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DEDICATION

To God
Beloved Creator

To my parents
Howard Winfred and Evelyn Hope (German) Muirhead

To my son
William Joseph Madore

To the women who shared their stories
Jean, Joy, Shirley, Sophia, and Sundancer

To all teachers and healers

Living in the Oneness

When we live our lives in the Oneness,
When we let it be,
Little by little, and bit by bit,
Changes come and things get done.
We should never worry,
Just follow our own hearts and do our work.
Transformation happens in this way,
Within,
Without our knowing or seeing,
Until the change has fully come.
It is a secret.
It has to be!
It has never happened this way before,
Because The Way for each and every one of us
Is unique,
Just as we are.

Enid L. Muirhead, May 30, 1999

ACKNOWLEDGMENTS

To the numerous individuals who were significant in my learning, growing, and changing through the development of this thesis, I am deeply indebted. I would like to thank 'Shirley', 'Sundancer', 'Joy', 'Sophia', and 'Jean' for sharing their experiences. This research could not have been accomplished without the openness and willingness of these nurses. I am grateful to have met them and to have engaged in their lives through the sharing of their lived-experiences towards holistic healing.

The thesis journey brought me to several scholars whose guidance and advice were invaluable in preparing me and helping me to broaden my own vision. I would like to acknowledge the contributing efforts of my Thesis Advisory Committee. Firstly, my sincere appreciation and gratitude to Dr. Daniel Vokey, for the many hours in consultation and guidance in the preparation of the research proposal. Secondly, thanks to the two advisors who replaced Dr. Vokey when he left UPEI, namely, Dr. Anne-Louise Brookes and Dr. Martha Gabriel. I am deeply grateful for their wisdom, insight, feedback, reassurance, guidance, support, and resounding enthusiastic encouragement through the data analysis and report writing. Thanks also to Dr. Fiona O'Donoghue, Internal Examiner, and Dr. Lyren Chiu, External Examiner.

I also called upon informal advisors in Nursing, Professor Janet Bryanton, Dean Rosemary Herbert, Professor Marian MacKinnon, Dr. Margaret Munro, and Professor Donna Murnaghan, who graciously read portions of the work at different stages of development, and provided guidance. I also wish to express my appreciation for the encouraging support of Carolyn Ledwell in Education and friends at the University of Prince Edward Island School of Nursing, particularly Barb Curley, Dawn Inman-Flynn, and Rosanne McQuaid. Thank you all for your enthusiasm and advice. To my transcribers, Susan Gallant, Noreen Sherren, and Candace Valverde, my appreciation and thanks for your time, patience, and energy.

I am grateful to my spiritual mentor, my beloved companion Thomas Rippe, my son Joseph Madore, my sister Carol Gaines, my brother Delbert Muirhead, my niece Laurie Briggs, and dear friends Candy Matheson, Jean Money, Joanne Darrach, and Suna Houghton-Mooney. Your energy and intellect were inspiring and your continuous encouragement, interest, and support made this work possible.

ABSTRACT

With the ever-increasing rise in publicly-funded health care costs, the Canadian health care system is in crisis. Increasing the focus of attention and support to less invasive and less technological wellness promotion modalities may be of great benefit to Canadians in both the prevention of disease and the maintenance of desirable states of wellness. The purpose of this study was to explore the lived-experience of nurses engaged in holistic energy-field healing practice with a view to proposing the potential role of such practitioners in integrative wellness promotion practice within an emerging Primary Health Care environment. The specific research question was 'Is it possible that solutions exist that we have not adequately examined?'

The five nurses interviewed for this research used energy-field modalities in wellness promotion practice, including Reflexology, Reiki, Therapeutic Touch, Acupuncture, Nambudripad's Allergy Elimination Technique, prayer, and bio-energetic therapy. A qualitative reflexive methodology of storytelling and mandala drawing was chosen to reflect the wholeness of the transformative process experienced by participants in the transition from the biomedical to the holistic world view. Reflexive methodology provides for situating the data within the context of personal histories, in order to make connections between personal lives and personal careers, and to understand personal influences on professional practice. Participants were provided the opportunity to express their experiences, beliefs, values, and perspectives through in-depth interviews and mandala drawings. Mandala drawings, a non-verbal, creative, artistic expression to augment and amplify the narrative, depicted the participants' holistic conception of the four-fold metaparadigm concepts of nursing: nursing, environment, health, and person. Participants reviewed their data at least three times for accuracy and completeness: following transcription of audio-recorded data, after thematic analysis, and finally, upon completion of their story.

Themes arising in participant stories include the following: significance of human-universe energy field to states of wellness and illness; sharing the experience of "true presence"; significance of general and particular knowledge; and transformative nursing practice. The research revealed participants on a beliefs-centered mission of service, transforming themselves and facilitating transformation in others through their holistic practices. Participants were inspired by their faith, and enabled by their responsibility to others and their capacity to accommodate to the needs of others. All five participants have experienced enhanced positive states of wellness through the use of holistic healing modalities. As well, all participants employ healing modalities to support other's movement toward wellness. Therefore, the research question was answered affirmatively.

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CHAPTER I: INTRODUCTION

Leadership is philosophy in action

Overview

With the ever-increasing rise in publically-funded health care costs, the Canadian health care system is in crisis. Is it possible that solutions exist that we have not adequately examined? It is often said that crisis is an opportunity for expansion, growth, and change. As a nurse educator, schooled in both conventional and holistic nursing practice, I became interested in exploring the use of energy-field healing practices in wellness promotion by other nurses. My goal was to discover what assistance these wellness promotion practitioners might offer towards responding to the present health care crisis. The nurses interviewed for this research all practiced energy-field modalities, included under the umbrella term of complementary and alternative medicine (CAM). Increasing the focus of attention and support to less invasive and less technological wellness promotion modalities may be of great benefit to Canadians in both the prevention of disease and the maintenance of desirable states of wellness.

The evidence is increasing that alternatives to the present health care paradigm do exist. Canadians, in self-directed efforts to achieve and maintain optimal states of wellness, are availing themselves of alternative and complementary modalities. Nurses and other health care professionals are actively involved (Thorne, 2001). Nursing plays a vital role in the provision of health care for all Canadians. In this research, I chose to explore the experiences of nurses engaged in the practice of holistic energy-field healing modalities in Prince Edward Island.

Background

The significance of nursing in the Canadian health care system is well acknowledged, and in response to the changing health care needs and preferences of Canadians, Nursing remains actively involved and ever-vigilant. Minister of Health, Allan Rock, (Health Canada, 1998), in an address to the Canadian Nurses Association Biennial Meeting in Ottawa, noted that nursing represents the largest body of health care professionals, and nurses are by far the most trusted of all health care professionals on issues of health care. He also noted that Nursing is a major point of entry to the health care system for most Canadians and that nurses have borne the brunt of health reform.

Canadians of all cultural groups, all demographic subsets, all geographic regions, and all social sectors are telling nurses that the resources for health extend considerably beyond what conventional medical therapeutics can offer (Thorne, 2001). Throughout North America, there is a growing public interest in both ancient and emerging holistic healing therapies originating in many different cultures and civilizations (Fontaine, 2000). The choice by Canadians for less invasive and technological approaches to health care is clearly evident in a recent survey by the Fraser Institute (1999), which indicated that 73% of Canadians have used at least one alternative therapy. Recent nursing literature places nurses in solid allegiance with complementary and alternative healing modalities (Kreitzer & Jensen, 2000; McLennon-Leong & Kerr, 1999; Thorne, 2001).

Nurses, by virtue of educational preparation and caring relationships with clients, help people to assert their right to choose their own healing journey. The acceptance and adoption by nurses of complementary and alternative healing modalities involves a

philosophical change in worldview, different from the biomedical worldview that shapes their practice and therefore their perspective on wellness. The shift in perspective is towards holism. Energy-field healing modalities are commonly referred to as holistic practices.

The nursing profession's growing interest in the holistic worldview is indicated both by the development of holistic theory and practice frameworks (Newman, 1986; Parse, 1998; Rogers, 1980) and an increase in literature on holistic nursing since the mid-1980's. Holistic nursing, based in the philosophy of (w)holism (Smuts, as cited in Shuster & Ashburn, 1992, p. 24), is distinct from conventional nursing, which follows the reductionist biomedical model. At present, the two philosophies coexist with little connection to each other. Holism often includes the concept of healing, which is also a central concept of emerging alternative and complementary therapeutic modalities to which holistic nursing is frequently linked (Dossey, Keegan, Guzzetta, & Kolkmeir, 1988). In addition, assumptions about the dynamic human-universe energy field and its significance to human states of health and disease are fundamental to holism. Nurses in both biomedical and holistic model education learn early in their programs that the holistic perspective of the human is fundamental to nursing. As expressed by nurse theorist Cooper (2001), in the art and science of nursing, the "actualization of artful nursing is as broad and creative as the nurse's imagination and skill" (p. vii).

In both Canada and the United States, professional associations of holistic nurses were established within the past two decades: the Canadian Holistic Nurses Association (CHNA) and the American Association of Holistic Nurses (AAHN). Incorporated within

the Canadian Nurses Association (CNA) is the Canadian Holistic Nurses Association (2000) philosophy, which states:

- Every individual is a whole and unitary human being with an energy field, which is in process with the environmental energy field.
- When human beings participate consciously in change, we believe they tap into their potential for healing and well being.
- We believe that a nursing conceptual framework based on human environmental field theory is the foundation for holistic nursing practice.

As health care professionals, nurses are guided in practice by the Canadian Nurses Association (CNA) Code of Ethics and Standards of Practice for Registered Nurses (1999). Despite that, current regulations regarding licensure for nursing practice in some provinces, including Prince Edward Island, do not include participation in holistic healing modalities under the standards of practice, and nursing hours of practice in holistic healing modalities are not accepted for nursing registration. Therefore, due to financial considerations and a desire to retain their status as health care professionals, most of the holistic nurses known to me personally practice in the biomedical health care setting in addition to their holistic nursing practice.

Techniques and practices commonly included under the umbrella of holistic healing arts are Therapeutic Touch, Healing Touch, Reiki, guided imagery, focused breathing, relaxation techniques, therapeutic massage, and reflexology. In addition to these, others commonly referred to as complementary and alternative medicines or modalities, such as acupuncture, acupressure, Nambudripad's Allergy Elimination Technique, naturopathy, homeopathy, herbology, Ayurvedic, huna medicine, Native

American medicine, and osteopathy may also be included. The common denominator in all of these practices is the acknowledgment of the human-universe energy field.

Nursing's response to public demand for alternative and complementary healing modalities is consistent with professional responsibilities and obligations. The ultimate goal of nursing is to provide its clientele with maximally effective and efficient services and to enhance the professional stature of the members through improved practice, enhanced by continual development of a relevant body of knowledge (Polit & Hungler, 1999). Nursing researchers have found that a great many people attribute a higher quality of life to complementary and alternative modalities and are strongly committed to finding ways to integrate these practices into their health and wellness care plans (Fontaine, 2000; Thorne, 2001). Simultaneously, with growing public demand, a number of nurses are engaging in educational training and independently choosing complementary and alternative holistic healing modalities in wellness promotion with clients (Fontaine, 2000; Thorne, 2001).

The overview to this research establishes that there is a gap in the Canadian health care system, as both nurses and clients are involving themselves in holistic healing modalities, a health care paradigm that is not supported by the publicly funded health care system in which most nurses practice. Nurses are well positioned to weave connections between the biomedical practice model and the emerging holistic healing paradigm. Nurses who are using holistic healing modalities are themselves co-existing between the paradigms of the reductionist biomedical model and the holistic human sciences approach.

Many nurses practicing in the holistic paradigm also continue to practice within the biomedical model. Smith (1987) described such states of co-existence as “bifurcated consciousness,” in that two modes of consciousness are co-existing, and the moving from one state to the other involves a shift, “a different organization of memory, attention, relevances and objectives, and indeed different presences” (p. 7). Moreover, in biomedical practice, as described by institutional ethnographer Campbell (2000), nurses must perform ‘nursing functions’ in addition to “routinely watching for danger to patients caused by physicians’ lack of attention, knowledge, or judgement and are accountable for such observations” (p. 197). Registered nurses (RN) also recognize that as their professional responsibility, and as noted by Campbell, are aware that it “extends to knowing the patient holistically, as opposed to simply following orders or conducting tasks” (p. 201). There is little to be found in North American literature on the lived experiences of nurses who are choosing to use holistic healing modalities in wellness promotion, and no studies were found in Canadian literature.

General Problem Statement

There has been little inquiry concerning the lived experience of nurses who are actively engaged, through practice, in the emerging paradigm of holistic healing modalities, particularly in Canada. Some nurses are choosing to study and practice holistic energy-field healing modalities. Knowledge of the nature of such transitions is important to the practice of nursing because change in practice is a phenomenon of central concern to nursing administration, nursing education, nurse educators, and nurse practitioners if they are to inform and influence health policy. This research has the

potential to inform those in positions of leadership, as they choose their focus areas in the continuing development of nursing as a discipline and as an art-science practice. It would also contribute to the development of a basis from which to conduct further nursing and wellness-promotion related inquiry. In addition, potential contribution of holistic nursing practice towards a solution to the Canadian health care system crisis may be illuminated.

Holistic energy-field healing modalities have the potential to enhance and sustain wellness and, therefore, quality of life. The goal of this research was to understand the potential role of holistic nursing in the emerging Primary Health Care approach in Prince Edward Island. In their practice, holistic nurses weave connections between the biomedical and the holistic approaches to wellness promotion. This study serves to demonstrate the beliefs of holistic nurses about the value and potential for integration of biomedical and holistic wellness promotion practices within a collaborative environment. Discussion by other researchers and a context for future studies will be provided.

The purpose of this research was to explore and describe the experiences of holistic nurses in wellness promotion practices with complementary and alternative energy-field modalities in Prince Edward Island. Specific questions that were addressed in this research included: What can be learned to support other nurses who, in order to meet the requests of their clients, will need to become more familiar with this perspective? How do these nurses see their changing roles in wellness promotion? Is the adaptation of new modalities reflected in the language nurses use to talk about what they are doing? Is coming from the biomedical positivist perspective affecting the way in which holistic nurses speak about what they are doing? If as a nurse educator, I know why

and how other nurses have embraced this paradigm shift in wellness promotion modalities, what could be confirming and meaningful to others who may go through this process? What can other nurses learn from the participants in this research that can help to address the nursing shift towards the holistic approach to wellness promotion? What might be learned about how best to support those in this time of changing approaches to health care? Do nurses need to become more familiar with the world view behind holistic healing practices in order to meet their ethical responsibilities and obligations? Before moving on to the review of the literature, where I will introduce the four major concepts in nursing theory, review aspects of conventional biomedical model of nursing in contrast to the holistic paradigm, and explore the concept of wellness promotion, I will say more about myself and my professional background.

Researcher's Experience

I graduated from a three-year diploma program and practiced in the acute care setting for ten years. I learned about Homeopathy through one of my sisters who used holistic and naturopathic medicine for herself and her children. She shared details of healing experiences and piqued my curiosity and interest. In nursing education, as I reflect on the study of principles and theory, I recall learning a holistic approach to nursing the person. That approach, by necessity, includes all realms or domains of the person: physical, psychological or mental, emotional, and spiritual.

Throughout my nursing practice, I have been both a participant in and an observer of the changing forces in health care. It seemed to me, from the beginning, that in the heart of nursing programs, the difference between nursing and biomedical philosophies of

care is present and clearly distinctive. Yet, I observed in every setting in which I've worked, upon entering the nursing practice realm, the biomedical model's need takes over, and the nursing fundamentals and perspectives diminish in significance.

In the matter of education and professional history, I entered surgical nursing practice in 1977, after completing a diploma program at the Prince Edward Island School of Nursing and remained in bedside hospital nursing until 1985. For three years I acted as international clinical liaison with researchers, educators, marketers, and distributors with the manufacturer of medical devices.

In 1988, I returned to clinical nursing practice, and practiced in emergency departments in major university-affiliated teaching hospitals in Montreal and Vancouver until 1998. During my professional practice at Sir Mortimer B. Davis Jewish General Hospital in Montreal and the Vancouver General Hospital & Health Sciences Center, my personal and professional appreciation and respect for the astonishing marvels and merits of biomedicine continued to develop and deepen. My nursing experiences and ongoing studies in this cutting-edge environment of biomedical emergency and critical care practice were astonishing. While in Vancouver, in order to balance the intensity of the high-tech experience of biomedical practice, I also worked at Normandy House, a hospice for people suffering from AIDS. There, in being with people who were aware that they were dying, the nursing focus of care was holistic and patient-centered. Simultaneously, in addition to completing a baccalaureate degree in nursing, I studied holistic philosophy, and alternative and complementary healing practices. My appreciation and respect for the merits of both health care paradigms, biomedical and holistic, never ceased to grow and

develop.

When I relocated to Montreal in 1988, I enrolled in the study of Classical Homeopathy and energetic healing therapies at Institut d'Enseignement et de Recherche en Therapies Energetiques (IERTE). For two summers, I attended summer sessions in holistic healing modalities at State University of New York (SUNY), and attended classical homeopathy symposiums in New York with researchers and practitioners. After obtaining a diploma in Classical Homeopathy, I continued with holistic studies in human energy fields, and with a subsequent move to Vancouver, became an active member of the Holistic Nurses Professional Practice Group (HNPPG) of the Registered Nurses Association of British Columbia (RNABC). Since 1994, I regularly attend summer workshop retreats based in the philosophically grounded process of dreamwork and individuation as delineated in the collective works of C. G. Jung. In addition, I completed a certificate program at the Institute of Holistic Healing in Virginia, focusing on food-combining, energy work, and stress reduction practices.

While completing a Bachelor of Science in Nursing degree at the University of British Columbia between 1996 and 1998, I discovered nursing models based in the philosophy of holism. Since that discovery, my vision for nursing education has focused on the potential integration within nursing practice of biomedical and holistic paradigms as a means to nurse-client partnership in wellness promotion. In 1999, I returned to PEI to be with my mother who has Alzheimer's Disease. I returned to nursing practice in emergency department in Prince County Hospital, and then, practiced as a community nurse in Addiction Services. I entered the Master's in Education Leadership in Learning

program at University of Prince Edward Island and have completed the required course work, including quantitative and qualitative research methodology, leadership in learning, leadership in education, global education, theories and principles in learning, and program evaluation. Presently, I am a clinical instructor in adult nursing and have presented, as a guest lecturer, on holistic healing modalities at the University of Prince Edward Island School of Nursing. I am also a founding member of the Association of Integrative Medicine of Prince Edward Island (AIM), although I have neither attended nor otherwise been active there for more than two years due to the time constraints imposed by my work and study requirements.

In coming to this research, I carry my own advocacy for the holistic paradigm. Positive personal experiences and study in both the biomedical and holistic paradigms inspire and inform me in my professional practice roles as a clinical instructor in nursing and as a guest speaker on holistic wellness promotion. The biomedical world view is well established in mainstream practice environments, while the holistic world view is not. My respectful appreciation for both legitimate world views leads me to explore the potential toward achievement of a practice field of common ground, a place of integration of the best of both worlds in wellness promotion practice.

CHAPTER II: REVIEW OF RELATED LITERATURE

Four Major Concepts of Nursing Theory

Since this research is focused in nursing experiences, I will begin with a brief description on nursing theory development. Nursing practice is based on general and particular sources of knowledge (Polit & Hungler, 1999): tradition, authority, experience, trial and error, logical reasoning, and disciplined research. Nursing theory is the unifying component of all nursing practice models, and as noted by Munro (2000), nursing theory has been developed around and among the interactions of four major concepts: person / client, health, environment, and nursing. In defining and describing the dynamic interaction between the four metaparadigm concepts, nursing theorists develop unique theories or models of practice, drawing from, and influenced by philosophy and the social and human sciences (Munro, 2000; Parse, 1998). Various nursing theories and models of nursing are used in holistic healing practice. As with conventional nursing practice, holistic theory combines with progressively evolving nursing practice, justifying holistic wellness promotion's claim to be a discipline distinct from the biomedical model.

In reviewing the literature, I realized that the divergent views of the biomedical and the holistic perspectives would need to be explored at the outset. These divergent perspectives need to be explicated in relation to the concept of wellness promotion in order to establish the nature and context of the nurse-participant practice environment. I will begin with a brief description of the biomedical and holistic worldviews, progress to the literature on wellness promotion, and finally, situate the research questions in the relevant literature on holistic nursing experiences.

Biomedical and Holistic Nursing Paradigms

Biomedicine is the established health care paradigm, and as such, the health care system is driven by biomedical principles and philosophy. Nursing takes its shape from biomedicine, and thus, biomedicine informs theory development, practice, research, and education. Therefore, the strengths and limitations of the biomedical model system also occur in biomedical nursing. The holistic nursing paradigm began to emerge through holistic nursing models and frameworks for practice approximately two decades ago. The literature revealed the significance of each worldview to nursing art and science and the importance of some form of integrative embracing of both worldviews. Given the pervasive and powerful influence of biomedicine, nursing is challenged to find an integrative balance between the extremes of the biomedical and holistic human sciences paradigms and the associated implications in terms of disciplinary knowledge, scope of practice, and legitimizing power.

