruning). Bugs, the normal pests that pressure a plant to either fight back or be engulfed, infiltrated it.

Upon reflection, I see that I was not tending my own garden. I was not doing my own work to grow well, strong and vibrant. My own fire (sun) was burning, but as a low ember. Without tending, of course, a fire will burn out. I slowly and gently began fanning the small flame and now there is renewed energy and a new program. While a garden needs support, it is the nature of the seed to seek a way to express itself, and be able to live out its growth cycle and bear fruit. This has been occurring in recent months (a year after I initially wrote this paper).

Work with the Attendings

My work with the surgeons has been an internal exploration that I had not foreseen, delving into my own manifestations of pattern with "authority figures," "the patriarchal medical system," and "insecurities of my own expression of power."

I went to speak with a physician about the pre-surgical patient education program. I described the program and he remarked, "Oh, that California stuff." I replied (smiling), "It has come East." He made another flippant remark about the "new ageness" of the program. I responded by focusing on the practical nature of the techniques offered the patient. I felt a shift in his pattern manifestation, our fields vibrating on a closer frequency. He then asked, "Were other physicians using this program?" "Yes" I replied. He responded, "Because you know some of us doctors are cavemen." I took this manifestation of pattern as a generous exposure of his deeper order. I said playfully, " Well come out, come out of the cave where there is sunshine!" He replied, "Oh no, I like the cave, it is dark and cozy and I can invite women there." And he looked over his shoulder to the three male residents and fellows behind him. I leaned forward, and gave him a cheeky grin, enunciating each word carefully in a whisper that was loud enough for the men to hear, "Women like sunshine!" The residents smiled, he asked for the program brochures, and I asked for his card.

Reflecting on our mutual process, I wondered what brought him closer to a unified field and what shifted us further apart? It seemed to be cavemen energy, slow moving earth energy. Solid, was it also laden with

fear of change? Would this be more mud rather than dry earth energy? He responded to the practical aspect of the program. He was oriented to facts, earth again. What sent him back into the cave, was it my fire and air (wind)? A bright sun on a clear day, and strong wind might dry up the mud too quickly for his comfort level. After all, if you are to step out of a cave after years of darkness, you might need shades to protect you from the glare of the sun.

In looking into the mirror, in this mutual process, I asked myself is there a part of me that is afraid of being in the cave? I typically love the solitude the cave can give me, the quiet and rest from the responsibilities of the world, a place of renewal. My fear of the cave is that I can get stuck in there. It becomes less of a place of renewal and more of a place to hide. Sometimes it takes my big sun energy, to get me back out into the world and so without conscious awareness, this is the energy I assumed the physician needed.

"Remember not even the greatest teacher can speed up the process of change or do it for you. But it is your sustained concentration on your own balance of energy usage, visible and invisible, that will move you to achievement of your full movement potential. There is no "right image" or "right posture" or even "right movement." There is only a way of functioning that is both unifying and expansive for you in this moment. Furthermore, this way of functioning will change continuously throughout life" (Dowd, 1995, p12).

Reflections

As I walk around my path, winding my way around my own inner garden, I notice I have some well-tended areas, and yet there is great beauty in the raggedness of the areas not tended; the ones that were left to find their way without guidance and support.

Unitary Transformative Nursing has become a sacred art, informed by theory, science, and clinical experience. As a sacred art it is a reflective practice, one in which I look into the mirrors in the environmental field to learn about my own field patterning. It is not always smooth, easy, but as the Science of Unitary Human Beings informs my practice, I can trust that each turn of the spiral is part of increasingly complex unfolding and enfolding manifestation of my evolutionary patterning.

Summary

For those who are considering developing an integrative care program, it is both patience and passion that will serve its growth. The passion sustains us as we offer new concepts and ways of being. Patience provides wisdom in our sense of timing. Offering a paradigm shift with gentleness, compassion and without a specific outcome in mind, pan-dimensional possibilities emerge.

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Author Acknowledgement: The author would like to thank Dorothy Larkin PhD RN for review of the manuscript.

The Experience of Time and Nursing Practice

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Abstract

Time is a key component of all scientific inquiry and a source of wonder and mystery in philosophic thought. It is an elemental experience of nursing care. The purpose of this paper is to examine the experience of time in general, and specifically how time is perceived from the perspective of the patient. Results pertinent to the experience of time gleaned from a phenomenologic study of patients' expectations of nurses are presented. Nursing perspectives are presented based on theoretical concepts and literature review, specifically humanistic nursing as described by Patterson and Zderad, and science of unitary human beings, central to Rogerian theory.

KEY WORDS: Time, patient expectations

The Experience of Time and Nursing Practice

Time is a key component of all scientific inquiry and a source of wonder and mystery in philosophic thought. It is an elemental concept of nursing care. The purpose of this paper is to examine the concept of time in general, and specifically how time is perceived from the perspective of the patient (Davis, 2003). Nursing perspectives are presented based on theoretical concepts and literature review.

Theoretical Framework

Objectively, time is measured by a defined measuring device – a clock, a calendar, a metronome, a season. Objectively, time has no meaning other than that specific quantification. However, subjectively, time is a collection of experiences and of human "being" in the world (Hale, 1993) and it is these experiences of being that give meaning to time. Hutt (1999) asserted that, in keeping with the phenomenology of Edmund Husserl (trans. 1966), the subjective experience of time was not based on one single sensory input nor one single event but a "flux" of remembered events from the past, and planned events in the future, each in relation to the other. Hence, the present can only be experienced in terms of the past and the future.

The concept of time holds different meanings, and is inextricably connected to space and of being in that space. In contrast, Wilber (1979) contends that there is no recognizable beginning to the present and no recognizable end to the present moment, therefore there

is no past or future, only the present, and because there is no past or future, there is no time. The present is therefore timeless or eternal. Furthermore, because there is no time, measuring it (chronological objective time) is an illusion; and the eternal present, the subjective, is real. Hale (1993) called this authentic time, the rich present moment in which selfhood unfolds. A third viewpoint purports that, of past, present and future, future is most important (Minkowski, trans. 1970). The past then is something to be overcome in the progression to the future.

There is no concensus on the meaning of time. Time, like beauty, is in the eye of the beholder, but is modified countless times a day as the constant flux of the anticipation of future events and remembrance of past events affect human understanding of how one is at any given place in time. Each person's collection of lived temporal experiences, varying depending on cultural mores, religious beliefs, age, and other factors (Hale, 1993) will necessarily have components of temporal experiences of those persons they are in contact with, who often come with different views of time (Friedmann, 1990).

Rogers (1992), like Wilber (1979) proposes that there is no time, introducing the concept of pandimensionality, that is, nonlinear and with no attributes of space and time (Malinski, 1986). Rogers conceived time as experienced by unitary human beings as more of an eternal present, revealed by the manifestations of pattern (Rogers, 1992; Alligood & Fawcett, 2004). This pattern is unpredictable and ever changing. For example, time can be experienced by unitary human beings as slower, faster, or as timelessness (Rogers, 1992). Unitary beings can experience the same event and have different manifestations of pattern based on their own energy field patterning, and that pattern continuously changes as the energy field patterning of the unitary human being and of the environment continuously change.

Along with the postulate of pandimensionality, time is addressed by Rogers (1992) in the principles of homeodynamics – resonancy, helicy, and integrality. The central concept of these three principles is the temporal component of continuity – continuous change, continuous diversity, and continuous mutual process. Given the pandimensionality of Rogerian theory, phenomenology is appropriate in the study of temporal experiences of unitary human beings.

Findings

The experience of time was identified as a theme in a larger phenomenological study examining patients' expectations of spiritual care. Nine of the 11 participants mentioned time in their interviews (Davis, 2003; 2005). Comments included that nurses didn't have enough time or seemed in a hurry. The interviews revealed a general sense that nurses were busy and

this affected their availability to provide care. Because of that, participants believed that patients shouldn't bother the nurse unless for good cause, because the nurse was busy, even to the point that patients should be protective of the nurse's time. Therefore, care expectations were limited in part because of a general perception of lack of time on the part of the nurse.

Participant 1 remembered few details of his hospitalization following an automobile accident, resulting in a closed head injury. One thing he did remember was that nurses would come into his room and always seem to be in a hurry. Pragmatically, he stated, "My point of view is that a nurse is very very very busy. Extremely busy. I think most patients realize that...you're mostly there as an individual patient that just has to wait their turn."

Sensing that nurses were busy, Participant 2 was also protective of nurses' time and felt she should call for nursing assistance only if really needed;

> I didn't want to bother them with little trivial things. Like if I called them, I wanted it to be for something that was a really good reason to call them. I didn't want to call them for little things. You know what I mean?

She also indicated that some nurses were so engaged, so busy, in what they were doing that they seemed at times to be unconcerned about basic comfort needs of patients. She remembered noise at the nurses' station at night (her room was directly opposite);

> I strongly remember that I got irritated because I thought what they [nurses] were doing out there was more important than us [patients] getting any kind of rest...I remember sometimes they would come in with a flashlight, but I remember many cases where they would come and throw on the light switch over the sink and it was like [put hands, palms out, over eyes]. It was like, you know, they didn't seem to have any regard or sensitivity in that.

