

**Visions: The Journal of Rogerian Nursing Science
Volume 15 Number 1 2008**

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Corrections: An error was made in reproducing figure 2 of Dr. Howard Butcher’s article entitled “Unitary Pattern-based Praxis: A Nexus of Rogerian Cosmology, Philosophy, and Science” in Volume 14, Number 2 of Visions. The corrected figure is published on page 28 along with a description of the misprint.

Cover Art: “Transformation” (oil on canvas) by Frances Reinhardt Newton Hains

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Guidelines For Authors

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

Organization of manuscripts:

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

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

Columns:

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

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Editorial
A Call for Transformation
Martha H. Bramlett, PhD

Transform: To change completely the appearance or character of something or someone, especially so that they are improved. (Cambridge Dictionaries Online. Cambridge University Press. <http://dictionary.cambridge.org/define.asp?key=84436&dict=CALD> Accessed March 2, 2008)

First, Let me ask your forgiveness and tolerance for writing from a very personal perspective. My mother recently passed away after an approximately two-year illness. During that time there were numerous emergency room visits and multiple hospitalizations in acute care and rehabilitation hospitals as well as residence in assisted living facilities. While there were individual nurses who were skilled and caring, generally nurses were dramatically understaffed and prioritized physiological tasks to the exclusion of the needs of the whole patient. I think Martha Rogers would say they were following physician orders, but she wouldn't call it nursing; nor would I. Nurses (and by that I mean anyone with a license to practice – RN or LPN) appeared primarily to administer medications. Usually the arrival of the nurse was preceded by a large cart upon which was a computer that seemed to require more attention than the actual patient (client or whatever term is in vogue at present). This cart essentially created a physical barrier between the nurse and my mother, the patient. Care was particulate. My mother's fears were overwhelming. These were her first hospitalizations since I was born (No I'm not going to tell you how long ago that was. Use your imagination. I was a flower child). Her stroke left her with little deficit except her vision, a massive blow for a person who was an artist and an avid reader. Her mobility had been destroyed by arthritis. An independent woman, she was forced into massive dependency. She did not make the substantial depression accompanying this a secret to anyone. Yet, the care remained primarily physiological. In fact, the individuals who gave the most holistic care were nursing assistants (CNAs) at the assisted living facility. I was disillusioned (not to mention overwhelmed). My profession was reduced to being slaves to a computer – at least from my perspective. I was ready to abandon nursing. This was not the profession I wanted, nor the one I wanted to prepare others to enter. What was the use of teaching nurses about nursing theory and unitary nursing when they would be forced into an environment in which a computer and minimal staffing determined their practice? Indeed, most barely even hear about nursing theory, and holistic nursing by any definition is given lip service during their education; the biomedical model rules the roost. How sad that the nursing assistants in the long term care setting often provided better nursing care than the licensed nurses. It was only in the last month of my mother's life that I discovered nurses practicing nursing. I found them in the hospice and palliative

care nurses. Perhaps it is the surrender of the goal of physiological survival that frees up nurses to finally attend to the needs of the unitary being (and family). But in these nurses I saw nursing again. I found nurses who attended not only to physical comfort, but to the comfort of the unitary unit however it was constituted at the time. These were nurses open to alternatives. Backrubs were given and the hospice cat was welcome in the room at our will. “Energy work” was offered. But most importantly, the nurses, the nursing assistants, and even the housekeepers were fully present. Without knowing about the Science of Unitary Human Beings (OK, it was not my moment to explore the theoretical base of their nursing practice), these nurses had realized the spirit of the unitary nursing practice.

I’m sure there are nurses in many settings longing to practice their profession more fully, but shackled by administrations with limited vision. I’m equally sure there are administrators longing for nurses with the knowledge and vision to practice nursing more fully. The challenge now, for all of us, is to transform nursing. Developing the Science of Unitary Human Beings is not enough. The artful practice of the Science of Unitary Human beings must be facilitated and pursued. Practice settings must not only allow a unitary practice, they must value a unitary practice. Health care consumers are longing for transformation. They are craving an environment where someone listens, not only to their physiological needs but also to the needs of their unitary beings.

A number of years ago my mother, my husband and I journeyed to Sedona, Arizona. We went out for a drive one evening before sunset and wandered up a dirt road. We parked at a wide spot in the road and then pushed through the trees and undergrowth to behold a truly spectacular view. Before us lay a vista of red earth and purple shadows revealing a huge whorl that looked as if some untold force had stirred the earth to create a whirlpool and had then frozen it in rock for the ages. The whorl was surrounded by high peaks of red and purple rocks, rimmed in gold by the waning light of the sun. We stood transfixed and transformed, just the three of us, in solitary silence and watched the sun set. My mother later painted this scene of the earth transforming, awash in gold, red and purple shadows. From the shadows emerged mysterious and wonderful forms. It is time for nursing practice to emerge from the shadows, to transform, to show the possibilities of what can be, and we must all strive to assure that this transformation occurs.

Well-being in Pregnancy: A Pilot Study Using the Well-being Picture Scale

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Abstract

The purpose of this article is to report the findings of a pilot study using the Well-being Picture Scale (WPS) to appraise well-being in pregnancy among an ethnically diverse group of women. The WPS is a 10-item non-language pictorial scale based on Rogerian science that measures general well-being within the unique human-environmental field process. Since the WPS had not been used previously to measure well-being in pregnancy or in Hispanic populations, inquiry was broadly focused on how multi-cultural women would report well-being in general and whether or not well-being, as reflected by WPS mean scores, would be influenced by trimester of pregnancy. Fifty-five African American, Native American, Hispanic, and Caucasian women from three prenatal clinics in southeastern North Carolina participated in the study. Differences in WPS mean scores between the ethnic groups were not statistically significant, however a trend toward lower WPS mean scores was noted among Hispanic women and among all women with increasing gestation. The WPS was reported by all participants to be easily understood. This pilot study supports the need for further exploration of the unitary concept of well-being in diverse populations from a Rogerian science perspective.

KEY WORDS: Well-being, pregnancy, Science of Unitary Human Beings, Rogers, Well-being Picture Scale.

Acknowledgments

I would like to thank Dr. Sarah Hall Gueldner for granting permission to use the Well-being Picture Scale for this pilot study. This study would not have been possible without funding from the East Carolina University School of Nursing Office of Research and Scholarship Small Grant Award Program for Doctoral Students. I also want to thank Dr. Martha Raile Alligood for her important direction and support in this pilot project, and for Dr. Melvin Swanson at East Carolina University School of Nursing for his guidance and expertise in the analysis of the data. Finally, sincere appreciation goes to Natasha Worthington and Carol Rose at the East Carolina University School of Nursing for their invaluable editorial and technical assistance.

A paper presentation that discussed the preliminary findings of this pilot research project was given at the Society of Rogerian Science annual conference in Savannah, Georgia in October 2005. A poster presentation of the findings of this project was presented at The Southern Nursing Research Society 21st Annual Conference, February 22-24, 2007, in Galveston, Texas.

Introduction

Midwives celebrate pregnancy and childbirth as an important part of the human life cycle. A holistic

conceptualization of pregnancy is expressed within the philosophy of the American College of Nurse-Midwives (ACNM). According to the

ACNM, the goal of nurse-midwifery practice is to “affirm the power and strength of women and the importance of their health in the well-being of families, communities, and nations” (ACNM, 2004). Nurse-midwives believe that empowering a sense of well-being in women requires appreciation for the unique and fundamental knowledge of self that women bring to the encounter.

Rogers’ Science of Unitary Human Beings (SUHB) embraces the experience of mother and child as unitary. Well-being in pregnancy embodies wholeness and evolutionary change within the human and environmental energy field through the process of dynamic patterning of both the mother and child individual and group energy field. The developing fetus is a human energy field within that of another, and is a “pandimensional extension of the manifestation of the mother’s human field image in continuous process with her environmental field” (Poulios, 1997, p. 231). As a woman becomes a mother, physical changes and synthesis of life experiences connect her to a reality that extends infinitely beyond her own being (Bergum, 1997). The unitary wholeness of pregnancy, childbirth, and motherhood clearly reflect the Rogerian concept of pandimensional reality.

From an SUHB perspective, well-being represents an optimistic view of life experiences in a dynamic process of growing and becoming. Unfortunately, the intimate journey to motherhood as a unitary experience

of wholeness has been rendered inconsequential to some extent by the tendency of Western society to view childbearing from a predominantly biological perspective. Well-being in pregnancy is typically defined in terms of clinical surveillance of physical symptoms, psychological or emotional status, quality of life, functional status, or psychosocial factors.

Understanding the concept of well-being in pregnancy from a Rogerian perspective demands a unitary definition rather than a description of parts (Gueldner, 1986). A body of knowledge is developing about the appraisal of well-being using instruments that have been developed within Rogerian science. The translation of Rogerian science to nursing practice is advanced through theory testing and validation of instruments developed within the SUHB. The Well-being Picture Scale (WPS), a non-language pictorial scale that is proposed to measure general well-being (Gueldner, Michel, Bramlett, Liu, Johnston, Endo, Minegishi, & Carlyle, 2005) was utilized in a pilot study to measure well-being in pregnancy. The purpose of this paper is to report the findings of this study using the WPS to appraise well-being in pregnancy among an ethnically diverse group of women. Since this was a pilot study using the WPS in a population not previously tested with this instrument, inquiry is broadly focused on the following study questions:

1. How will ethnically diverse pregnant women report well-being as measured by the WPS?
2. Will WPS mean scores differ according to trimester of pregnancy?

Theoretical Framework

Promoting health and well-being is a “cornerstone of Rogerian science-based practice” (Barrett, 1990, p. 32). A unique focus of Rogers’ SUHB is the philosophical belief that humans and the environment are energy fields that exist as open systems, in constant mutual process with one another (Rogers, 1970; 1992). The SUHB is concerned with evolving patterns of the human and environmental energy fields that are associated with well-being.

The theoretical framework that has guided the investigation of well-being from a Rogerian perspective is based upon the observation and measurement of health-related variables that are unique to the SUHB. According to Gueldner et al. (2005) the conceptualization of well-being that guided the development of the WPS is the nature of the homeodynamic principles of helicy, resonancy, and integrality that manifest as pattern. Pattern is the attribute that reflects change in energy fields. It is posited that individuals experience a sense of well-being during times of higher frequency and harmony within the mutual human-environmental field process (Gueldner et al. 2005). The WPS is posited to measure well-being as a gestalt of the three homeodynamic principles (Gueldner et al. 2005). The initial inspiration for

the development of the WPS came from Gueldner’s (1986; 1996) research of well-being in a sample of nursing home residents. Additional information on the development of the WPS, including an in-depth discussion of the theoretical framework for its development, is available in an article by Gueldner et al. (2005).

Other Rogerian scholars have explored the relationship of Rogerian-science derived principles and the concept of well being. In a study of perceived field motion and human field rhythms as a manifestation of well-being in young adolescence, Yarcheski, Mahon, & Yarcheski (2004), using instruments derived within and external to Rogerian science, found the variable of well-being, as compared to perceived health status and health conception was most compatible with human field rhythms. From the findings of this study the authors posited that the term well-being rather than health is more congruent with the Rogerian conceptual system (Yarcheski et al. 2004).

The term well-being, as a measure of health, is compatible with the concepts and variables that are unique to the development of knowledge in the SUHB. Translating Rogerian science research findings into practice is strengthened by appraising diverse populations using tools that are conceptually congruent in the measurement of unique SUHB concepts.

Description of the Instrument

The Well-Being Picture Scale is a 10-item non-language based pictorial

scale that measures general well-being within the unique human-environmental field process. The WPS is a shorter, refined version of the 18-item Index of Field Energy (Gueldner et al. 2005). Each item on the scale has a numeric value of 1 to 7, with 70 being the maximum score possible and 10 being lowest score possible. Higher scores indicate higher well being. Conceptually, the instrument appraises the energy field in regard to frequency and intensity of movement, awareness of oneself as energy, action emanating from the energy field, and power as knowing participation in change within the mutual human and environmental energy field process (Gueldner et al. 2005). It is postulated that individuals experience a sense of well-being during times of higher frequency and harmony within the human-environmental field process (Gueldner et al. 2005). The psychometric properties of the scale were established in a sample of 1027 individuals from the USA, Taiwan, and Japan and it has since been translated and used in Korean, Spanish, and Arabic-speaking populations (Gueldner et al. 2005, Gueldner, 2007). According to Gueldner et al. (2005) the WPS has good internal consistency, with a Cronbach alpha coefficient of .88 reported, which is also the alpha coefficient computed for this pilot study. Ongoing research using the WPS was recently presented at the 18th International Nursing Research Congress in Vienna, July 2007 (Gueldner, 2007). See Figure 1 for sample items from the tool and the

instructions for completing the instrument.

Methods

Design

A cross-sectional, descriptive survey design was used to assess well-being in pregnancy from a Science of Unitary Human Beings perspective.