In a philosophical exploration of the tensions of postmodern nursing, Stajduhar, Balneaves, and Thorne (2001) suggested a cautious approach to extremes of either position, and argued for a thoughtful, rigorous dialogue about 'truth' and knowledge in nursing research, education, and practice. Nurses engaged in practice guided by only one kind of knowledge would know the world only from one perspective. It logically follows that adherence to one perspective as a higher or more acceptable form of nursing practice to the exclusion of the other has the potential to subvert nursing practice, since both arise from legitimate worldviews. Minimizing objective forms of knowledge and notions of truth would, according to Schumacher and Gortner (1992), limit nursing's ability to

develop a full range of practice theories (descriptive, predictive, and explanatory), thereby inhibiting the scientific advancement of the nursing discipline. Subjective and objective forms of knowledge need not stand in opposition to each other (Stajduhar et al., 2001). As noted by Northup and Purkis (2001), the biomedical and holistic schools of thought are not mutually incompatible and neither one is value-free.

The Biomedical Worldview

This perspective, predicated in the philosophy of Descartes is also referred to as logical empirical (Northup & Purkis, 2001), rationalistic, deterministic, mechanistic (Fontaine, 2000; Light, 1997), positivistic, atomistic, and reductionistic (Polit & Hungler, 1999). From the biomedical perspective, science is viewed as a product, involves maximization of facts and possesses the capacity to distinguish truth from error and to discern relevance from irrelevance (Northup & Purkis; Polit & Hungler). This view holds that all phenomena are explainable by material causes and mechanistic principles, focusing on the body as a collection of parts, and illness as a breakdown in those parts (Light, 1997). In addition, the inquiry approach taken in biomedicine involves interpretations of reality as objective, observable, and measurable, and the scientist is seen as an “arbiter of truth” (Northup & Purkis, p. 64). In the recent past, the biomedical view of health as the absence of disease or other abnormal conditions has expanded to include that health is not a static condition; the body undergoes constant change and adaptation to both internal and external environmental challenges (Fontaine, 2000). The marvels of modern technology, medical and otherwise, have literally placed the universe, as well as every aspect of living organisms, before the naked human eye.

Through the marvels of modern science, we have come to view the earth as something more than an inanimate planet of rocks, trees, and oceans. As stated by Lewis Thomas (as cited in Levine & Suzuki, 1993, p. 1), “viewed from the distance of the moon, the astonishing thing about the earth, catching the breath, is that it is alive.” The wonder of science and technology has taken us to the far reaches of outer space and to the inner mystery of the atom and DNA, from the macrocosm to the microcosm. Scientists have developed the ability to crack and manipulate the genetic code, enabling the emergence of new knowledge about which genes do what, and how. This is transforming medicine, most especially in the area of inherited genetic disease, and influencing the future of molecular surgery, with the power to cure and alter the next generation. As stated by Albert Claude (as cited in Levine & Suzuki, 1993, p. 9), “We have entered the cell, the mansion of our birth, and have started the inventory of acquired wealth.” Further, there is no question of the tremendous value placed upon biomedical science and technology in the diagnosis and treatment of illness and life-threatening states of disease.

Robert Evans (1996) submitted that the hospitals of today are the grand cathedrals of medieval times. He noted that modern society measures the degree of evolution of a culture by the quality of its healthcare, as evident by the structure and technology in its research institutions. Common belief exists that modern healthcare systems hold the power to promote the possibility of an enhanced and extended period of existence.

The Holistic Human Sciences Worldview

Beginning in ancient times, and recently predicated in the philosophy of Dilthey

(1989), the holistic worldview is referred to by such terms as non-empirical human science (Northup & Purkis, 2001; Parse, 1998), naturalistic (Polit & Hungler, 1999), and relativistic (Stajduhar et al, 2001). From this philosophical perspective, science is viewed as a process (Northup & Purkis), assuming a belief in multiple truths and realities with an emphasis on experience and values, and the recognition of relationships, context, and meaning. In this realm, the scientist is seen as a “seeker of truth” (Northup & Purkis, p. 64). Further, human knowledge is understood as embodied within our history, culture, and life-circumstances [situatedness] as persons, and interpretations of reality are recognized as interrelatedness of human-universe relationships [interrelation between person and environment] in multidimensional time-space (Northup & Purkis; Parse; Polit & Hungler). The holistic view sees people and their environments as unified wholes and illness as an imbalance within the whole (Light, 1997). In the human sciences perspective (Dilthey, 1989; Parse; Rogers, 1980), the observer and observed are a unity, and there is no recourse to an objective reality and legitimate claims of truth.

Perhaps the most striking philosophical difference between biomedical and holistic worldviews is holism’s fundamental assumption that there is a universal life energy that sustains all living organisms. Holistic healers practice with recognition, acknowledgment, and focus on the life-force or energy field of the human being and the implications of this energy force in wellness and disease (Chang, 2001; Fontaine, 2000; Kreiger, 1986; Parse, 1998; Rogers, 1980; Todaro-Franceschi, 2001). In a state of health, the energy flows freely in, through, and out of the organism in a balanced manner. In disease, the energy may be blocked, disoriented, or depleted, and balance may be restored

through release of energy blockages or restoration of depleted energy (Chang, 2001; Krieger, 1986).

Holism, a term coined in 1926 by Jan Smuts (as cited in Shuster & Ashburn, 1992, p. 24), is “a philosophy that supports the need to be concerned with all aspects of a person’s life.” In other words, (w)holism looks at the whole person within their environment. The whole of that environment is considered within the whole universe and views all together as an interrelated oneness. The holistic worldview considers the significance of the individual’s family, history, environment, goals, and roles, while viewing disease as an opportunity for an increased awareness of the interrelationship of the human being and his or her environment” (Smuts, as cited in Shuster & Ashburn, 1992, p. 24). The discovery of the interconnectedness of living organisms through biomedical research is one area that is drawing near to the inherent principles of holism. Levine and Suzuki (1993) reported, “Gerry Fink, MIT biomedical researcher noted the comparison of genes, yeast and human, saying, ‘ . . . every time I pick up a cell I have the same amazement. These genes really are there, and they are the same genes across species . . . We really are connected to all these organisms’ ” (p. 11).

A diverging aspect between the holistic and biomedical paradigms, the concept of energy, is also a point of connection. According to Capra (1983), quantum physics reveals that at the most minuscule level all matter is composed of energy and that subatomic particles themselves are not things, but interconnections between things. These things, in turn, are interconnections between other things, and so on. Quantum theory itself deals not with things, but with interconnections. Taking this to the ecological view, as matter is

penetrated, nature does not reveal any isolated building blocks, but appears as a complicated web of relations between the various parts of a unified whole. Energy and matter are one in the same at the quantum level. This relates to biomedical and holistic paradigms of Nursing. Theory in Nursing is built upon a framework of four concepts: two of which are person and environment. A connection exists between the two Nursing paradigms in that both biomedicine and holism are in agreement about this interconnectedness, based in the principles of energy.

Since person and environment are two of the metaparadigm concepts in nursing, everything to do with either concept, from a global point of view, falls within the domain of nursing. The nursing theory literature relates varying perspectives on the relationship between the human energy field, coexistent in the environment with the human spirit, and also with the spirituality of the person (Henderson, 1966; Neuman, 1995; Parse, 1981; Pullen, Tuck, & Mix, 1996; Rogers, 1980; Roy, 1988).

The concepts of spirit and spirituality are energy-related, and a point of connection between the biomedical and holistic paradigms. Parse (1998) coined the phrases totality and simultaneity to express nursing science's divergent philosophical views of energy. In the totality paradigm, person and environment are viewed as separate, although connected entities, while in the simultaneity paradigm, person and environment are inseparable. In a philosophical inquiry into the concept and essence of energy, Todaro-Franceschi (2001) concluded that the two paradigmatic views of energy, totality and simultaneity, are divergent but share a common theme. In her search for an idea or belief about energy that might bridge the gap between supposedly irreconcilable views, she concluded that there is

unity in diversity, and that refinement in nursing theory and a more congruent framework for scientific inquiry might be anticipated.

To recapitulate, nursing practice, theory development, and research evolves and emerges from diverse philosophical foundations, with the underpinnings falling somewhere within different but potentially complementary 'ways of seeing.' The biomedical model has shaped and driven nursing theory development and practice, and therefore possesses its strengths and limitations. Nursing is formatively influenced by a practice perspective that is illness oriented and looks to restore and repair health. The public is turning to a holistic approach to maintain and promote wellness. Related literature on wellness promotion will now be explored.

Wellness Promotion

Wellness promotion is about affecting outcomes by caring for oneself in a way that maintains or maximizes human potential. An individual's capacity to produce valued outcomes and to prevent undesired ones provides incentive for development of personal control, which in turn, influences thoughts, feelings, motivation, and actions. According to Bandura (1995), the development of self-efficacy can contribute significantly to human motivation and attainment.

Four main forms of influence develop efficacy beliefs (Bandura, 1995): (a) Mastery experiences, self-developed through successful attempts provide the most authentic evidence that one has what it takes to succeed; (b) Vicarious experiences are provided by social models who model the belief of self-efficacy in their attitudes and behaviors; (c) Social persuasion is provided through verbal reassurance that 'you've got

what it takes' to succeed; and (d) Physiological and emotional states are used to judge capabilities; a positive mood enhances self-efficacy, while a negative mood diminishes it.

Changes in social systems as well as personal changes are required to effect health. Nurses are the largest body of health professionals and do the majority of wellness promotion in the health care system. The approach to wellness promotion must provide people with the knowledge and skills to achieve personal wellness, together with a sense of collective efficacy to mount social and political initiatives that effect human health. Bandura (1995) noted that "developmental life paths are linked to the sociocultural environment in which people find themselves immersed" (p. 35). Bandura submitted that those people with a low sense of efficacy are quickly convinced of the futility of effort to reform their institutional systems. Further, in order for an imbalance of social power to exist, people must, to some extent, not be exercising the influence that is theirs to command. The less people "bring their influence to bear on issues that affect their lives, the more they relinquish to others" (Bandura, p. 38). In the interest of achieving a more integrative approach to wellness, it follows that wellness promotion efforts include building self-efficacy, personally and collectively. Collective efficacy, health care professionals and the public, will in turn shape the future in terms of how future generations will live their lives.

Wellness Promotion Between Two Paradigms

One of the primary roles in nursing practice is teaching and educating about ways to maintain and improve states of wellness and prevent disease. This nursing intervention forms the basis of wellness promotion efforts, and the approach taken in the biomedical

paradigm differs from that taken in the holistic world view.

Historically, the nursing profession embraced concepts of holism and humanism and commonly embodied alternative and complementary healing modalities. In the 1800's, Nightingale (as cited in Parse, 1998) believed that humans "could be interpreted as more than the sum of parts, a view of nursing as knowledge distinct from medical knowledge, and a view that focused on health, rather than on illness" (p. 3). Further, Nightingale (1969) observed that "pathology teaches the harm that disease has done and medicine is the surgery of functions. Only nature heals the wound, nature alone cures" (p. 133). Nightingale's goal for nursing was "to put the patient in the best condition for nature to act upon him" (p. 133).

With the advance of biomedical technology, the shared focus on patient care between holism and biomedicine steadily changed, resulting in a gradual diminishment of holism (Fontaine, 2000) and the rise in biomedical model practice. Since nursing is aligned with the medical model, the development of high-tech nursing practices resulted in the diminishment of nursing presence in individualized patient-centered care. Because much of the conventional scientific thought related to health promotion in nursing embraced and perpetuated the reductionist philosophy of science advanced by Decartes , the place of holism was gradually usurped by the biomedical model (Moyer, Verhoeyek, & Wilson, 1997; Stanhope & Lancaster, 1996; Verhoef & Love, 1992; Northrup & Purkis, 2001).

The concern over the dominance of technology is increasing. The Declaration of Alma-Ata emerged in 1978, from international concern expressed by 134 nations that

“health care systems had developed with a focus on high technology care, usually at the expense of the provision of even basic health services for the majority of the world’s people” (WHO, 1978). At that time it was recognized that a major reorientation of the system was necessary in perception, planning, and action on issues that impact on health. Primary Health Care was formally endorsed as an important framework for improvement of world health in 1978, when the Declaration of Alma-Ata provided a blueprint for Primary Health Care and “Health for All By the Year 2000” (Wass, 2000). Primary Health Care and wellness promotion were rapidly endorsed by professional nursing organizations and individual nurses because of the natural and complementary fit of concepts of Primary Health Care with nursing’s more holistic view of the person (Meleis, 1989).

The Primary Health Care principles (Wass, 2000; WHO, 1978), include accessibility, public participation, intersectoral collaboration, appropriate technology, and health promotion and illness prevention. The key themes in wellness promotion are accessibility, intersectoral collaboration, and public participation. The same potential exists for both practice paradigms to serve the purposes of wellness promotion. However, since the essential services of the health care system are defined within the biomedical model, those choosing holistic energy-field practices, due to personal preference or cultural beliefs, do not have the same cultural, geographic, functional, or financial accessibility as those who seek biomedical modalities. The same applies in intersectoral collaboration, with individuals and groups working together across societal sectors to create conditions that support and promote wellness. Collaboration occurs without

including holistic energy-field practices of the holistic paradigm.

In the matter of public participation, which refers to the right to individuals, families, communities, and nations to self-determination and self-reliance in health matters, the person brings his/her own perspective and expertise to issues, thereby contributing to a higher quality of decision than if the decisions were made by health care workers alone. Those who might wish to choose holistic practices may not find support within the health care system, and such practices will remain financially unattainable to the poor, the homeless, and the disenfranchised.

From the outset of the establishment of the Primary Health Care principles, the International Council of Nurses (ICN) identified the key role of nurses in implementing Primary Health Care and proposed that nurses be the first point of contact with the health care system. Subsequently, throughout the ensuing two decades, conceptual models of nursing have been developed wherein the concept of wellness promotion and various interpretations of the holistic approach are re-emerging. However, as noted by Herdman (2001), although the notion dominating the Western worldview is that history is a continuous improvement, the position of nursing remains one of subordination and struggle in alignment with medical science and technology. Further, Herdman argues that “this uncritical faith in a continuously improving future has obscured nursing’s vision for the future and rendered it powerless in the face of rapid global economic and social change” (p. 4). This position is prevalent in the literature and is well summarized by nursing scholars and theorists.

Parse (1998) suggested that: (a) the emergent path of nursing in study and care of

humans in co-participation with the medical model resulted in the creation of one science, medical science; (b) the development of a distinct unique and body of nursing knowledge was seriously curtailed by remaining aligned with the medical model; (c) nursing's tenacious holding to medical model theories and connections is related to the role of women in history and the power of organized medicine; and finally, (d) the move towards more concern for the perspective of the person and the family to satisfy public concerns for more humane treatment is global. More recently, nursing theory and practice models have begun to define nursing according to nursing art and science.

Conceptual Models of Nursing

Nurses and other health care professionals generally practice within a particular scope of practice framework using conceptual models (Simpson & Taylor, 2002) to define professional boundaries, to describe the way individuals think and behave and to reflect the essential beliefs, values, understandings, conventions, and aspirations of the profession. In nursing, such models are perceived to provide "a knowledge base and structure to enable coordinated and rational nursing care, with the ultimate benefit of improved patient well-being" (Simpson & Taylor, p. 24).

Over the past three decades, conceptual models of nursing, differing slightly from the conventional medical model, have emerged, including notions of open systems, holistic views of the person, self-care, adaptation, caring, and interracial and transactional relations (King, 1981; Leininger, 1996; Munro et al. 2000; Neuman, 1982; Orem, 1995; Paterson & Zderad, 1976; Roy & Andrews, 1991; Watson, 1988). Other nurse theorists have advanced theoretical perspectives and schools of thought consistent with the essence

of human science (Newman, 1994; Parse, 1981; Rogers, 1970), where the health promotion focus is on the unitary human being's experience of living and creating health within the complexity of communal relationships imbued with personal meanings, dreams, wishes, plans, and values. In such practice methods, people and families are not diagnosed nor labeled and no one is judged for his or her views, preferences, or choices (Northrup & Purkis, 2001).

Bringing the focus to nursing and nurses in this region, the perspective of person, family, and community forms the heart and philosophical foundation of two wellness promotion models developed on Prince Edward Island, namely, (a) Circle of Health: Prince Edward Island's Health Promotion Framework (Prince Edward Island Health and Community Service System, 1996) and (b) the Prince Edward Island Conceptual Model for Nursing (Munro et al., 2000). Both are congruent with the holistic view of the person within the environment.

The University of Prince Edward Island School of Nursing has the unique distinction of conceptualizing a nursing model and developing a curriculum based in the World Health Organization's (WHO) philosophy and principles of Primary Health Care. While not fully in practice because it is a newer model, Prince Edward Island (PEI) nurses may choose to follow the Primary Health Care model of nursing (Munro et al., 2000), drawing on the World Health Organization's (WHO, 1978) definition of health and wellness, and influenced by the Canadian health care reformation of the 1980's-1990's.

Health (wellness) promotion is one of the guiding principles of health care

initiatives in Prince Edward Island. The Primary Health Care focus on partnership and collaborative effort in wellness promotion choices is common to holistic nursing relationships. The Circle of Health (Prince Edward Island Health and Community Service System, 1996) is a visual framework with a purpose to promote a common understanding of health promotion to assist people to locate links, relationships, and contributions in health promotion work; and to provide direction for strategic planning for health promotion. Developed by Prince Edward Island health care providers and community representatives, the Circle of Health is used by nurses and others as a visual framework when assessing needs, strategies, populations, determinants, and values within the community (Prince Edward Island Health & Community Services System, 1996).

To further illustrate the existing nursing practice environment on Prince Edward Island, I will briefly touch on similarities, potential points of connection, and fundamental differences between the two nursing practice paradigms, biomedical and holistic. It is important to note that the consistent use and workability of any particular conceptual model in today's institutional health care environment is questionable and that nurses in holistic healing practice may not strictly adhere to one particular nursing framework or conceptual model (Simpson & Taylor, 2002). According to Simpson and Taylor, who recently completed a questionnaire survey with Canadian nurses on the use of nursing models in practice, there is "a growing weight of evidence that today's health care environment works against the successful implementation and maintenance of any consistent and comprehensible system of providing nursing care, whether the system follows a conceptual model or not" (p. 26).

Similarities

The PEI Conceptual Model for Nursing (Munro et al., 2000) departs from the focus on care of the ill client, which casts the client in a dependent role, towards a wellness promotion approach in which the person is conceptualized as a unique and complex holistic human being, a “biological, psychological, sociological, cultural, spiritual, and developmental composite,” living within the environment (p. 43). Similar to holism-based models that focus on the whole human and the intrinsic and extrinsic environment, this model conceptualizes health as a dynamic process. Both wellness and illness are incorporated and influenced by political, economic, social, and biological factors. The level of health is influenced by the existence of specific determinants in the person’s life. Wellness and illness are conceptualized as unique states of health that sometimes co-exist or overlap.

As described by Munro et al. (2000), the PEI Conceptual Model for Nursing’s perspective on wellness promotion places nurses in collaborative partnership with clients and other health care providers in the community. This partnership is similar to the human sciences nursing perspective of Parse (1998), for example, in nurse-client co-creation of ‘healing’ experiences. This similarity is significant in that it is in the community, with persons or families in their natural setting, that nurses might reasonably expect to discover client choice and use of holistic energy-field healing practices. Subsequently, in keeping with the nurse-client partnership role and ethic of patient advocacy, nurses would become actively involved.

Regard for the individual’s own perspective and choice in wellness promotion, as

earlier described by holistic nurse theorists, is acknowledged in both the P.E.I. Conceptual Model (Munro et al., 2000) and the Circle of Health (Prince Edward Island Health and Community Service System, 1996). The PHC philosophy of partnership promotes individual and collective wellness, and “participation is encouraged out of recognition that persons bring their own perspective and their own expertise to issues, and these may contribute a great deal more to the quality of decisions than if the decisions are made by health workers alone” (Wass, 2000, p. 63).

Similar to the holistic human sciences nursing approach, which recognizes the inherent unity of all, is the focus on intrinsic and extrinsic environment of the person, and as noted by Munro, et al. (2000), the PEI Conceptual Model of Nursing provides rich opportunities for practice, research, and education while guiding nursing through identification of the dimensions of client and environment, description of the components of health, and articulation of the profession from the Primary Health Care perspective. The Circle of Health (Prince Edward Island Health and Community Service System, 1996) facilitates this process by providing a framework. Given the interchangeable use of the terms ‘health’ and ‘wellness’ in the nursing literature, I will discuss both terms.

The concepts of health and wellness are similarly defined in the World Health Organization (WHO) Primary Health Care (PHC) and the holistic principles and philosophy. In the holistic worldview, wellness is a lived philosophy characterized by the process of moving towards increased awareness of reaching human potentials and also, the journey towards transpersonal self (Dossey, Keegan, Guzzetta, & Kolkmeier, 1988). Fontaine (2000) described health as a condition of wholeness, balance, and harmony of

the body, mind, emotions, and spirit, rather than a concrete goal to be achieved. In this view, health is a lifelong process that represents growth toward potential, an inner feeling of aliveness. Parse (1992) described health as a process of becoming. In this view, a person experiences and self-describes health, while the focus of nursing presence is the quality of life from the person's perspective. The World Health Organization (WHO, 1978) described health as including the spiritual aspect. In this view, health care would be in the hands of those who are fully aware of and sympathetic to the spiritual dimension. In the interpretation, inclusion, and expression of the concepts of 'spirit', 'spirituality, and 'human-universe energy', the PHC biomedical natural science and holistic human science approach to patient care differ significantly.