Participant 3 agreed that nurses were busy, and was protective of nurses' time. She referred to the nursing shortage several times stating, "Some of them [nurses] are shorter [curt] than others, but I know there's a nursing shortage, you know, but [long pause and does not continue the thought]." Although she preferred to do what she could do on her own, she stated, "If I need something, I will ask for it. They're so busy and they can't anticipate what everybody wants."

Also concerned with nurses' time, Participant 4 voiced reluctance to ask for help, not only because he recognized how busy the nurses were, but because other patients might need them more than he did;

> You know I'm not a demanding individual. I have a high tolerance to pain, but I also like for them to be able to keep it under control. If I ring or need something, I know they're busy. There's a shortage of nurses....and, ah, not prompt. They don't have to be [snaps

fingers] that quick. Some of the other patients probably need them more than I do.

Participant 5 took responsibility for his own care needs. He did not expect nurses to intuit his needs. Rather he saw his role as identifying his own needs. I got the impression that this belief was not rooted in an attempt to be protective of the nurses' time, although he conceded that nurses were busy, but was a personal trait of self-control and personal responsibility. In describing an incident in which he believed there was too much noise on the floor during the night shift, he stated, "It's up to the patient to say something. You can't put that on the nurse. They have enough things to worry about."

Participant 2 also sensed that time was an issue in the care provided by nurses, specifically spiritual care. She was also aware that nurses who wanted to make the time to provide spiritual care, seemed to find the time to do so, indicating that nurses gave visual cues that they were in a hurry by the way they moved in and out of the room.

The ones that want to, they seem to make time in a sense. But, for lots of um, they're too busy, that's the reality. They've got tons and tons of things to do. But also the way they move in and out of the room. The pace, you can tell that they're in a hurry. That they have to see x number of patients and [sing-song voice] da-da, da-da, da-da. You can just tell they don't seem like-- they can't just stay.

Participant 6 seemed both surprised and grateful that nurses took the time to establish a relationship with her and treat her as a "real person." Interestingly, just a "few minutes" was all it took to give her the sense that she was "cared about." She credited her nurses, stating,

> They would take the time to visit with me and I knew they had all the people they had to see and all the meds they had to get out and this enormous amount of work to deal with. And, they would spend a few minutes to see how I was doing as a person in addition to dealing with the pneumonia.

Acknowledging nurses were very busy, yet took the time to comfort him was very meaningful to Participant 4 as well;

> Coming in and just checking on me when I knew they probably had something they had rather be doing [such as] taking a break 'cause they were always overworked. Everyone I've ever known has been understaffed and administration would just tighten up a little bit on the old belt buckle...I've never known a nurse to short change a patient because of a workload...I don't see how in the hell they do it.

Participant 7, herself a nurse quickly identified taking time with the patient as a key component of caring, specifically physical care, asserting, "Well, I think taking time with you. Providing the physical care that you need in a way that doesn't seem rushed so that you feel like

they are taking care of you alone, and not just doing a job and getting out."

Participant 8 identified the nursing shortage or staffing shortage as an issue in hospitalizations, as well as shorter hospital stays under managed care. She prefaced several answers with statements about staffing shortages or layoffs, almost as if offering a rationale for decreased expectations from nursing staff. Referring to the overall hospital environment, she stated;

> It's kind of a fast paced world, and again, when they cut nursing staff...I just think that's the last place they need to cut in the hospital, because, you know, nobody else is there. It's maintenance people or your lab people, and they don't have anything to do with the front line patient care. They have no idea of what's going on in there.

Discussion

The experience of time was a recurrent element in this study and had a tremendous impact on patients' expectations of nursing care. Friedmann (1990) described experiments in which subjects were asked to complete tasks of various cognitive complexity. Data revealed that subjects, when asked to prospectively predict how much time it would take to complete identical tasks, give longer estimates than when asked to estimate time to completion in retrospect. In addition, more numbers of tasks and more complex tasks increased the estimation of time to completion prospectively. This could explain the scurrying rushed behavior perceived by patients of nurses intent on completing multiple complex tasks in what they perceive to be a short amount of time.

All humans have a sense of experiences of time, both individually and collectively, typically categorized as past, present and future. Patterson and Zderad (1988) identified the relationship of nurse to patient as occurring in both measured time and lived time (objective and subjective) but differing based on perspective. Time then takes on other characteristics. The nurse may refer to time as flying or not having enough time or making time whereas the patient may believe time is standing still while awaiting a procedure or is wasted while in the hospital, or when waiting for visiting time. Humanistic nursing recognizes that, in the transactional nature of nursing, there is an intersubjectivity between nurse and patient that results in a timing of behaviors aimed at developing the patient's human potential. This intersubjectivity is identified by Rogers (1992) as pandimentionality. There is a rhythm, a pattern, a sense of timing that the humanistic nurse employs, predicating interventions on patient readiness (Patterson & Zderad, 1988; Rogers, 1992). Because it is an intersubjective phenomena, timing is not solely based on nursing expertise or patient behaviors, but something between.

Zerubavel (1979) studied patterns of time in the hospital from

the sociological perspective. He noted a clear rhythmic pattern of nursing activities that defined the temporal boundaries of the day with a focus of chronologic time. Certain events were sacrosanct – time for report, medication administration and vital sign assessment. He also observed that nursing tasks were generally perceived as mechanical and easily transferable from one nurse to another with duties assumed or assigned in a relatively abrupt manner. Temporal boundaries of duties were rigid, with greater relative value placed on objective chronological time than subjective time. Although the study was conducted over twenty years ago, these same temporal boundaries are recognizable in the routine of nurses in the hospitals today.

Tasks to be completed or events that occur are given meaning and value based upon a time frame (Peat, 1987). Because meaning and value are placed on events and tasks, an effort is made within a social structure to categorize these events or tasks according to a consensual definition, objective time or clock time. Paradoxically, this categorization of the "flux" of time results in change of the relative event or task, thereby changing both meaning and value.

From the nursing perspective, Young (2002) reported that most nurses identified that they were acculturated to manage time in a linear, chronological way and were comfortable with that, but complained that linear flow compromised caring. She found that linear time management objectified caring into tasks rather than subjectified caring into building relationships. Young, consistent with Roger's principle of homeodynamics, asserted that caring demanded a change in the habitual linearly prescribed work routine. Outcome goals in nursing are strongly linked to linear, objective, chronological time whereas a relationship with clients as knowing participants (Barrett, 1998) would allow both the nurse and the patient to honor the homeodynamic principles of integrality, resonancy and helicy. As Barrett so aptly states, "Appropriate nursing action can't be predetermined and the nurse doesn't 'fix' the client who, after all, is never 'broken' (p. 137). Thus, allowing the experience of time for both the nurse and patient to be a continuous flux.

Time as a barrier to providing quality nursing care is evident in the literature (Brush & Daly, 2000; Davidhizar et al., 2000; Gibson, 1994; Sourial, 1997; Williams, 1998). Whether implicit or explicit, time, having time or making time conveys meaning. From the nursing perspective, when time was limited, basic nursing care including the technical aspects of care was provided, but there was insufficient time to "be with" patients, to listen and "do the things that make a difference" (Williams, 1998, p. 6). The nurses in Williams' grounded theory study characterized "being with," listening and "doing things that make a difference" as unmet, yet labeled "extra" care needs that the

nurse would address if there was time. Recognizing the pandimensionality of the healing encounter would free the nurse to engage in those mutual activities that they clearly recognize as making a difference rather than being bound by the artificial duality of the *technical aspects of care* and the *things that make a difference.*

Time constraint or nursing workload as described by the nurses in the Williams (1998) study was also perceived by participants in the current study as nurses scurrying down the hallway, not making eye contact, and asking the question, "how are you?" but not waiting for the answer. Such things as importance, status and priority are communicated to the patient by the time allotted for care (Gibson, 1994). Highfield (1997) reported that vulnerable patients do not want to burden the nurse who is perceived as being too busy, and even try to protect the nurse by not making requests. The participants in the current study also described being reluctant to make any requests of the nurse, whom they perceived as being too busy and not having enough time. As discussed previously, they did not want to add to the nurse's workload; in fact were protective of the nurses' workload.

Because of this perception, only basic care needs, addressing physical care were expected. Although patients do not expect spiritual care because they do not perceive the nurse as having time, aspects of spiritual care seemed to be defining attributes of a "good nurse." Conco (1995) found that spiritual care was not time consuming, yet the literature suggests that nurses believe they don't have time for spiritual care (Taylor, 2002). Spiritual care does not have to be something extra that is provided only if there is time. Perhaps it is not so much that physical care was more important, but because of a perceived lack of time, it was all that was expected by patients. Sourial (1997) concluded that nurses viewed physical care as an imperative, whereas psychosocial or existential care was only provided if there was time.