Sample and Setting

After Institutional Review Board approval was obtained, women from three community health center prenatal clinics, all managed by a single private, non-profit corporation in southeastern North Carolina were invited to participate in the study during their scheduled clinic appointments. The invitation to participate in the study was extended to them by the maternity care coordinator at each prenatal site. Spanish participants were recruited from only one of the three sites through a Spanish interpreter employed by the clinic, in a cooperative effort with the maternity care coordinator at that site. Participants who were English-speaking only were recruited from the other two sites. The maternity care coordinators at each site and the Spanish interpreter received oral and written instructions from the investigator that included an explanation of the study, inclusion criteria, and study documents, including the consent to participate in the study agreement, and procedure for obtaining consent.

Prior to the study, the demographic form, consent document, and instructions for completing the WPS were translated

into Spanish by a Spanish interpreter with eight years of experience as a medical interpreter and whose native language is Spanish in order to include Spanish speaking women in the study. Back-translation of the Spanish documents was accomplished by having the Spanish interpreter read the Spanish version of the WPS instructions, consent document, and demographic data form back to the investigator in English. Since the WPS is a pictorial scale, back-translation, other than for the instructions for completing the scale was not necessary. Inclusion criteria stipulated only that the women be 18 years of age or older.

Data collection

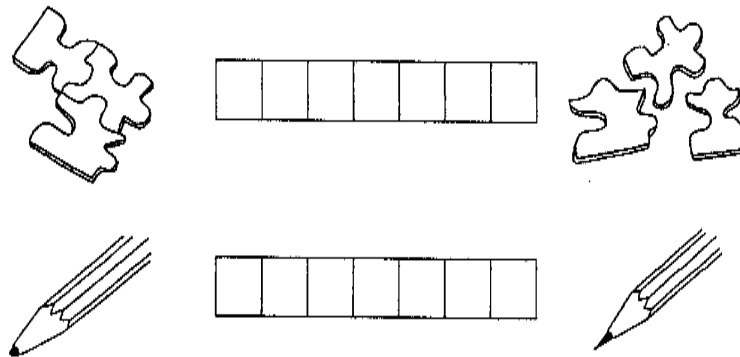
The consent document, demographic form, and WPS were administered one time to women who were in either their first, second, or third trimester of pregnancy during prenatal appointments. Participants received a copy of the consent agreement for their records.

Data were collected from a sample of 55 Native American, African American, Caucasian, and Hispanic women (see Table 1). Demographic information included race, age, and marital status, number of total pregnancies, parity, employment status, town of residence, and insurance status. Additional information was collected

Figure 1. Sample items from the Well-being Picture Scale.

Instructions:

Look at the scale between each pair of pictures. Mark [X] at the place on the scale that best describes how you feel now.



Source: Gueldner, S.H., Michel, Y., Bramlett, M.H., Liu, C.F., Johnston, L.W., Endo, E., Minegishi, H., & Carlyle, M.S. (2005). The well-being picture scale. A revision of the index of field energy. *Nursing Science Quarterly*, 18 (1), 48

Table 1		
<i>Race and Ethnicity (n=55)</i>		
	n	%
Native American	24	43.6
African American	12	21.8
Hispanic	13	23.6
Caucasian	6	10.9

regarding substance use, whether or not prenatal vitamins and supplemental iron were consumed, whether or not the pregnancy was planned, and self-reported medical conditions, complications of pregnancy, or feelings of stress. Space on the form was allotted for any additional comments that participants wished to share. None of the participants reported difficulty understanding any of the items on the WPS.

Findings

Sample characteristics

Fifty-five women participated in the study. The mean age of the women was 23.7 years (range 18 to 37 years). The majority of women (36.4%) were nulliparous and 29.1% had previously given birth to one child. Women were from three distinct groups with regard to marital status; the majority were single and living without partners, followed by those who were single and living with a partner, and those who were married (see Table 2). Over 76.4% of the women were covered by Medicaid; 18.2% of participants were

uninsured. The majority of women (n = 28) reported that their current pregnancy was not planned. Most women (49.1%) were unemployed (n = 27); twenty-one women (38.2%) worked full-time and 6 women (10.9%) worked part time. Most women (91%) were in the second (n = 25) and third (n = 25) trimesters of pregnancy. Only five participants were in the first trimester of pregnancy. Nearly all women (81.8%) stated they consumed prenatal vitamins daily; 15 women (27.3%) also took supplemental iron. Reported substance use among the participants was uncommon; only 6 women admitted to smoking cigarettes and 2 women admitted smoking marijuana. None of the participants admitted drinking alcohol at the time of the study. All women denied pre-existing medical conditions or complications of pregnancy. When asked the question, "Are you under any stress at this time?" the majority of women (n = 44) replied "no"; nine women answered "yes" to the question.

Table 2		
<i>Marital Status</i>		
	n	%
Married	17	30.9
Separated	4	7.3
Divorced	1	1.8
Single, not living with partner	15	27.3
Single, living with partner	18	32.7

Findings

The findings according to the study questions are below.

Study Question 1: How will ethnically diverse pregnant women report well-being as measured by the WPS?

The mean score on the WPS was 48.85 (range 20 to 70). The mean WPS score for African American, Native American, Caucasian, and Hispanic women respectively was 52.75, 51.17, 46.33, and 42.15. (see Table 3) Data were analyzed using descriptive statistics and one-way analysis of variance (ANOVA) for differences in well-being among the

women. The Cronbach alpha coefficient for this study was .88. In spite of some variation of WPS scores noted among the women, a one-way ANOVA revealed WPS mean scores for race, age, parity, marital status, employment, or planned versus unplanned pregnancy were not significant. Hispanic women had lower WPS mean scores (M = 42.15) than the other ethnic groups included in the study. Women who reported being under stress during the pregnancy had lower overall mean scores (M = 44.78), although this was not a significant finding in this study.

Table 3			
<i>WPS Mean Scores by Ethnicity</i>			
	n	Mean	SD
Native American	24	51.17	12.91
African American	12	52.75	11.83
Hispanic	13	42.15	10.69
Caucasian	6	46.33	18.84

Study Question 2: Will WPS scores differ according to trimester of pregnancy?

The mean scores for women from the first to the third trimesters

were 58, 50.9, and 44.9 respectively. The difference in mean scores according to trimester was not statistically significant.

Discussion

In this pilot study the WPS was used with pregnant women for the first time and the instructions for completing the tool were translated into Spanish to include Hispanic pregnant women as a measure of well-being during pregnancy among women of different ethnicities. According to Gueldner et al. (2005) the WPS was developed for use with international populations and among individuals who may be challenged in reading text. A major strength of this study is that the WPS was reported to be easy to comprehend by the women in this study, including the Spanish speaking women, supporting the instrument's potential for the appraisal of well-being in diverse and non-English speaking populations. Analysis of WPS mean scores for race, age, parity, marital status, employment, or planned versus unplanned pregnancy did not reveal significant relationships among these variables. A trend in lower WPS mean scores with advancing gestation was noted. The physical and emotional challenges of mid- to late pregnancy hypothetically may impact a woman's sense of well-being, however the complexity and multidimensionality of the phenomenon of well-being precludes such generalizations. A growing body of literature supports the notion that psychosocial factors, particularly social support appear to greatly impact a woman's sense of well-being throughout pregnancy (Curry, Burton, & Fields, 1998; Jesse & Alligood, 2002; Jesse & Reed, 2004;

Nicholson, Setse, Hill-Briggs, Cooper, Strobino, and Powe, 2006).

Although WPS scores were not significantly different among the ethnic groups in this study, the mean score for Hispanic women was lower than the scores for African American, Native American, and Caucasian women. This trend toward lower mean WPS scores may indicate that Hispanic women perceive lower levels of well-being when compared with other ethnic groups but further study is needed to explore this finding. Low levels of literacy (Bennett, Culhane, McCollum, Mathew, & Elo, 2007); acculturation (Beck, 2006; Nguyen, Clark, & Ruiz, 2007), a decreased support network (Zayas, McKee, & Jankowski, 2002), and greater number of negative life events (Zayas et al. 2002) have been reported to contribute to depressive symptoms in Hispanic women.

This study has several limitations. First, it was conducted at selected sites in a single county in southeast North Carolina. Second, convenience sampling and small sample size limits how well these findings represent the greater population. Third, women in the first trimester of pregnancy were underrepresented in this study. Finally, participants were not requested to provide detailed information about physical and psychosocial variables that may have impacted their sense of well-being.

Conclusion

This pilot study supports the WPS as a useful measure to explore well-being during pregnancy among ethnically diverse women. However, measurement is simply a process that focuses on ways to record observations of human beings. Observations have meaning only when guided and interpreted within the context of a conceptual model or theory (Fawcett & Alligood, 2001). Future studies are suggested to continue exploring relationships of variables unique to Rogerian science that are posited to be associated with well-being. Diversity in measurement approaches that incorporate the subjective appraisal of human experiences will add to the discovery of well-being as an essential structure of unitary wholeness.

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Hair, Hands, and Oxygen Tanks: Embodiment and Health Empowerment in Homebound Older Women

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Abstract

The present study builds on previous qualitative research using phenomenological methodology to explore the lived experience of homebound older women in acknowledging a changing self and environment, particularly the relationship of such changes to the process of health empowerment. The data are part of a larger study designed to gain an understanding of the lived experience of health empowerment in homebound older women. Fourteen homebound older women, aged 60 to 94 years, accessed through a home meal delivery program participated in the study. Colaizzi's phenomenologic method was used to guide data analysis. The theme of embodiment emerged with theme clusters of caring for body, viewing their body, and acknowledging changes explicating the lived experience of a changing self and environment, particularly the role of such changes in health empowerment. As the women spoke, a description emerged of the self as changed by aging and chronic illness; this description wove together meanings of the past, present and future. A key implication for nursing practice from this study reflected Rogers' (1992) basic idea about the 'unitary' nature of human beings as integral with their environment. The homebound older women did not view themselves or their bodies as separate from their environment. Rather, the women incorporated memories of their body of the past, including the youthful beauty of their hair and hands, along with their present use of wheelchairs, walkers, and oxygen tanks to reveal a person-environment process of health empowerment in their lives.

Keywords: health empowerment, homebound older women, embodiment, person-environment process

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Physical appearance is thought to influence older women's physical self-concept (Shaw, Ebbeck, & Snow, 2000), self-confidence and self-esteem (Norris, Kunes-Connell, & Spelic, 1998), perceived body

image and happiness (Stokes & Frederick-Recascino, 2003), and a valuation of health (Hurd, 2000). Physical appearance is often linked to a view of oneself as healthy and includes attention to grooming and

appearance of one's clothes, hair, and hands.

In the past, a cane or walking stick was part of a person's attire, an accessory symbolizing authority and distinction (Ebersole, Hess, & Luggen, 2004). Today, assistive devices such as a cane, walker, wheelchair, and oxygen tank are more than accessories; they are necessary devices used to maintain physical mobility and independence. However, the cane and other functional devices now promote the appearance that one is old and dependent.

As women age and experience health related changes in their physical appearance, self-presentation becomes a concern and is associated with a desire to maintain the appearance of being self-reliant and competent (Martin, Leary, & Rejeski, 2000). Despite the fact that both appearance and the attention to physical appearance are important to women, little attention has been given to the aspects of appearance in older women that optimize their perspective of health. This is especially true for homebound older women, those generally unable to leave home for reason of illness or incapacitating disability.

The purpose of this paper is to enhance understanding of the lived experience of homebound older women as they gain awareness of their changing self and environment. This project was part of a larger qualitative study explicating unitary understanding of health empowerment in the unique personal

life contexts of homebound older women (Shearer, 2007).

Theoretical Perspective

Empowerment is based on an emerging theory of health empowerment (Shearer, 2000, 2004, in press). Health empowerment is viewed as a relational process which centers on the primary concepts of person-environment mutuality reflective of Rogers' principle of integrality (Rogers 1992) and corresponding health experiences (Shearer & Reed, 2004). Health empowerment is defined as the ability to purposefully participate in health and health care decisions (Shearer, 2000, 2004) including efforts to optimize health from the person's perspective. Empowerment and specifically health empowerment, from this perspective emphasizes purposefully participating in the "process of changing oneself and one's environment, recognizing patterns, and engaging inner resources for well-being" (Shearer & Reed, p. 257).

Method

Research Design

Data reported here are part of a larger study designed to gain an understanding of the lived experience of health empowerment in homebound older women (Shearer, in press). For this study, a qualitative design using a Husserlian approach to phenomenological methodology was used to explicate understanding of the lived experience of homebound older women particularly the relationship of

such changes to the process of health empowerment beyond what is currently known. Phenomenology, in general, focuses on the lived experience and the connectedness of human beings to the world (Husserl, 1962). A phenomenological framework has been suggested as an acceptable approach to use when a fresh look at a phenomenon is indicated (Beck, 1998).