Differences

Although the biomedical approach of inquiry and practice is used productively by nursing, the inherent differences when comparing the two paradigms indicate significant limitations in wellness-promoting nursing practice. In the practice of nursing as an art and science, several areas of difference between the two paradigms exist, primarily, the art of Nursing. Cooper (2001) described six concepts that need to be understood in order to practice the art of nursing, namely: (a) central value of care; (b) art of advocacy; (c) respect and honor of patient's spiritual experience; (d) compassion; (e) nursing presence; and (f) the art of caring for oneself. All are interwoven and significant to holistic care.

For the purpose of preparing a context for this research, I will focus on four major topic areas of difference where there is a steadily growing body of literature in wellness

promotive nursing practice. These areas of difference interweave the art and science of nursing and include the human-universe energy field, bearing witnesses in true presence, use of general and particular knowledge, and transformative practice.

The human-universe energy field.

The presence of the human-universe energy field and its significance to wellness is generally not acknowledged or included in biomedical practice modalities and frameworks (Newman, 1994; Parse, 1981; 1998; Picard, 1997; Rogers, 1970). According to Picard (1997), scientific theories in the 20th century reflect what was known by Buddah, Heraclitus, and other ancients. Recent discoveries in physics, by Einstein and others on unity, complexity, and subjectivity, have led to the awareness that matter and energy are different manifestations of the same thing. In addition, it is now understood that the observer in the world has an effect on the observed, playing a role in the unified order of the universe in a myriad of potential expressions (Capra, 1983). As described earlier on, interruption or blockages in the flow of energy are a factor in health and wellness states, and the centering and focusing of the nurse's intention is fundamental to holistic healing practices that modulate or manipulate the human energy field (Krieger, 1993; Parse, 1998; and Rogers, 1980). This knowledge and healing practice is ancient, predating the recorded history of medicine and healing, and has been practiced through the ages by many of the earth's ancient and modern cultures, such as Indian, Chinese, Japanese, Korean, Hawaiian, and Tibetan.

The presence and essence of the 'formless' human energy field, the chakra system, energy flow and meridians are well described in the literature on holistic healing

modalities and traditional Chinese medicine (Beale, 2000; Brennan, 1987; Chang, 2001; Krieger, 1993; Raheem, 1991; Rogers, 1980). The human-universe energy field is known by many different terms, is broad and complex, and not easily defined. For example, in some cultures the universal energy is described as including the human spirit, spiritual essence, and soul, and in others the spirit is considered as the vibrational core, animating the human and functioning as an organizing principle of the whole person. Raheem (1991) viewed the soul as a discrete energy pattern, carrying an evolutionary record of its immortal journey, bringing a blueprint for the essential meaning and purpose of the current lifetime, which in turn may be part of an evolutionary pattern. Rogers (1970; 1980) and Parse (1981; 1998) described the human-universe energy field as the fundamental unit of the living and the non-living, which is irreducible, indivisible, multidimensional, identified by patterns, and manifested by characteristics that are specific to the whole.

Healing therapies, such as Therapeutic Touch (Krieger, 1993), involve the explicit conscious direction and modulation of natural human energies in restoring balance to the inherent energy of the individual within the environment. Likewise, traditional Chinese medicine uses acupuncture to enhance the flow of this energy through the human body network of meridians and pathways. A fundamental assumption in the philosophy of holism is that the human energy field is the manifestation of universal energy and is intimately involved with human life. This energy is known by various names in different cultures, ancient and modern.

As described by Chang (2001), this energy is termed *ki* in Korea and relates to *chi*

or qi in China and Taiwan, ki in Japan, prana in Hindu and India, fohat in Tibet, pneuma in Greece, mana in Kahuna, bioplasmic energy in Russia, and bioenergy in the West. Nurses who practice holistic healing, where modulation and manipulation of human-universe energy is fundamental to the modality, do so with an awareness of the significance and effect of their own presence, and therefore their own energy field, and their intention to heal. In ancient times, such work was looked upon as spiritual healing, since the practitioner's work was with the spiritual 'unseen essence' of the human.

To describe the phenomenon of spirit and its relationship to states of health in the human body, I looked to the nursing literature. Kreidler (1995) identified spirit as the humanizer and vitalizer, a force within the human that searches to rise above the self, to fulfil, to grasp, to find meaning and purpose in life and the living of life. She submitted that spiritual distress manifests when the person does not see him or herself as whole and is unable to give or accept love or trust to self or others. Watson (1985) identified basic beliefs about the soul in human life, identifying a disturbance in inner soul as a cause of illness. Newman (1994) described consciousness as the essence of all matter, from basic molecular to cognitive and nonlocal forms of consciousness, and expressed the belief that care of the human soul, attending to embodied consciousness, is the moral imperative of nursing. Newman also expressed the belief that consciousness is a potential, and is reflected in movement. Roach (1992a) conceived of embodied soul as a unity, with the person as the "meeting point of fusion into one nature of the visible world of the today and the invisible world of the spiritual soul" (p. 22). Further, she stated, "In our diverse reflections, there is a thread of unity in the awareness of the mysterious, the sacred, the

specialness or uniqueness of the human being” (Roach,1992b, p. 40).

The practice of bearing witness in true presence.

The quality as well as the quantity of time that nurses spend in nurse-client partnerships is a significant factor in wellness promotion. The literature confirms the practice of bearing witness in true presence as fundamental to nursing. Presence is defined as the gift of one’s self in human interaction, being available or open in a situation with a wholeness of one’s unique individual being (Paterson & Zderad, 1976). In a construct analysis, Easter (2000) delineated four modes of presence used by nurses and patients: physical, therapeutic, spiritual, and holistic presence. In the contemporary nursing practice setting, the value placed on efficiency and technological solutions to health problems is reflected in the amount of time given nurses to care for patients. Units of care are factored on activities to be performed and not the need for human-to-human interaction with the person (Picard, 1997). How does listening, attending, and presence factor in such activities?

Cody (2001) cautioned that if one has not attended faithfully to the telling in the first place, a nurse cannot be faithful to the imaging and languaging of the lived experience of the other when describing it to a third party, let alone respond appropriately in the moment to the other’s needs. In addition, it would be “unwise to assume that nurses in practice today often truly bear witness to the lived realities of the persons they serve” (p. 289). Further, according to Cody, many nurses in contemporary North American acute care practice environments “commonly describe harried work conditions that, from their perspectives do not permit them to listen to persons for any length of time, to try to

understand in depth the experiences and values of the persons they serve, or to use valuable time (that 'must' be devoted to biomedically dictated tasks) to perform small kindnesses or to provide elementary comfort measures" (p. 289). Moreover, Cody submitted that (a) hurried nursing conditions and attitudes do not tend to foster opportunities or intentions to genuinely bear witness to the lives of the persons served; (b) devaluing of the status of much of the genuine human-to-human relating thus occurs; (c) performance of the highest duty of a health care provider, the ethical principle of nonmaleficence, do no harm, is questionable in situations where one acts without knowing the reality of the lived experience of the person; (d) performance of living out a profound respect for human dignity, foundational to professional nursing ethics, is questionable if one does not bear witness to the very nature of life as lived and experienced by the person; (e) there is an implicit assumption that those closer to science are somehow closer to the truth than those receiving care, thus the importance of truthfulness, veracity, in apprehending, contemplating, and communicating the persons expressions of his or her lived experience is devalued; and finally, (f) in situations where the person's truth of lived experience is not forthcoming, through concerted attempts to apprehend the truth, then let there be no pretense that such healthcare can be person-centered.

Further, in establishing the relevance of nursing presence, Cumbie (2001) noted that "the holistic perspective suggests each nurse must bring an authentic self as the essential element of therapeutic participation with another human being" (p. 56). The acceptance that authenticity creates an atmosphere of health and the belief that human

beings have the capacity to actualize their full potential underpin this approach.

According to Parse (1998), it is in authentic presence with the other that nurses bear witness to the mystery of being human, to the known and the unknown that is the reality in which each person lives. Cody (2001) also spoke of the mystery of being human in suggesting that nurses require a willingness to stand humbly before the mystery of life, accepting the other's meanings attributed to their experiences, regardless of how these cohere or do not cohere with the meanings one has given to one's own experiences.

Traditionally, nurses have always abided closely with human experience, and nurses, as health care professionals have innumerable unique opportunities to 'dwell in true presence', and each opportunity has the potential to be quite life changing to the other. In the practice of holistic healing modalities, the concept of presence is a basic tenet.

The significance of general and particular knowledge.

In the 1970's, nurse scholars began to acknowledge that a profession that claims to be both an art and a science could not rely exclusively on scientific knowledge, and that the largely subjective aspects of the art of nursing were being overlooked in the biomedical science approach. It is significant to draw attention to the relationship between nursing acquisition of general and particular knowledge and the spiritual significance of moral and ethical questions to the human experience as discerned in the artful practice of nursing.

Several theorists have addressed this difference by exploring the differing focuses on the art and science aspects of nursing. Cooper (2001) differentiated between general and particular knowledge, noting that general or empirical knowledge includes scientific,

biomedical knowledge about diseases, epidemiology, pathophysiology, anatomy, diagnosis, and treatment; comes from various sources; and is widely used, accepted, and available in health care. According to Cooper, application of such knowledge is general, straight forward, applicable in many ways to all people, and in nursing, is foundational for practice, directing assessments and interventions. This knowledge informs and directs the science of nursing.

Cooper (2001) described particular knowledge as that which comes from the patient, the nurse, or the situation, is not generally known or applicable to other situations, but is particular to the nurse, patient, or the circumstance as it comes from the person's experience. Particular knowledge may include patients' fears, values, goals, thoughts about illness, meaning of illness to that person, response to treatment and interventions, and response to applied general knowledge. Cooper stated, "particular knowledge of the patient is the key to individualizing the nurse's response" (p.7). Needless to say, the gathering of particular knowledge requires time and the artful practice of nursing presence.

In the holistic paradigm, information on the human-universe energy fields is included in the collection and gathering of particular knowledge. According to Cody (2001), nurses in North American contemporary acute care settings highly prize general knowledge of pathophysiology, treatment algorithms, pharmacology, electrocardiograms, and laboratory tests far more often than particular knowledge, the knowledge gained in human-to-human relationships, authentic presence, and listening. Cody noted that in his experience, through descriptions of hundreds of graduate nursing students, the former

kind of knowledge, general or objectivistic, is “commonly assumed to be important, complex, esoteric, and difficult to learn” (p. 289), while the latter knowledge, particular knowledge gained from humanistic relating, is assumed to be simple, easy to learn, not really necessary in professional relationships, and merely a matter of being “nice” (p. 289).

The literature suggests the importance of balance of the art and science concepts of nursing in education, research, and practice. Many of our most persistent and intriguing questions about the human experience are moral or ethical questions, rooted in the human spirit (Bishop & Schudder, 1997; Goddard, 1995; Kreidler, 1995; McSherry, 1996; Yorks & Sharoff, 2001; and Vanier, 2001). The scientific method of inquiry cannot be used to answer moral and ethical questions (Polit & Hungler, 1999) and typically focuses on a relatively small portion of the human experience, while controlling or eliminating all complexities. In this process, there is a narrowing of the focus and obscuring of insights. As discussed previously, in nursing practice, meeting the spiritual needs of humans requires the nurse’s true presence (Cody, 2001; Parse, 1998), bearing witness to, or attending closely and openly as the person expresses the life he or she is living. This practice is inextricably related to the use and focus of attention on general and particular knowledge and the artful practice of nursing.

Transformative practice.

The literature revealed another significant aspect of practicing in true presence. The holistic human science models are transformative (Bishop & Schudder, 1997; Bunkers, 2001; Leuning, 2001; and Parse, 1998), for both the practitioner and the patient,

and this transformative process includes the development and enhancement of insight and intuition, adding to nursing's capacity to acquire particular knowledge. Before nurses can begin the process of participating in the healing of another, their own evolution toward holistic practice lies in the process of healing and gaining an awareness of their own being (Slater, Maloney, Krau, & Eckert, 1999), facilitating and lending validity to the pursuit of personal transformation through mindfulness (Yorks & Sharoff, 2001). Cumbie (2001) echoed this in stating that "the promotion of harmonic integration of mind-body-soul must begin with each individual nurse, for we cannot bring a resonance of harmony and healing to another if we are in a state of disharmony and disintegration" (p. 61).

Research Specific to the Lived-Experiences of Nurses in Holistic Practices.

The literature review revealed only two published studies and one reference to an unpublished study on the lived experience of nurses in holistic practice, and all were conducted in the United States. Slater et al., (1999) conducted a grounded theory study of 18 members of the American Holistic Nurses Association (AHNA). The authors wondered about the process whereby a nurse would leave conventional nursing practice, choosing instead one they viewed as holistic and valuable to themselves and to clients. The authors' premise was that if holistic nursing practice and philosophy were valuable, then the process involved should become a normal aspect of nursing culture and education. Further, once identified, educators could define curricula to facilitate the process, and nurses might choose to use the identified process to guide their own personal and professional growth. The stated purpose of the study was to discover the process by which nurses came to identify themselves as holistic. Participants were prompted to 'Tell

me about holistic nursing'. The replies indicated a seven-step process to becoming a holistic nurse, beginning with separation from mainstream nursing and concluding with reintegration into nursing as a holistic nurse. The study revealed that the process of becoming a holistic nurse entailed learning how to be present to all aspects of another person and that such presence required that one first develop the capacity to be present to all aspects of oneself. This is congruent with the previously discussed literature, relevant to bearing witness and nursing presence. I borrowed this perspective and used it to explore the experiences of holistic energy-field practitioners actively engaged in wellness promotion using complementary and alternative holistic healing modalities.

Stiles (1998) investigated the lived experience of becoming a holistic nurse and found that almost all nurses described the process of becoming a holistic nurse as a deeply meaningful experience that affected all aspects and all beings in the nurse's life. In addition, the nurse's relationship to the profession changed, and further, the way participants defined nursing became more expansive.

A third study (Estby & Freel, 1994) did not discuss nursing experiences directly, but identified basic holistic health principles for the guidance of holistic nursing healing practices. This Delphi study engaged seventeen holistic nurse practitioners and found that the principles related to unity, interdependence, evolution and energy and re-affirmed the spiritual dimension of the client and nurse practitioner. The authors suggested that specific goals needed to be identified in holistic nursing, and once that occurred, non-anecdotal research could measure the efficacy of various intervention modalities and public petitioning for insurance coverage could begin. Quality of life improvement and

effective and efficient resource management were suggested as the likely ultimate standard by which to measure the success of the healing process. Estby and Freel's conclusions might provide direction for further nursing inquiry in Prince Edward Island, possibly relating to the discoveries and conclusions of my research.

Summary

The literature review revealed that research on the topic of the lived experiences of nurses engaged in health promotion with holistic healing practices is relevant. There is nothing to be found on this topic in the Canadian research literature, and little in other countries. This factor is important, given that our publically-funded health care system differs fundamentally from our American counterpart, for example, and that nurses are by far the largest body of health professionals and a major point of entry to the health care system.

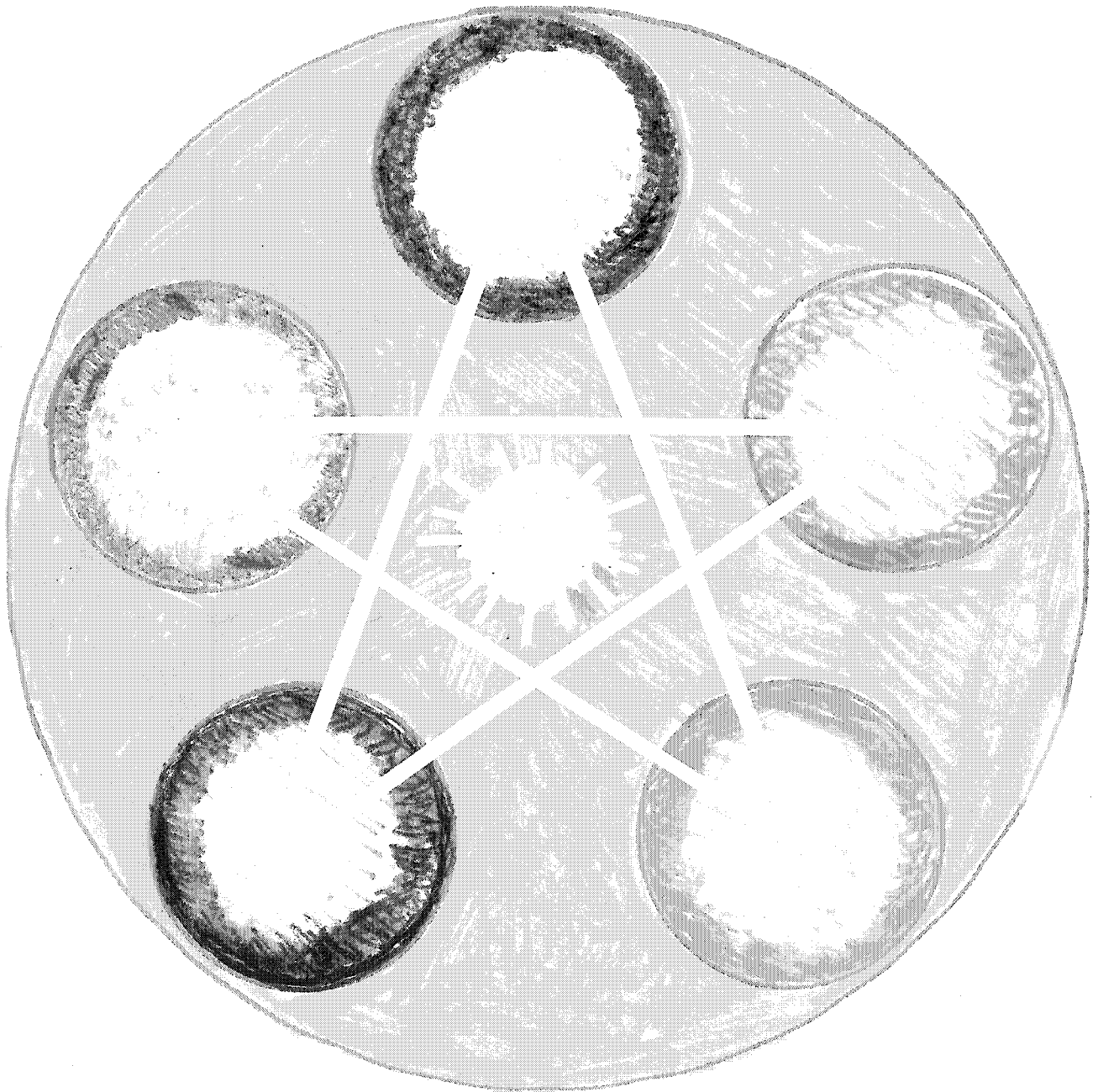
The literature review also revealed that a) the art-science of holistic nursing is an important approach to understanding the whole person; b) that addressing concepts such as self, value, meaning, purpose, and intention are significant to caring practices; c) that application of nursing theory on the human-universe energy field is significant to whole care; d) that the practice of bearing witness in true presence is an ethical imperative to nursing the whole person; e) that the art and science of nursing is best served through the gathering and integration of both general and particular knowledge in practice situations; d) that holistic human sciences models of nursing are transformative for both the practitioner and the patient or client; and e) that there is a substantive body of literature on each of these topics, though not from nurses engaged in holistic nursing practices.

Further, the literature review indicated that the notion of progress in the art and science of nursing through aligning with and continuing to follow the biomedical model can be questioned, that in fact it has resulted in the development of one science, medical science, seriously curtailing development of a body of distinct nursing knowledge. Both the profession of nursing and those seeking care in the settings in which most nurses practice are affected by the focus on general biomedical concerns, to the diminishment of attention to areas of particular knowledge.

Exploration of the literature on paradigms of biomedicine and holism provided the necessary context for the research, and revealed the significance of each world view to nursing art and science, as well as the importance in nursing to strive for a practice environment where both paradigms might be integrated for the common good. The literature review on conceptual nursing models indicated links and connections between Primary Health Care-based models and complementary holistic healing modalities. The collaborative nurse-client partnership role is at the heart of both the biomedical Primary Health Care-based PEI Conceptual Model for Nursing and the holistic human sciences approach, along with a vision for healthcare that is not disease-based, but focused in wellness promotion.

Finally, the literature suggested that Canadians are telling nurses that resources for healthcare extend beyond what is being offered in conventional medicine, and that nurses are in solid allegiance with complementary and alternative healing modalities. Further, in returning to a philosophy of holism, nursing is returning to its ancient roots, bearing the wisdom gleaned from the art and science concepts of the New Millennium.

Mandala of the researcher's experience of being in true presence to the work



CHAPTER III: RESEARCH DESIGN AND METHODOLOGY

Overall Strategy and Rationale

“You have yet to understand, my dears, that the shortest distance between a human being and Truth is a story.”