Conclusions

A ubiquitous expectation of persons living in the industrialized world would be that at some point, they or their loved ones will be hospitalized and be cared for by nurses. Therefore, society as a whole is a stakeholder in the care provided by nurses in the hospital setting and concomitantly in the care to be expected from nurses.

The concept of time, of manifestation of pattern, holds different meanings, and is inextricably connected to space and of being in that space. Perceptions of nursing not having time (scurrying in the hallways, not talking to the patient when in the room, not making eye contact) were mentioned by 9 of the 11 participants. Perceiving the nurses as too busy led to patients not requesting care. They did not want to "bother" the nurse unless it was absolutely necessary. Related

to the issue of time, the nursing shortage is offered as a rationale for patients' not expecting existential spiritual care. The implication being, with fewer nurses, there was less time, or not enough time for nursing care, certainly coloring patient expectations of care, perhaps even lowering it. It is possible that patients expected physical care activities, but not spiritual care activities, not because physical care was more important, but because of a perceived lack of time, or a lack of awareness of the pandimensionality of unitary human beings on the part of nurses.

A framework for studying the experience of time with relation to patient care is provided in the theory of humanistic nursing and the Science of Unitary Human Beings. Humanistic nursing recognizes that, in the transactional nature of nursing, there is an intersubjectivity between nurse and patient that results in a timing of behaviors aimed at developing the patient's human potential. There is a rhythm, a sense of timing that the humanistic nurse employs, predicating interventions on patient readiness. Because it is an intersubjective phenomenon, timing is not solely based on nursing expertise or patient behaviors, but something between. Sourial (1997) concluded that nurses viewed physical care as an imperative, whereas psychosocial or existential care was only provided if there was time. Rogerian theory (Malinski, 1986; Rogers, 1992; Alligood, et al., 2004) provides a framework for nursing the whole (person/environment) as a process of pattern recognition rather than responding to isolated cues that we perceive as physical, mental, or spiritual, because unitary beings can only be recognized as a whole. Recognizing pattern and nonlinearity in the pandimentional nature of unitary beings (both the patient and the nurse) is key to Rogerian theory and to the understanding of the perception of time.

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COLUMNS

Emerging Scholar Column

Bringing One's Highest Frequency to the Practice of Nursing

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The path to bringing a Rogerian paradigm to one's practice of nursing is not one that is particularly well-paved. The trail often winds through uncharted territory. It is a journey that begins with the first insights into the Science of Unitary Human Beings and leads down a road of self-discovery – though not in such a linear fashion.

Integral to Rogers' theory is the concept that unitary human beings are multidimensional (a nonlinear domain without the attributes of time or space) energy fields, characterized by pattern, which cannot be divided or reduced (Rogers, 1990). Similarly, health is an irreducible manifestation of the human energy field not measured by any science such as biology or physics (Rogers, 1990). Nursing is both a science and an art and involves the study of the human and environmental energy fields which are in continual mutual process with each other (Rogers, 1990; Gueldner et al., 2005). The principles of homeodynamics upon which all of her work was predicated were resonancy, helicy and integrality. Resonancy is the transition of energy from a lower frequency to a higher frequency, helicy could be seen as the evolution towards one's potential, and integrality is the notion of the unitary human's mutual process with its environmental field (Gueldner et al., 2005). Two relational propositions of particular relevance here are that the nurse is an environmental component of the client (Rogers, 1970) and the goal of nursing is to promote health, well-being and human betterment (Rogers, 1992).

The clinical setting examined herein is a cardio-vascular intensive care unit at a large hospital. The particular practice situation referred to in this writing is that of a 62 year old man who is two days post-operative from a five vessel coronary artery bypass grafting procedure. At this time, he remains intubated, ventilated and sedated. He has been having periods of serious respiratory distress when either his ventilator settings or his sedation have been weaned. This manifested in a respiratory rate of greater than 40 breaths per minute, an oxygen saturation level of less than 89%, an increase in cardiac ectopy, and a

drop in blood pressure which required the initiation of vasopressors. In this situation, a nurse can perform the rote duties of titrating drips, supporting adequate ventilation and providing preventative skin care. However, a proponent of Rogerian nursing science would go beyond the perfunctory care and provide these interventions as a unitary human being who is continuously striving to pattern her/himself in the highest frequency possible in relation to the environmental field and, in turn, facilitate the well being of another unitary human being. Because Rogers did not differentiate greatly between one client population and another, save for the fact that they may offer different levels of frequency in their wave patterns which may manifest as different positions on a continuum of health, the concept of bringing one's highest frequency to the practice of nursing can be applied to any population, including the general population.

In Rogerian practice, the nursing goal is to facilitate a transition from a lower frequency to a higher frequency, promote human betterment, and to support well-being (Gueldner et al., 2005; Rogers, 1992). Watson (2002) describes the nurse as delivering intentional "loving energetic attention" and promoting the "precious energy of healing potential" (p 16). The client, by way of the mutual process with the environmental field, is in the nurse's own wave patterning and frequency. This is intimated by Rogers (1990) and reinforced by others. Perkins (2003) explained that "human beings participate and are integrally involved as every thought carries its own intention and interaction with the environment" (p. 38). Leddy (2004) noted that "the human being (an energy field) is embedded (networked) with interpenetrating environmental energy fields including other human beings. The human being openly participates in energy transformations with the environment, creating mutual change" (p. 17). Newman (2002) asserted that "every entity interpenetrates every other entity" (p. 242). Therefore, the nurse's first intervention in any practice situation is to strive to pattern her/his own energy field to a higher frequency. Cowling (2001) stated that "the capacity of humans to participate knowingly in change and in patterning is one of the central tenets of the science of unitary human beings" (p. 35). He further commented that "unitary appreciative inquiry ... offers inquirer-participants the possibility of looking at one's life situation and change with the perspective of pandimensional awareness or unitive consciousness, which is a concept of the unitary framework" (p. 37). Watson (2002) invited us to evoke "the highest sense of compassionate service – a service that inspires/inspirits one to grow into all of the finest aspects of living and learning a spiritual journey in one's chosen life's work and calling" (p. 17). Perkins (2003) mentioned the extraordinary healing properties of love, which are available to the nurse healer as well

as anyone who seeks to employ it. She asserted that on a particulate level, the one who loves and the object of one's love exchange particles and actually merge, becoming one another.

In the practice situation detailed here in which a unitary human being is involved in a mutual process with his environment while lying in a comatose state in the cardiovascular intensive care unit, a proponent of the Rogerian Nursing Science assumes his care. The nurse has been given the report that the client is prone to patterns of lower frequency exhibited by respiratory distress, falling oxygen saturation levels and hypotension. This Rogerian practitioner regularly engaged in activities such as exercise, meditation, focused gratitude and by affirming herself as a conduit of loving, healing energy in an effort to increase her wave pattern. Throughout the course of the interaction, this nurse explained each intervention that she was going to perform and how it would contribute to his body's restoration of well-being. As the ventilator settings and sedation were weaned during the shift, the nurse held the client's hand and patterned her breathing with slow deep breaths. During this time, the client's pattern associated with heart rhythm remained normal sinus. The nurse bathed the client with the "loving energetic attention" that Watson (2002) identified (p.17). Simultaneously, the vasopressors were weaned off. By the end of the shift, the client was ready for extubation. Shortly after the breathing tube was removed, this unitary human being said, "That was the most restful sleep I have ever had!"

The Science of Unitary Human Beings lends itself to many types of interventions by which one could strive to raise her/his own pattern of frequency in order to bring her/his most powerful tool of intervention into her/his practice of nursing. The examples listed above are but a few. Another example would be Watson's (2002) series of intentions by which one creates a deliberate life. The intentions include beginning each day with some form of spiritual practice, being mindful to invoke the unified Spirit or Divine in all of one's tasks, seek to experience the connection one has with others, use events that occur to evolve to a higher frequency, and be mindful to focus upon one's gratitude. Perkins (2003) offers a series of interventions which begin with the nurse that focus on love. She writes "one just has to turn to the love in one's own heart space and call it forth, allowing it to expand to whatever bliss levels one can tolerate. One calls forth such experience by the intention to love. As one starts to look in love's direction, it finds you" (p 37). A third possible intervention which is put forth by Cowling (2001) is called the unitary appreciative inquiry. In this intervention, one sees the individual as a unitary whole and sets out to appreciate the richness and fullness of the client's life experience through such methods as dialogue and storytelling. This intervention can

effectively be used upon oneself first, and then one's client.

Although the results detailed in the clinical setting above are anecdotal, they are nevertheless actual. The client did experience the ability to maintain more than adequate oxygen saturation level and respiratory rate while being weaned from the ventilator; he experienced less cardiac ectopy and became more hemodynamically stable. These are some evaluation criteria which may be employed to evaluate the interventions in this particular scenario. However, a challenge remains to design a two-fold tool of evaluation whereby one could ascertain that the nurse's intervention upon her/himself actually raised her/his vibrational frequency (or her/his well-being) and secondly, that this increased frequency acted to increase the well-being (or frequency) of the client. Benson and Dundis (2003) suggest that the whole person should be evaluated in ways that go beyond pure health, but instead address "life performance" (p 319). One evaluation tool which has been tested to measure the level of well-being in a broad range of adult populations is the Well-Being Picture Scale (Gueldner et al., 2005). This tool could be used before and after the nurse's intervention as well as before and after the client's intervention to evaluate the effectiveness at raising the vibrational frequency pattern of the nurse as a way to increase the vibrational frequency pattern of the client.