Phenomenology has been supported as a method consistent with a unitary theoretical view (Butcher, 1994). Reeder (1984; 1986) has suggested in particular that Husserlian phenomenology is congruent with unitary thinking as it provides “a broader range of human experience than sensory experience (whether intuitive or perceptive) in the development and testing of conceptual systems for gaining better access to multifaceted phenomena” (Reeder, 1986, p. 62). Further, Phillips (1989) described phenomenological research as a participatory method that leads to knowledge of the whole through uncovering meaning and emerging patterns associated with the human-environmental mutual process. Thus, phenomenological research can enhance understanding of the unitary nature of empowerment through the recognition of the person-environment process and

acknowledgement of pattern and wholeness of human beings.

Participants and Setting

The original study (Shearer, 2007) consisted of a purposive sample of homebound older women willing to openly share a health experience in which they felt able to change, improve, or participate in their health. Fourteen homebound older women ranging in age from 69 to 94 years ($M = 77.78$, $SD = 6.57$) accessed through the meal-delivery program affiliated with a community action agency, a nonprofit, comprehensive social service organization, participated in the original study (Shearer, 2007). The women participating in the study met the inclusion criteria of: a) 60 years of age or older; b) received home-delivered meals; c) spoke and understood English; d) were able to hear and respond to questions; and e) were willing to share approximately 1-2 hours of their time. The women had a variety of educational backgrounds and income levels. The majority were white ($n = 12$), had a high school education or higher ($n = 9$), and had monthly household income ranging from \$500 to \$2,249 (Table 1). The majority of women ($n = 12$) reported a monthly income between \$500 and \$1,999. Seven of the women lived alone.

Table 1. Demographic Summary

Age	Marital Status	Number In Home	Years of Schooling	Ethnicity	Monthly Household Income
69	Divorced	1	15	White	\$500-\$749
69	Divorced	2	16	White	\$1000-\$1249
71	Widowed	2	16-17	White	\$1000-\$1249
75	Widowed	1	8	White	
75	Widowed	2	7	Nat. Am	\$750-\$999
76	Married	2	8	Hispanic	\$1000-\$1249
77	Married	2	12	White	\$2000-\$2249
77	Divorced	1	12	White	\$500-\$749
78	Widowed	1	12	White	\$1000-\$1249
80	Widowed	1	12 and some college	White	\$500-\$749
82	Married	3	8	White	\$1750-\$1999
82	Married	2	14	White	\$1000-\$1249
84	Widowed	1	12	White	\$1250-\$1499
94	Widowed	1	8	White	\$750-\$999

Questions related to chronic conditions were not asked during demographic data collection however, throughout the interview, many of the women shared information regarding their chronic conditions. Women suffered from heart disease (n = 4), respiratory problems (n = 3), diabetes (n = 1), back injuries (n = 2), and one woman

shared that she was recovering from a stroke and another stated that she was considered legally blind. Two women were on continuous oxygen therapy, two women used walkers, and one used a wheelchair.

Data Collection Procedure

After obtaining human subject approval from the university Institutional Review Board, the study

was introduced to staff at the home-delivered meal program, which served homebound older women. The staff passed out an information flyer to potential participants and verbally introduced the study. Approximately one week later, the researcher accompanied the staff to each potential participant's home. Following introductions, potential participants were screened for eligibility. If the participant met inclusion criteria, she was asked to participate in the study. If she agreed to participate, she was asked for her telephone number, and the researcher made a follow-up telephone call to schedule an interview at a time that was convenient for the participant.

The interview was conducted in the homebound older woman's home. The woman was provided with an overview of the study and assurances of confidentiality. After obtaining informed consent, a printed copy of the primary research question was given to the woman and the question was read aloud prior to the audiotaped interview, allowing time for consideration. The question was: "Describe to me as fully as you can an experience where you felt able to change, improve or participate in your health. Start at the beginning and tell me everything you remember, including your thoughts, feelings, and actions, as though you were telling me a story." Additional information, through probes such as "tell me more" was elicited to gather expanded information concerning the experience. Interviews were concluded when the woman felt she

had completed what she wished to say. The interviews lasted approximately 90 minutes. Compensation of \$20.00 for the woman's time was provided at the end of the interview.

Credibility

Several measures were taken to ensure credibility and legitimacy based on general tenets of qualitative research, including member checking, auditing and peer review (Cowling, 2001). To establish credibility, the researcher used member checking to validate what was communicated during the interview. Immediately following the interview, the researcher summarized to the woman what was communicated and allowed her to verify content and meaning. One possible limitation of the study is that the researcher did not return to the women to share the findings. Audit procedures were fostered through a complete, careful, and accurate description of the time, place, setting, and characteristics of the homebound older women participating in the study. Documentation of decisions and insights related to data analysis was maintained. A peer review system was maintained in order to ensure logical consistency in the process through engagement of consultants. The usefulness of the findings was addressed through attention to statements viewed as promoting and/or limiting health empowerment.

Data Analysis

Colaizzi's (1978) descriptive phenomenological method of inquiry was used as a guide for data

analysis. The following steps guided the data analysis. The audiotaped interviews were transcribed verbatim by a skilled transcriptionist using Microsoft Word. The researcher reviewed the written transcripts for accuracy while simultaneously listening to the audiotapes. Significant statements about the lived experience of homebound older women as they gain awareness of their changing self and environment were extracted from the data. These statements were reworded into more general statements or restatements. From these restatements, a formulated meaning was created. These formulations were then grouped into a theme, theme clusters, and finally into theme categories.

Findings

In response to the interview question, (Describe to me as fully as you can an experience where you felt able to change, improve or participate in your health) the women most often began by talking about their health in general followed by experiences with the healthcare system that often extended as far back as their childhood in concert with the present (Shearer, 2007). After sharing their general health descriptions, they recalled events, followed by a sharing of past experiences. The theme “embodiment,” in which no part of the human body can be separated from the rest of the body, emerged as a form of experiencing the world in light of a changing physical self and environment. As the women spoke,

a description of the self, changed by aging and chronic illness, wove together meanings of the past, present and future. Three theme clusters: a) caring for body; b) viewing their body; and c) acknowledging changes emerged, reflecting a changing self and environment in aging and chronic illness and the role of health empowerment.

Caring for Body

Even though the women were homebound, they spoke with pride when talking about maintaining care of their body and body needs as well as listening to their changing body. Throughout the interviews, the theme category of *caring for body* emerged with theme clusters that included self-care and body listening.

Self-care. One woman shared: “I manage to do what I need to do...” “I wash myself, dress myself.” Another shared: “I take care of my bathroom needs.” A woman spoke of caring for her hair: “I am putting my hair up every night...” Another woman spoke with less confidence but then became more self-assured as she shared: “I try to take care of myself in taking showers. I know I can take care of myself.”

Body listening. One woman shared: “Your body tells you exactly what it needs and wants. Your body will tell you what is wrong.” Another spoke about doing what is good based on listening to her changing body...“If I think it is good for me I do it, and if I think it ain’t, I pass it by.”

Viewing their Body

When talking about their body, women often touched their hair,

looked at their hands and other body parts as though remembering the role their body played in the past. The women were mothers, wives, and some worked outside the home in a variety of positions such as a secretary, nurse, or seamstress. The theme category of *viewing their body* emerged with theme clusters that included appearance of body as perceived self and appearance of hands and hair.

Appearance of body as perceived self. The women talked about the appearance of their body in the past and their perception of self and then shared their perspective of the appearance of their body in the present... "I've always been petite." "I got real skinny and they called me skinny." Now I'm "Getting fat." Another woman shared that she has always been hippy. "I'm hippy, a big ox." I've always been a hard worker... Another linked her swollen feet to weight. "Look at these feet [swollen]." "I'm overweight."

Appearance of hands and hair. Several of the women talked about their hair related to color, texture, length, and curliness, as well as having their hair cut and cared for by someone else. When talking about hair color they pointed to pictures on the wall and framed photos of younger family members placed throughout the room. Not only did the women talk about past standing hair appointments, they talked with pride about the color of their hair. "We're blond. My son was born with blond hair and his son is really blond." One woman talked about dying her hair a dark color while another talked about

putting blond streaks in her hair. As the women spoke, the appearance of their hair and hands emerged as expressions of health and the process of aging. Color of hair was also expressed as a sign of aging and confusion. "I'll probably wake up all gray, I won't know who I am or where I am. I'm surprised that I don't have a gray hair. All the ladies in my group are all gray."

Acknowledging Changes

The women spoke of physical changes that limited them and kept them in their homes. Women acknowledged their need for oxygen tanks, wheelchairs, and other devices attached to their bodies to sustain life. They often spoke of wishing they were the same as in their younger years and how embarrassed they were by their bodily changes. As the women spoke they began to recognize that they may not be able to stop change but they could change the way they participated in the change process. The theme category of *acknowledging changes* emerged with theme clusters that included physical changes and purposefully participating in change.

Physical changes. The women acknowledged physical changes as limiting; however, the changes didn't stop the women. They acknowledged the changes and then moved on...as one woman said, "I think I'm slowing down now...I've lost my eyesight. I think I'll learn to crochet blind." Another woman noted, "I'm not able to get into the tub anymore, but I can bathe myself sitting in my wheelchair or on the toilet." Other women

seemed inhibited by the physical changes. A woman with arthritis talked about the changes in her hands and how she could no longer operate a can opener, even though home delivered week-end meals include cans of food. Related to her hands she said, "I wonder what they'll do when I can't sign my name any more?"

Purposefully participating in change. Even though the women could not stop change, they began to recognize they had the ability to change the way they participated in the changes occurring. For example, one woman stated, "When I was presented with this big old tank [oxygen tank] over there, I think it really embarrassed me. But I got into rehab and people have the same thing I have." She commented that she no longer felt as though she was different. Members of the group became her friends, friends she could turn to when she had questions related to her experience of living with lung disease.

Discussion

The findings are consistent with the perspective of embodiment in which no part of the human body can be separated from the rest of the body and all parts of the body are integral to the human being (Wilde, 1999). Reed refers to the body as a manifestation of the human being and embodiment as a core concept in understanding health experiences (2000). The memories of their body of the past; including the youthful beauty of their hair and hands; and their present need for equipment

including wheelchairs, walkers, and oxygen tanks were all part of the mutual person-environment process. No part of their body or anything intimately connected to their body to assist in a health function was separated from self or their environment. That is, from a unitary perspective, the whole is greater than the parts and cannot be predicted from knowledge of the parts (Rogers, 1992).

Further, Rogerian principles (Rogers, 1992) are evident in the findings. Helicy, referring to the human process of self-organization, diversity and innovative change, is evident in the women's acknowledgement of a changing body and their ability to recognize they could not stop change but they could purposefully participate in the changes occurring in their body and their environment.

Rogers' principle of integrality emphasizes the mutual process of the human being and the environment in change (Rogers, 1992). Consistent with the principle of integrality, the women did not view themselves or their bodies as separate from their environment. The assistive devices used to breathe and move about were not viewed as separate from their body.

Human beings and their environment are in mutual process distinguished through pattern and manifested in observable events (Rogers, 1992). Rogers' principle of resonancy identifies pattern as a major characteristic of living systems. From a Rogerian theoretical perspective, health and

well-being for these women were manifested through their physical appearance.

Implications and Conclusion

A key implication for nursing practice from this study reflected Rogers' (1992) conceptualization of the 'unitary' nature of human beings as integral with their environment. As the women aged and experienced health related changes in their body related to their physical appearance and functional ability, they were able to turn their need for an oxygen tank or a wheelchair into something positive; these assistive devices became extensions of the self and in so doing, enhanced their health empowerment and sense of self-reliance.

These findings lend support to Shearer's emerging theory of Health Empowerment (Shearer, 2007) which emphasizes the integrality of human beings and their environment. Health empowerment, from this perspective emphasizes purposefully participating in the "process of changing oneself and one's environment, recognizing patterns, and engaging inner resources for well-being" (Shearer & Reed, 2004 p. 257). Results suggest that health empowerment cannot function when one separates a woman from her significant environment.

The findings also provide support for nursing practice that deliberately addresses the homebound older woman's environment as integral to the woman's ability to optimize health and well-being. From a health empowerment perspective, the nurse

goes beyond providing essential information and resources to explore with the woman changes in her life brought on by chronic illness and enhances her awareness of how she can purposefully participate in those changes.

Nurses working in the community setting must avoid focusing on the chronic health problems of the women they visit so that they can discern the role the body, perceived as physical appearance, and the environment, in the form of health-related equipment, together play in optimizing health and well-being. Implications of these findings emphasize the importance of listening to homebound older women express what is important to promote their health experience. Something as simple as connecting a woman with assistive devices and other resources that enhance her appearance may transform the way she feels about herself, thus promoting healing and perceived well-being.