-de Mello, 1985

This inquiry explored and described the lived experiences of nurses who are actively engaged in wellness promotion using energy-field healing modalities. Because little research had been done on this topic, my design took direction from the phenomenological objective about understanding lived experience. I also employed reflective and reflexive analysis to broaden that perspective, since exploration and understanding of the nurses' experiences required focus on both personal and professional development. Three features of qualitative inquiry applied to this study, specifically, naturalistic, inductive, and holistic.

As described by Patton (1990), naturalistic inquiry is discovery-oriented, permitting understanding of the phenomena through openness to whatever emerges through natural unfoldment; revealing, evolvment, elaboration, and expansion of knowledge through communication. Inductive analysis permits immersion in the details and specifics of the data, beginning with specific observations and moving toward development of patterns, categories, dimensions, and interrelationships. Exploring genuinely open questions rather than imposing an organizing structure provides rich participant information, and the synthesis of such data creates a description of human experience. Holistic inquiry seeks to explore phenomena in their entirety in order to

develop a complete understanding. The holistic view permits focus on complex interdependencies, as the whole phenomenon under study is understood as a complex system that is more than the sum of its parts. The holistic concept was further elaborated in this research through the inclusion of the mandala drawing, a composite symbol of wholeness that enhanced the richness of the data by depicting a holographic gestalt of the dynamic interrelationships between person, health, environment, and nursing, as experienced by each participant.

Participants were invited to share their experiences, perceptions, and perspectives through face-to-face in-depth interviews and through mandala drawings of the four-fold metaparadigm concepts of nursing: person, environment, health, and nursing. To enhance the accuracy of the data, each participant was given at least three opportunities to review their interview transcripts and mandala descriptions and add to the data or delete information. Participants were aware that the sample size was small in a locale with few holistic energy-field practitioners. None of the participants were concerned with maintaining anonymity. Prior to submitting the final report, each participant reviewed and approved her story and mandala description.

The research method undertook to provide a thick, rich description of the lived experiences of nurses engaged in wellness promotion from the perspective of holism and to reveal the meaning that nurses attributed to their actions, their thoughts, feelings, beliefs, values, and assumptive worlds. As described by Polit and Hungler (1999), the direct exploration methods of this naturalistic inquiry, open-ended questions in face-to-face interviewing, permitted the inherent human complexity of participants, the unique

ways in which each person created and shaped her own experiences, to be emphasized, thereby providing for a deeper understanding of the experience as lived.

Marshall and Rossman (1999) described the appropriateness and value of qualitative methods for research questions that “delve in depth into complexities and processes and research on little known phenomena or innovative systems” (p.57). A general phenomenological approach was used to gather the data. General phenomenological inquiry is a process of learning and constructing the meaning of human experience through intensive dialogue with persons who are living the experience. Our initial sensory experience must be described, explicated, and interpreted. Such interpretation is essential to the understanding of the experience, and the experience includes the interpretation (Marshall & Rossman, 1999). Patton (1990) suggests that “...we put together the phenomena we experience in order to make sense of the world and, in so doing, develop a world view. There is no separate (or objective) reality for people. There is only what they know their experience is and means. The subjective experience incorporates the objective thing and a person’s reality” (p. 69). Further, Marshall and Rossman (1999) stated, “one cannot understand human actions without understanding the meaning. The researcher needs to understand the deeper perspectives captured through face to-face interaction” (p. 57).

To interpret the data, I used a reflexive methodology. Reflexive inquiry is “situated within the context of personal histories in order to make connections between personal lives and personal careers and to understand personal (including early) influences on professional practice” (Cole & Knowles, 2000, p. 3). As described by Cole

and Knowles, reflective inquiry implies purposeful reflection within a process of examining and refining practice, variously focused on the personal, pedagogical, curricular, intellectual, societal, and/or ethical contexts associated with professional work. The reflexive process involves understanding of social histories in order to make connections between personal lives and personal careers and to understand personal (including early) influences on professional practice. Reflexive inquiry also takes into account the personal elements of contextual understanding, emphasizing the foundational place of experience in the formulations of practice in a way that reflective inquiry does not. It is “rooted in a critical perspective, characterized by interrogation of status quo norms and practices, especially with respect to issues of power and control” (Cole & Knowles, p. 3). This method is appropriate for explorations and improvement of practice, and is grounded in principles of experiential learning and self-directed professional development. Systematic, focused reflexive inquiry facilitates the understanding of conditions and elements that have the potential to influence practice and professional development in positive and negative ways. Each of us embody a rich and interesting personal history in professional practice. This method is an appropriate choice for researching holistic nurses’ experiences and perspectives, particularly in exploring the emerging and transformative phenomenon in nursing theory and practice.

Research thus conducted supports theory development and deepens or reaffirms the significance of the phenomenon being studied (Cole & Knowles, 2000; Patton, 1990). Nursing theory is the unifying component of all nursing practice models, and, as noted by Munro (2000), nursing theory is developed around the dynamic interactions of four major

concepts: person, health, environment, and nursing. In defining and describing these interactions, nursing theorists develop unique theories or models of practice, drawing from and influenced by philosophy and the social and human sciences (Munro, 2000; Parse, 1998). The participants in this research defined and described their own unique perspective of person, health, environment, and nursing through the process of mandala drawing and through their own written and verbal exploration and description of its meaning.

For all these reasons, therefore, the primary design strategy of using in-depth interviews together with mandala drawing for this inquiry to “capture the deep meaning of the experience in their own words” (Marshall & Rossman, 1999, p. 61), to explore past and present (Cole & Knowles, 2000), and to integrate aspects of each individual’s experiences into a coherent account was clearly justified.

Researcher’s Role

In qualitative research, the researcher is the instrument and, as such, “enters into the lives of the participants” (Marshall & Rossman, 1999, p. 79). The importance of establishing trust in relationships with research participants and the time involved in that process was acknowledged at the outset. My passionate interest, extensive study, and experience in holistic complementary and alternative healing modalities, together with an extensive nursing practice in biomedical nursing modalities, inspired trust in those who share this interest. The researcher was the research instrument, and my training, qualifications, and experience were of importance in establishing confidence in the data (Patton, 1990; Polit & Hungler, 1999). All participants were informed of my study and

practice in both healthcare paradigms. Given my practice history and situation, I could not stand apart from what I knew and what I had learned about the world of the participants.

As a located knower (Campbell & Gregor, 2002; Smith, 1987) in this research process, I am very familiar with the subject of the research, and I assumed a position to learn more about what the participants were doing and deliberated with genuine intent to understand each participant's experience by putting myself in their standpoint. My own values as a nursing educator, holistic wellness promotion nurse, and primary researcher were included and formative. Appreciating the deep lived meanings that this transformation in practice had for the participants required a focus compatible with my way of being, which is reflective and contemplative. My advocacy for equality, balance, and harmony between the influencing powers of the two health care paradigms may represent a bias. I believe that nursing and the public might be negatively affected if the holistic paradigm remains unacknowledged in nursing education and in the publically-funded health care system.

Sampling Strategies

The fundamental purpose of sampling, to increase the efficiency of the research study, guided me as I began to search for information-rich cases to study. I spoke with representative nurses who studied holistic healing modalities and were actively engaged in wellness promotion through use of holistic healing practices. There was no sure way to ascertain a definite number of practitioners on Prince Edward Island, but those who practice seem to know of most others in their own region. Three of the participants were known to me through professional practice, and the other two were identified through

snowball sampling which “identifies cases of interest from people who know people who know what cases are information rich” (Miles & Huberman, as cited in Marshall & Rossman, 1999, p. 78). I began participant selection by telephoning holistic nurses already known to me and briefly describing the proposed study. Upon confirmation of their interest in meeting with me for further discussion, an appointment was made. I was careful to not discuss the proposal with anyone, except on a superficial level, prior to selection and onset of data collection, so that the mandala drawing aspect would remain spontaneous. Five of the eight nurses contacted consented to participate.

The sampling strategy was purposeful and representative, as described by Patton (1990), because I included five nurses with basic nursing education in the conventional biomedical nursing model. All of these nurses have engaged in professional practice for more than two years and are now actively engaged in wellness promotion using holistic healing modalities, in addition to or instead of biomedical model practice. All nurse participants identified were women.

On initial telephone contact, I explained that I was seeking participants for a research project, in partial fulfillment of the requirements for a Master’s thesis. I related my own background studies in traditional nursing and holistic human sciences and complementary and alternative healing modalities. After a verbal explanation of the proposed study confirmed interest, an appointment was arranged to meet in person at the convenience of each participant. Whenever possible, sufficient time was arranged for a full initial interview, in the event the nurse consented to participate. At the outset of the meeting, a detailed written explanation of the research, Letter of Information (Appendix

A), was provided and thoroughly discussed, also permitting the opportunity to ask questions. Once definite interest was confirmed and prior to commencing the interviews, informed written consent was obtained, using the Consent Form (Appendix B).

Data Collection Strategies

Data gathering occurred through in-depth interviewing and mandala drawing. I had all required information and materials on hand at each initial meeting, to be brought out only after potential participants consented to be interviewed. I used the Interview Format and Mandala Drawing Guide (Appendix C). Debriefing occurred throughout the research project as each step of the process was completed, as described in the Debriefing Guide (Appendix D). The use of these forms and checklists facilitated orderliness, consistency, and efficiency in data collection. Each cassette was labeled prior to the interview and included a brief introduction with time and date. Once the participant had chosen a pseudonym, that name was recorded and used throughout the research process. Each of the prepared research questions was written on a note card, which I handed to the participant as I asked the questions. For the most part, this visual cue proved helpful in enhancing participant focus on the subject area of each question. The mandala drawing instructions were given prior to beginning the second part of the initial interview, along with a note card bearing the words person, health, environment, nursing.

Interview times of 60 to 90 minutes were followed by the mandala drawing for a period not exceeding 120 minutes total. Interviews were conducted in mutually agreed upon sites where privacy was assured. Data were transcribed by me or by transcribers, once they read, discussed and signed the Transcriber Confidentiality Agreement

(Appendix E). I transcribed two of the interview and edited all transcriptions transcribed by others. Hard copies of the data were given to each participant to read and offer corrections for the purpose of further clarity, and a second interview of 30 to 45 minutes was conducted to review any changes. I met with participants and reviewed all changes, additions, and deletions. Sometimes we communicated by telephone and e-mail. I also audio-taped follow-up sessions. Participant changes by e-mail and all handwritten notes are included in the data.

Direct quotations, opinions, feelings, knowledge, intuitions, and spiritual and / or life-force descriptive perspectives form the body of the data. The in-depth, open-ended interview questions and the mandala creation and dialogue yielded information on the context, processes, and interactions that shape the perspectives of the participants.

In-Depth Interviewing

Interviewing as a means to data collection is fundamental to the nursing process, and as such, has been an inherent part of my professional practice for twenty-five years. The process has been well described in both nursing (Northouse & Northouse, 1992; Polit & Hungler, 1999) and education literatures (Patton, 1990). My respect for and interest in the research subject established a positive climate. After each participant chose a pseudonym, I began the session by gathering demographic information (address, e-mail address, phone number) and then began the explorative open-ended questions to uncover the participant's educational experience, other training in healing, and views. The participant's manner of framing and structure of responses was respected, unfolding as the participant saw it, not according to my view of the phenomenon.

Mandala Drawing

Following the in-depth interview, each person was asked to create a circle mandala drawing, depicting their experience of the four-fold metaparadigm concepts of nursing and to describe in writing, using their own words, the meaning of their depicted perspective. At the conclusion of the interview session, the participant's description and discussion of the mandala was audio-taped for inclusion in the data to form part of the transcripts given to each participant for review prior to data analysis. The mandala drawings are included in the research results presentation.

The use of mandala drawing (Nelson, 1993; Jaggard, 2001) in this study permitted each participant an additional expression of her perceptions and experiences of holistic healing practices. Because the human mind functions by thinking in images (Jung, 1964), the creation of the mandala image by each participant, served to amplify the verbal interview data by eliciting new material that otherwise might not have been put into words. According to Jung (1964), the circular mandala form, representing a natural wholeness, has been used since ancient times by various cultures and traditions from Navaho to Tibetan and "serves the creative purpose of giving expression and form to something that does not yet exist, something new and unique" (p. 225). As noted by Nelson (1993) and Jaggard (2001), the use of such imagery has the potential to permit release from reliance on verbal expression, moving the mind into the body, and, providing the participant is receptive, permitting a wider range of potential expression that otherwise may have been unknown or inexpressible.

Field notes and an overview of the main points of the interview were recorded

immediately following each interview. Any comparison to other participants was noted. In addition to field notes, I kept a journal of field experiences in order to provide a richer context to each interview experience.

Once each interview and mandala description was transcribed, a hard copy was delivered to the respective participant. Each participant was asked to read through the transcript and make whatever changes and additions were appropriate to most explicitly represent the reality of her experiences, perceptions, and perspectives. A separate appointment was made for another face-to-face interview, and changes to the transcript content were discussed and audio-taped so that clarity of intent and meaning of any additional notes by participants were understood. In addition, participants were invited to telephone or e-mail me within the time span from the completion of each interview to the review of transcribed manuscripts, in the event some additional information came to mind that might be relevant to describing their case experience. Debriefing (Lincoln & Guba, 1985; Polit & Hungler, 1999) was ongoing, bearing in mind the Debriefing Guide and Script (Appendix D). The five interviews were completed within a twenty day period, with initial follow-up interviews to review data changes within a ten-day period. This enhanced the potential for the data being fresh in my mind for cross-case observation, comparison, and analysis.

Inductive Data Analysis

The preparation for this systematic process began well before the data were obtained, as I organized the required resources to perform data analysis. During the interview process, the transcribing of data, and the reading process, categories, themes,

and patterns were generated and listed.

My approach to analysis and interpretation of the data involved several steps. Following in-depth interviews with each participant, each interview was transcribed. Emerging themes and patterns were noted. When the original data transcripts were returned to the participant, several of the participants made very few changes by way of addition or deletion. However, as I began reading the transcripts in the process of in-depth analysis, I noted areas where the meaning was unclear, due to the words used in expression or incomplete expression of thoughts and topics. Using care so as not to change the meaning or put in my own words, I wrote bracketed questions and notations based on what the whole transcript reflected as the intended meaning of each of those expressions. On the second visit to confirm participant revisions of transcribed data of interview and mandala description, these notations were discussed and confirmed and any lengthy additions to the data were audio-taped, transcribed and added to the data. Each participant was given a hard copy of the final data transcript to confirm all additions and changes. In this way, each participant had two opportunities to ensure the full intent of their meaning was clarified as much as possible, ensuring each data transcript was a complete and accurate a description of their lived experience.

The complete data in each transcript were carefully reviewed, line by line, and themes, phrases, and direct quotes were extracted, numbered, and placed in a themes and patterns list, including the page number for reference purposes. These data bits were organized in the order in which they appeared in the data transcript, using the interview questions as major categories. Then, the contents of each collective category was

carefully reviewed and reflected upon for meaning, and each numbered data bit was placed under the most appropriate category.

My way of understanding and interpreting the data was to read, sit in silence and reflect on the meaning within the context of the whole data for each participant, and again, in relation to all other participants in the final interpretation and reporting of findings. When restructuring the data from the data bits to create each story, I read, reflected, wrote, and read again. I also heeded my intuition and my own inner awareness of meanings, and found those were validated by the participants. This method arose in me from my own life experiences with meditation, and my training in homeopathy. I approached the research process with the same attentiveness that I bring to nursing practice, both biomedical and holistic, taking to heart my notes from the spoken words of master homeopath Vithoulkas (1992) on case-taking:

Develop a human interest in each case, be attentive inside while remaining cool on the outside. That way nothing escapes your observation. Your heart is involved, not just your logic and mind. You are totally a receptor. Your patient, sensing this will open. Never lose your interest in each and every person...Use your logical mind to fit the information you have collected with the information you have learned...Do not let your imagination interfere with your openness. Let the person be his or her individual self. Do not let one symptom color your mind to who is in front of you. Do not project on the person.

Categories arising from the interview questions, thus organized, became descriptive themes. These were: nursing education, precipitating factors in the exploration

of the holistic paradigm, holistic energy-field practices, transformative personal changes, perceived effects of paradigm shift on wellness promotion practice, colleague and family response to transformative change, difficult aspects of practice change, positive aspects of practice change, perceived role of holistic healer in wellness promotion, and vision for future of wellness promotion.

I coded over half of the data, finding similar themes emerging as those described by Stiles (1998). These are included as Appendix F. I perceived that particular essences of the experiences articulated by each of the participants were being lost in the dissecting and fragmenting process of coded data bits. The purpose of the study was to relate their lived-experiences, and I knew that would best be accomplished within a story structure, where more of the experience and the person is revealed and illuminated. As described by Labonte and Feather (1996, p. 4):

Stories are about people and what they do, offering drama, emotion and human points of contact that cause others to reflect upon their own lives. They touch listeners in ways that theoretical arguments and statistical data do not and cannot. They 'hit us at a feeling level, as well as a thinking level...what's powerful about stories is the personal connection.

Following this ordering of data, a reflective approach was taken to tell the story of the lived experience of each of the participants. In so doing, I used the participants' own words and phraseology as much as possible to maintain the essence of their experiences as related to me. In understanding this process and the degree of presence of my own voice in writing the stories, one might visualize a cut-and-paste letter, where words and

phrases are chosen from different places to form a message. My researchers' role involved finding and organizing the descriptive words and phrases in the data which described and represented participants' experiences, and connect them in such a way as to accurately, concisely, and sensibly represent, as precisely as possible, the participants lived experience. I used quotation marks around words and phrases that were emphasized by participants in their expression to strongly and clearly reflect their intended meaning. The participants read their stories, and I made changes in text as each one suggested.

Following this process, a cross case analysis of each story was undertaken, saving and connecting the strands of similarity and any recurrent themes in preparation for interpretation and analysis. This process involved contemplation, meditation, reflection while simply sitting in silence and holding an empty space in which to attend, to listen and observe with care.

My process of being in true presence with the data is depicted in a mandala, and is included at the beginning of this chapter. In this visual depiction of my research process, the reader might imagine that the mandala is a globe, and that my position is in the center of the circle or globe, a symbol of the wholeness of the research data and experience. The five colored circles or globes represent the wholeness of the collected data from each of the five participants. I am in the empty space in the center, silent, thoughtful, attentive to what insights and intuitions appear. The white lines connecting the participants represent emergent themes and patterns, and connecting threads and strands of similarity between the participants. This process arose from my own holistic wellness promotion practices and is similarly articulated in the Human Becoming nursing framework as being with

another in true presence (Parse, 1998).

A synthesis of similarities in emergent themes and patterns was developed. It is within the synthesis of the stories that the themes in common emerged, forming connections to the experiences related by other participants, forming in my own awareness a gestalt of holistic energy-field practice. My interpretation reflects upon those themes, linking, relating, and weaving together those similarities. Each story appears intact within the thesis, in order that the reader may experience the richness and fullness of each participant's experience.

Organizing the Data

The audiotapes were transcribed using Word Perfect. It is acknowledged that the analytic process demands a heightened awareness of and focused attention on the data in order to interpret the text in light of the social life and culture of the participants. The integrative process of identifying salient themes, recurrent ideas, and patterns of belief that link the participants together was used, facilitated by keeping a journal during the transcribing and reading of the interview and field notes for each case. Emergent understandings were tested for by searching through data for negative instances of the patterns, incorporating these into larger constructs as required. Usefulness and centrality of the data to illuminate the question and the unfolding social phenomenon were considered throughout analysis (Morse & Field, 1995). Alternative understandings were sought by challenging the patterns that seemed apparent. To heighten the accuracy of this process, I confirmed with study participants that my findings accurately reflected their experiences and viewpoints rather than my own preconceptions. I returned to the

participants and shared preliminary interpretations with them so that they could evaluate whether my thematic analysis was consistent with their experiences. In this way, together with respective mandala drawings and interview data, themes identified and described demonstrated that the explanation offered was the most plausible one.

Qualitative hypotheses and theories (Morse & Field, 1995) began to emerge from the data set while the data collection was in progress and continued after data analysis had started through to the completion of data analysis. These nursing insights, assumptions, and related theories were recorded in the researcher journal and included with the findings, forming the basis of the written report.

Ensuring Rigor in the Research

Lincoln and Guba (1985) suggest four criteria to demonstrate the trustworthiness of qualitative data: a) credibility; b) dependability; c) confirmability, and d) transferability. In this research project, I ensured rigor by adhering to Lincoln and Guba's criteria for qualitative approaches.

Credibility

To ensure credibility, I engaged in prolonged engagement and persistent observation through the in-depth interview and mandala drawing process of data collection. As noted by Lincoln and Guba, "If prolonged engagement provides scope, persistent observation provides depth" (p. 304). Use of interviews, mandala creation, and three or more reviews of the data by each participant provided multiple data and method referents to obtain views and validate conclusions. Additionally, I engaged in peer debriefing with formal and informal advisors in Education and Nursing, in addition to

ongoing member checking with participants. Lincoln and Guba consider member checking the most important technique for establishing credibility. Patton (1990) discussed researcher credibility, noting that the researcher is the instrument as well as the creator of the analytical process. I clearly stated my qualifications, experience, and researcher's perspective in the Ethics Review Board approved research proposal and to each research participant, through the participant Letter of Information (Appendix A) and the Informed Consent (Appendix B).