Bringing one's highest frequency to the practice of nursing will enhance the well-being of nurses and patients alike. We interpenetrate the world around us. Let us participate fully in this mutual process with patterns of loving appreciation.

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PRACTICE COLUMN

Journey into Chaos: Quantifying the Human Energy Field

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Photo at right: Valerie S. Eschiti at the Human Energy System Laboratory for Integrative Frequency Medicine Research in Tucson, Arizona in June 2004.

Intuitives for millennia have claimed to sense changes in the human energy field (HEF). Indigenous healers of many cultures have facilitated healing through interaction with energy fields of those who have come to them seeking relief of illnesses. In our modern technological society, people want empirical proof that such an energy field exists.

Those of us who intuitively know the HEF exists and can be interacted with in order to support the healing process would like to be able to provide research findings showing a numerical value relating to a HEF. Such a numerical reading could be ascertained from a client receiving an energy-based modality pretreatment and post treatment. This may serve to demonstrate differences in the HEF we intuitively feel, and may be correlated with changes in a client's symptoms.

Why is it so vital for us to be able to quantify the HEF? We need quantification in order to a) mathematically determine differences and relationships between various energy modalities and patient conditions pretreatment and post treatment, b) provide evidence of the HEF to refute claims of skeptics, c) determine the effectiveness or lack of it regarding the influence of energy-based modalities on the HEF, and d) determine if disease can be prevented by measuring changes in the HEF that may be indicative of disease development and providing interventions before the disease has the opportunity to develop later symptoms in the physical body.

As a practicing intensive care nurse, certified healing touch practitioner, and certified advanced holistic nurse, I have yearned to find a valid and reliable method for measuring changes in the HEF. In this article, I will describe my journey in search of quantifying the HEF.

Martha Rogers posited the existence of the HEF in her work of the Science of Unitary Human Beings (SUHB). Drawing upon her vast reading of the sciences and physics, Rogers stated,

Energy fields are postulated to constitute the fundamental unit of both the living and the non-living. *Field* is a unifying concept. *Energy* signifies the dynamic nature of the filed. *Energy fields* are infinite. Two energy fields are identified: the human field and the environmental field. Specifically, human beings and environment *are* energy fields. They do not have them (Rogers, 1986, p. 4).

Leddy's Human Energy Model (HEM) provides an excellent framework for nurses to conceptualize how they can facilitate client health through energetic patterning (Leddy, 2004, p. 18). Leddy explained, "The purpose of nursing in the HEM is to facilitate harmonious health pattern manifestations of both client and nurse (2004, p. 22).

Leddy aptly described the healing process, Healing is based on a unitary and open person-environment process. Actual physical touch and "exchange" of energy are not needed for energetic healing because of the outward extension from the body of the field that permeates a physical body, and mutual process between the essence fields of the practitioner and that of the client. The field interaction may be experienced as a cool breeze, a tingling or prickling feeling, a pulsation, a vibration, heat, or other changes in temperature, and expanding force, electricity (sensation of light static), or pressure or magnetism. It is often not necessary for the healer to "do" anything. The client heals him or herself through resonance with appropriate energy frequencies (2004, pp. 22-23).

I alluded to the start of my inquiry in the *Visions* practice column last year, mentioning my graduate research assistantship (GRA) as a doctoral nursing student (Eschiti, 2004). I was employed as GRA in the Texas Woman's University (TWU) Center for Nonlinear Science in Denton, Texas for two semesters. My mentor and Director of the Center, Dr. Patti Hamilton, encouraged my search for ways to measure the HEF. She bravely arranged several meetings between herself, me, and several physicists from the Center for Nonlinear Science at the University of North Texas in Denton. My hopes were that the physicists might have knowledge regarding HEF measurement, as well as access to instruments that could measure the HEF.

At our first lunch meeting, I knew I was in for a rough ride after explaining my interest in the HEF and energy-based healing modalities to one of the physicists. He replied by explaining how "the placebo effect" is certainly very powerful, implying that the HEF could be explained away.

At an additional lunch meeting, a second physicist showed slightly more interest, and suggested that an

experiment be designed. He had the very "hard science" approach I desired. However, none of the instruments he described that were in his lab were suitable for measuring the HEF.

During an informal gathering at my mentor's home, I met a third physicist, Baris Bagci, a doctoral student in physics, who provided the most encouragement. This gentleman was from Turkey, and was familiar with Turkish shamanism. This knowledge opened his mind to the possibilities of intuitive knowing and energetic healing. He advised me to look into ways that measured the piezoelectric effect. As a crystal healing practitioner, I was familiar with the piezoelectric effect. Piezoelectricity is defined as follows,

Piezoelectric materials can generate an electric charge with the application of pressure; conversely, they can change physical dimensions with the application of an electric field (called *converse* piezoelectricity). In material having piezoelectric properties, ions can be moved more easily along some crystal axes than others. Pressure in certain directions results in a displacement of ions such that opposite faces of the crystal assume opposite charges. When pressure is released, the ions return to original positions (Resonance Publications, Inc. sec.1, ¶ 1).

This idea resonated with me, as I viewed human beings as a living crystal, just as Dr. James Oschman, who has degrees in biophysics and biology. He explained,

Physiologists are aware of this, and have studied the generation of electricity by bone. Each step you take compresses bones in the legs and elsewhere, and generates characteristic electrical fields. The peizoelectric effect is not, however, confined to bone. Virtually all of the tissues in the body generate electric fields when they are compressed or stretched (2002, p. 52).

Not one to be easily dismayed, I engaged in worldwide Internet email discussions. One of my initial contacts was with Dr. Gary Schwartz, Director of the Human Energy System Laboratory for Integrative Frequency Medicine Research in Tucson, Arizona. This center was funded by a grant from the National Center for Complementary and Alternative Medicine. Dr. Schwartz suggested that I visit with his research assistant, a postdoctoral fellow, Dr. Maureen Campesino. She received her PhD in nursing, so I knew we would have some common interests. I excitedly arranged an in-person visit to Tucson, to coincide with the American Holistic Nurses Association (AHNA) conference I would be attending in nearby Scottsdale.

Dr. Campesino took time out of her busy schedule to meet with me and answer my questions regarding HEF measurement, and ideas I had for research. She then obtained permission for me to attend a meeting of the research team for the Human Energy System Laboratory (see photo). It was a fascinating meeting, wherein the team members

discussed data collection and preliminary findings of current research study involving Johrei, a biofield therapy, with patients recovering from coronary artery bypass surgery. This gave me the opportunity to meet one of the research project coordinators, Dr. Lewis Mehl-Medrona. He is the Coordinator for Integrative Psychiatry and System Medicine, Program in Integrative Medicine, University of Arizona College of Medicine.

The laboratory had a Gaseous Discharge Visualization (GDV) machine. I was disappointed that the technicians who operated the GDV at the Human Energy System Laboratory were not available during my visit, so I was not able to see the GDV at work.

By photographing the light energy of the fingertips, it is hypothesized that one can determine the energy from the entire body. This is based upon the location of acupressure points and meridians found on the hands and fingers.

The term "GDV" is simply "shorthand" for a much longer and more complicated description of the actual process, more precisely – Biological Emission and Optical Radiation Stimulated by Electromagnetic Field Amplified by Gas Discharge with Bisualization Through Computer Data Processing (GDVUSA, sec. 1, ¶ 3).

GDV has advantages over Kirlian photography in that it provides a filter for extraneous interacting variables, such as the presence of sweat and temperature changes. Through emails with the creator of the GDV, Dr. Konstantin Korotkov, I learned there were no other more exact ways of measuring the HEF. Through email correspondence with Dr. Beverly Rubik, President of the Institute of Frontier Science, she acknowledged that there was no single way to measure the HEF, but various methods that each yields an aspect of it. She felt the GDV was a good research tool, so she used it regularly in her work.

I corresponded with Dr. Iris Bell via email, after my mentor mentioned that Dr. Bell had previously emailed and phoned the TWU Center for Nonlinear Science in Denton. She was serving as Director of Research at the University of Arizona Program in Integrative Medicine. Dr. Bell shared, "Overall, the GDV is the one many of us have ended up with, knowing that it is a crude measure. One of my colleagues here is doing basic science research on biophoton measurement with special cameras, but there is no commercial product available on this yet" (personal communication, April 10, 2004).