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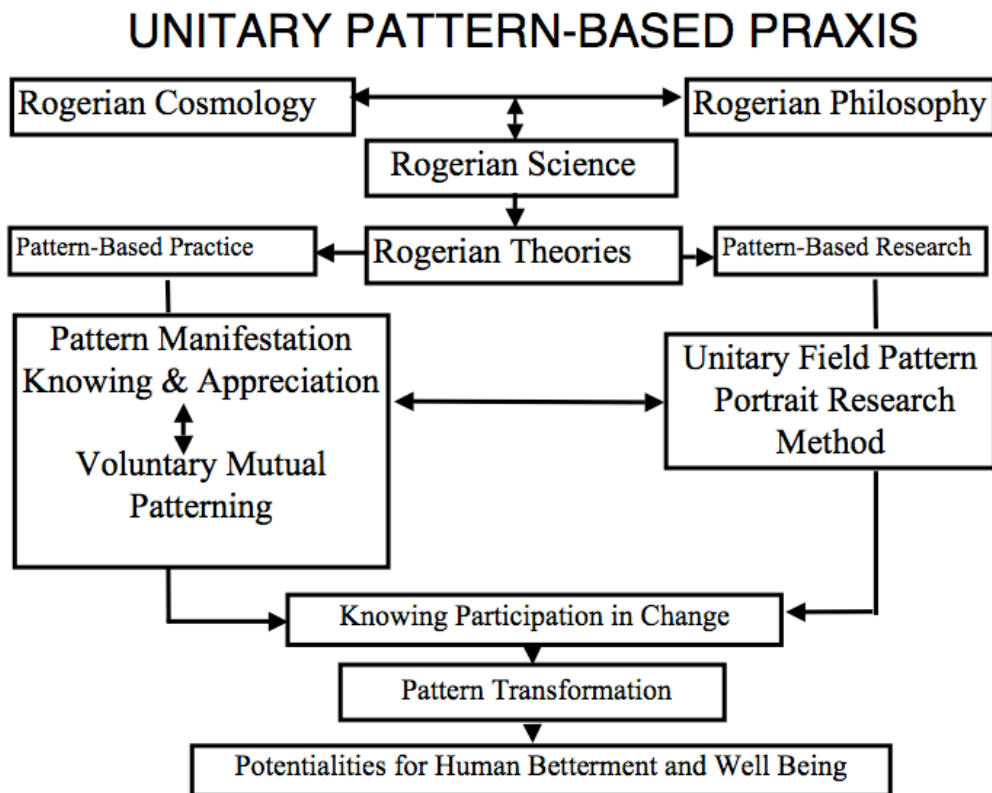
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**Corrections to Unitary Pattern-Based Praxis: A Nexus of Rogerian
Cosmology Philosophy, and Science
by Howard Karl Butcher, RN; PhD, APRN, BC
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There was an error in Figure 2, Unitary Based Practice Model as published in Volume 14, Number 2 of Visions (2006) p.12. On the left side of the diagram it should say "Pattern-Based Research" . . . not Practice. Practice is on the left side only. Please see the corrected figure below. The editors would like to apologize for this error.

Figure 2. Unitary Pattern-Based Praxis Model



COLUMNS

INNOVATIONS COLUMN

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

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Innovation is derived from the Middle French word *innover* meaning “renewal” or a “new way of doing things.” Similarly, in Latin, innovation comes from the term *innovare*, which is to change into something new; to alter; to renew (American Heritage Dictionary, 2000, p. 904). Innovation is about ideas and human beings and builds upon repurposing, improving or renewing existing idea or practices. The principle of helicy within Rogers’ Science of Unitary Human Beings (SUHB) describes the nature of the change process as being continuously innovative. By positing the science of unitary human beings, Rogers created an entirely new way of thinking about the nature of nursing, human beings, and the universe. Innovation merges out of creativity. From a Rogerian perspective, innovation is always a manifestation of new pattern rising out of the human-environmental human field mutual process. Like Martha E. Rogers, to be innovative is to be visionary, challenge the status quo, be curious, take risks, synthesize and make new connections. The purpose of this column is to provide opportunities for Rogerian scholars to share new ideas, theories, or research that explores, advances, sheds new light, provides new insight, or renews aspects of the science of unitary human being’s postulates, principles, concepts, theories, and/or methods. The SUHB will only endure, advance, and evolve through the innovative work of its community of scholars. As editor of this column, I invite you to send your manuscripts to Howard K. Butcher, RN, PhD, APRN, BC at the 442NB University of Iowa College of Nursing, Iowa City, Iowa, 52242-1121; work (319-335-7039); email: howard-butcher@uiowa.edu.

This issue’s column describes the use of a wiki as a teaching strategy. The column illustrates how Rogers’ participatory epistemology informs pedagogy. A wiki is used as an example of a teaching-learning strategy that is consistent with the Rogerian participatory pedagogy by enhancing learning through collaboration, participation, sharing, and peering in a pandimensional virtual cyberspace.

Using a Wiki to Enhance Knowing Participation in Change in the Teaching-Learning Process

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Collaboration powers knowing participation in change.

The notion that overarching conceptual and scientific systems provide a guiding framework for all aspects of our being in the world has been well accepted ever since the publication of Kuhn's (1962) landmark work *The Structure of Scientific Revolutions*. Explicating a Rogerian cosmology and philosophy, especially the ontology and epistemology, and the development of research and practice methods that flow directly from these tenets, has been the major focus of the first authors work grounded in Rogers' science of unitary human beings. For example, the unitary field pattern portrait research method (Butcher, 2006a, 2005, 1998) and the unitary pattern-based praxis model (Butcher, 2006b) are examples of research and practice methods derived from Rogers' ontology and epistemology. In addition to the development of research and practice methodologies, the science of unitary human beings also provides an ontological and epistemological

foundation for developing pedagogy. Pedagogy is the art or profession of teaching (American Heritage Dictionary, 2000). Yet, to this date little has been written concerning the development of Rogerian science informed pedagogies.

This paper examines the use of a wiki, a fairly new, easy to use, and revolutionary web-based tool designed to assist people in working together in virtual environments. A wiki is an example of a teaching strategy grounded in a participatory pedagogy and serves as an ideal example of a teaching strategy that is consistent with Rogers' participatory epistemology and a Rogerian nursing science informed pedagogy.

The Participatory Paradigm and Epistemology

When developing the Rogerian science informed unitary field pattern portrait (UFPP) research method, Butcher made the case that the ontology and epistemology of Guba and Lincoln's (1989) constructivist

paradigm was consistent with Rogers' ontology and epistemology. Guba and Lincoln's (1989) criteria for constructivist inquiry were used as a guide for developing a set of criteria for Rogerian scientific inquiry (Butcher, 1994). The Rogerian scientific inquiry criteria were used to develop the processes of the UFPP research method. Butcher (1994) also identified two "participatory metaphors" to provide insight into the nature of Rogers' epistemology: kaleidoscope and symphony. Later works, particularly the writings Skolimowski (1994) and Heron and Reason (1997), provided further support for the congruence of Rogers' epistemology (Butcher, 2006) and what is now referred to as the "participatory paradigm" by Guba & Lincoln (2005).

The participatory paradigm is characterized by a participative objective-subjective co-created reality and an epistemology that places emphasis on critical subjectivity arrived at through "participatory transaction with the cosmos" leading to co-creation of experiential, propositional, and practical knowledge (Guba & Lincoln, 2005). In particular, the participatory epistemology places emphasis, as does Rogers, on the uniqueness of every human being and personal knowing. In addition the participatory paradigm focuses on transformation, engagement, and multiple realities in the same way Rogerian science is concerned with change, mutual process, and pandimensionality. Heron and Reason (1997) point out that methodologies which place

emphasis on collaborative and participatory action are grounded in a shared experiential context, and flow from a participatory ontology and epistemology. Co-operative inquiry (Reason, 1994; Heron, 1996), participatory action research (Fals-Borda & Rahman, 1991); fourth generation evaluation (Guba & Lincoln, 1989) and appreciative inquiry (Cooperrider & Srivastva, 1987), are examples of modes of inquiry grounded in a participatory paradigm. Given the similarities between the participatory paradigm and Rogers' ontology and epistemology, these methods have offered insight into development of research and practice methodologies consistent with the science of unitary human beings (see Butcher, 1998; Caroboni, 1995; Cowling, 2001).

Rogerian Epistemology

Epistemology describes the nature of knowledge (American Heritage Dictionary, 2000). The principles of the Rogerian participatory epistemology (see Table 1) have been explicated in a number of Butcher's works, most recently in an article describing a unitary pattern-based praxis model that is designed to guide Rogerian practice in both research and a patient care contexts (Butcher, 2006). The postulate of integrality and the idea of mutual process are central to Rogerian science. The dynamic and integral nature of human and environmental fields engaged in continuous mutual process supports the idea that *mutual process is participation* and in the Rogerian epistemology,

knowledge is pattern. Furthermore, knowledge in the form of pattern, is co-created in the human-environmental mutual field process.

Pattern (knowledge) unfolds dynamically, continuously, and nonlinearly.

Table 1. Rogers' Participatory Epistemology

- Apprehension of manifestations of patterning emerging from the human/environmental energy field mutual process is the source of information and knowledge.
- Pattern is apprehended in the form of experiences, perceptions, and expressions.
- Pattern is irreducible to parts and is unique to each human and environmental field
- Pattern emerges from the human/environmental mutual field process with “kaleidoscopic uncertainty” (Rogers, 1970, p. 91). Thus, pattern is dynamic, rhythmical, continuously changing, nonlinear, and therefore, unpredictable.
- Multiple modes of awareness including intuition, mystical experience, tacit knowing, and other emergent and extraordinary pandimensional ways of knowing including telepathy, clairvoyance, and remote viewing are additional ways to grasp knowledge that extend beyond the five senses.

Source: Butcher, H. K. (2006a). Unitary pattern-based praxis: A nexus of Rogerian cosmology, philosophy, and science. *Visions: The Journal of Rogerian Nursing Science*, 14 (2), 8-33.

Participatory Pedagogy

Like research and practice methods, teaching-learning pedagogies also are derived from particular ontological and epistemological stances. Within participatory and constructivist pedagogies, learning is a mutual, dialogical process where knowledge is co-created and constructed by multidimensional selves using tools within context created by the various

communities with which they interact (Duffy & Cunningham, 1996; Freire, 1970; hooks, 1994). Proponents of the participatory and transformative pedagogies stress the importance of tools and practices that facilitate mutual group encounters that give rise to the creation of new knowledge (Reo, 2006). Hooks (1994) encourages educators to “serve as a catalyst that calls everyone to become more and more engaged, to

become active participants in learning” (p. 11). She further states that teaching should enable transgression or movement against and beyond boundaries. Therefore, teaching strategies that place primary emphasis on: collaboration; creative and shared mutual construction of knowledge; peer learning; student self-organization, and building cooperative and open learning communities are common practices in participatory and transformative pedagogies. The use of participatory software, such as wiki, is one of several exciting revolutionary electronic Web 2.0 platforms that can augment a collaborative learning process and help overcome the barriers in distance learning as well as enhance communication and collaboration in classroom based teaching environments.

Web 2.0

While strict hierarchical lines of authority have not vanished, powerful new models of production are arising based on ideas consistent with a participatory ontology. Web 2.0, also sometimes referred to as the “living web, Hypernet, active Web, or the read/write Web,” is a revolutionary new platform for collaboration enabling people to network and work together in online communities. In December 2006, *Time Magazine* announced that “You” was the “Person of the Year” stating that, “you control the information age.” *Time’s* person of the year cover story specifically addressed wikis, like

Wikipedia, along with YouTube, Blogs, MySpace, and Flickr as examples of “Web 2.0’s” new “digital democracy” and declared “the new Web is a very different thing. It’s a tool for bringing together the small contributions of millions of people and making them matter” (p. 40). In the same *Time Magazine* issue, Steven Johnson noted “Web 1.0 is organized around pages” of information, while “Web 2.0 is organized around people” (p. 80). Already, millions of cybernauts use chat rooms, weblogs, podcasting, and Really Simple Syndication (RSS) feeds. Thomas Friedman (2007), in his highly popular book *The World is Flat: A Brief History of the Twenty-first Century*, identifies Web 2.0 technologies as part of a new global platform of collaboration and as one of the ten forces that have “flattened the world.” Friedman (2007) uses the term flattening to illustrate “equalizing power—and opportunity, by giving so many people the tools and ability to connect, compete, and collaborate” (p. x). According to Friedman (2007) “the convergence of the 10 flatteners” has created a whole new web-enabled global platform “that enables individuals, groups, companies, and universities anywhere in the world to collaborate—for the purposes of innovation, production, education, research, entertainment . . . that now operates without regard to geography, distance, time, and in the near future, even language” (p. 204).

Tapscott and Williams (2006) in their book *Wikinomics: How Mass Collaboration Changes Everything*

describe how the “new web has opened the floodgates to a worldwide explosion of participation (p. 19).” The web is no longer about idly surfing and passively reading, listening, or watching, rather the Web is transforming into an innovative way of sharing, socializing, collaborating, and most of all, creating within connected communities. Web 2.0 is about creating virtual communities that are participatory, emergent, in mutual process is based on principles of openness, peering, sharing, and acting globally. Wikis are one of the primary innovative Web 2.0 tools that allow for mass communication and collaboration.