Dependability

The stability of the data over time and over conditions was thoughtfully considered. The data collection methods, researcher notes and field journal, together with ongoing direction from my thesis advisory committee have enhanced consistency in this project. Another researcher would be able to clearly follow my chosen decision trail.

Transferability

Through my choice of storytelling and mandala drawing, every attempt was made in methodology to keep participant descriptions in their proper perspective. The phenomenological approach to gathering the data through in-depth interviews and the several readings by each participant to confirm completeness in data ensured a thick and rich description. I believe this has provided solid information to allow for objective judgements about contextual similarity.

Confirmability

To provide that two or more independent people might agree about the data's meaning, I have carefully preserved all raw data and employed verbatim recording of data

in the final report to illustrate the fit between the data and the findings. I have stated my research perspective and any identified my bias. Lincoln and Guba (1985) suggest that confirmability is achieved when auditability, true value, and applicability have been outlined. The methods employed for the achievement of these criteria have been well described above.

Ethical Considerations

Written approval to conduct this research with human participants was obtained from the University of Prince Edward Island Research Ethics Board. Participants were kept informed verbally, and in writing when appropriate, and I have clearly described my sampling and data gathering process. All forms have been earlier described and adhered to throughout the research process: Letter of Information, Appendix A; Consent Form, Appendix B; Interview Format Guide and Mandala Drawing Instructions, Appendix C; and Debriefing Guide, Appendix D. Confidentiality of data was ensured. Participants confirmed the appropriateness of all personal information appearing in their stories. Participants were debriefed and kept informed as an ongoing process, including written notification of the change in thesis advisors. I will give all participants a copy of the final report.

CHAPTER IV: FINDINGS

Participant Stories and Mandala Drawings

“The globe of soul fruit we make is each elaborately unique”

-Rumi

I will begin with a brief overview to help reacquaint the reader with the research process, introduce each of the participants and my relationship with them, present each participant's story and mandala drawing, and finally, my summary. The purpose of the research is not to define the energy-field modalities themselves, but to relate the experiences, beliefs, values, and perceptions of the participants, with a view to discovering the meaning of the experience of each participant. However, particular energy-field modalities described by each participant appear in their stories, under the headings 'Holistic energy-field practice' and 'Perceived effects of paradigm shift on wellness promotion practice.'

In each of the stories, the participants own words and phrases appear in quotation marks and block quotes to enhance my reflection of their unique style of speaking, word choices, and language of expression. Each story appears with headings, relating to the interview questions and emergent themes, namely: Nursing education; Precipitating factors in the exploration of the holistic paradigm; Holistic energy-field practice; Transformative personal changes; Perceived effects of paradigm shift on wellness promotion practice; Colleague response; Family response; Difficult aspects of practice change; Positive aspects of practice change; Perceived role of holistic healer in wellness promotion; and finally, Vision for future of wellness promotion.

To introduce and present each of the stories, I chose an expressed belief from each participant's data transcript, further setting the context of their reality for the reader. These expressions appear at the beginning of each story. In the interest of conveying a whole image of each participant for the reader, I drew from my memory, field notes and researcher journal to create an expression of the way I perceived and experienced each participant when I interviewed her and when I sat in silent presence with her written words. Further, I added a quote at the end of each participant's introduction, to more fully express my perception of her embodied presence and energy. As a whole, the stories describe how influential personal and professional choices and factors determined each participant's journey into understanding and practice of holism. What is depicted here are the individual experiences significant to each participant, as offered by each one. The descriptions of meanings attributed to their actions, thoughts, feelings, beliefs, values, and assumptive words are their own.

Participant 1: Shirley

“Life is about choosing in the midst of creating circumstances.”

The major influence precipitating Shirley’s exploration of holistic healing modalities was the experience of illness, acute care treatment, and the death of her mother in an out-of-province hospital. The experience shocked and stunned her, leaving her feeling disillusioned, frustrated, and angry with the conditions of care within the health care system, and the state of nursing itself. Her sincere desire to preserve the wellness of other loved ones and herself, to prevent similar experiences of suffering as her mother had endured, prompted her to take that first affirmative step beyond the boundary of biomedicine to something more. Her discoveries in the study and practice of energy-field modalities, and her interface with nature’s healing beauty, initiated a transformative process of self-healing. As a consequence to her own healing journey, she became recognized by her colleagues and community members as one who could help and teach others. She began the work of trail-blazing, speaking about energy-field practices whenever possible in wellness promotion venues across the province. Having developed confidence in her convictions through direct experiences, she was now able to share her experience with others. She found that her anger and indignation became a positive power to influence change. She began the work of bridging the gap between the biomedical and holistic paradigms of healthcare.

Shirley appears soft and flowing, soothing and calming, in manner and bearing, like Nature herself. However, there is also a sharpness to Shirley, in her features and

appearance and, sometimes, in her verbal expressions. In this, she conveys a potential capacity, again like Nature, to be relentless and stern. She has been a witness to the practices of professionals in the health care system toward patients and nurses alike, that have affronted her ethical beliefs; she has witnessed those she loves being treated with injustice and indignity. This disillusioned her, disappointed her, and angered her. She has taken the power of that anger and transformed it into a positive force for change. Coming to know Shirley as a person, and in the process of working with her story, my impression of her embodied presence was well described in the words of Gandhi (1982): “I have learnt through bitter experience, one supreme lesson: conserve my anger, and as heat conserved is transmuted into energy, even so our anger controlled can be transmuted into a power which can move the world” (p. 13).

Shirley’s Story

Nursing Education.

Shirley practiced the biomedical model of nursing for more than twenty-five years before exploring the energy-field healing modalities of the holistic paradigm. Entering nursing practice after a three-year diploma program, she soon realized the value of acquiring more knowledge and skill, and returned to university for a baccalaureate degree. Since then, her dedication to realizing her personal and professional potential precipitated the gradual process of achieving an increasingly broad scope of nursing knowledge and skills. She moved up the ladder to nursing management, attaining all goals set for herself in the nursing profession. She never forgot her beginning practice in nursing, and to describe her nursing philosophy, she related a story of one of her

formative experiences.

I think nursing is an art. I had the question put to me back when I was in my third year, when we were taking the students from grade 13 on a tour of our facility at Toronto Western Hospital. There was a question from one of the students to our director, *'Do you have to be a special kind of person to be a nurse?'* The director looked and found me, and asked if I would answer that question. My answer to that was a story of an experience when I had been a first year nursing student. I was looking after an elderly gentleman who was not obviously aware, wasn't speaking. We would do his care, make his bed, put him back into bed, and all the while, I would talk to him and tell him everything that I was doing, at length. On the last day of that nursing experience, I went in to say goodbye to him, told him that I was finishing up my stay on that floor and expressed what a pleasure it had been to meet him, and said that I hoped that he would recover. After having had no discernable response from this gentleman in my two full weeks of caring for him, he smiled. And I told the touring students, *'If you have to be a special kind of person to appreciate that, then I guess you have to be special to be a nurse. Anyone who appreciates that can be a nurse.'* So, the art of nursing really comes from the heart. The art is in that person. The same as it is with their painting. It's a creative thing. You're creating the possibility for that person to heal. They might be depressed. They might have given up. So how do you create the possibility, to assist them to heal?

Precipitating factors in exploration of the holistic paradigm.

Exploration of holistic healing modalities came quite unexpectedly, precipitated by the experience of illness and acute care treatment of a beloved family member in an out-of-province hospital. For a period of seventeen days subsequent to the death, she and her sister kept a bedside vigil. The experience was shocking.

The hospital that my mother died in was actually the hospital she helped raise money for, had turned the sod and build that hospital back in ... the late fifties early sixties [when] the hospital was built. I found that the nurses in the hospital were over worked and over loaded with tasks and responsibilities, with the result that the main things that nurses were concentrating on were the machines, technical equipment such as the intravenous pumps, and the medications that they had to administer to patients. The care for the actual person, nursing contact and presence, was something we were seeing very little of, although, I'm sure they wanted to do those things. In fact, they were unable to because of the heavy work

load.

...I guess everything that I had learned in my nursing career and my education in nursing seem to be... at odds with what I was seeing in the hospital when my mother was ill and dying...both my sister and I were very disappointed with the health care system, with what it had come to be. Everything about that situation was against everything that I had learned, all the philosophies of nursing that I had learned, when I was in basic RN training, and when I had gone through my education to get my BScN degree. What I learned, and had come to believe in, was contrary to what was actually happening in the hospital setting, what I observed in practice in regards to my mother's situation . . . We were more and more disillusioned about the whole health care system and very disappointed about what we saw.

The situation deteriorated even further when all long-term full-time nurses were laid off en masse, and a whole new set of part-time and casual staff hired. Deeply concerned with what they observed, Shirley and her sister, who is not a nurse, ministered to all the basic personal needs of their loved one for fourteen hours per day, and hired a private duty nurse for the midnight to early morning hours. She considered it was fortunate that family members were able to be present to provide the dignity of attentive care, compassion, security, and comfort during the final days of the life of their mother.

What we found, or what had happened, was that they had laid off all of the nurses. The nurse that had cared for my mother on the last day before they had laid them off was a nurse that had worked there for nine years. They [hospital management] laid all of them off and hired on people on a casual or a part time basis. We figured the reason they were doing this was to get rid of the full time people, the long-term people that had actually had pensions. So the following day after they laid everyone off, on came a whole set of new staff who really were not up on what was going on on the floor. They didn't know the patients or anything. So that was a really difficult situation. My mother had some sores in her mouth. She was put on a medication that she was allergic to. She wasn't supposed to have Erythromycin. They prescribed that for her pneumonia. She was actually burned, all her mucus membranes were raw from inside her mouth right through her whole alimentary tract.

In addition to the nursing care issues, the administration of a plethora of

medications had added to her loved one's pain and suffering and hastened death, first by causing a serious cardiac condition which could not be reversed, and secondly, through the effects of a severe allergic reaction, which occurred when the duly documented medication allergy was overlooked, and the medication prescribed and administered. The physical manifestation of the allergic reaction was overlooked by staff, and untreated until diagnosed by Shirley.

In the wake of this experience, Shirley found herself reflecting on the history of events leading to her loved one's death. At the onset of physical symptoms, medications had been prescribed, but no referrals for wellness maintenance, disease prevention, or wellness promotion were initiated within the health care system. It concerned her that while symptoms were treated, the underlying cause was not addressed, and the body's systems, chronically subjected to the deteriorating side effects of the prescribed medication, broke down, contributing to wellness decline. Shirley felt frustrated in the knowledge that health care concerns were generally not treated acutely until a crisis occurred, and then, often too late.

There really is no place in the health care system area where you can walk in and say, 'Let's evaluate me. How am I doing now?' People are going to their doctors on a regular basis for annual checkups. But where are they sending them for prevention, if they are having problems with their blood pressure?

They don't send them anywhere! They just keep on taking their blood pressure. They give them medication, an antihypertensive, and on and on it goes. The symptoms get treated, rarely the cause. So it almost seems like the acute care situation is desirous of perpetuating itself, instead of intercepting with some kind of prevention. It just perpetuates itself. You go one year, your blood pressure is up. They put you on a blood pressure pill. The next year you go back, or you go in six months... or whatever it is. What are they doing to change it? Nothing. Just putting people on pills.

Angry and disillusioned with the particulars of the end-of- life experience of her loved one, Shirley resolved to do whatever she could to prevent similar experiences of suffering for herself and other family members. She was, however, still thinking within the framework and structure of the biomedical paradigm. Her interest in, and adoption of, energy-field modalities of the holistic paradigm began within a month of her mother's death, through an invitation from her sister to join her in enrolling in an energy-field practice program. Thus, she began the exploration of existing wellness maintenance and illness prevention modalities beyond the biomedical model.

So I guess when it comes right down to it, my going towards a certificate for reflexology was because I believed it was something that you could actually do to assist people to prevent some of the conditions from developing.

She was amazed at what she discovered, personally and professionally.

Holistic energy-field practice.

As described by Shirley, energy-field practitioner training facilitates the development of a container, or conduit, within which the universal life-force energy is received by the practitioner and transmitted to others.

I think when you're engaged in the Reiki practice and Therapeutic Touch that those universal energies are available to you, because you have developed a conscious receptivity and learned the concrete human practice. When you learn Reiki or Therapeutic Touch skills, you have those energies available to you.

You don't have control as the practitioner. You don't have control over where the energy goes, for yourself or to the other people that you're working with. You don't have control over the end result. All you do is to set a healing intention and act as a conduit through which the energy flows to them. If people haven't taken the practice, they don't know how to access this energy themselves.

Shirley described her understanding of the opening and balancing of the major

energy centers in the practitioner's body, the chakra system, occurs through energy-field practice, and the chakras act as entry points and transformers of the universal life-force energy when working with others. The healing energy flowing through the practitioner to another person works by priority.

In conducting informational presentations in the community, an electric toaster became her teaching aid as a practical example of a conduit of electrical energy. She compared and contrasted the electrical current flowing into the toaster with the universal life-force energy flowing through the human conduit, the energy-field modality practitioner. Explaining the power of the healing energy in ordinary comparative terms of the known and familiar, she also drew from nature for examples. She related the story of the "green thumb" gardener, whose energy field positively influences the growth and development of plants with the positive nurturing or healing effect elicited in others when people send positive energy to others through healing intention or prayer. She found that people could easily relate the positive energy of healing intent and prayer with the energy of love, and thus to God, who is Love. Additionally, she expressed her belief that by establishing the awareness of the healing power available through love, acceptance of the healing potential of the dynamic universal life-energy and the human spirit within becomes a natural choice. Even so, the suggested use of energy-field healing modalities sometimes gives rise to "fear of doing the wrong thing" by some people whose religious beliefs leave them questioning the origin of the healing energy.

I have some of my staff members who believe that it's against their religion. In general, there exists a fear of the unknown, together with a tenancy of the majority of people to follow the masses, seek safety in the collective. Things accepted by

the masses are seen as 'normal' and 'appropriate.' Most people are satisfied to follow that, as most are not risk takers. So they are not interested in any of the modalities or any help that I might offer them.

Shirley believes those using energy-field healing practices in positive, supportive, and open communication with others creates a positive "ripple effect" in the inner and outer environment. She believes that when people experience this effect through being in the presence of such an energy field, they will imitate that to some degree in their lives, positively influencing others, and thereby facilitating an experience and understanding of the positive creative flow of this energy of wholeness to others. Shirley believes that experiences, such as this, enhance spiritual consciousness in everyday life.

I looked at other people as souls that were here working their way along their path and having their experiences, which are their learnings in moving forward. And I realized that one of the things that I was in the midst of learning was how to love my self. All of this was happening because of the holistic health interest and exploration, and awakening to the spiritual.

Shirley has come to believe that in practice, if a person is receptive, willing, and ready to receive, she can create the possibility for them to heal through energy-field practices. She believes in a protective consciousness in this energy. If, on the whole, the person is "not ready," healing may be partial, or not at all.

If they are willing to receive healing, I can help, if they are willing. It may be that they're not ready then, as a whole. It's like if you have an egg in the palm of your hand. You can crack it open, because you know how. But the chick might not be developed, you won't have healed anything, You may have destroyed something. Sometimes people come to you with their conditions, and it is part of their life-work, that they have that condition...Their affliction is [possibly] part of their work. Yes. And ...they may not be ready even in this lifetime.

Elaborating on her belief that "life is about choosing and learning in the midst of creating circumstances," she practices with the awareness that sometimes people come to

her with their conditions, and no change in physical symptoms occurs. However, she noted that when healing happens, it occurs because the person is ready, and can deal with the changes healing brings in his / her life. In her experience, the healing process is not always gentle, but can precipitate a “healing crisis” in which the person can actually feel sicker for a while, “when things start coming to the surface.”

Although she does not use any particular nursing theory or model in practice, the philosophy of holism, and the philosophy and process of nursing, provide the framework as she draws from the knowledge and experience of her many years in nursing, together with her developing awareness, values, and beliefs in holism. She described herself as a pioneer and a change agent in the gradually developing acceptance of energy-field wellness promotion modalities by health care professionals who openly seek her wisdom.

I think I’m a change agent. I think that this is an area that is only beginning to open up. And I guess there have to be pioneers everywhere, And I feel like I’m a pioneer and I think that ... even, even though I will never have, or may never, I shouldn’t say never, have a full-time job in holistic practitioner’s mode, I may pave the way, or you know, smooth the path for many others to come in the future who will be available and have full-time practices.

Transformative personal changes.

Shirley immediately began a self-directed healing process through the learned practice of daily energy-field healing. Applying the new practices learned, she experienced awareness of the beneficial effects of connecting, with conscious intent, to the human energy field, the internal and external environment, and the universal life-force energy. She experienced an enhanced state of well being, inner guidance through dreams, enhanced intuition, and felt an openness to a new dimension of insight and understanding.

Then, she began working with others in her family. Very quickly, she came to believe that such modalities provided a concrete means to assist people in the prevention of some health conditions, and she felt inspired and encouraged to further explore the holistic paradigm. Her perspective on nursing, illness prevention, wellness promotion, and the state of the health care system changed and evolved dramatically in the subsequent five year period in which she achieved practice, Master's, and teaching levels in three energy-field healing modalities: Reflexology, Reiki, and Therapeutic Touch.

Shirley never imagined the extent to which the decision to explore energy-field practices would change her life, both personally and professionally. It was as if a door opened for her when she began to realize the significance of the connection between body, mind, and spirit in states of wellness and illness. As her understanding and conscious experience of the human-universe life-force developed, she experienced an increased connection to the sacred. A churchgoer her entire life, the awareness of spirit within her suddenly came alive.

Well, the whole spirituality part of things came alive when I started doing these other modalities, because of the power of, not only the spirit, but the universal life-force energy. You come to understand these other holistic modalities. Maybe you don't understand them all, but maybe you feel them, and you see how they work...So I think that was a huge door that just opened for me that wasn't there before.

Her faith in God grew as she developed a deeper understanding of the journey of the soul throughout human life, and the ways in which personal experiences of the sacred increases spiritual understanding.

I really felt that the Reiki had allowed that to happen, that the energy had come through. That is really what Reiki is all about. The Reiki practitioner is a conduit

for bringing energy through themselves to other people, but when you're doing a Reiki practice on yourself, you're allowing that energy to come through to yourself. And so it was very powerful. I had a number of other things happen, particularly with Reiki, that allowed me to believe and accept that the spirit is huge, very powerful, and very supportive...

She increasingly experienced synchronous events in everyday life, which she received as divine guidance, and her already established love and appreciation for the beauty of nature deepened.

Several years previously, grieving the end of a significant loving relationship, she had come to a profound appreciation for the beauty of the natural environment when she experienced that walks in nature left her feeling calm, soothed, and comforted. She felt surprised that she had never before experienced the spiritual and emotional effect of nature so profoundly. Accompanying the change in world view towards a holistic paradigm, her understanding and appreciation for the healing power of the natural environment on states of well being was further enhanced. As her sense of conscious connection to the natural world and the life-force of the universe transformed her inner environment, Shirley found herself happier, more content with herself and her work, "alone but not lonely." She became less competitive than in the past, and found herself not "scrambling to get somewhere," but being "more present, more in the moment." She began to conceptualize her healing experiences artistically, and through the positive reactions and responses of others to her artistic re-creations, realized the healing influence of the artistic expression of nature's beauty and how such expression created the possibility for healing in others.

I am always surprised that I hear the same things said again and again about my

art. I just met a person that I have spoken with by telephone for about four or five years. She connected my name with a print that she has in her home, that someone gave her of Cabot Park. She went on to say how comforting and soothing the painting was and how it was just lovely for her. She can't get back to this place, she was actually born not too far from Cabot Park, as she has difficulty walking now and getting around. She said how lovely it was to have this area of nature in her home, so that she could look upon it and feel this comfort and soothing feeling. She went beyond by saying that she got this feeling from the nature that I had drawn. I turned to her and I said, 'That's why I called my business 'Nature's Healing Art!' And she said, 'Oh! It really is, isn't it!' It just blew me away!

With the integration of healing experiences through energy-field practices and the natural environment, Shirley's concept of the wholeness of the universe enlarged.

I think I was realizing that I was a much smaller cog in the wheel, or how can I say that? I was a much smaller piece of the larger design, and instead of focusing so much on myself, as the director, I began to give things to the larger picture directing me, or someone up there, or some thing or some energy that was bigger than me.

The circumstances and events of her life drew together and converged, and she came to understand and accept that there was a greater process flowing, and that she was moving forward with that flow. This knowing manifested itself in many ways, but was especially noticeable in the occurrence of synchronous events. Whatever she needed seemed to 'be given', as others in her life offered their assistance and support in ways that were effective for her. Once, when she felt overwhelmed with feelings of responsibility and fear, a friend offered *The Serenity Tape* from A Course in Miracles, and she found that this calmed her enough to drop off to sleep. A minister, whose influence she respected, helped her to identify and release fear that had inhibited and paralyzed her self-expression. Her healing process was further enhanced through reading and reflection on love and fear, and once her fears were dispelled, she became aware of her capacity for self

love. The continued use of energy-field practices heightened her receptiveness and her capacity to feel the flow of the life-force energy within her, enhancing her states of wellness and leaving her feeling strengthened and empowered. Through all of these experiences, a new perspective on healing was unfolding, rooted in her understanding of the oneness of spirit within nature, and she began to integrate the what was (past events), the what is (present circumstances and potentials), and the unfolding possibilities (future possibilities).