Dr. Bell was referring to an additional technology: biophoton measurement. I emailed Dr. Katherine Creath, who was employed in the Center for Frontier Medicine in Biofield Science, Optical Sciences Center, and Department of Medicine, University of Arizona, to find out more. She kindly sent me some articles she had coauthored. One of the articles contained beautiful fluorescence images of leaves (Creath & Schwartz, 2004).

In the article, she described biophotons,

Biophoton emission is a type of biologic chemiluminescence in which photons are emitted as part of chemical reactions occurring during metabolic processes. This radiation is not stimulated by chemical or optical markers. It exists in all living organisms and persists at a steady-state level as part of living metabolic processes and has been measured in all types of plant, animal, and human cells. This radiation is strongly correlated with cellular function (as first noted by Gurwitsch in 1925) and state of health...Unhealthy, stressed, and injured cells emit more photons than healthy cells (Creath & Schwartz, 2004, p. 24).

The drawbacks to this approach are that it is not yet designed for humans, and only measures light energy.

Another instrument worth mentioning is the SQUID (Superconducting Quantum Interference Device), a measurement tool espoused by energy expert James Oschman, PhD. The SQUID is a magnetometer that can be used to measure the human energy field. Oschman explained, You will see that I focus on magnetic and biomagnetic fields. This is because we know a lot about these fields and they are relatively easy to measure. But this is not meant to exclude other kinds of energy from the inquiry. The body also emits light, sound, heat, and electromagnetic fields and, like all other matter, it has a gravitational field (Rand, 2002, p.2).

In continuing my journey, I traveled from Tucson to Scottsdale for the AHNA preconference. Speakers included my new colleague, Dr. Campesino, as well as Dr. Iris Bell. Dr. Campesino discussed her use of two theoretical frameworks for holistic research: Rogers' SUHB and Watson's Transpersonal Human Caring (Campesino, 2004). She described the essential features of the theories, including the inseparable nature of humans and their environment. Campesino also shared guidance she received from the theories, including the connection between the researcher and patient, and transpersonal caring consciousness as a guiding ethical framework when conducting research. Her stories reinforced my draw towards Rogers' SUHB to inform my nursing practice and research.

Dr. Bell addressed a number of fascinating ideas, including the paradigm shift in modern science from linear thought to utilizing methods such as nonlinear dynamical systems modeling (Bell, 2004). She included chaos and complexity theory in this new system of thought. She remarked that health and illness may be seen as systemic rather than localized processes. Bell identified complementary and alternative modality (CAM) interventions as systemic therapy. One of the conceptual levels she related to health care and healing was energy medicine.

These ideas are echoed by Rubik, Living systems are regarded as complex, nonlinear, dynamic, self-organizing systems at a global or holistic level according to the principles of nonequilibrium thermodynamics of open systems and chaos theory...This biophysical view of life provides the rudiments of a scientific foundation for CAM modalities involving the transfer of bioinformation carried by a small energy signal (Rubik, 2002, p. 704). Near the conclusion of the preconference, I met Dr. Schwartz, whom I had corresponded with previously by email. I was impressed that he took time out of his busy schedule to hear some of the preconference speakers, and to participate in the discussion period. Dr. Schwartz served as a model of the importance of interdisciplinary collaboration in the field of energy medicine. He has done extensive work that has enhanced understanding of energy medicine (Schwartz & Russek, 1999).

At the AHNA conference, I experienced Kirlian photography firsthand by having a Kirlian photograph taken of myself. The photographer then provided an interpretation of the colors emanating from around the photo of my head and shoulders. This is a method of photography developed by Semyon Davidovich Kirlian in 1939 (Alvino, 1996). The hand of a participant is placed on a photographic plate. Through computer technology available today, the image from the fingers is correlated to colors that hypothetically emanate from around the head and shoulders. Kirlian showed there was a difference in the HEF of a person who had a disease, even though they had not yet manifested symptoms (Alvino, 1996).

My stubborn nature kept me on my hunt for an accurate way to measure the HEF. I joined the International Society for the Study of Subtle Energy and Energy Medicine (ISSSEEM). The society's monthly publication, *Bridges*, was informative and refreshingly esoteric. In one issue, Drouilhet echoed my frustrations, "Without a firm foundation in scientific methodology, energy medicine lacks reliability and replicability, and consequently its credibility, broad application, and perhaps effectiveness may be hampered" (2004, p. 1).

I had the opportunity to travel to Seoul, Korea to do a research presentation. While there, I curiously viewed vendor displays at the conference relating to acupressure tools. Koreans are very much aware of meridians and energy flows throughout the body. I visited local museums, and learned about Korean shamanism (Tae-kon, 1998). Incorporated into the culture's healing practices are a variety of energy-based modalities. The idea of energy existing in humans, referred to as qi, was well-accepted in Korea. This encouraged me to continue my search.

None of the technologies currently available adequately measure the HEF. In my estimation, a full-body scanner of some type is needed which can measure a

combination of electromagnetic and biophotonic energies. There may also be types of subtle energies that exist which we have not yet even identified. Of course, I'm not an engineer or physicist. But believe me, I've talked to plenty of them! Whenever I meet a professional in those fields, I inform them of my quest. The responses I receive are usually either a blank stare, no response, or a look of "you must be crazy." I made acquaintance via email with a biophysicist at Los Alamos Research Lab, Dr. Joel Berendzen. He had done work in many areas, including crystallography. He thought I might have a different meaning for the word energy field than he and his scientific colleagues. He stated,

> In science, an energy field is something that you can measure with a power meter, with no spiritual meaning...Usually, though, I work hard to avoid being holistic, to be as specific and precise about exact positions and interactions of things as possible. I still believe that there are times when a holistic approach is valid, and that's when I'm being a patient myself and need treatment for more things than just a little complaint (personal communication, February 6, 2004).

Dr. Berendzen's comments illustrate that most scientists feel they need to have a reductionist viewpoint in order to be taken seriously. However, when they need care, they want a holistic approach. It seems to me that there needs to be a new educational approach in the sciences; one that emphasizes valuing a holistic perspective.

What have I learned from this trip? I'm not the only one who is looking for a way to measure the HEF. I tend to agree with Drouilhet, who concluded, "...ethereal attributes such as compassion, forgiveness, and love, are really the most potent healing energies of all" (2004, p. 10). My journey has been filled with chaos—but such is the nature of being fully alive.

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Acknowledgements

The author would like to acknowledge the support of Dr. Patti Hamilton, who courageously assisted in bringing new ideas into mainstream academia. Gratitude is also extended to all of those cited in this article, which have brought the author and a multitude of others a greater understanding of energy medicine.

CONTROVERSY COLUMN

Acausality: What it is and what it is not and why I am not an anti-causalist – with deep felt apologies to Florence Nightingale and Bertrand Russell

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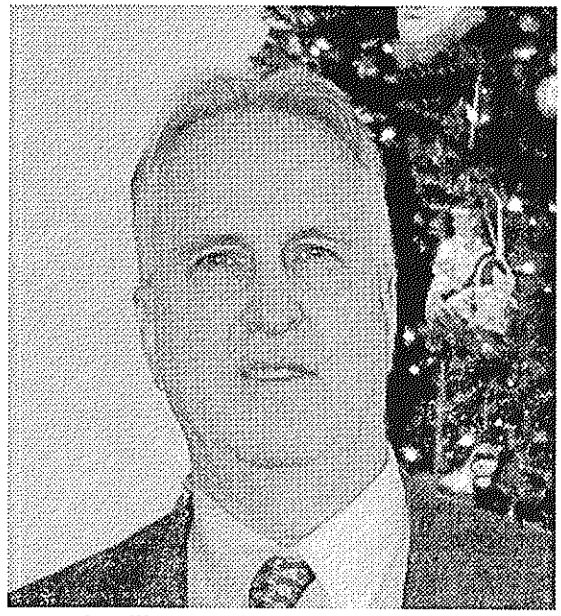


This is a column about acausality. I am an acausalist. Sometimes I feel lonely being an acausalist because I sense that most around me are either causalists or anti-causalists. We have ongoing, occasionally subtle but also occasionally somewhat warmer debates about the role of acausality in Rogers's Science of Unitary Human Beings. We have far more heated interactions with non-Rogerians from time to time as evidenced by the infamous exchanges with skeptics in the mid 1990s, with multiple questions raised by skeptics about some of our sacred cows - energy, time, space, and nursing science. The skeptic-sponsored scientific misconduct culminating in the publication of the April Fools Day, 1998 article in the *Journal of the American Medical Association* (Rosa, Rosa, Sarner & Barrett, 1998) gave us pause to consider causality, acausality, and anti-causality, but I think we have failed to accord this the attention it deserves.

I will use the Rosa et al. (1998) article to highlight some of the distinctions I believe are important. The article supposedly reported on a study of the ability of TT practitioners to recognize the presence of Human Energy Fields. Sadly, while the gullibility of the JAMA editor was established, the article at best, offered weak evidence that study participants performed outside the likely range expected for random guessers. That TT practitioners might feel defensive makes sense, because the article was blatantly biased and the acceptance of such a poorly written, biased, and error ridden article in a major health journal was at best misguided and at worst insulting, and grounds for charges of scientific misconduct.