Wiki

A wiki is a website in which users can create and collaboratively view, edit, track changes, and save information by using a web browser. No special software is needed and contributors do not need to know complicated programming languages. “Wiki” is the Hawaiian word for “quick,” and the name of the rapid bus service between terminals at Honolulu International Airport. Ward Cunningham, creator of the wiki idea, was looking for a recognizable, unique name and found it while traveling in Hawaii. In the relatively short time since he created the first wiki, WikiWikiWeb, (or wiki for short) on March 25, 1995 (Choate, 2008), wiki has grown into one of the most important tools in educational, business, entrepreneurial, and research settings. Wiki enables teams of individuals to work together

collaboratively on projects, solve problems, and design and create new products. Enterprise wikis often include strict security to protect confidential information using fine grained permissions restricting access to the website so only those individuals with password authentication and sign-on privileges can access the appropriate spaces and pages on the website.

Stewart Mader (2008), a self proclaimed “wiki evangelist” and author of *Wikipatterns: A Practical Guide to Improving Productivity and Collaboration in Your Organization* explains that a wiki truly resembles the Hawaiian bus service. People can easily come and go, some might make small edits which are akin to riding the bus route for just one or two stops, while others might create new pages or make significant contributions and revisions to an exiting one, much like traveling the entire route on the bus. The wiki, like the bus itself, enables people to inhabit the same space (the page), and see the same thing (the text) they are all editing at the same time. Unlike email, which “pushes” discrete copies of the same information to each person and then requires a combination of separate revisions, a wiki “pulls” people together to work simultaneously on the same text (Mader, 2008). From an initial seed, all users can add to, expand, and edit content for improvement of the content. Every change is recorded so that the progress of a document can be easily tracked across interactions and through different authors. Since

a wiki tracks and saves all versions of the text, nothing is ever lost. Everyone can view the earlier versions of a document and review their peers' changes. More interestingly, tracking the edits on a wiki demonstrates how knowledge has grown and refined over the lifetime of a project.

The Wikipedia Example

Chances are that if you have not heard of a wiki, you have heard of Wikipedia. Wikipedia is the most recognizable wiki and is an online encyclopedia that anyone can edit. Wikipedia is the largest encyclopedia ever created - print or electronic (Mader, 2008). As of February 2008, Wikipedia is comprised of articles in 229 languages, including 2,192,000 articles in English, 612,000 articles in French, and 700,000 articles in German (www.wikipedia.org). Wikipedia is one instance of how wiki technology can be used, and is the most open application possible, since anyone with an Internet connection can edit Wikipedia content, and can do so anonymously. This may sound radical at first, but the spirit of the idea is that a wiki enables collaboration on an unprecedented level, and can be applied to a myriad of different situations in education.

Because Wikipedia is such a well known example of a wiki, people new to the idea of using a wiki in education or any academic enterprise may be influenced by the way Wikipedia is used and think all wikis are fraught with all or some of the pitfalls they have heard about:

vandalism or deleting content, posting incorrect information, or rude and hostile comments. However, organizational, educational, or enterprise wiki sites are often, by necessity, very different from Wikipedia. Wikipedia pitfalls are very unlikely to occur in an educational setting because the wiki is being used in an established social and organizational structure and is designed to accomplish work that is important to achieving specific goals for which all the participants will be held accountable. For example, editing on a wiki for educational purposes often needs to be restricted to a particular group of students and anonymity is not necessary since a wiki enables discussion and collaboration on a project. It is best when everyone knows who is making contributions and changes to the document because all students share responsibility for the accuracy of the content.

Wiki Principles

Wikis are powerful tools that enhance connectedness, collaboration, and knowledge construction. Tapscott and Williams (2006) identified four "wikinomic" principles: being open; peering, sharing, and acting globally. Wikinomics is defined as "a new art and science of collaboration" (Tapscott & Williams, 2006, p. 18). Not only do the wikinomic principles help in developing a deeper understanding of the nature and power of wikis, they also resonate with the ideas of openness, mutual process, and patterning,

pandimensionality, accelerating change, and non-linearity that are inherent to Rogers' participatory epistemology.

Being open. Wikis are inherently open. This means that wikis allow for transparency, freedom, flexibility, expansiveness, engagement and access (Tapscott & Williams, 2006). Openness allows all group members immediate, and equal access to the most recent version of the document. Openness allows for transparency since changes in the document can be tracked and individuals who made the edit may be easily identified. The transparency inherent in the wiki process opens up the secrecy and anonymous changes to content that can plague organizations and group processes. Disclosure from transparency fosters trust among the participants since all are accountable for the changes to the content on the wiki site and can view who made each change in the document. Wikis allow for the incremental development of content as each participant, collaborator, shareholder, partner contributes to the document. The content itself becomes ever changing and emergent as the projects evolves through the multiple edits, additions, deletions, and revising.

Interestingly, wikis originated within the "open source" movement, meaning that wiki software was developed collaboratively using guaranteed access to the source code and distributed at no cost. Allowing multiple developers to collaborate created a culture of cooperation and has accelerated

innovation and product development. The Linux operating system, Mozilla's Firefox web browser, and the MySQL for data bases just three examples of literally thousands of software products developed through open source access. One benefit of sharing the source code is that more people can view the code and locate and solve problems. Wikis work the same way in terms of content development. The more people you have that can both read and edit the "open" document, the more likely errors will be identified and corrected (Choate, 2008).

A number of "free" wiki software products are available. Writeboard, PBWiki, StikiPad, JotSpot, WikiSpaces, wetpaint, Wikia, BluWiki, Wikicities, XWiki, and Wikidot are examples of either free or low cost "hosted" wiki sites where anyone can create a webpage and determine who can have open access to the content. JotSpot, a commercially developed wiki, was recently bought by Google and is now part of Google's core services. Some universities, such as the University of Iowa, have or are in the process of creating their own wiki sites for faculty and students.

There is no limit or boundary to the evolution of a particular wiki. Some wikis are still open to anyone and are continuously evolving, like Wikipedia. Ward Cunningham's original wiki site (<http://c2.com/ppr>) is still open and now has over 30,000 pages exploring all aspects of "wiki agenda" that he initiated in 1995. For the purpose of a course assignment, the wiki can have a set deadline

when the assignment is to be completed and submitted to the class and/or instructor. You may wish to have a wiki in which everyone in the class has open access or you may have the class work in groups where only the members of each group have access to their group wiki. As the instructor, you determine the purpose and content to be developed for the assignment.

Mader (2006) writes in *Using Wiki in Education* (wikieducation.com) “as different editors — student, administrator, instructor — contribute to a wiki document, this same gradual layering of knowledge occurs. This underlines the fundamental power of a wiki. A syllabus can be created not by an instructor alone, but also by teaching assistants, other instructors, even students.” A small group or hundreds of students can contribute to a class project, discussion topic, report, research paper, or a school newspaper. “The one-to-many model of knowledge transfer can be transformed into a collaborative, many-to-many network where every voice contributes to the knowledge of the group; the sum becomes greater than its parts” (Mader, 2006). When participants feel the content is complete, they can either print the webpage content or export the file from the wiki as a Word document.

Peering. A second principle of Wikinomics is peering, or peer production, which refers to how a wiki brings people together to collaborate, not in the traditional hierarchical formation, but rather in a more horizontal and egalitarian peer-

to-peer mutual process (Tapscott & Williams, 2006). In addition, unlike traditional content management systems where users have distinct roles and the content creators are separate from the content users or readers, a wiki allows both creators and users all to be equal (Choate, 2008). This notion of the inseparability of the creators and users is similar to the integral nature of the researcher and the researcher into in the Rogerian epistemology. Essentially, a wiki allows for group authoring, thus all participants are accountable for all the content.

Peering involves participation along horizontal lines and is a way of creating knowledge, goods, or services through dynamic shared experiences using the collective intelligence of the invested community. The peer production process of adding to, editing, and co-creating the wiki content means the document is incremental, open, living, and organic. However, the wiki group process is synergistic with multiple group members working simultaneously, changes in the content can make sudden, non-linear, unpredictable shifts. These sudden shifts most often happen as the deadline for completing the project nears. As the deadline for completing the assignment approaches, an increasing number of group members become intensely engaged in the collaborative mutual process. They turn their attention away from working on “their section” toward looking at the document more as a unitary whole and contribute to each of the other sections. As the

due date becomes more imminent, changes in the document tend to accelerate, often morphing the content in exciting and unpredictable ways, which can dramatically improve the quality of the final product.

The openness of the wiki allows for self-organization and peering succeeds because it leverages self-organization. Students figure out a way to organize as they develop the content. The group progress can be monitored on the wiki site, so the teacher can make helpful suggestions or elect to refrain from interfering with *their* process. Typically, group members divide the content into sections so that each member has responsibility for a part, with the understanding that ultimately, everyone contributes to each of the sections.

An important aspect of the wiki is the change of consciousness about "ownership" because, although each student may be responsible for posting a section, as the instructor you can help the students understand that "their section" is it not really "their content," rather all the content belongs to the members of the group. Thus, the idea of the wiki is to shift thinking about content from "my content" to "our content." Living here in Iowa, an appropriate analogy illustrates the goal of the wiki assignment is not about working in silos, but in an open field. A field that is not divided into small plots,

with each working only in one's own plot (section or assigned question), but rather everybody is working in everybody's "plot" to improve the content as they work towards a polished and complete final document. In this way, everyone is accountable for knowing and contributing to all the content and the document becomes an irreducible unitary whole for each participant. Students work together to edit, add to, and modify each other's sections with the intent to improve the content. While there often is some initial discomfort about editing content someone else has posted on the wiki site, the instructor can offer a set of guidelines termed "Wiki netiquette" (see Table 2) to help make the editing process more comfortable, open, transparent, respectful, and consensual for participants.

Peering also means wiki participants engage in their own "peer review" process of reviewing and critiquing each other's content as it is developed. Group peering places emphasis on open and honest communication and means the group is mutually responsible for solving problems that arise. Peering involves each student being responsible for their "part" but more importantly, being held accountable to everyone in the group by contributing to the whole. Group members work together to build and edit the document on a wiki.

Table 2. Sample Wiki Netiquette Guidelines

1. Remember the wiki is meant to be scholastic in nature. This means that you should try to avoid writing simple opinions - back up writing with sources and information. As well entries should be spelling and grammar checked.
2. Delete and edit other entries with care. Only edit other people's entries if you have something constructive to add that improves and/or expands the content.
3. Treat others, the content, and the comments of others with respect.
4. Refrain from using offensive or vulgar statements or images.
5. Wiki presentations are collaboratively authored - which means they don't have bylines. Everyone in the group "owns" the content collectively, so place all names on the title page.
6. Try to refrain from using terminology that refers to "my" or "your" content or section.
7. Workload should be shared as equally as possible.
8. Everyone is to contribute in some constructive way to all wiki "sections."

page, thus strengthening the sense of community within the group, and allowing group members with overlapping or similar ideas to view and collaboratively build on each other's work

Non-linearity is also inherent in a wiki because a wiki document allows the inclusion of hypertext links, which one can use to make conceptual or keyword links from the wiki to any other web pages in cyberspace. Choate (2008) notes that while it is comforting to view a wiki as a self-organizing "organic process, with order arising out of chaos naturally," every wiki does need tending or what Choate refers to a "gardening" (p. 171). A wiki needs to be tended to by the instructor in order for it to thrive. This may take the form of offering guidance to students if they need: 1)

to be redirected back toward the topic or intended purpose of the assignment; 2) help identifying gaps or other areas of content that need to be explored; 3) insight and encouragement; 4) reminders about the purpose of the process; and 5) to be reminded when the Wiki Netiquette guidelines are not being followed.

Sharing. Sharing is inherent in wikis, and like openness, sharing is central to Rogerian science. Sharing the mutually constructed pattern profile with participants is a central process in the Unitary Field Pattern Portrait research method and is consistent with Rogers' participatory epistemology. Sharing of knowledge and content enhances knowing participation in change. Rather than controlling, protecting, and

concealing one's proprietary resources and innovations, Tapscott and Williams (2006) assert that contributing "to the commons" is the "best way to build vibrant business ecosystems that harness a shared foundation of technology and knowledge to accelerate growth and innovation" (p. 27). In the teaching-learning process, peer-to-peer sharing exponentially increases the learning of new content because students are working together toward a common goal and learning from each other's shared expertise as content is added to the wiki document. Participants can not reduce their knowledge to the part they may have initially been responsible for, but must also read, critique, add, and edit the content throughout the entire document. In this way, sharing is what allows for the quality of the content to become more than what any one person could do working independently. Sharing enables the document to become more and different from the sum of the individual contributions of each group member. Sharing also contributes to the dynamic nature of a wiki. Content evolves, and as it is shared, it is modified, and shared again (Choate, 2008). Since all participants have access at all times, the wiki document is actually continuously being shared. Sharing and mutual participation in creating the work is what moves participants away from thinking "look at the great article or section I wrote" to "look at the great article *we* wrote." Woods and Thoeny (2007) note that shared authorship and ownership of the wiki

created content is often profoundly unnatural at first since we are all socialized to think of the writing process as a solitary process reflecting the content of our own minds. When you are involved in a wiki process, this solitary perspective fades and is replaced with a greater sense of collective pride.