The integrative state of body, mind, and spirit, achieved through self-healing energy-field practices and communion with nature, opened Shirley up to an enhanced feeling of wholeness and a new awareness of her spirituality as something more than the practice of religion. She began to view life experiences as lessons towards the development of higher consciousness, and she became more appreciative of the presence of others as living souls, each a smaller part of the wholeness of all, each experiencing whatever lessons he or she required to facilitate the process of expanding human consciousness. In this unity perspective, the inherent significance of each and every interaction with others became revered as the means by which people served and helped others in the unfolding of optimal human potential. She constantly found herself amazed at the difference in how she perceived herself in relation to others in ordinary life situations. For her, material things mattered less and less as time passed, and simultaneously, interaction with others became much more meaningful. She developed an understanding of the importance of choosing meaning for her life experiences. As a consequence, she began to live her own life in the awareness that she was creating her

reality through her thoughts, perceptions, reactions, responses, and choices to different situations, events, and experiences. She expressed a developing belief that “life is about choosing and learning in the midst of creating circumstances.”

Perceived effects of paradigm shift on wellness promotion practice.

Her unfolding perspective on the spirituality of community, honoring the interconnectedness of the human experience among people, became further elaborated in her holistic energy-field healing practice with others. She found a greater sense of equality between herself and the people who came to her for help and guidance. She began to view her role as a “partner,” and also as a healing presence in facilitating wellness in others, saying, “I think when people come to me for reflexology or Therapeutic Touch, or any of the other modalities, I really find that they’re telling me many, many things about their lives, and I just become a really big listener.” Although the therapeutic value of presence in communication with the other is taught in nursing, her experience was that the actual use of such knowledge and skill in biomedical nursing practice is neither facilitated nor promoted. Contrasting her perception of her developing therapeutic relationships with the reality of biomedical nursing in the health care system, she described hospital nursing as “efficient work with everything hands on, busy, busy doing the beds, getting this and that done.”

I think that when I worked in the hospital , everything was very efficient and... although we were taught to spend time.... talking with the people and getting them to express themselves it really wasn't something that was promoted because.... everything was hands onbusy, busy, doing the beds, getting this and that done. And if you were found sitting talking to somebody, it looked like you were wasting time...So I think that there was a pretty strong feeling... that, it was never spoken. It was just something that you knew, that you better get moving, in the

hospital setting.

She finds that she can now take the time to listen and counsel, and use the skills she learned in nursing education far more effectively in her holistic healing practice than ever before.

Shirley identified several interrelated areas of nursing practice affected by her changing world view. She continues to practice biomedical-based nursing in a full-time managerial role, in addition to energy-field healing modalities. Her overall feelings about her role in nursing have changed, and knowing that her presence makes a significant difference to individuals, colleagues, and the health care environment, she is more content in her work. She describes herself as an extrovert and mixer, approachable, easy-to-know, down-to-earth, and a regular person. She views her managerial role with other nurses supportive and guiding, and finds nurses respond by developing their autonomy and creativity.

They're much more autonomous. They're much more independent. And the big thing, that I really appreciate coming from them, is when they demonstrate the extra things that come out. The creative things, as when they think of a really great way to help a family, .. or when they go the extra mile for that family because their hearts are really in it...And I can be there for the nurses that I'm managing. I guess I don't see myself as managing them. I'm much more there for the support that they need in order for them to get what we're doing in our area of nursing done. So I don't have any desire to show them that I'm the boss. That sort of stuff just isn't there. It's pointless.

Shirley believes that by asking appropriate questions, by respecting and validating the experiences of others, the capacity to discover one's own answers is fostered.

Through the process of reflecting on deeper values, prevailing political views, and in accessing nursing knowledge, wisdom, and intuition, nurses create their own solutions.

Her community-oriented management approach differs from the past, where she acknowledged she might have been more concerned with the organizational and managerial aspects of her role from an authoritative perspective, not a holistic one.

She found that the practice and application of reflexology and Reiki heightened her awareness and understanding of spirituality and holism. As a consequence, her comprehension of other energy-field holistic modalities easily developed. Well known and trusted in the nursing community and within her health region, her colleagues recognized and appreciated her developing knowledge of the energy-field practices of the holistic paradigm. Much to her own amazement, when asked to share her knowledge with others, she discovered she was a natural teacher. Her ability to express energy-field healing knowledge in common sense, everyday terms, emerged through the use of examples that people could readily relate to, allowing her to demystify for others the power and presence of a universal life-force energy.

Colleague response.

Shirley perceived a variety of responses to her changed world view by nurse colleagues. She experienced that some were positive about her developing holistic perspective, while others were not.

Some people were positive about it, and other people just blanked out. They just couldn't go there. For those who understood and were at a similar place along the path, we could provide a sounding board and support for each other. We were then able to support the further emergence of individual development in a holistic direction. It was also reassuring to have my experiences validated in this way, in a circle of friends.

From another perspective, some colleagues clearly communicated that they did not want

her to employ any energy-field practices on them. For some, this response arose from a believe that energy-field modalities were in some way against their religion, or coming from something other than the God of their religion, while others had a general fear of the unknown.

There was a period of approximately one year when she felt disjoined, and even rejected by colleagues in the health care system; at other times, feeling like “a fish out of water.” Shirley recognized that in embracing the holistic paradigm, it might have appeared to her colleagues that she was moving away from them, turning her back on them.

In fact it was probably vibes that were coming from me, because I was very angry at the tradition medical model. I was feeling very angry. Just the whole thing about my mother I think. In my head, I was being very black and white. I think it may have been something people were picking up from me. Once I recognized I could do both things and have a foot in both areas, the sense of satisfaction began to grow. Because I was saying that I would leave the tradition medical model, a friend of mine said to me, ‘but we need you there, because you make things happen. And you make things change in a better direction. You have an influence; we need you there’.

When her colleagues realized she wasn’t leaving, and acknowledged her as an influential resource in fostering a shift in the nursing perspective on wellness promotion towards a more holistic approach, she regained her confidence.

Family response.

Shirley’s beginning exploration of energy-field healing modalities was to prevent illness and alleviate suffering for herself and others in her family. Now, her family members regularly seek energy-field practices for themselves and their friends, and their response is very positive. Since it was this very goal that precipitated her oneness to the

holistic paradigm, she finds great joy in the positive response of others. In looking to the future, Shirley perceives the potential benefit of energy-field practices for all.

Difficult aspects of practice change.

Describing the challenges of her change in world view and healing perspective, Shirley described feelings of separation from former relationships as being most difficult. It was as if the language itself had changed, and she couldn't have the same conversations anymore. She accepted that she was moving away from a former perspective on life previously shared, which, in turn, meant moving away from some relationships. Simultaneously, she also experienced an increasing closeness to others of like values and beliefs, and found such friendships affirming and strengthening.

Positive aspects of practice change.

For Shirley, the best part of her change in wellness perspective was the "satisfaction" experienced when she realized that she could practice both the biomedical and the holistic paradigms, and be met with acceptance and encouragement from her colleagues. Initially, because of the fundamental differences in her previous and emerging world views, she could not imagine continuing in the biomedical model, and began saying she would leave conventional biomedical nursing practice. When she recognized her potential to practice "with a foot in both paradigms," her sense of satisfaction began to grow. As she began to speak openly about her experiences and new vision, her colleagues and others in the health care system acknowledged her value as a resource, someone with the capacity to understand the emerging holistic paradigm in health care, and someone with the ability to bridge the gap between the two disciplines. Presently, she

is regularly asked to do presentations on energy-field healing modalities in community centers, schools, wellness seminars, and colleges throughout the province. The experience of personal and professional satisfaction empowers and inspires her, and she enthusiastically expressed, “the best part of this practice change is that I really, really believe that I’m giving people another perspective on holistic health practices and allowing them to sort of give over a little bit, move a little bit towards that, in the interest of wellness promotion.”

Perceived role of holistic healer in wellness promotion.

Shirley is inspired and empowered by her colleagues, by those who seek her assistance in wellness promotion, and by those who come to hear her speak, experiencing the positive response as validating. She views her expanded role as a holistic wellness promotion practitioner, in partnership with members of the community and health care professionals alike. Working with those who seek wellness maintenance, illness prevention, and wellness promotion, she views her role as that of an assistant who helps those who seek her services to “initiate healing within themselves.” Believing that no illness manifests itself without the person being involved on the level of energy, she also has faith in the human capacity for self-healing.

If somebody comes to me and they want a Reiki session before they go for surgery, Reiki allows their body to receive energy which will prepare them for the healing process that they are going to go through. This healing may occur on any of many levels, for example, through providing a dream to assist the person to understand the meaning of the physical symptoms of a painful elbow.

Shirley differentiates her experience of the “fixing” approach of the biomedical model and the holistic model of “partnership” with the other as ‘doing with’ or ‘doing

for', rather than 'doing to'.

I think there's an equality there so that, when I don't think I can do anything for them in their situation, I'll certainly try to refer them to somebody who may be able to help...I think it's an equality, because they come and I do them a service in terms of the practice, and they pay me for it. That's equal in terms of that. And it's equal in terms that I'm not somebody who's going to 'fix them.', in the sense of a doctor. I'm working with them as a whole person. I'm not just working with their sore elbow... I'm helping them to initiate healing within themselves. I realize that they have the capacity to heal themselves. There are no accidents, and there are no illnesses that are manifested without that person being involved in it [on some level]. So I don't expect that I'm going to fix them, in that sense. What I'm doing is.. I'm initiating the healing, .. the ability for their body to heal.

Acting as a conduit for bringing life-force energy through herself to assist others, she prepares by caring for herself through daily self-healing practices. Perceiving the "preventative" value in energy-field modalities, she informs others how development of energy blockages within the energy system in the human body causes illness, and explains how the opening of energy blockages facilitates the harmonious flow of life-force energy through the body's energy system, thus activating and facilitating the body's own ability to heal. Shirley believes that maintenance of unobstructed energy flow is illness-preventative, as people may not get to the point where they have to go into the acute care system.

It's preventive. I think that's the main thing. To have them activate their body's own ability to heal and to work on healing so that they don't get to the point where they have to go into the acute care system and have something cut out.

Vision for future of wellness promotion.

Shirley envisions structural and functional changes in the health care system, within which the holistic approach to wellness will be supported and encouraged in

collaborative interdisciplinary practice. She acknowledges that the biomedical field may seek “scientific proof” of efficacy, but the greatest proof is in the healing and wellness experiences of those who seek out and benefit from use of holistic energy-field modalities. Positive experiences and word-of-mouth support and encourage public acceptance, for if not for public interest and support, such practices would not exist. She perceives her role is to “pave the way,” or “smooth the path,” for future energy-field practitioners.

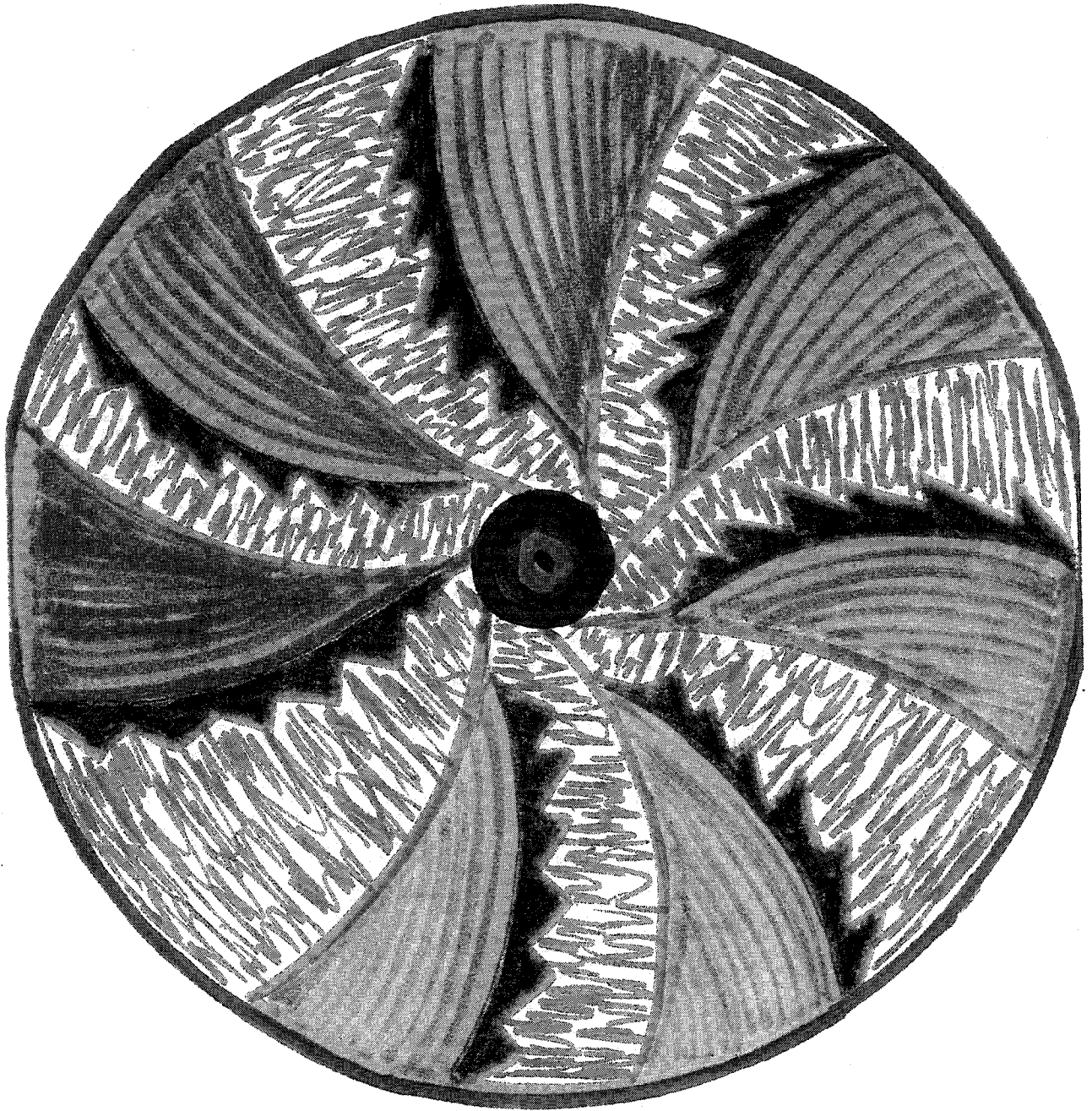
Five years ago, as her loved one lay suffering, Shirley considered the commonly accepted fact that life-style changing wellness promotion and disease prevention measures positively influence wellness outcomes. She wondered why, aside from yearly check-ups with physicians, there was no place within the publicly-funded health care system where one could have an assessment of their overall health behaviors and health condition performed by health care professionals. She perceived the necessity for more wellness promotion services and facilities, and concluded that a health care system that did not foster change through providing wellness promotion and disease prevention alternatives, seemed desirous of perpetuating itself.

I am not saying that it is the practitioner’s or doctor’s fault. I think it’s the systems fault, the way it’s set up. People go to the doctor with a problem. They deal with that problem. They don’t have time to deal with anything holistically. I think they believe they are doing their best, but it’s a fee for service system. In a fee for service, you can’t look at the whole person. You have to keep feeding the fee for service. I think there are some major system changes that need to come about, like salaried doctors, for sure. That way they would become team players, because right now, they’re not. If they were team players, they would be open to going to all meetings and sitting down with all practitioners. Eventually. It will take some time. But that’s really the way that we have to go. What’s happening now is that people are still going to the doctor for their one specific thing, and they’re going

to the other practitioners for the holistic piece of it. And the doctors are going to be eased right out by the people, by the public. It's the public that is paying the holistic, naturopathic, complementary, and alternative health practitioners. They wouldn't exist if the public wasn't seeking them. So I think if the doctors continue to be narrow-minded about all of this, they are eventually going to be closed out, if the complementary practitioners can in fact do the healing that they say they can do.

Shirley takes every opportunity to speak about holistic wellness. Her life is a testament to her beliefs.

Shirley's Mandala Drawing



Shirley's Description of the Mandala

The sphere shape represents the world, the global aspect of the healing energies, wholeness, and the human eyeball. This sphere is symbolic of the collective whole of reality, as created through the sum of all individual perceptions, the reality experienced by each and every human. Together, universal energies and human souls are greater than the sum of parts. The eye is the mirror of the soul, and through the eye, humans take in and form images of the external environment. Each person's perspective is different, and therefore, each person's reality is different: 'Beauty is in the eye of the beholder.' It is a dynamic process.

From a global perspective, the green represents the earth, the natural environment, and nature's ability to heal. The beauty of nature is always there, soothing, comforting and healing. Nature is nurturing, restorative, abounds with healing energy, healing energy abounds, to be acknowledged and received internationally and individually.

The purple areas represent the healing energy of the universe, always available to all in earth's environment, universally and individually, to be received by everyone for themselves, or sent with conscious loving intent to others who request it. Reiki healing energy is purple; other strong colors may come to the healer or the healee. The energy, with its color, just arrives.

The blue colored areas represent ongoing healing, facilitated through receptivity to the purple healing energy. The eye represents how people collectively and individually view this energy. Some doubt the existence of healing energy, and their reality limits their receptivity. Others are more aware, appreciating its benefits, understanding its power, and openly receive it. The wider bands represent the healing energy happening, or the healing taking place.

The mandala is global, it's the whole world, viewed from the universe, way out, and no matter how you turn the mandala, it is rolling forward. Through experiences of pain and pleasure, humans move through various stages of healing into the center or core of understanding, or higher consciousness. These experiences may be perceived as lessons. It is the journey of a lifetime. Sometimes it takes awhile to get the meaning of the different experiences, and patience is required to wait, to receive another lesson, to integrate what we need to realize. Receptivity to the available healing energy hastens the process. The center of the mandala demonstrates the different layers of energy that move individuals to different stages of healing, ultimately and symbolically to the center of the Self, represented by the eye. Here, "we get the picture" or receive complete understanding.

Shirley's Description of the Holistic Metaparadigm of Nursing

Person, environment, health, and nursing together encompass the concepts of person and health. Life is about choosing and learning in the midst of creating circumstances.

Person.

Person is an individual of the earth, who receives the energy that flows freely or is offered by others with conscious healing intent. In Nursing, this occurs in both the biomedical and holistic nursing traditions. The person chooses from both, or either tradition. How each person views the world and how he or she receives the healing offered determines their state of being. Each person heals at his or her own rate; each may perceive healing as being more available to him or her, or may block their healing. Some people doubt the existence of the healing energy, and their viewpoint prevents them from acknowledging it; others are more aware and open to receive it, appreciating its benefits and understanding its power. Individual choice, on what to do with the experiences offered by life, is important, individually and globally. Everyone is at a different point along the spiritual evolutionary path.

Health.

Health is a dynamic, ongoing process of healing as demonstrated in the forward motion of the circular wheel. The healing process, depicted in the little blue jagged areas, is an active area.

Environment.

The environment is the wholeness of the universe, encompassing earth, nature, and the energy that surrounds us. The energy contains the restorative, soothing, comforting ability to heal, and can be called upon at any given time. The dynamic life process occurs as the universal life force energy moves through the universe, ebbing and flowing according to the needs and receptivity of each person. The human body has an intrinsic and extrinsic energy system and energy centers, each with a different function, represented by different colors. These centers, or chakras, receive the universal life force energy.

Nursing.

Nursing includes all healing intention offered through practice with the healing energy, love, and support of the traditional biomedical model or the holistic model of nursing.

Participant 2: Sundancer

"It's not my time."

Sundancer also experienced disillusionment with nursing, through her perceived lack of attention to the humanness of those who enter the health care system seeking relief from their suffering. She described professional, moral, and ethical distress due to her inability to provide whole care through nursing presence in a task-oriented health care system. She also suffered physical symptoms of illness and the latent emotional effects of childhood trauma. She was not able to find relief for her own suffering within the conventional health care system. Prompted by her desire for more harmony for herself and others, she left nursing and began study in a profession that would allow her to minister spiritual care to others. She discovered holistic healing practices, and met people whose love, respect, and compassion validated her own experience, with whom felt "a bond of being." Through her own transformative experiences, she developed the capacity to live and practice her newfound beliefs. She continued on, embodying compassionate care in to service to others, while sharing what she learned about the development and treatment of states of disease on her journey into the holistic paradigm.