As I unraveled the abundant flaws in the Rosa et al. (1998) article I became concerned by the abundance of TT research, by proponents of TT, which could not, by design, yield evidence favorable to TT. As I read articles by TT proponents I saw too many cases in which neither the research design nor the manner of analysis could lead to definitive answers, even for the specific group of participants involved. Let me be clear. It would be nice, not necessary, to be able to 'objectively' demonstrate to a reasonable, though skeptical reader like myself, that the Human Energy Field (HEF) can be detected and manipulated by TT practitioners. I say this not to dismiss extant research because I believe that there are many ways to affirm belief about somewhat ethereal phenomena. I say it because I believe that there are more and less efficient ways to conduct research. Let me pursue an aside for a moment.

In 1998, between my first and second semesters in nursing school, I ventured to Esalen where I took several seminars. One of them, a spiritual massage workshop is revealing of my own approach to 'Proof' and 'Truth.' I approached my experience as receiver of spiritual massage with an open but skeptical posture. I expected no particular response because I knew, as a trainee, that no actual physical contact between the massagers and me would intentionally occur. Some very slight contact would inevitably occur, but the degree of touch would be so slight that it was unlikely to 'cause' any change in me. At the same time, despite low expectations, I was ready to accept that 'something' might happen – though what that might be was unclear.

This, for me, is the hallmark posture of a scientist – concurrent rational skepticism, openness, and hopefulness. Ideally, research that employs a good research design, records appropriate data accurately, uses sufficient and accurate analytical tools, recruits the right participants, and in which the researcher is open to the expected and the unexpected, will produce more useful knowledge than research which falls short on one or more of these criteria.

I climbed onto the massage table and accepted the ministrations of the massagers. I enjoyed the experience, the occasional brushing, and the experience of air moving around the hands of the massagers and against my body. While I enjoyed these experiences they were certainly not overwhelmingly indicative of any 'change' in me. They were what I expected. After about 20 - 30 minutes, the session concluded, the massagers wrapped me up in a cocoon made from a sheet. They then left the room and I stayed in the cocoon for quite a while. I think 8 people went through essentially the same experience but I was the last to unwrap and leave the room. As I got up, I became aware of a sense of lightness more profound than any I have ever felt. I expected it to go away. It did not. As I stood I picked up the sheet and wrapped it around myself and walked (perhaps

'glided' would be a more accurate description) out of the room, and out of the building. I continued to feel a profound sense of lightness and became aware that I was engaged in a 'synaesthetic' experience. Everything seemed connected: sounds, odors, visions, and touch. As I walked into the meadow directly outside I became aware that in the distance stood a row of trees that were brilliantly colorful. In time, I realized the reason – there were hundreds of thousands of Monarch butterflies resting in the trees and covering every square inch. As I stood in the meadow it occurred to me that if I stood silently with arms outstretched, the butterflies might fly down and alight on me. They did not but I would not have been surprised if they had.

As a 'scientist' I have no explanation for the lightness, the synaesthetic experience, the feeling of oneness. The massagers had not obviously "Pushed" any of my buttons – their work was an invitation to another place – not a forced march to it. I am sure, based on subsequent discussions with them that not only did they not direct me to this experience; it was probably about as far from their intent as possible. They were, I know, at least equally focused on lunch, a dip in the hot tub, and a pleasant walk through the grounds as they were on their work as spiritual massagers. But I certainly cannot dismiss the relationship between the two experiences either. I have no doubt that except for the experience of being recipient of the spiritual massage process, I would not have had the subsequent experiences.

Of all the ideas Martha Rogers shared, the one that has always troubled me the most, is acausality. I am convinced that we are too glib with it, using it to short-circuit and foreclose all sorts of things that we really ought to be examining and discussing. I believe there are at least two types of acausality which we ought to understand, attend to, and discuss if we are going to advance our own work and communicate better with each other, the broader scientific community, and other practitioners. I believe the dominant paradigm with regard to acausality engenders unnecessary conflict and confusion in research and theorizing within the unitary paradigm and it certainly does not help us communicate with anyone who is not a true believer and adheres to the same biases.

I think the problem is that we may be confusing 'anti-causal" and "acausal." A causal system depends on and is determined by past and current conditions – either locally or non-locally. You press your foot down on the accelerator pedal and your car goes faster. You step on the brake and the car slows down. Forget to step on the brake when approaching a group of pedestrians and you will be granted an abundance of time to reflect on causality. Is it possible that something would be different the next time you step on the accelerator? Most certainly it could be a different experience. Perhaps

the accelerator gets stuck and you find yourself going faster and faster. Perhaps the linkage breaks and the car starts slowing down. These things could happen but they are extremely unlikely to happen. As I see it, an acausalist countenances these possibilities. The acausalist will not be totally unprepared when it happens because they have thought about just such possibilities. The acausalist looks at such a situation and concludes that most of the time, say 99.9999% of the time, everything works just as we expect and just as the designers of accelerator pedals and automobiles intended. The acausalist is invested in the most likely outcome but respects the unexpected.

The dominant alternative to acausality, anti-causality, is a system in which we cannot and should not ever predict what will happen next. Given the above circumstances, the anti-causalist would conclude that because 0.0001% of the time, the unexpected will occur, we ought to avoid documenting the most common occurrences, collecting data that will allow us to analyze why they occur, avoid any tendency to predicting under what circumstances the most common outcomes will occur in the future, and making decisions based on the outcomes that will occur 99.9999% of the time. This is not theoretical purity it is wasteful and inefficient use of our all too limited research opportunities and resources.

Anti-causalists suggest that any research directed toward causal modeling is theoretically heretical and unacceptable. The acausalist allows for the possibility that some things will happen on the scale of 99.9999% of the time and that when that is the case, we ought to pay attention. The anti-causalist says: Do not dare to collect data that assumes a causal connection between variables and never analyze data using regression, ANOVA, or path analysis because performing such an analysis is wrong. The anti-causalist says: Do not predict – prediction is inherently incorrect. They are correct in that almost all predictions will eventually prove to be incorrect. But what the acausalist misses is that failing to predict at all causes more problems than incorrect predictions.

It is appropriate to reflect on the bases for the anti-causalist position, which I believe are fundamentally incorrect. Under the anti-causalist paradigm, mathematics, quantitative analysis, statistics, and probability theory are static. They are fixed, immutable, oppressive commands that lock out minority views and reinforce dominant paradigms. They are not living, evolving, fragile disciplines but hard and fast objects that impede the revelation of new knowledge. The alternative, for the anti-causalist is a rejection of the perceived rigidity, a vibrant striving for revealed, or interpreted knowledge. The anti-causalist feels a need to reject quantification as a pre-condition for truth to be revealed. Truth, we might be told, is to be discerned in the quiet voices of multiple minorities, their suffering, their oppression, and will be

revealed when we attend to their stories – as long as their stories are not expressed in numbers and as long as no causal antecedents or definitive corrective actions are discerned.

Under the anti-causalist view, reality is only 1a social construction, the long developing conversation across paradigms, disciplines, and time that unfolds when people talk, share, discuss, merge, and refine their mutual appreciation of each others' visions. Qualitative research is good, quantitative research is always suspect. But this vision is fundamentally flawed. The two oldest hermeneutic circles are philosophy and mathematics. Philosophers and mathematicians have been refining, expanding, focusing, and extending these oldest of human conversations over thousands of years. Mathematics and statistics, far from being static, rigid, and final are interpretive disciplines that have weathered controversy and continue to be revised each and every day. Statisticians do not simply throw data into a computer and accept the results of statistical tests as though they were God-given. Every set of data and analysis is unique, reflecting the conditions that existed when it was collected and the degree to which the data and the tests to be used, meet or fail to meet the statistical and probabilistic principles and assumptions that underlay their use. A t-test result is never a yes or no; it is always a 'maybe.' Maybe the assumptions were met, maybe not. Maybe the sample was selected in a truly random manner, maybe not. Maybe the measurement technique allowed the data to reflect the underlying reality, maybe not. Maybe the analysis was done correctly, maybe not. Maybe the data were transformed to improve the degree to which assumptions are met, maybe this did not happen. In the end, what we have at the end of every statistical analysis is a gigantic maybe.

As an acausalist, I approach all research with a healthy amount of skepticism. I don't care whether my best friend or my worst enemy has done it. Healthy, informed, and open skepticism has interesting consequences. When I first read the Rosa et al. study I did so with a sense of skepticism and openness. I would certainly not have been surprised that they would have produced data that was consistent with random guessing. It was, after all, exactly what they wanted to do. It was what they suggested in their conclusion. But as a skeptic I was led to question whether their data was consistent with their conclusion. Because I was willing to doubt that their conclusion and their data were in synchrony, I decided to replicate what I understood to be their analysis. I also looked at their tables critically rather than assuming that they were consistent with the text in their article. I dared to doubt – something a dear friend discouraged me from doing since long before my graduate studies in nursing began. Doubt is healthy.