Acting Globally. The fourth Wikinomics principle identified by Tapscott and Williams (2006) is in concert with the ever accelerating pace of globalization. Friedman (2007) explains, we are now entering a third phase of globalization. He termed "Globalization 3.0," to mean "we are now connecting all the knowledge centers on the planet together into one global network . . . which could usher in an amazing era of prosperity, innovation, and collaboration, by companies, communities, and individuals"(p. 8). According to Friedman (2007), this new globalization is unique because it is characterized by a "newfound power for individuals to collaborate . . . and the phenomenon is enabling, empowering and enjoining individuals and small groups to go global so easily and seamlessly" (p. 10). No longer is the mantra just "think globally, act locally," but *act* globally as well (Tapscott & Williams, 2006, p. 29).

Friedman's description of how global networks are "flattening the world" resonates with Teilhard de Chardin's (1959) holistic and synthesizing vision of Earth's evolutionary unfolding into a new organ of consciousness he called the *noosphere*. The noosphere on a

planetary level is analogous to the evolution of the cerebral cortex in humans. The noosphere is a "planetary thinking network" -- an interlinked system of consciousness and information, a global net of self-awareness, instantaneous feedback, and planetary communication. Rogers' (1970) evolutionary ideas about the nature of change expressed in the postulates of helicy and resonancy, as well as her theory of accelerating evolution were clearly influenced by Teilhard de Chardin. Rogers referenced to his work in her seminal text *An Introduction to the Theoretical Basis of Nursing*. At the time of de Chardin's writings in the 1940s and 1950s and even at the time of Rogers work in the 1960s and 1970s, computers were impractical massive complexes used by few people and the Internet was nonexistent. Nevertheless, Teilhard de Chardin imagined a stage of evolution characterized by a complex membrane of information enveloping the globe and fueled by human consciousness.

We live in an intertwined world of fiber optic cables, telephone lines, wireless satellite-based transmissions, interconnected computers, information services and information repositories that allow one to travel electronically in the blink of an eye. Kreisberg (1995) pointed out that Teilhard de Chardin's (1959) complexity-consciousness law is the same as what we now think of as the neural net. We now know from neural-net technology that when there are more connections between points in a

system, and there is greater strength between these connections, there will be sudden leaps in intelligence. If one accepts this power of connections, then the planetary neural-network of the Internet is fertile soil for the emergence of a global intelligence. Today, humanity is at the beginning of Teilhard de Chardin's (1959) third phase of evolution, the moment at which the world is covered with the incandescent glow of consciousness. Teilhard de Chardin's (1959) third phase of evolution is a vision of a collective humankind, greater than the sum of its parts, a continuous process of synthesis upon synthesis toward increasing complexification, an evolving super-consciousness, leading directly to a new domain of psychical expansion, the hyper-personal, and what he referred to as the "Omega." Web 2.0 is the new architecture of a unitary worldview in which human beings, integral with each other and the universe, are continuously evolving unpredictably toward infinite diversity and innovativeness. Wikis, along with other Web 2.0 tools, are the great global collectivizers of minds, and are the primary tools for our emergence into the Teilhard's (1959) third phase and Friedman's (2007) "Globalization 3.0."

Wiki in Education

Collaboration, sharing, exchanging precompetition information, and a peer orientated approach to producing knowledge is not new to academia. However, the wiki process has unlimited potential

for accelerating mutual collaboration among educators and researchers. Wikis can be used to further enhance the work of faculty in academic settings by building web-based open collaborative environments for: 1) creating knowledge infrastructures to foster collaborative content initiatives like course, curriculum development, policy development and standard development; 2) creating virtual scientific networks; and 3) connecting research and development groups in a mass collaboration virtual work space (Tapscott & Williams, 2006). For example, grants and manuscripts can be written and edited on a wiki site. Typically, multiple versions of document are frequently sent back and forth via email among participants using track changes. A wiki website reduces email exchanges, overcomes potential technological problems of downloading and opening attachments, and eliminates confusion about what version of the document one should be working on.

Students are often immersed in a competitive learning environment that offers limited peering, sharing, and collaborative knowledge creating experiences. A wiki, however, enables students to work together in a way that improve collaboration and fosters knowledge sharing.

Students might use a wiki to collaborate on a group report, compile data or share the results of their research, while faculty might use the wiki to collaboratively author the structure and curriculum of a course. A sample of the instructions

for a wiki assignment used to teach a theory course as the University of Iowa College of Nursing is available from the authors.

Toward a Rogerian Nursing Science-guided Pedagogy

A Rogerian-based pedagogy flows from the principles in Rogers' participatory epistemology. Within in a Rogerian-guided pedagogy, knowledge is conceptualized as pattern. Teaching-learning, or the transfer of knowledge, occurs in the form of experiences, perceptions, and expressions and uses multidimensional modes of awareness. All participants, meaning teacher-students, are integral to one and other, and are engaged in mutual teaching-learning process. Teaching is designed to enhance knowing participation in change.

Barrett (1989) conceptualized power and knowing participation in change within Rogers' unitary perspective. Power is the capacity to participate in the nature of change characterized by continuous patterning of human-environmental fields as manifest by awareness, choices, freedom to act intentionality, and involvement in creating changes. Knowledge is power, and power is a natural continuous theme in the flow of life experience. Power offers a way to understand how human beings participate with the environment to actualize their potentials. Nurse educators, in mutual process with learners, works to mutually design patterning strategies which facilitate awareness, choices, freedom to act,

and involvement in the acquisition of new knowledge. Therefore, strategies that optimize active collaborative student participation the teaching-learning process are most consistent with a Rogerian-guided pedagogy. Wiki-ing in a teaching-learning context is a participatory strategy that occurs in open, boundaryless, and virtual pandimensional reality where participants actively engage in a continuous collaborative mutual process enhancing knowing participation in change.

Conclusion

The age of participations has arrived. Students of today and Net-Generation students of tomorrow, need to be prepared to live and work in the emerging participatory culture. A new energy in education is arising. Mass collaboration is a new way for students, in fact all people to connect, self-organize, and create synergistic learning communities. Wikis are, as Choate (2008) states “clearly participatory” (p. 4) and provide an exceptional way to foster higher order learning skills such as student collaboration, synthesis, reflection, and consensus building. Wikis allow students to harness their collective intelligence becoming co-creators, co-authors, and co-innovators.

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PRACTICE COLUMN

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As editor of the Practice Column, I am delighted to share the work of a former graduate student of mine, Chad Vickers. He graduated as a nurse practitioner in August 2006, and is beginning his PhD in Health Studies at Texas Womans University in Denton, Texas. In this article, he shares his discoveries about how Rogers' SUHB and Leddy's Human Energy Model can be applied by the advanced practice nurse to administration of Healing Touch and Therapeutic Touch to patients in the psychiatric setting. I invite you to send or email manuscripts for consideration for inclusion in this column to me.

Healing Touch and Therapeutic Touch in the Psychiatric Setting: Implications for the Advanced Practice Nurse

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Introduction

As patients have become more aware of the benefits of integrative therapies, many have incorporated such treatment modalities into their everyday lives. According to the National Center for Complementary and Alternative Medicine (NCCAM), integrative medicine "...combines mainstream medical therapies and [complementary and alternative medicine] therapies for which there is some high-quality scientific evidence of safety and effectiveness..." (NCAAM, 2002, para. 6). Though these therapies have typically been withheld from psychiatric and mental health arenas, they are slowly establishing their beneficence in such areas.

Healing Touch (HT) and Therapeutic Touch (TT) are two such therapies with research-based rationale for inclusion in the psychiatric setting. The use of these therapies can be derived from Martha Rogers' Science of Unitary Human Beings (SUHB), as well as Susan Leddy's Human Energy Model (HEM). Many advanced practice nurses providing mental health services are doubtful of the clinical value of HT and TT, however, and are hesitant to utilize them in their own practice.

Although current research indicates that these energy-based touch



therapies provide relief from many of the symptoms plaguing patients with psychiatric disorders, no sincere effort is being made to incorporate HT or TT into mental health treatment programs.

The Agency for Healthcare Quality and Research released data indicating that mental disorders were among the top five most costly medical conditions, with costs of \$47.5 billion in 2002, as compared to costs of \$36.2 billion in 1997 (Olin & Rhoades, 2005). As mental health expenditures continue to increase, and as more people are diagnosed with psychiatric disorders, advanced practice nurses must consider the effectiveness of HT and TT. They also need to consider employing them in their own practices.

When compared to the traditional therapies still utilized in mental health care, HT and TT appear to be

cost-effective energy-based therapies with enough evidence-based results which indicate benefits to advocate for inclusion. This edition of the practice column will use published research studies, as well as personal experience, to illustrate the effectiveness of and demonstrate the need for the inclusion of such energy-based treatment modalities in mental health care.

Review of Literature

Although there is an abundant amount of research available regarding HT and TT, little of that research is specific to psychiatric patients or their disorders. After an exhaustive and comprehensive review of the literature, I have selected three articles that I feel are the most pertinent and applicable to both mental health and HT or TT.

A research study conducted by Gagne and Toye (1994) was perhaps one of the first significant research studies designed to specifically address the phenomena of TT in the psychiatric setting. The researchers hypothesized that TT would be an effective nonpharmacological technique for reducing anxiety levels of hospitalized psychiatric patients.

The researchers randomly assigned 31 inpatients of a Veterans Administration psychiatric institution to one of two groups: an actual TT group and a placebo group. Researchers recorded participants' motor activity and had each participant complete a self-report anxiety questionnaire, the State-Trait Anxiety Inventory (STAI), before the

TT interventions were applied. Participants in the TT group were then exposed to two 15-minute treatment sessions within a 24 hour period, whereas participants in the placebo group were exposed to simple relaxation therapy. Participants were then asked to complete the same self-report anxiety questionnaire, and researchers again graded each participant's level of motor activity.

Data were analyzed using a multivariate analysis approach. The researchers discovered that the TT group showed a statistically significant reduction in STAI scores immediately following TT interventions, with the average post-intervention STAI score being 43.87 ($p < 0.001$). A Wilks' Lambda value of 0.585 confirmed the researchers' hypothesis that TT would produce significant decreases in anxiety when compared to placebo interventions. The researchers concluded that "...the nursing intervention of TT resulted in significant reductions of reported anxiety," with STAI mean scores decreasing from 54.0 pre-intervention to 40.1 post-intervention ($p < 0.05$), as opposed to the control group that experienced small, nonsignificant, effects (Gagne & Toye, 1994, p. 188).

A similar research study was conducted that aimed to evaluate the effectiveness of TT in reducing anxiety and other psychological symptoms (Hughes, Meize-Grochowski, & Harris, 1996). The participants in this research study consisted of seven adolescent,

psychiatric patients hospitalized in short-term care institutions. These seven adolescents received a total of 31 TT treatments over a two-week period. Researchers conducted face-to-face interviews with the adolescent patients at the conclusion of the TT sessions and categorized their findings into two themes: the Therapeutic Relationship and the Body/Mind Connection. In explaining the Therapeutic Relationship one study subject said, "...it makes me feel safe and it makes me trust the nurses more and like I can communicate with the nurses better..." (p. 14). The Body/Mind Connection was best described by another participant who likened it to, "...an in-between sleep state...I was just half way asleep and half way awake...thoughts just slipped away and became clear..." (p. 15).

All seven adolescent patients that participated in the study reported experiencing increased relaxation over the course of the study. They also reported positive changes in their affect and behavior at the conclusion of the TT sessions. One participant stated, "...I've just been feeling in the ups ever since I've been doing this...I haven't been that depressed like I was before..." (Hughes, Meize-Grochowski, & Harris, 1996, p. 14). In fact, many of the study participants verbalized sincere disappointment that the TT sessions had ended and requested that such sessions actually be permanently incorporated into their treatment plans. This research study has convinced me of the effectiveness of HT and TT more

than any other. As a child and adolescent psychiatric nurse I realize the magnitude of such statements made by adolescent patients.

Another study conducted to evaluate the effectiveness of HT in reducing depression produced similar results (Leb, 1996). The 30 volunteer participants were randomly assigned into one of two groups: a HT experimental group or a control group that did not experience HT. After completing the Beck Depression Inventory (BDI) and having their vital signs recorded, participants in the HT group were provided two, 30- to 45-minute HT sessions per week for a span of three weeks; participants in the control group received no intervention. At the conclusion of each session participants were required to complete the BDI and comply with vital sign measurements.

Through utilizing a t-test analysis of data the researcher discovered that there was a statistically significant decrease ($t=0.580$, $p<.001$) in depression scores for the HT experimental group versus the control group. She also noted that the systolic blood pressures of the HT experimental group were significantly lowered ($t=0.515$, $p<.05$) after HT sessions two, three, and six. Respirations were significantly lowered ($t=0.780$, $p<.05$) in sessions two through six (Leb, 1996).

Precautions

While the data above supports the inclusion of HT and TT in mental health, before proceeding it is

important to point out that certain special precautions may need to be taken when utilizing these interventions in the psychiatric environment. The following precautions have been gathered from references regarding general and energetic touch precautions, as well as through my personal experiences from working in a mental health setting.