Sundancer appears the embodiment of peace and compassion. There is the energy and bearing in her, of one who has traveled a long and difficult journey, experienced pain and suffering in her heart. Yet, she embodies the capacity to minister to others from a wellspring of strength and power. She has discovered her hidden powerful self through

her own self-healing efforts, her devotion to God and her belief in God's will, through deep friendship, through the experience of compassion, and through reading and reflection. As I came to know Sundancer and work with her story, an expression came to mind that reflected her embodied presence, in the words of Houston Smith (1986): "All of us dwell on the brink of the infinite ocean of life's creative power. We all carry it within us; supreme strength, the fullness of wisdom, unquenchable joy. It is never thwarted and cannot be destroyed. But it is hidden deep, which is what makes life a problem. The infinite is down in the darkest, profoundest vault of our being, in the forgotten well-house, the deep cistern. What if we could discover it again and draw from it unceasingly?" (p. 43)

Sundancer's Story

Nursing education.

Sundancer's reasons for choosing to enter nursing were closely related to the factors that influenced her choice to leave after ten years in clinical practice. Nursing seemed a natural choice for Sundancer, who described an inherent longing to minister to the needs of the whole person, and who had a passion for touching the spiritual domain in others. She already had a developed sense of values on the respectful care and treatment of each person when, ten years older than most of her classmates, she entered a three-year diploma program. She left nursing when she realized that time constraints and technical-focused care in the clinical setting did not foster or support ministering to the (w)holistic needs of those in her care.

Precipitating factors in exploration of the holistic paradigm.

The interwoven strands of her vocation of service to others, and her personal experience of pain and suffering, became the thread which led her to self-awareness and transformation. Her exploration and beginning use of holistic healing modalities was precipitated by an emerging desire for personal healing, simultaneous with growing feelings of disillusionment with health care practices in nursing. Finding herself in constant physical pain, for which biomedical treatment provided no relief, she sought alternative ways to heal herself, and through her own healing journey, she discovered much more about Wellness, illness, and recovery than she ever anticipated. Her story reveals a gradual journey towards wholeness, influenced by the lived experience of nursing practice and personal suffering.

In beginning practice as a registered nurse, Sundancer appreciated her preparation to function as a member of the health care team, its respectful focus on the whole person, their spiritual, mental, emotional, and physical being, together with a strong emphasis on the interconnectedness of the human body, mind, and spirit. The therapeutic value of human touch was professed, and nurse-patient interaction and therapeutic touch were fostered. She became aware of how deeply people experienced touch, when a supportive hand was placed on another's hand or shoulder, and she observed that the practice of bathing a patient was "a reverent thing." Throughout training, respect for the whole person was emphasized, with the role of nursing presence and therapeutic communication elaborated. She recalled learning of the importance of not taking things personally, but to be attentive to the patient's expressions of anger, frustration, or fear, and listen for what

was beneath and beyond expression, while trusting her own intuition.

For a short while in the beginning of her nursing practice, she retained the dream of being able to focus on total patient needs, as she understood them at that time. However, she soon experienced the great demand on nurses to complete “the performance of physical and technical duties and tasks,” and she began to feel that nurses were unable to meet the total needs of patients in acute care settings. In particular, she noticed that it was almost impossible to meet the emotional and spiritual needs of patients within the confines of accepted nursing practice conditions. Within three years in clinical practice, she began to become disillusioned, realizing through her own practice experience that there was rarely enough time to meet the needs of patients and families, as earlier envisioned. The exception was during the night shift, when there was less action occurring in the physical environment, when it was possible to “truly be present” with those in her care.

She related experiences of sitting with people late in the night, when they were unable to sleep, offering her presence, or a cup of tea, rather than sedation. She perceived that during such therapeutic interactions, a deep communion between the nurse and the patient occurred on the level of the spirit. In these times of true presence and deep communion with others, she learned of the “feistiness of people” who, when supported with care and compassion while experiencing traumatic crisis, retained the will to live. She described feistiness as the expression of the human spirit, arising in “presence” and “faith.” She deeply appreciated the shared experiences with those in her care, saying “It is a terrific privilege to be a part of that.”

Sundancer became aware of wanting more harmony and wholeness for her patients, and realized the potential for achieving that goal lay in doing the kind of work that ensured she could offer that possibility to others. She had begun to realize that such states of consciousness arise from the spiritual domain, an aspect of human beings for which nursing practice provided little focus. Inspired by a colleague who entered pastoral care, Sundancer began dreaming of the day when she might be able to focus more deeply on spiritual care. She continued clinical nursing practice another four years. During that time, the cumulative and combined effects of the stress of her professional practice environment and circumstances in her personal life began to affect her state of Wellness, eventually precipitating a professional and personal crisis.

Sundancer's last year in nursing was difficult. She recognized her own need for healing of past injuries when overwhelming feelings of fear and mistrust related to traumatic memories from her childhood arose, triggered by the open-door circumstances of her clinical work environment in an isolated community setting. At that time, she sought help to deal with the traumatizing effects of this knowledge, and instead of finding support and understanding, her fears and concerns were minimized, and she was told "you should be over that now." This response from a trusted health care professional left her feeling invalidated and dis-empowered, and she recalled how that response ended her talking about the abuse, saying "I just kind of pulled the door closed on it." In her thirties, she again sought assistance through counseling within the health care system, and again found " ... he didn't understand that part about the abuse." Upon, entering mid-adulthood, she again recognized her need to work towards personal healing. Unable to find a

therapist trained to treat cases of childhood abuse, she began looking for help beyond the biomedical model.

Sundancer learned that one's body has a way of manifesting unresolved conflicts, and that the circumstances of life sometimes facilitate full manifestation of symptoms before the resolution can begin. For her, this occurred while attending a self-development workshop in another province. A co-participant and health care professional "reached out" to help her, taking a personal interest in her struggles and challenges. Sundancer, who had learned from her mother's example to "keep everything in," took a courageous step and openly shared her pain. A therapeutic relationship developed with the other professional, and upon returning home, Sundancer continued in written and verbal communications to reveal her "real self," disclosing her history, weaknesses, and difficulties. Suddenly, the person stopped calling and writing, and would have nothing to do with her. Upset and embarrassed at her dependency on another, the feeling rejected, her trust broken and betrayed, she endured a year in which her world temporarily turned upside down, impacting on her nursing practice, her sense of meaning, and her life in the community. After enduring a year of ups and downs, all stressors upon her combined to force a turning point. She recalled, "something happened to me, and I lost it. It was so embarrassing for me, that I could not grasp anything, wasn't getting it. I wasn't one to give up, but I gave up on that, and that really wasn't a positive experience." She made a decision to leave nursing.

She did not want to remain stuck in painful memories, and clearly recalled saying: "I owe it to myself, to the people I work with and live with, to continue journeying." As a

result of the recent betrayal of trust, she realized “that a person can have a doctorate in psychology, and not have anything together inside.” The experience changed the way she approached health care professionals, and she found “you have to pick your way through the rubble, as it were, to find people who have almost a bond of being with you ... understand where you’re coming from.” Eventually, she found a “bond of being” with holistic wellness promotion practitioners.

At the same time as the ending of her nursing practice and beginning studies in pastoral care, she began suffering a severe burning pain to one side of her body. She was examined by several specialists, and her condition was diagnosed as post-traumatic stress reaction. Five years later, through CT, she learned she had suffered a hypothalamic stroke. While still suffering almost constant burning pain, one of the symptoms of the undiagnosed stroke, she began pastoral care studies in another province.

Holistic energy-field practice.

While studying in another province, at times almost incapacitated with pain and suffering, an advisor suggested that bio-energetic and energy-field modalities might prove effective for her. For Sundancer, the sessions were experienced as a spiritual, sacred process. Although the burning pain remained, she benefitted from the use of presence, waiting, and silence, together with the bioenergetic practice of grounding the body energy and releasing energy that was not flowing freely. She did not realize when entering treatment with the bioenergetic therapist, intuitively chosen from among several suggested by her advisor, that her whole life was about to change. She had begun the transformative journey in the holistic paradigm.

Transformative personal changes.

Early in the therapeutic relationship with the bioenergetic therapist, the serious significance of her traumatic childhood experience was revealed, compassionately acknowledged, and the experience of her distress validated. She learned how the broken trust she had experienced as a child had resulted in inner stress, which in turn manifested in illness. She learned that the human body remembers trauma, even if not in conscious memory, and as she entered more deeply into her own being, she became aware of her inner anger and was able to heal the wounds revealed. Once the traumas of the past were released, she experienced inner healing, a sense of harmony and wholeness, and recovered remarkably during the course of treatment, regained the capacity for trust in others and an ability to live more fully.

Beginning with the referral to bio-energetic therapy, Sundancer continued to accept suggestions, seeking out other modes of energy-field throughout her several years in pastoral care studies. She was treated by a chiropractor who had become a practitioner as a result of a positive personal experience with the modality. He used a micro-manipulation technique which made a great difference in her level of wellness. She appreciated that he always took time to talk with her and share stories, creating a sense of an “even playing field” between them. She found it affirming to be spoken to “on same level” by a practitioner who had her best interests at heart.

Sundancer also received homeopathic treatment, a modality which works on all levels of being, peeling away the layers of dis-ease like an onion, restoring balance, while detoxifying the tissues and organs of the body from the effects of chemicals and toxins.

Again, the homeopathic practitioner, also an internist, gastroenterologist, and nutritionist, had chosen to practice in homeopathy after a remarkable healing experience of his daughter's depression. Sundancer perceived herself as healthier since this healing process. She also benefitted from massage therapy, which she felt was very effective in the detoxification process and for the nurturing care provided. Her massage therapist, a former nurse, related that she had cured herself of Crohn's disease through a vegetarian diet, meditation, relaxation, guided imagery, and exercise. Sundancer has also used acupuncture, polarity therapy, and osteopathy, and found all very effective. She found the profound respect and love experienced in her interactions remarkable. She experienced being treated like a whole person, and appreciated that each one never seemed in a hurry, but always took time to ask her, "How've you been?" She recalled she never felt, "Well, your 45 minutes are up. My work is completed. Give me your money."

Recounting personal changes, she cites becoming more tender, more compassionate, more loving, and more aware of God's presence in the universe. She begins her day intentionally, in tune with God, remaining open and flexible to what comes and often feels literally carried through her work. Seeking out quiet times and places to access her Higher Self, to jot down her thoughts or to write a prayer, she maintains constant trust in whatever comes. She practices intentional prayer for the benefit of others, and attends a yearly seven-day retreat, appreciating the value of quiet places for reflection. Slowly and gently she continues the healing journey, perceiving, "the longer that I have been on this journey, the more peaceful and happy I have become."

Her personal healing experience took her beyond what she perceived possible,

according to her nursing education and practice within the biomedical model. As her state of being improved, she was greatly inspired to know more about energy-field modalities and to help others to heal. Sundancer uses a mixture of biomedical and holistic healing modalities, including rest and relaxation and prescribed medication for the treatment of symptomatic pain. She attributes having meaningful, regular work as significant in keeping her mind off the pain. In reflecting on her healing journey, she realized that she had always embodied the principles and philosophy of holism, unity, and, true community and, that through the healing process, her true self was revealed.

Perceived effects of paradigm shift on wellness promotion practice.

For Sundancer, the effect of the transformational process and inner healing has greatly influenced her work perspective. She expressed deep appreciation for the value of her experiences:

All of these experiences have stood me in good stead in my work, in that they have been great teachings. I am now able to respond to people who need what I needed. It is easy for me to resonate with many of the things people tell me [stories people share].

Although more than twenty years have passed since she practiced biomedical nursing, she perceives the combined influences of her nursing knowledge and experience, her life experiences, and the use and practice of energy-field healing modalities have led to a difference in her approach to her present work in pastoral care, compared with those of others. "I really feel that these changes, in terms of my practice, have really brought me here to advocate and minister to people's unmet needs." She perceives her present work in pastoral care resembles parish nursing, community-oriented care within a religious

parish region, from a holistic perspective. When she chose to enter studies in pastoral care, the opportunity for parish nursing that exists today was not available.

Based on her own experience of suffering and the practice of caring presence with others, Sundancer believes that most of all, it is the spiritual needs that were not being met in the health care environment, and even in the community:

I know in my heart of hearts that if I give someone enough time, that can be a very healing time. Because out there in the public there are so few, many times, who are willing to give [people] the time we need. Or I look at the patients on the unit. They may want 5 minutes of their doctor's time, but they get a half a minute. And so they're left with kind of a . . . the only image I have of it is kind of a hole in their heart. Their heart longed for more time. And it's not there. They might want more time with their nurse, and they don't have it. Or they might want more time with a friend, who becomes uncomfortable with their feelings, scared of their feelings and walks away. And because I've had that one experience, that experience myself, I know that it's not good to walk away from someone. Many times ... out there in the public, there are so few who are willing to give [others] the time [they] need.

Sundancer acknowledges how much her own suffering has contributed to the change in her world view, and in her work:

I couldn't even say in words, I don't think, the difference that suffering has made in my life, in terms of believing patients, whether they were telling me of spiritual, mental, emotional, or physical pain....With any kind of pain, I kind of zoom in on that, because I've worked on different layers, and it's not difficult for me to do anymore. I continue to carry some amount of pain in my body, and I took so long to find out what it was all about. I always had some dimension of compassion, but it's so much deeper. My understanding of real respect is so much more deep.

The practice of taking the time to be present to others has become much more important to Sundancer over the past couple of years, and continues to shape her unique approach to her wellness promotion practice. While in pastoral care training, she found that the process focused in the psychological more than the spiritual domain, and that

those not drawing out emotions were viewed as poor pastoral care givers. In her early practice, not feeling ready to touch on the deeper emotions of others, she decided to find her own way to “minister to spiritual needs.” This has been an evolving process, the central point of which is the therapeutic use of prayer.

Sundancer trusts that something special happens while sitting together in silence, in the presence of the holy, and “the Holy is all around us and in us.” Perceiving that there is tremendous therapeutic value in human touch, she approaches each session by sitting with the person and taking his or her hand. Using intuition and inner knowing when in the presence of patients, she discerns their level of comfort with her. While focusing with clear intent, she consciously surrounds the person in a field of God’s energy, love, thus inducing a restful state by guiding the person to focus on his or her breathing. She has learned to wait, as a “midwife to emotional expression,” and then to re-tell, in the form of prayer, the story the person has told to her. She trusts that prayer makes a difference in healing, that something special happens, even when feedback is not given by the person:

...As I prayed with people, prayer almost always had to retell the story that they had told me. That always spoke something very clear to the person, that ‘I have been heard’. I used to see tears in people’s eyes as I prayed and really focused on the emotion of the story that they told me. So I knew those were healing moments.

Sundancer expressed the belief that healing intention and energy-field modalities are compatible with the Christian perspective, and related her perception that Jesus Christ touched people physically, looked into their eyes with compassion, and the energy between the two was so powerful that people changed. She perceives the energy of love and compassion as healing. She believes Christ “embodied a lot of tenderness and love,

and when he did touch people, physically, he may not have used words for it, but he was all part of the total story of the universe.” She added, “He was present, as Matthew Fox would say, long before the universe came into being ... the cosmic Christ.” She concluded, “we’ve been thinking all along that the only intelligence in the universe is the human. Now, we are coming to realize, through our expanding awareness of the meaning of spirituality, that we live in an intelligent universe.”

Sundancer views her openness to new things as a great blessing, although sometimes painful, because it takes a long time to see change. Through her expanded view of the universe, and her perception of herself as “one small atom in the total universe,” she has become more passionate about the care of the earth, about the environment, and about respect for all of nature, all of creation. She expresses her philosophy as similar to Thomas Berry’s dream of the earth, “the universe story being understood more and more and more, across the earth, so that humanity will love the earth rather than continue to destroy it with wars and judgements, and hurtfulness, not only to people, but to every living thing across the earth.”

She embraces the philosophical perspectives of Charlene Spretnak and Dearnid O’Murchu on spirituality and the two world views, the old view of religion as truth being closed, stable and manageable; the new as the spiritual horizon, open, mobile, and interconnected; the old worldview being 5000 years old, and the new worldview 70,000 years, in terms of human evidence. She believes in spirituality as the aspect of human existence that explores the subtle forces of energy in and around us, and revealing to us the profound interconnecteness, the relational component of the lived experience.

Colleague response.

She experienced a mixed response from colleagues, friends, and family to her change in practice. When she left nursing practice to study pastoral care, many couldn't see that she would embrace the spiritual focus, and perceiving that she had left her nurse's training, asked 'Why don't you go back to it?' In the course of her pastoral care work, patients sometimes cried, and on more than one occasion, she was asked by physicians, disturbed about the crying, not to come back. She observes this has changed more recently, and she perceives most mature and compassionate persons accept emotional release as therapeutic.

When she began seeking out ways to heal herself, exploring energy-field healing modalities, some of her friends and colleagues were fearful, saying, 'That's New Age. That's dangerous.' She concluded, "In my heart of hearts, I know that's the way that people find to silence us, is to label us." She believed that those who have a problem accepting these modalities are those who do not understand.

Now, Sundancer perceives positive feelings about her choice as friends and colleagues express deep admiration for her work, even saying they could not do it themselves. Sundancer notes not many choose pastoral care, as it leaves one more vulnerable," ... not having props to bring into a room, like trays of drugs, trays of food, injections to bring, a chart or something to carry, or the wearing a white coat that makes you look like someone medical." She believes her colleagues, friends, and family see and know there is a difference in the way she is "in the world," bubbly, energetic, friendly, and warm.

Family response.

For Sundancer, the response of her family has been positive. She is working with family members, using energy-field practices, and perceives the barriers between herself and others are gone.

Difficult aspects of practice change.

Sundancer identified several difficult aspects to her change in world view towards the holistic paradigm. Although she considers herself very fortunate to be open and longing for transformation, it was her suffering, and her search for healing, that gave rise to her transformative process. She experienced it was difficult to find people who would listen when her pain was unbearable. She found she was not believed, not understood, and she experienced being judged by others. She found many people could not listen, and that was hurtful. In addition, it was difficult to face herself, to look at the parts of her experiences that she preferred to forget, especially the abuse. Even these difficult experiences have been transformed into positive attributes, as she discovered people who could listen, and consequently, learned how important it is to listen to others.

Positive aspects of practice change.

Among the best aspects of her change in perspective, Sundancer identified the personal transformation, resulting in the development of deeper compassion, "...to change from being a person who had some compassion, to having much deeper compassion. I love that. I'll always love it." Further, she believes that she has developed deeper tenderness, empathy, and an awareness of the awesome healing power of presence, and "sitting with the Holy" in prayer. She has come to believe that prayer, whether silent or

spoken, makes a difference even if a patient may not be aware of that. She finds that in her work in pastoral care, there is freedom and ability to take more time with others. She experiences a sense of openness in her work. She expressed knowing “in her heart of hearts” that if she gives someone enough time, it can be a very healing time. Beginning her day intentionally, with some structure, she is able to be open and available to be led by the needs of that day. Maintenance of openness, receptivity, and flexibility serves to develop her capacity for responsibility and change, so that when a person worries they have taken too much of her time, she is able to respond, “Well, it’s not my time.”

There is also the element of mutuality, and Sundancer relates, “...often my own needs are met within the ministry.” When people thank her for her presence, she acknowledges, “You’ve taught me something special. You’ve gifted me as well.” She has found that the less agenda she has, the more effective she can be, drawing from the expression of Henri Nouwen, that people don’t need her projects, they just need her to be one with them. She strives to maintain receptiveness, so that “what I’m doing, is I’m receptive, and loving and caring for the people who come into my midst. It’s like a dance in a way, a waltz in a way. You move with, ... you go with the flow of the day.”

Perceived role of holistic healer in wellness promotion.

Sundancer perceives her role in wellness promotion as a healing presence with others. She feels that the changes that have come about through the interwoven experiences, in her personal and professional life, have prepared her to advocate and minister to people’s unmet needs:

I had an experience just before I came up here of a man who said to me, ‘I’m

doing very well. You had a prayer for me when I was very, very sick.’ And I asked him, ‘Did you want a prayer for healing?’ And he said, ‘No, I want to pray for whatever God’s will is for me.’ So I went with that, I went with whatever he said. And he said, ‘Look at me, I’m so healthy.’

Sundancer believes there is always a mutuality in these therapeutic relationships, and she has learned through her experiences how important presence is to healing, “just to have someone show up and sit awhile.” She has observed that people who have prolonged illnesses have a longing for the presence of others, and that a person’s awareness and knowing that they are loved plays a significant role in his or her healing. Her sincere desire is to see people enhance their quality of life through moving towards their optimal potential. She expressed, “I often feel like it’s a real energy within me that I’ve learned so much that I have to pass this on. I can’t keep it to myself. Okay!”

She selectively and with caution passes on to others what she has learned about holistic healing modalities, suggesting to the person, “check with your doctor.” Based in her own positive experiences and knowledge, she advocates bio-energetic work, chiropractic treatments, acupuncture, polarity therapy, therapeutic massage, and personal prayer. Out of respect for practitioners in holistic healing modalities, she regularly attends wellness fairs.

Vision for future of wellness promotion.