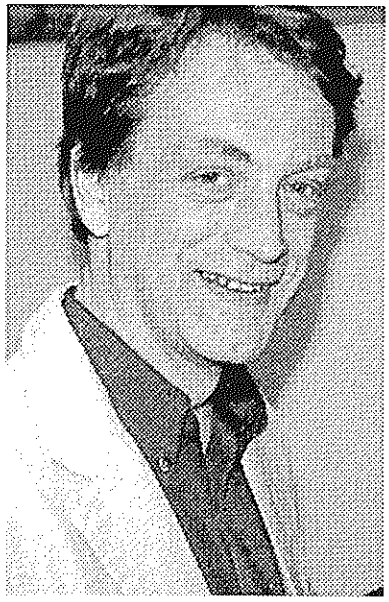
Because I assumed that there might be errors, I quickly found that the data and the conclusions were at

variance. It did not take very long. In less than an hour I had substantial reason to doubt that the major conclusion advanced by the authors was supported by their data. Not only was it not supported by their data, it was not supported by their own analysis. Their conclusion wasn't just a matter of interpretive latitude it was a matter of gross misrepresentation. But if I had not been willing to question whether their data supported their conclusion, if I had taken the position that so many skeptics still take, that their conclusions must be right, I would not have written the article that I did in 2003. I apply exactly the same principles that I used on the Rosa article to every article I read, because I am an acausalist, not an anti-causalist. I am quite comfortable with acausalism, it is anti-causalism that troubles me. I am afraid when people refuse to enter into one of the longest running hermeneutic circles in the history of the human race, the one conducted primarily by mathematicians but with more than occasional contributions from the lay public, from economists, from physicists, from nurses, from liberal and reactionary thinkers. I don't believe that 2 + 2 is not 4 – but I do understand that I may not always understand the social, political, ethical, or clinical meaning of the 2, 2, and 4. That meaning matters. I am always deeply aware that I cannot simply count something and move on from it, but that the very act of counting is a political, social, and ethical act. It is not whether I count or do not count that determines the political, social, and ethical consequences and meanings of my actions – it is what I choose to count and what I choose not to count that determines the consequences and meanings of my actions.

Accepting a system of health care finance that systematically transfers health insurance risk portfolios from insurers to health care providers and merely describing how much is spent every year misses more than it reveals. But using a paradigm that acknowledges what must happen, the likely causal antecedents, when insurance risks are transferred away from capable insurers and to financially incapable health care providers – is a radical way of counting. The theory of "Professional Caregiver Insurance Risk" interprets quantitative data in a fundamentally different way than occurs in most health finance research. PCIR gives voice to the pain and suffering of tens of millions of patients and their families, friends, and loved ones who are harmed by a system of health care finance that is flawed as clearly and as cynically as was true of the Rosa article. PCIR gives voice to the pain and frustration of millions of health care providers whose work, commitments, and dedication are adversely impacted by insurance risk transfers to health care providers. But only an acausalist would advance a contrarian view to the most fundamentally held belief, that such insurance risk transfers exist not at all, or that health care providers can manage them.

causalism. I think once we do this, we will find a resurgence in energy for our research. I think we will be able to reassert ourselves in ongoing dialogues with other nurses and clinicians and we will contribute far more than anti-causalists could. I think we, as nursing scientists, will achieve greater regard for our unique contributions and we can more clearly focus our research resources if we clearly discern between two very different alternatives to causalism and align ourselves clearly with the one most favorable to ourselves and our work.

President's Message
Participation in the creation of new communities for Rogerian science.



Francis C. Biley RN PhD
President of the Society of Rogerian Scholars
Senior Lecturer, Cardiff University, Wales, UK

Well, a big hello to everybody from Wales, which is definitely not (as most people will now know), part of England! Although I am safely separated from most of you geographically (thus feeling fairly safe should I commit any dreadful Rogerian errors), I still feel an enormous sense of responsibility and pride sitting in the position of President of the SRS. The geographical distance is difficult, but in keeping with the ever increasing complexity of the modern world – eat humble pie those who questioned Martha's Principle of Helicy - there are many ways to overcome those difficulties. There is of course merely paying acute attention to the intuitive and the significance of potentially synchronous events. There is, much more pragmatically, the internet of course; the Unitary Health Care homepage, Bear's discussion list and programs like MS Net Meeting, Messenger and Skype enable us all to keep in touch with relative ease. And it is with this in mind that I hope the administration of the SRS will become more electronic. And I know that this is a rather circuitous way of reaching the main thrust or theme of this small piece, but I've got there in the end, so here goes:

I was bemoaning, to myself, the apparent absence of, or difficulty in reaching, Rogerian-based work in general. For example, some, if not most of the wonderful Rogers- based texts that have been produced are now out of print and/or are very difficult to get hold of; and even in Nursing Science Quarterly, Rogerian-based articles are relatively unusual. However in order to build what I have called the MeRepository, a web-based digital record, or e-repository of Rogerian work housed on the Unitary Health Care pages, I thought I would go out and do what I usual do when faced with such a task – I Googled it. And I was rather surprised with what I found.

Several of my favourite places are the EDT sites, which as you will probably know, list, and make available, electronic dissertations and theses. OhioLINK lists a quartet of Rogerian theses that have come out of Case Western, most recently Siedlecki's thesis on "The Effect of Music on Power, Pain, Depression,

and Disability: A Clinical Trial". Add to this a range of other work (from the archives held at the Foundation of New York Nurses Association relating to both Martha and Erline P. McGriff to the burgeoning work of Richard Cowling – see www.unitaryhealing.com - and associates on Unitary Pattern Appreciation), and a mention must be made of the recent work by our own President Elect, Alison Rushing, and there must be so much more. The conclusion must be made that Rogerian Science is alive, well, and kicking!

I want to echo Brenda Talley's recent thanks at our 2005 Savannah conference to all SRS Board members past and present, and I want to acknowledge and offer thanks to the outgoing President, Brenda Talley. I sincerely hope that I am a worthy successor, and it is likely that I will be seeking your constant reassurance, as well as asking that you actively participate in this emergent, and I hope exciting era for the Society. Please share your Rogerian practice far and wide (and don't forget Visions and our MeRepository). Come to our conferences, participate in discussions on our list (http://health.groups.yahoo.com/ group/Martha_E_Rogers), be *passionate* about Rogerian science.

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IN MEMORY

BARBARA COON NAPRSTEK LATHAM, RN, MSN, PH.D.C.
1938 – 2005

It is with celebration and sorrow that we honor the life of Barbara Latham and her passing into the greater pandimensional realm. When Barbara was in her doctoral program, she would spend the night at my house rather than make the 5 hour commute back to her house. She would help me fix chicken and dumplings, our traditional dinner, and we would sit around my kitchen table and discuss her dissertation and other Rogerian topics. She was very explicit about her opinions. She taught my classes for me when I went to China to adopt my second daughter and was a sister to my two children. The approximately 60 year age difference didn't matter because Barbara didn't think Rogers, she lived it. Chronology was irrelevant. I now sit around that same kitchen table to edit the journal. Barbara is still sitting there with me and she's still expressing her opinion.
Martha Hains Bramlett

Remembering Barbara Coon Naprstek Latham

By Sarah Hall Gueldner and others who knew and loved her

Martha Bramlett and I tried to call Barbara at her Surfside number when we were both in Charleston for the Christmas Holidays this year. But she didn't answer the phone, and a recorded message said that her voice mail box was full. We were concerned at the time, because we had never gotten that message before, and Martha commented, "That may not be a good sign." A few weeks later, after we had returned to our respective homes, we received word that Barbara had passed away just a few days before we called.

Barbara seemed almost like several human fields in one. All of us are unique, but as my husband, Dick, said, "Barbara stretched uniqueness to its infinite limits. Knowing her was kind of like knowing Socrates or Aristotle. She had a more expansive view of the world than most. In her earlier life, she was a political science major at the University of Wisconsin, and she could articulate politics and philosophy as easily as she could speak to nursing theory and practice. It's funny that although I knew quite a bit about her political background, I don't remember her Party. Even in politics she soared almost above political pettiness, aspiring to achieve the greater good. And she was very well versed in the etiquette of politics. She was with me at the Sigma Theta Tau International convention when I lost the election for President Elect by five votes, and though we were all disappointed at the time, of course, she eased up quietly to me to remind me that I would need to write a letter of congratulations and well wishes to my worthy opponent.

I never knew Barbara to take the easy road. She commuted an hour from Surfside to Charleston to attend doctoral school the first year, and then later she regularly drove the 2-3 hour commute from Surfside to Columbia for both work and school. And she pursued a philosophical dissertation at a time when not too many nursing professors were all that comfortable with philosophy, making it harder on herself. And she was never afraid to speak out.