Consultation with a patient's psychiatrist or mental health services provider is always an optimal first step; however, this cannot always be accomplished. Therefore, it is essential that practitioners have at least some knowledge of the psychiatric disorders affecting their clients. When working with psychiatric patients, especially those that experience delusions or hallucinations, it is imperative that the advanced practice nurse providing HT or TT interventions provide direct and detailed information regarding what is going to occur before starting. It is also important for these practitioners to continually explain their movements and actions throughout the HT or TT session, as psychiatric patients may have distorted perceptions of what is actually occurring (Zur & Nordmarken, 2004).

As with all patients for whom the advanced practice nurse performs HT or TT, it is imperative that the practitioner educate psychiatric patients regarding the basic principles of energetic healing and receive permission to touch before initiating any intervention (Anderson, 2002). Because perceptions are

often distorted in psychiatric patients, practitioners should exercise caution when performing HT or TT on patients of the opposite gender. At the very least these practitioners should ensure that a witness is present to observe their interventions.

Special consideration should also be given to patients that have experienced physical and sexual abuse, as their perceptions of these interventions may be skewed from the trauma they have experienced. In such cases, permission to touch the client needs to be ascertained. If the client does not feel comfortable with physical touch, the HT or TT practitioner should use noncontact touch only.

Rogerian Application

HT and TT derive framework from Martha Rogers' SUHB. Because the major assumptions of HT and TT include that "...human beings are energy fields and open systems..." and that illness results when there is an imbalance in energy flow or patterns, Rogers' SUHB is the most applicable conceptual framework (Snyder & Lindquist, 2002, p. 184). The four concepts of the SUHB (patterns, pandimensionality, energy fields, and open systems) correlate well with the principles of HT and TT.

Patterns are used to describe energy fields, and simultaneous interactions between two fields causes change which is often stressing to the human body (Rogers, 1986). HT and TT both aim to address these changes and restore healthy, mutually coexisting

patterns. Rogers highlighted pandimensionality as the concept of the SUHB primarily concerned with the idea of a unitary whole. Rogers emphasized, "...human beings are more than and different from the sum of their parts" (Rogers, 1970, p. 46). HT and TT rely heavily on this concept of holism. If these therapies are to be truly effective, the human being must be seen as a holistic being comprised of both internal (psychological) and external factors, and touch interventions must be geared toward the whole being.

Energy fields are what Rogers referred to as the fundamental unit of the human being. Rogers (1970) noted that the human energy field is, "...in a continual state of flux, and varies continuously in its intensity, density, and extent" (p. 90). At times, these continual variations can significantly disrupt the human energy field, causing both physical and psychological distress. Rogers explained that until a homeostatic energy field state was achieved again, distress would continue. Because HT and TT repattern energy fields and attempt to balance any disruptions, their use is supported by the SUHB.

Rogers went on to describe the human being as, "...an open system constantly exchanging matter and energy with the environment" (Rogers, 1970, p. 62). Because of this openness and the continual interactions between human and environmental energy fields, various exchanges are constantly occurring, and the human energy field may become imbalanced. HT and TT

seek to repattern energy fields and restore balance, thus returning the patient to their original state of wellbeing.

Leddy's HEM, influenced by Rogers' SUHB, is another model applicable to the implication of HT and TT in the psychiatric setting (Leddy, 2004). The HEM is a conceptual model with multiple concepts based on Rogers' SUHB. These include human beings, the environment, mutual human-environment processes, health, and nursing (Leddy, 2003). Leddy explained, "...the purpose of nursing is to facilitate harmonious pattern manifestations of both the client and the nurse..." which is best "...accomplished through health pattern appraisal, recognition, and subsequent energetic interventions" (Leddy, 2004, p. 20). In the HEM the nurse is viewed as a "knowledgeable and concerned facilitator" and the patient is deemed responsible for making his or her own choices regarding health behaviors (p. 20).

There are three theories derived from the HEM: healthiness, participation, and energetic patterning. The theory of energetic patterning is perhaps the one most useful to HT and TT because it "...proposes that healing nursing interventions facilitate field energy movement and resonant pattern manifestations of both the client and the nurse healer" (Leddy, 2004, p. 22). As a nurse practitioner, Leddy strongly advocated for the inclusion of energy-based touch therapies in primary practice and developed the

HEM with applicable practice theories.

Personal HT Experience

I recently completed a level one training class in the art of HT. I felt that I was fairly knowledgeable regarding HT due my exhaustive research. However, since I had no previous experience in HT, I felt very apprehensive going to the class. I was also skeptical about energy-based therapies, regardless of the research-based support I had reviewed regarding the effectiveness of HT and TT. This skepticism faded as the instructors spent ample time explaining the basics of the human energy system and the rationale and procedures of HT. Legal and professional aspects of touch therapies were also discussed.

My first realization was that no amount of research could be as informative or beneficial as this class. I immediately wished that I had enrolled earlier in my research process. Experiencing and performing HT were undoubtedly the most valuable aspects of the class. Through allowing multiple classmates to practice HT techniques on me, I personally experienced many of the effects described elsewhere in this article, including relaxation, stress reduction, and anxiety relief. I also witnessed these changes in the individuals to whom I administered HT. These personal experiences with HT further confirmed my proposition that energy-based touch therapies are appropriate integrative therapies to incorporate into the treatment plans

of patients diagnosed with psychiatric disorders.

I am very interested in employing HT therapies with patients at the state-supported psychiatric hospital at which I work. To date I have not employed any of the techniques learned in the HT class with patients, although I have utilized them with friends and relatives with subjective reports of success. I hope to discuss development of HT and TT policies and procedures with hospital administrators and psychiatrists. I plan to begin using various techniques in my work with psychiatric patients in the near future. I am also interested in conducting research of my own regarding the effectiveness of HT and TT in the mental health care setting.

Implications

As a registered nurse working in a state-supported psychiatric hospital, I have seen firsthand the need for therapies such as HT and TT. Through personal observations I have noted a drastic increase in the use of antidepressants, anxiolytics, and sedatives in the psychiatric environment, with no consideration given to the inclusion of integrative therapies.

From my own person observations it seems that the traditional "pill and counseling" therapies most often utilized with psychiatric patients do not alone appear to be effective with all patients, and they traditionally take numerous weeks to maximize their effects. My suspicion is that

integrating HT and TT with these more traditional therapies would result in more immediate and effective treatment. After thorough investigation, I am truly convinced that HT and TT would be effective therapies to offer patients in addition to more traditional biomedical treatments.

Research indicates that HT and TT are effective treatment modalities to offer patients diagnosed with anxiety, depression, and a wide array of other psychiatric disorders. The research described in this paper is a small sample of the many studies that are available. The implications for the use of HT and TT are clearly outlined in these studies, and such research indicates that employing these energy-based therapies during their interactions with psychiatric patients would allow advanced practice nurses to evoke relaxation and enhance psychological processes, thereby optimizing the patient's level of health.

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BOOK REVIEW: Newman, M.A. (2008). *Transforming Presence: The Difference that Nursing Makes*. Philadelphia: F.A. Davis Company.

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Transforming Presence: The Difference That Nursing Makes, written by Dr. Margaret Newman, is a transformative contribution to the body of knowledge that constitutes the discipline of nursing. The text will soon be a classic piece of literature that is essential reading for nurses in practice and those studying and contributing to the development of nursing knowledge. In eight chapters, Newman parsimoniously presents complex theoretical ideas extending what is already known in nursing science and revealing the often-veiled transformative beauty associated with nursing.

In chapters 1 & 2, Newman provides a brilliant historical account that relays personal, professional, and scientific events that informed, influenced and pushed the boundaries of nursing science. Newman emphasizes that unification of the epistemology (knowing) and ontology (being) for nursing will be accelerated when the fundamental nature of the unitary transformative paradigm (Newman, Sime, & Corcoran, 1991) is accepted and guides all nursing practice, education and research.

In chapter 3, Newman offers a clear extension of nursing praxis, a concept originally articulated in the theory of Health as Expanding Consciousness (HEC) (Newman, 1986; 1990; 1994a; 1994b; 1997), as an appropriate method for revolutionizing the advancement of knowledge and practice development in nursing. Clear examples of nursing praxis are provided. These examples allow the reader to glimpse how a nurse embracing HEC approaches practice, research and theory development as a unity. HEC praxis fosters insight into patterning toward transformation. Three distinct phases for nursing praxis as process are identified related to individual and community practice; but, the phases are open and evolving continuously in accordance with the nurse, the person-environment interaction and their recognition of the whole.

The concepts of resonating with the whole and being fully present are each articulated by Newman who dedicates chapters 4 & 5 to these ideas. These two theoretical concepts may appear to be highly abstract in nature, but Newman is able to clearly describe and provide

illuminating examples of each as she expands upon what is already known. The clarity given to each concept enables one to grasp the depth and breadth of knowing and practicing HEC.

Resonating with the whole “begins with whatever level presents itself”(p.38) and it is not focused on words or dissection of the whole into pieces; rather, it is a holistic appreciation of “all” that includes meaning, intuition, and relationships. Newman acknowledges that an analytical mind is challenged to grasp the concept of resonancy because words may not adequately communicate knowing the perception of the whole.

Being fully present mandates relationship with other. Newman directly highlights that contextual knowing and connecting fully to the whole of a nurse and person-environment interaction contributes to the expanding consciousness for all involved; it is within these processes that transforming presence occurs. Transforming presence, “becoming one with the client” (Newman, 2008, p.56), allows for the embodiment of the theoretical underpinnings described by Newman which are thought to enhance the interpenetration of those involved in the nursing and permit unique pattern identification, mutual transcendence and transformation.

Chapter 6 challenges the nurse practicing from HEC to fully explore understanding and focusing on the whole person to reveal patterning. This focus may separate the nurse from traditional empirical health

options and research; but the focus will allow for co- participating in the health and consciousness that is evolving and being experienced simultaneously. Newman carefully portrays research within HEC to be relation-oriented, *not result-oriented*.

Educating our current and future nurses is the theme for chapter 7. Newman charges nurse educators to be vigilant in communicating the perspective of the discipline. Teaching HEC, like HEC nursing, requires a dedication and authentic intention to actualize the principles that support the theoretical framework. Examples of educators in action and guides for dialogue are offered. Many nurses, who have been students of HEC, report to Newman a sense of renewal in nursing as they become familiar with and begin to practice nursing through this lens. Our future nurses deserve this type of inspirational commitment to education and nursing. Our patients deserve this attention to relationship and health that can transform their lives.

The concluding thoughts in chapter 8 underscore the powerful role nurses share in determining the future of nursing and caring in health. A questions and answer section and appendices are included in the text and offer further clarification of HEC and guidance for application in practice. Newman inspires each one of us to contribute our part to the expanding consciousness of health and healing in the global environment. She also invites current and upcoming members of the nursing profession to courageously

advance theoretical discourse and praxis into the 21st century.

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BOOK REVIEW: Pert, C. (1997). *Molecules of Emotion: Why You Feel the Way You Feel*. New York, NY: Simon and Schuster, Inc.

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Have you ever wondered where “gut” feelings come from? Or wondered why stressful situations are often associated with changes in bowel motility? According to Candace Pert, PhD, author of *Molecules of Emotion: Why You Feel the Way You Feel*, Western Medicine is currently undergoing a major, albeit slow, change in collective thinking from ignoring to embracing the human soul, mind, and emotions as an important part of every patient’s treatment and outcome. According to Dr. Pert the word psychosomatic comes from the Latin *psyche* meaning mind or soul and *soma* meaning body. Dr. Pert, formerly of Johns Hopkins University and the National Institute of Mental Health (NIMH), played a key role in the discovery of the opiate receptor. Her research has led her to believe that the receptors for many neuropeptides, which she theorizes are responsible for control and storage of our emotions, are concentrated most densely not in the brain but in the gut.

This book closely follows two stories. The story of her professional quest to better understand the inner workings of the human mind and her personal life as she begins to understand and accept less Western ways of looking at how the mind and

body relate to each other. During her journey she discovers alternative methods for describing the way the body and the mind communicate. She realizes that “alternative” health practitioners, who she says should be called “complementary” instead of “alternative,” are far ahead of Western medicine in understanding the connections between the body and mind or soul. As her understanding grows she begins to use her scientific training to experiment and describe, scientifically, these connections.

As a doctoral student at Johns Hopkins University she was researching the possibility that an opiate receptor existed. The project was officially called off. She went ahead on a hunch and on October 25, 1972 she found what she was looking for. This discovery propelled her to world fame. The discovery also led to political infighting which changed her career and to a great degree her outlook on life.

In September of 1975 after completing her degree she took a job at NIMH in Bethesda, MD where she remained until 1987. During her time at NIMH she began to combine the studies of neuroscience, psychology, and immunology proudly referring to herself and several of her fellow researchers as “radical

psychoimmunologists.” She began to see a correlation between the body’s response to disease and the mindset person affected by the disease. She said “The body is the unconscious mind! Repressed traumas caused by overwhelming emotion can be stored in a body part, thereafter affecting our ability to feel that part or even move it” (p. 98). Emotions are what happen when the body and mind communicate.

This book deals with many subjects which coincide well with Rogerian theory. Dr. Pert is not a medical doctor or a nurse. However, she does have a solid understanding of biology and anatomy and offer numerous insights into how the mind and body are integral parts of an incredible creation.

Reference

Pert, C. (1997). *Molecules of Emotion: Why You Feel the Way You Feel*. New York, NY: Simon and Schuster, Inc.

SRS News

President's Message On the Threshold of the 20th Anniversary of SRS: Honoring our Past and Growing our Future

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In preparing to write this message I did some reflection on how Martha Rogers and the Science of Unitary Human Beings came into my life, and how it has influenced me and my chosen journey. It's been 30 years since I first heard of Martha Rogers and read the legendary purple book. I was in a concept development course in my Masters program, and Dr. Mary Jane Smith was my teacher. Mary Jane is a graduate of NYU, and was well-schooled in the Science of Unitary Man, as it was called at the time. As our class on wholeness and pattern got started, I remember thinking, "Yeah...Yeah...I know all this....add psycho-social dimension to the physical and you've got wholeness."

Mary Jane, a master teacher, told us a story to facilitate our understanding of the concept of wholeness....It was something like this...

Once there was a seasoned fisherman who was passing his knowledge and wisdom on to his daughter. He told her that the most important teaching he could impart was for her to come to know the fish. He told her to go and return to him when she came to know the fish. The young girl scampered off and caught a fish. She examined the fish carefully and then returned to her father. She told the father the details of the fish's scales, fins, eyes and tail. Her father said, "You do not yet know the fish...return to me when you do". The daughter was puzzled, but determined to prove to her father that she could arrive at the knowledge he was seeking. She caught another fish, dissected it, removed its parts, categorized them and described them with the utmost precision. She returned to her father and presented her findings on the fish, showing him a poster detailing her careful analysis. The father smiled and gently told her, "You do not yet know the fish. Come back to me when you do." Now she was getting a little frustrated. This time she drew upon all the available technology. She used an electron

microscope to examine the cellular structures of the fish organs. She conducted chemical analysis of the tissues. Now she returned confident of her in-depth knowledge of the fish, armed with tables, charts and graphs. He listened calmly and said, "No my child, you do not yet know the fish. Return to me when you do". This time she was angry and hurt. She had worked so hard....of course she knew every part of that fish. What was he talking about?! Exhausted, she collapsed by the bed of a slow-moving stream. She began to relax with the sounds of the stream, the odor of the earth and moss, and the light glistening off the water. Her eyes caught a glimpse of a beautiful trout swimming downstream. She watched for a long time as it meandered through the rocks, paused to nibble on a stone and brought its mouth to the surface of the water for a breath. She was fascinated, enthralled by the fish's beauty and uniqueness, how it thrived in its environment. For what seemed like hours she watched and marveled. She returned to her father, humbled by her experience. She told him that she could not know everything about the fish...only what she experienced in the time she was present on the bank. She described the water bubbling, the fish darting and stopping as it swam through the water, the vibrant colors changing in light and shadow. She told him how this fish was different from and similar to others in the stream. Her father smiled, "Now, my daughter, you know the fish."

After hearing this story I had my "A-Ha!" moment about the meaning of wholeness, and it has stayed with me to this day. The story captured for me the concepts of person-environment as "one," apprehending patterning that reflects the whole, and being truly present as that way of perceiving wholeness. This understanding of wholeness has changed my life and my work in so many ways.

This year, 2008, marks the 20th anniversary of the establishment of the Society of Rogerian Scholars. In commemoration of this anniversary I invite you to think about the differences that the Science of Unitary Human Beings has made in your life. In addition, I invite you to consider our important responsibility in advancing the ideas. Often I hear or read about "new concepts" like complexity, participating in creating reality, emergent human abilities, and energy field dynamics. Martha Rogers was talking and writing about these "new concepts" 40 years ago. She was truly a pioneer, and those founders of SRS embodied her pioneer spirit.

In this anniversary year our Board of Directors is focusing on two important initiatives: 1) To increase our visibility and communication through membership outreach and creation of a new website and 2) To enhance dissemination of unitary scholarship through holding our annual Conference at Case Western Reserve in October, supporting the Power Conference in New York City in June, participating in the Boston Knowledge Development Conference in September and increasing the number of manuscripts submitted to *Visions*.

Mark your calendars for the following 2008 events:

- June 6th in New York City: A Celebration of 20 Years of Scholarship related to Barrett's Power Theory
- September 27th at the Boston Park Plaza Hotel in Boston. Nursing Theory Post-Conference at the New England Nursing Knowledge Conference. We'll have a SUHB discussion group.
- October 10th – 12th - Case Western Reserve University in Cleveland, Ohio. 2008 Rogerian Conference and Annual Membership Meeting.

Finally, on behalf of SRS I'd like to express our gratitude to our *Visions* editors Drs. Martha Bramlett and Sonya Hardin. They have been so dedicated to developing a quality journal and doing all that it takes to publish it.

Announcing the Rogerian Nursing Science Wiki Website
<http://rogeriannursingscience.wikispaces.com>

On Feb 2, 2008, Howard K. Butcher, RN; PhD launched a wiki site designed to allow participants to collaboratively explicate the Science of Unitary Human Beings (SUHB). Rogers never wrote a Second Edition of her landmark book *An Introduction to the Theoretical Basis of Nursing*. Currently all major texts on the Science of Unitary Human Beings are out of print. This site is intended to provide a platform for those knowledgeable about Rogers' Nursing Science to explicate all aspects of the science of unitary human beings including its historical evolution, cosmology, philosophy, postulates, principles, theories, practice, and research methodologies.

The power of a wiki and its congruence with the Science of Unitary Human Being is described in detail in an article in this issue of *Visions: The Journal of Rogerian Nursing Science*, Vol. 15, p. 30 (see Innovations Column: Using a Wiki to Enhance Knowing Participation in Change in the Teaching-Learning Process by Howard K. Butcher and Janette Y. Taylor).

Purpose:

The intended purpose of this wiki is two fold: 1) to bring together a collaborative participatory community to co-create a definitive comprehensive explication of the SUHB; 2) to create an online resource anyone can access for all those who want to learn about how Rogerian nursing science serves as a foundation for nursing research, practice, education, and administration.

Authorship:

The strength of a wiki is in the ability of every member of the community to contribute, be it with providing content, expanding understanding, raising questions, offering insight, and providing answers. Many wikis are completely open for anyone to edit and have no authorship. A wiki intended as a open forum, for example, might be free-form to allow for emergent structure. However, most wikis whose ultimate aim is to be a source of accurate information have an organizational vision, an "organizer" or primary author. Often this is the person who initiated the wiki, its "organizer," or more delicately, its primary Editor.

The primary Editor "organizer" of this wiki will be Howard K. Butcher, RN; PhD, APRN-BC, who created this site. All contributors to the content of this wiki will be listed as Co-editors.

I do envision that in addition to the content in the wikitext "The Science of Unitary Human Beings: Theoretical Basis for Nursing," this site will have unlimited potential and an emergent design. For example, this site can be a virtual community for Rogerian researchers to post abstracts; educators to upload Rogerian teaching resources; students to share their papers/projects; a place for links to essential references/documents; for all to engage in multiple

conversations about issues concerning the SUHB; and most importantly, unlike print text, a resource/reference where the evolution of the SUHB can be continuously updated.

This site can be viewed by anyone who links to it, and any content may be edited by anyone who is a member of this "protected" wiki. To become a member, send an email to: howard-butcher@uiowa.edu requesting to join.

Guidelines for creating The Science of Unitary Human Beings: Theoretical Basis for Nursing wiki text:

Process:

Content is to be written in a scholarly manner much like a textbook using 5th APA style references. Any participant is free to edit, add to, modify, revise, or delete content with the intent to improve and/or expand the content. Wikispaces.com provides numerous links on this wiki to help anyone learn more about how to use this site and contribute to its content.

Form:

This wiki should take the form of a book, with each section (page), as a chapter. There is no limitation to the length of each chapter. Unlike a book, links to other relevant webpages, video, audio, images, or full text references may be embedded in the text of this wikibook.

Use of Content:

- 1) You must attribute the work in the manner specified by the authors.

How to cite this work: The Science of Unitary Human Beings: Theoretical Basis for Nursing Retrieved HH:MM, Month Day, Year, from [\[\[http://rogeriannursingscience.wikispaces.com/\]\]](http://rogeriannursingscience.wikispaces.com/)

- 2). Content from this site can be "exported" and/or printed. For any distribution, you must make clear to others the authorship of this work. The best way to do this is with a link to this web page.
- 3) This site is noncommercial, meaning that the content created on this wiki site is not to be sold. Rather, access to the content developed on this site is to remain free to any user.

Rogerian Wiki Netiquette:

1. This document wiki is meant to be scholastic in nature. This means that you should try to avoid writing simple opinions – back up writing with sources and information. As well entries should be spelling and grammar checked.
2. Delete and edit other entries with care. Only edit other people's entries if you have something constructive to add.
3. Treat others and the comments of others with respect.
4. Wiki presentations are collaboratively authored – which means they don't have bylines.

**Society of Rogerian Scholars
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2007-2008**

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Members on the Move

Dr. Fran Biley has accepted a position as Professor within the Institute of Health & Community Studies (IHCS) at Bournemouth University.

Valerie S. Eschiti, completed her dissertation in May of 2007 at Texas Woman's University in Denton, Texas. Her dissertation was "Complementary and Alternative Modalities Used by Women with Female-Specific Cancers." Please congratulate Dr. Eschiti on her accomplishment.

Dr. Martha Alligood, professor and director of the doctoral program at East Carolina University School of Nursing, was inducted into the NLN Academy of Nursing Education in fall of 2007. She was also elected to the governing board of the Southern Nursing Research Society and received the society's *Leadership in Nursing Research Award* in 2006.

Visions Online Repository:

Editions of Visions are added to the online repository at the end of each year. The main link for the Visions repository is at:

<http://drtcbear.servebbs.net:81/Visions/>

Martha E. Rogers Homepage:

The link for the Martha E. Rogers homepage is

<http://drtcbear.servebbs.net:81/~martha/>

In Memory:

A Tribute to Two Giants of Nursing Conceptual Models and Theories

The world of nursing mourns the deaths in 2007 of two of our discipline's theory "giants"-Dorothea Orem and Imogene King. As we mourn, let us also celebrate Dorothea's and Imogene's profound influences on nursing research, practice, education, and administration. Their commitment to developing their visions of nursing into formalized conceptual models and theories and their courage in sharing their work with all nurses greatly facilitated nursing's progress to full disciplinary status.

Contemporary nurses' commitment to learning and then using Orem's and King's conceptual models and theories to guide all aspects of nursing, including development of educational programs, delivery of nursing services, the research needed for evidence-based practice, and practice activities, will keep their work alive far into the future.

Marlaine Smith, President

Barbara W. Wright, Secretary

Jacqueline Fawcett, Treasurer

Susan Kun Leddy, RN, Ph.D. passed away on her birthday, February 23, 2007, after surviving breast cancer for 13 years. Dr. Leddy received her PhD from New York University in 1968 and was the author of multiple nursing text books including Leddy and Pepper's Conceptual Bases of Professional Nursing and Integrative Health Promotion: Conceptual Bases for Nursing Practice. Her efforts to further the Science of Unitary Human Beings is well appreciated and is demonstrated by the increasing use of her Human Energy Model. It



should be noted that in the practice column of this issue, Chad Vickers cited the Human Energy Model as an aspect of his inspiration in his article on Healing Touch and Therapeutic Touch in the Psychiatric Setting: Implications for the Advanced Practice Nurse. Dr. Leddy made a lasting contribution to nursing and to the Science of Unitary Human Beings. The photograph of Dr. Leddy was sent to us by her daughter, Erin. The following note is a request from Erin for further dialogue with those of you who knew Dr. Leddy.

A note from Dr. Leddy's daughter

I wanted to post something to let everyone know that my mother (Susan Leddy) died on February 23rd, 2007 from breast cancer. I would appreciate it if all of you could pass this information on to anyone else she might have known professionally. There will be no funeral since she wanted her body donated to science. Her remains went to teach 1st year medical students at Temple University. We are asking that in lieu of flowers and such that people donate in her name to Crozer-Chester Medical Center's Cancer Center so that other people may be able to obtain treatment which they otherwise may not be able to afford.

I don't know if any of you knew my mother personally, but if you did please write me back at erinleddy@msn.com with any stories you have about her. thank you all.

Erin Leddy

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. The Board of Directors voted in Fall 2003 to support one list serve created on the Yahoo groups site that is 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.

List serve moderated by Fran Biley

The list serve that was previously moderated by Fran Biley is no longer in operation. The archive for the list serve that Fran Biley moderated goes back to 1989. and is available at:

<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 for the July 1, 2008 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 2008 and 2009 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, College of Nursing, New York University, 246 Greene Street, 8th floor, NY, NY, 10003-6677. 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.