I worked at the Medical University of South Carolina when I first met Barbara, and if she had classes two days in a row, she would sometimes spend a night or two with me at Isle of Palms. In the summertime we would walk on the beach at dusk, and in the winter we would sit by the fire until late and talk, almost always about concepts instead of people. And almost every week we would catch a meal at *Leon's,* our favorite restaurant just a few blocks away, at the Breech Inlet. It was on the water, and you could watch the sun set over the coastal water way. But the main reason we went there was because they served home cooked vegetable "sides" – their fried corn, greens, and cornbread were to die for! Barbara also spent nights with the Bramletts in Columbia sometimes, and she formed a special bond with Martha Bramlett's two young daughters, Frances Anne and Rosemary. They would playfully hang on her and climb all over her when she sat down, and Barbara even convinced them that she was their sister...their *younger* sister, in fact.

When I moved away, first to Penn State and then to New York, I would always try to connect with Barbara when we were back at Isle of Palms from time to time, and sometimes we exchanged emails. But eventually I got too busy to keep in close enough touch, and one day I learned that she was having serious health problems, for which she eventually had a bone marrow transplant and other therapies to try to curb her cancer. I couldn't be with her, and I can only hope that she knew that I cared.

We often shared one of the little dorm rooms at the Weinstein Dormitory for the Rogers' Conferences at NYU, so I had the opportunity to see her in the city she knew well and loved. She absolutely loved the area around New York University and Washington Square, especially the little book store where the cat slept in the window. She also loved catching a pastry at a little shop on the corner and eating breakfast on a bench in Washington Square. And Barbara would always get up early to go to a service at the church she had gone to at an earlier time, to see her friends. I also had the opportunity to meet her lovely young daughter, a talented singer, who lived outside of the City, but came in to visit with her mother when she was in town. We would often go see an off-broadway play, and we always ate a meal at the upscale restaurant in the Village where "Moonstruck" (starring Cher) was filmed—it was just a block or two off Washington Square, but for some reason we almost always had a hard time finding it. The last time I was in the Village I was sad to see that the restaurant is no longer there, and that the building has changed hands.

When I came to realize that Barbara was such a deep thinker, I practically hounded her into going for her doctorate. She said she was too old, but I told her

she was ageless. She was schooled in Rogers' theory before I met her, and used therapeutic touch in her practice. So early on I encouraged her to go to Rogers functions; and when I saw what a natural Rogerian thinker she was, I suggested that she submit an abstract for the Rogerian Conference in NYC. It was accepted, and she worked and worked on it. The title was *Rogers, Sheldrake and De Chardin.* She prepared for her presentation by reading the original works of Sheldrake, De Jardin and several other philosophers, and she gave an eloquent speech revealing a depth and breadth of understanding far beyond the usual student. But then, she was never the usual student. Eventually Barbara received one of the SRS student scholarships, and she was very proud of that. Then health problems arose, and as it turned out, she didn't live to get her doctorate. But I see now that she didn't need it.

She had a flare – you could see it in her manner of speaking and her writing, and even in her tasteful, brightly colored and flowing clothes – which always included a bright accent spot of purple somewhere in the design. I never visited her at her Surfside retreat, but I know she loved it there. She loved the ocean, and made a point to spend time there. She also had a delightful way with words, and when my sister finished law school, Barbara playfully called her "The Barrister." Now we all call her that, too.

Barbara Latham knew she was a part of the universe—and she made the most of it. She explored nooks and crannies of the universe – virtual and real—that the rest of us didn't even think about. She made her unitary mark. She could hold her own with great minds, and I'd say by now she's hanging out with Sheldrake, De Chardin, Martha Rogers, and the others who thought on her level, redefining the meaning of virtual. And Frances Anne and Rosemary believed that Barbara was their little sister.

Barbara is survived by a son and daughter. If you have anecdotes or memories of Barbara you would like to share with her children, send them to Martha Bramlett, mhbramlett@ctc.net, and they will be forwarded. Just put Barbara's name in the subject line. The notice for Barbara's memorial listed the following ways we can remember her. We pass the list on to you.

Charitable Donations may be made in Barbara's name to any of the following:

1) National Organization for Women, PO Box 1848 Merrifield, VA 22116, www.now.org
2) Southern Poverty Law Center, 400 Washington Ave, Montgomery, AL 36104, www.SPL Center.org
3) Amnesty International, 5 Penn Plaza, NY, NY 10001, www.amnestyusa.org
4) American Civil Liberties Union, 125 Broad Street, 18th Floor, New York, NY 10004-2400 www.aclu.org
5) Any Tibetan organization
6) Any nature conservancy
7) Your Favorite Organization

SRS MEMBER PROFILE

Member Profile is a new section that allows the readership the opportunity to get acquainted with members of the organization. If you are interested in being profiled in the next edition please send a picture along with a biosketch to Sonya R. Hardin, Co-Editor at srhardin@email.uncc.edu

Dr. Jane Flanagan is an assistant professor of nursing at Boston College Connell School of Nursing where she teaches in the Adult and Geriatric Nurse Practitioner Program. She has previously taught in both the undergraduate and graduate programs at the University of Massachusetts at Lowell. She was the first Carol Ghiloni Nursing Faculty Fellow at MGH and is an Associate Clinical Scientist at the Phyllis Cantor Center at the Dana Farber Cancer Institute. She has worked at MGH for twenty years in a variety of clinical settings such as pre-admission testing, cardiac catheterization, medical/cardiac intensive care, cardiac and orthopedic surgery. She has provided guest lectures at several area colleges and hospitals on a variety of nursing care issues including health assessment, laboratory values, and caring environments.

Her research interests are bearing witness to illness, spirituality and palliative care, the patient experience during and after hospitalization, and the integration of nursing theory and aesthetics into nursing models of care. She is an adult nurse practitioner and is also interested in ways the role can be developed to improve patient outcome after hospitalization. Through the Alpha Chi Chapter of Sigma Theta Tau, a MGH Partner's in Excellence Award and Boston College's Dorothy Jones Award, her work on a model of care has been recognized for its innovation in practice. Dr. Flanagan has presented her work at conferences locally, nationally and internationally and has authored or co-authored several book chapters and other publications.

ROGERIAN SCHOLARS LIST SERVES

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

To subscribe to the Yahoo groups listserver:
The homepage for the listserver is:
http://health.groups.yahoo.com/group/Martha_E_Rogers/

You can join the group by going to that page or by sending an email to:
Martha_E_Rogers-subscribe@yahoogroups.com

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

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

To Unsubscribe from the NYU List Serve:
Send a blank email to:
leave-merogers-center-54562H@forums.nyu.edu.
This email must be sent from your email account that is subscribed.

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

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

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

Call for Manuscripts

The editors of *Visions* are seeking manuscripts of 3,000 words or less for the July 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

OR

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

Call for Columns

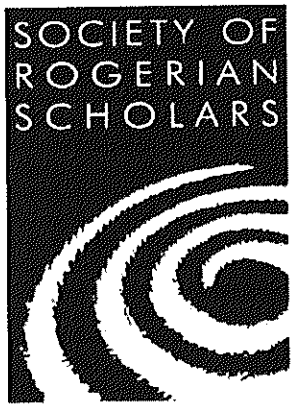
The editors of the Columns are seeking columns of 1500 words or less for the Winter 2006 and Spring 2007 editions of *Visions*. Columns include: Innovations, Instrumentation/Methodology, Emerging Scholars, and Human-Environmental Field Patterning Practice. Selections for columns are editorial decisions. Only two copies need to be submitted by mail or please send by email to: srhardin@uncc.edu 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 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.



Call for Abstracts

Abstracts are invited for the
2006 Conference of the
Society of Rogerian Scholars
"Visions of Nursing's Emerging Horizons"

September 29—October 1, 2006
hosted by
Case Western Reserve University
Frances Payne Bolton School of Nursing
Cleveland, OH, USA

Abstracts are invited for paper and or poster presentation of topics grounded in Martha E. Rogers' Science of Unitary Human Beings, unitary science, and postmodern thought in nursing. Either completed or in process work involving theory, research, practice, and education is welcomed. Doctoral and master's degree students are encouraged to submit.

Abstracts will be subjected to blind review. All submissions, reviews and notifications will be electronic. A separate cover page should list the names and credentials of all presenters, and contact information (including email address) for the first presenter. The abstract should be 250-300 words. Deadline for abstracts is May 1, 2006. Those submitting will be notified of the results of the review by May 24, 2006.

Please e-mail abstracts to: srsconference@case.edu

For more information, please call: (216) 368-1867

Program Outline (draft):

September 29, 2006 (Friday)
2:30-5:30 pm Master Class—Dialogue on Unitary Science
6:00-7:00 pm Welcoming Reception

September 30, 2006 (Saturday)
(Sunday)
8:00-9:00 Registration/Breakfast
9:00-12:30 Morning Sessions
12:30-1:30 Lunch
1:30-5:00 Afternoon Program
5:15-6:30 SRS Business Meeting

October 1, 2006

8:30-9:00 Registration/Breakfast
9:00-12:00 Morning Sessions

Society of Rogerian Scholars

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New York University
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Membership Dues

(Membership year is from July 1 through June 30; for new members who pay in April, May, or June, dues are credited toward the following year)

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