In looking towards the future, Sundancer expressed, “I have a longing within me to see much better care in terms of holistic care, and I’ve talked about that for a long, long time.” She trusts and believes the human-universe life-force energy is life-giving. Her beliefs about healing are rooted in the philosophy of holism, acknowledgment of the

universal life-force energy, and the process by which the human body becomes more balanced and whole when the energy flows freely. She perceives this universal energy exists in all things created, and that there is an awakening awareness to its significance in healing, not just the healing of humans, but the planet as a whole, towards optimal wellness. Drawing from the wisdom of Dearmid O'Murchu, she expressed:

...The metaphor for our time is *homecoming*, coming home to our cosmic and planetary identity; coming home to our spiritual story, coming home to ourselves as people of soul (soul, meaning the extraordinary sacredness of the most ordinary things), coming home to our relational individuation, coming home to our need for ritual, coming home to the wisdom of the feminine. There is a longing for this in people.

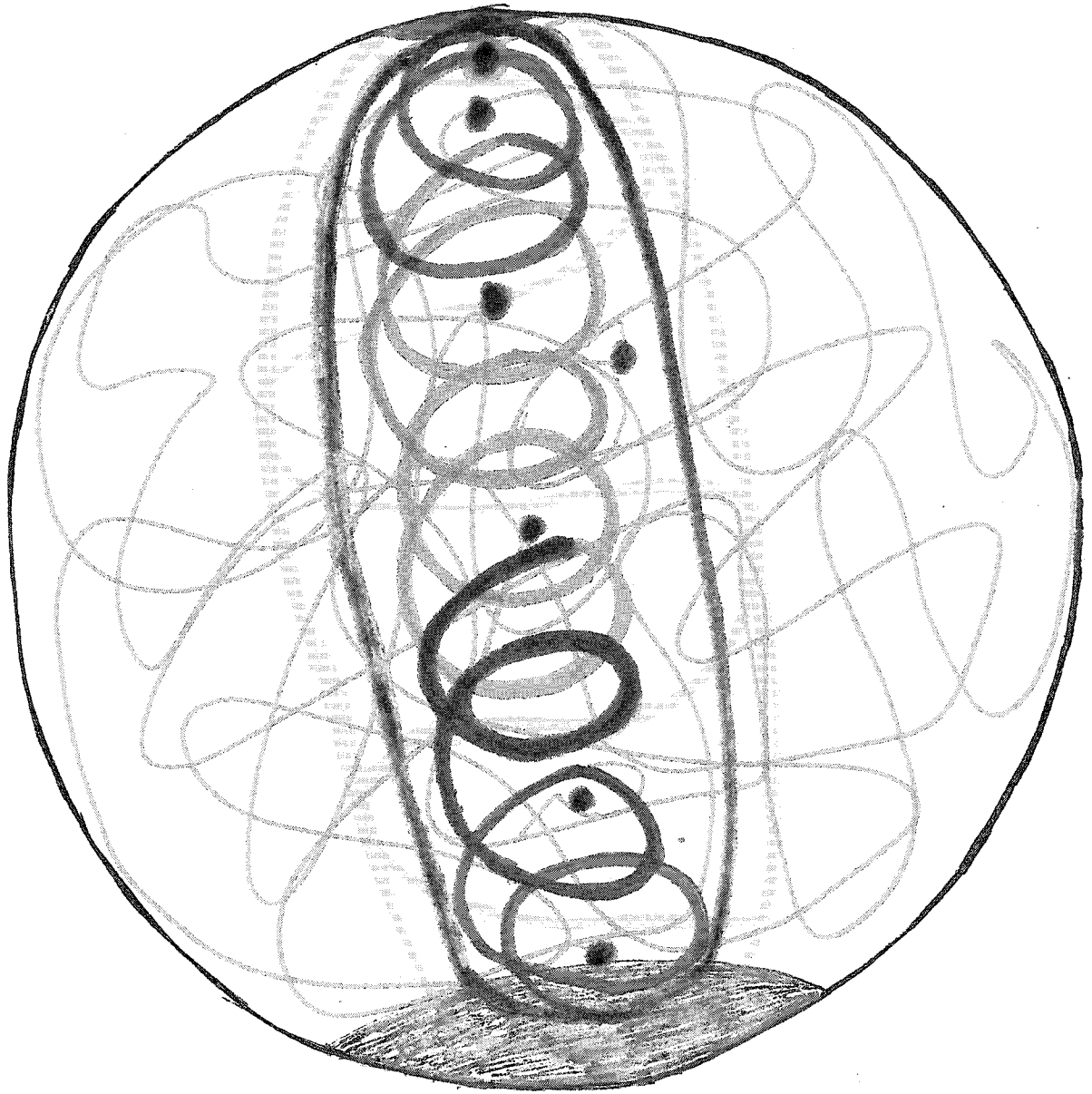
Sundancer reflected on the potential significance for inclusion of energy-field practices in wellness promotion efforts. She acknowledges Therapeutic Touch is accepted nursing practice in some provinces, and in some hospital settings, clergy are using Therapeutic Touch. She expressed feeling sad that it is not part of local nursing practice. On some occasions, when asked by patients, she has asked physicians to bring in someone to do Therapeutic Touch, and found the physicians were “not that excited about it, but it benefitted the patients.” She is hopeful for the potential use of Therapeutic Touch as part of her pastoral care practice.

Her desire for transformation continues in the sensitive nature of her pastoral care work, and she expressed, “I know the more that I do, the more that I am for others.” The unfolding of her potential continues in a way that she experiences as emerging, leading her towards the next phase of her life. Earth advocacy is an important and passionate issue for her. In addition, her vision for the future is to become a bio-energetic therapist,

and move into an even deeper level of care.

I've been working deeply with the public for many years, to have the privilege, really, to work one to one with people. It's a longing that I have. Where I'm not really busy running around everywhere, but having a quiet place, you know, an hour perhaps, in between seeing people, to be quiet. A hospital setting doesn't lend itself to that, ...and I think the third part of my life, as it were, the third career in my life, is one that I'm sort of being called to. So, yes, the more I transform, the more I am there for others.

Sundancer's Mandala Drawing



Sundancer's Description of the Mandala

The circle represents completeness, the whole story. It also represents holistic nursing, where one is enabled to heal, grow, and transform. The person is within the cosmos, of the cosmos, and within the circle of holistic care, not fragmented as in the biomedical model - it seems like holistic nursing can provide an image of the cosmos. While there can be chaos in the cosmos, it is always evolving towards wholeness/holiness - the one who is ill feels chaos and when we work holistically with her/him - together we can come to balance again. The color brown at the bottom and the top represents grounding in earth, home, and the environment, where we come from in the beginning of life, where we return to at the end. The circle also represents the Divine, and the spiral connected brown areas represent a process of life where, across the lifespan, people move towards and away from the Divine, in not remembering, and then moving back. This is the coming and going.

Person is represented by a spiral. The different colors of the spiral have different meanings. The color brown, which starts in the earth, moves into red, then into green, then blue, and finally, back to brown, back to the earth again.

The brown represents a person who is emerging from the earth, the womb; the red represents the challenges and sufferings in life, losses in life's journey; green depicts times of change, of peace, of growth, in life's journey; blue represents disappointments, learnings, normal ups and downs in a person's life; back to the brown, on the top of the spiral, coming home to the self, to the earth, to life, and to the end of life. The squiggly green lines throughout the mandala signify the environment.

The bright pink aura around the person, and within the person, represents the connection of him or her to the earth, the cosmos, and the Divine. It's also represented by the seven energy centers which signify being grounded in the earth and in the cosmos.

The golden circle represents nursing, surrounds the person, and it is also interconnected with the environment and health by the gold lines which bind them together. The color gold was chosen to represent light, energy, and healing. "For me, because I am Christian, gold represents the Christ presence. I really wanted to put white, to represent this radiance, but white would not show up on the paper."

Within the circle of wholeness, all of those aspects are interrelating and seeking a harmonious balance in flux with the person. There is a kind of 'disjointedness', in that not many people, including me, are fully integrated in what they believe, and therefore, do not always do what is planned. Life is an ongoing journey as well. You don't have it made immediately.

Sundancer's Description of the Holistic Metaparadigm of Nursing

Person.

Person is the individual in life; the spiritual aspect always draws us back to the center of our being, to refocus, and then look at what's going on in the environment in a way that allows choices to be made as required in the moment. Choices may change from day to day, depending on circumstances. There is an intensely spiritual longing and yearning for integration emotionally, psychologically, and spiritually into wholeness. Many religious traditions might say 'holiness.'

Health.

Health is the positive state of balanced connection of the person and within the person, to the earth, the cosmos, and the Divine. This occurs through the seven energy centers, grounding one in the earth and extending to the cosmos. When there is a lack of connection with the external environment, and not enough time to touch the blessed inner environment. To be more effective in our work, our role in the world, we need to be even more tuned into our inner environment, and this becomes more real with practice.

Environment.

Environment is present within and outside of the person. It is dynamic, and constantly changing, depending on the needs of the person. It supports and nurtures the person, and may be challenging, inviting, or result in suffering. Lack of connection to the external environment of work and society, and the internal environment of the spiritual occurs when people 'get on a treadmill of busyness.' That busyness can be counteracted by removing oneself to a place of quietude, to touch the inner environment. Through the spiritual aspect of human existence, people explore the subtle forces of energy in and around them, revealing the profound interconnectedness, the relational component of lived experience. We've been thinking all along that the only intelligence in the universe is the human. Now, we are coming to realize, through our expanding awareness of the meaning of spirituality, that we live in an intelligent universe.

Nursing.

Nursing surrounds the person, and it is interconnected with the environment and health, which binds them together. Nurses embody a presence, light, energy, and healing.

Participant 3: Jean

*“To me, compassion is the bottom line of all healing modalities.
It’s your compassion in your heart that makes it work.”*

There were several precipitating factors leading to Jean’s discovery and exploration of the holistic paradigm. Following a work injury for which she did not wish to resort to medication as palliative treatment, she began seeking alternative means to recovery, aside from biomedicine. Her self-directed search led her in the direction of herbal medicine, meditation, and energy-field healing practices. Concurrent with this search, her mother passed away, and in the wake of her mother’s passing, a deep and sincere desire for self-actualization was ignited within her. Her studies in culture and emerging nursing theory paralleled her search for the deeper meaning of the embodiment of human spirit in a meaningful existence. Together, these factors formed a profoundly altered world view, which provided the basis for deeper transformation upon the death of her child. Her longing took her to the holistic perspective of the interconnectedness of all that exists. Through the suffering of pain and loss, she discerned the wholeness of life, developed compassion and acceptance through her own experiences, and came to realize that “all is One.”

Jean is jovial, personable, outgoing, motherly, and a true ‘Islander’. I might describe her as Mother Earth personified, for she appears solid and supportive in her demeanor, yet embodies a tenderness and compassion in her expressions that easily moves the listener to tears. In all of that, I felt as if I had been loved and hugged ‘within

an inch of my life,' just by being in her presence. My perception of Jean's embodied presence is reflected in the words of Walter Brueggemann (1978): "Compassion constitutes a radical form of criticism, for it announces that the hurt is to be taken seriously, that the hurt is not to be accepted as normal and natural, but it is an abnormal and unacceptable condition for humanness . . . Thus, compassion that might be seen simply as generous good will is, in fact, criticism of the system, forces, and ideologies that produce the hurt" (p. 85-86).

Jean's Story

Nursing education.

For as long as she can remember, Jean wanted to be a nurse. This desire became increasingly refined as the years passed and her life experiences both broadened and focused her perspective. She completed a three-year nursing diploma program and one year of speciality training. Then, after twenty five years in biomedical nursing practice, having also successfully completed a Baccalaureate in Nursing, she moved beyond the boundaries of the biomedical paradigm, towards holism.

Jean had an inspiring example to follow in the person of her mother, a deeply spiritual, kind, compassionate, and loving woman whose natural influence left a strong impression on her family, with whom she regularly shared, in her unique and good-humored manner, stories of nursing experiences and the day-to-day challenges and rewards of her profession. Powerfully formative and influential, these heart-sifted revelations of life were enjoyed and appreciated by Jean throughout her childhood and adolescence. Her story has its roots in her mother's cultural influence, both personal and

professional, and her own desire to increasingly develop her potential to provide compassionate care to others.

Her story is rich, beginning with a reawakening of the deeper meaning of nursing in scholarly study, continuing with assimilation and integration of developed knowledge of Atlantic culture into nursing practice, moving onward through pain and sorrow at the loss of loved ones, turning inward towards God through the spiritually expanding practices of prayer and meditation. Through prayer and meditation, emerging with deeper compassion through forged pathways of connection between the inner and outer worlds, she went onwards with exuberance and passion through boundaries separating the biomedical and holistic health paradigms, empowered and astonished at witnessing healing, and bursting with joy, her whole Self revealed. Like her mother before her, Jean related the many challenges and rewards of her journey respectfully, with good humor, and with great compassion.

Precipitating factors in the exploration of the holistic paradigm.

Jean enjoyed the challenge of baccalaureate studies while continuing full-time nursing, and only near completion, when she found herself empowered through successfully integrating newfound knowledge in to practice, did she realized the significance of her decision to advance her nursing knowledge. By the time she completed her nursing degree, she had explored emerging holistic nursing models, developed a sense of ease in using nursing models as frameworks for wellness promotion, achieved deeper understanding and appreciation of Atlantic culture, and realized the importance of enhancing her knowledge of nursing profession.

She was surprised to find that integration of knowledge of nursing models into practice occurred naturally for her, facilitated through relating her readings and stories to the situations and matters that arose in the daily course of her work. Relating one such experience, she said, “I realized I had used the whole [McGill] model [with a particular family] without consciously attempting to use it. The concepts in that McGill Nursing Model were sort of integrated into me, and I was using them . . . I was so excited, and realized at that point how important it was to have more nursing knowledge. . . . I realized then that getting my nursing degree was very important.”

Although she had always been aware of the effects of ingrained cultural influences on thoughts, behavior, and life-determining choices, community nursing practice experiences towards the end of her baccalaureate studies heightened that awareness, profoundly altering her nursing perception. She reflected, “we take that with us, our culture, no matter what education we have or where we go. We always have the culture that we grew up in, and it is very much ingrained in us, although we often don’t recognize it.” Without realizing it at the time, her heightened appreciation for the formative uniqueness of culture and her developing awareness of the efficacy of emerging nursing models, facilitated her receptivity to even broader exploration of wellness promotion perspectives, and eventually, to holistic energy-field practices.

As she neared completion of her baccalaureate studies, her mother became ill and passed away. During the final month of her mother’s life, Jean began to understand herself in terms of the “holistic perspective” of health and disease in the cycle of life. The death of her mother became a spiritual turning point in Jean’s life. Around the time of her

mother's passing, she was reading about the dynamic force of spirituality across the life-span, and perceived her mother had achieved self-actualization, as described by Abraham Maslow. Inspired by this awareness, she recalled, "I decided then that I wanted to achieve self-actualization in my lifetime."

Jean related how, in being almost constantly present during her mother's final month of life, there was a "letting go" of her loved one, but also a "receiving." Being the only nurse in the family, she perceived "a lot of responsibility" came to her, to ensure that her mother was cared for in the appropriate manner, according to her expressed wishes. She observed, "she [mother] taught me about how somebody who is dying could keep their independence right up until the very last minute. My sister, who was around my mother a lot, taught me a great deal about being sensitive to the needs of the dying person. Between the two of them, I think I became a better person in that month of my mother's life."

Jean's personal resolution to emulate her mother's example increased in those final days together, and afterward, in the shared remembrance of the life-experiences of those who knew her mother well. During the immediate period of mourning, Jean reflected, on the legacy of her mother's life, developing an even deeper appreciation for the manifestation of her mother's culture, as evident in her meticulous and thorough preparations for her end of life. Her mother had prearranged everything to do with her impending wake and funeral, requesting a small affair, just family, dear friends and close relatives, so that her family would not grieve long nor be unnecessarily burdened. Through the heartfelt expressions of those who came to pay their respects and speak their

remembrances, Jean came to know more about her mother. Having grown up hearing her mother's stories, she knew that her mother was "always good at helping people out in a pinch . . . people that maybe didn't have enough food to eat or might have been drinking-people that others in society may have looked upon as not very favorable to entertain."

Further, her perception of her mother's spiritual development influenced her appreciation of an event that occurred at her mother's wake:

There was one gentleman who came through [to pay his respects whom] we didn't know. He was a complete stranger, but we didn't realize that at the time. After he had gone through the lineup, my husband said to me, 'You know that fellow came in off the street just to see what was going on.' . . . I felt it was her presence that caused that, in some way, to happen. She would have just loved it, if she had been there. It was a story typical of one that she might have related to us.

Summarizing the formative influence of her mother, she acknowledged, ". . . my experience with my mother, and realizing that I wanted to develop spiritually, was kind of like a little stone that got a little bit bigger, gathering more moss as it rolled down the hill."

As her interest in spiritual development grew, it seemed to Jean that events and circumstances came together to facilitate the development of her higher spiritual potential. Her perception of life events began to change. She described synchronous events, when just the 'right book' or the 'right phrase' would appear, and her choice to explore or reflect on that experience would lead to something more. In one instance, she found that the power of a biblical phrase related within the life story of Victor Frankl, 'Love your God with all your heart, and with all your soul, and with all your means,' increased as time went on. She related that during his days in a concentration camp, he

had reached the point of believing there was no reason to go on living, when the book he had been secretly writing was confiscated and destroyed. A personal friend and companion in captivity died, and while searching his friend's pockets after death, the above noted passage was found, precipitating an epiphany for Victor Frankl. Jean was profoundly struck by the story, and the deeper meaning of the phrase itself, and made a personal commitment to consciously living the meaning, being and becoming "a good everything — mother, wife, nurse." She identified her experience of this event as "a beginning."

She had always ministered to the needs of others and had never missed work or been ill, but that also changed. Jean suffered a work injury, and her health began to deteriorate. She had begun to experience wellness as a holistic state "of body, mind, and spirit," recalling "I was never very interested in going on pills or drugs or anything, so I started to look for ways to help myself." She began reading anything she could find on the philosophy of holistic health, and in particular, explored herbal remedies. On one of her journeys to the library, she discovered a Barbara Brennan book, *Hands of Light*, wherein she first learned the concept of discerning a person's state of wellness using higher sensory perception and human energy field assessment, in contrast to head-to-toe physical assessment. She reflected, "it was a shocking revelation . . . somehow I knew that what was in the book was true, and that was what really got me going."

Jean had long since established a practice of taking time for herself each evening after work to do stress relief exercises, and she had reached the point of being able to "do it and go into it really quickly." Her appreciation and application of the teachings of

Barbara Brennan led her to realize the meaning of previous deep relaxation experiences, going beyond those achieved in deep relaxation to childhood memories. She became more inspired, and developed an interest for “learning to come to that relaxed state where you just feel really connected to everything.” She learned about the body’s energy centers, the chakras, and began a regular practice of meditation. She described, “. . . within two weeks of beginning meditation practice, the colors that I had seen as a child, I started seeing them a lot more.”

Remembering experiences of childhood, she related, “. . . all my life I had experiences when I would be in bed at night time, and just being ready to fall asleep, I would often see colors and I would always feel just exuberant when I felt those. Sometimes I would see pictures.” She concluded that it is easy to miss the extraordinary nature of events that become ordinary and may even appear insignificant due to frequent occurrence. Once she realized that the symbols she was ‘seeing within’ had deep particular meanings, her experiences took on new depth. She shared that she had some references on hand, but was also able to find books with thorough explanations of these “picture (s) of something, usually universal, but might be particular to yourself.”

The turning point in the development of her understanding of consciousness reality arose unexpectedly one sunny morning, when she awoke in a joyful mood and went into meditation:

... [I] felt a strong heat on the right side of my face-it was just tremendous-and it was a sunny day and I was in front of a fairly huge window. I had my eyes shut, and I thought ‘I don’t want to open my eyes’, because I was afraid that I would lose this feeling that I had. At the time I was thinking, ‘I’ve always been able to see pink and purple, but I’d like to see some of these other colors’. And all of a

sudden, I thought I saw the first chakra and a new color, and it was in a circle and it was in motion. I saw red and then an orange color, and then I saw the yellow and golden color, and I then saw the green color, and I saw the blue color, and I saw a purplish-mauve color, and then I saw the white, and it was all just one right after the other . . .

...It was a magnificent feeling. I was just in awe. At that time I saw a golden, intricate, circular mandala . . . after I saw yellow, I also saw gold, which I thought was from a Higher Realm . . . the mandala that I saw was pure gold. I felt it came from something higher, a higher realm than my solar plexus. I think it was maybe a highly evolved spiritual being who gave me that mandala to see . . . I felt an immense heat on the side of my face. I know some spiritual presence is beside me now, but I didn't know that at the time. But I knew there was something really magnificent there. The mandala I believe was a message on how to be of service to others within God's grand plan or within the universal love.

As a result of this intense experience, Jean began exploring holistic energy-field practices, and through daily self-healing practice, she developed a "real center of peace." Each step towards the acquisition of higher learning precipitated another, and the way unfolded within and before her. Then, a shocking life-event changed her world in such a way that she was naturally inspired, through faith and belief, to continue moving onward and inward.

The experience of the loss of a child is a deeply sorrowful event. When her child died, Jean experienced a dramatic change in her spiritual life and developed an awareness of the 'temporary presence' of the human spirit as an entity in a physical body and a heightened consciousness of its infinity. In reflecting on the experience of loss and grief, she described receiving grace and comfort:

My child's death certainly was the biggest thing that facilitated my progress. I was on that road [towards spiritual development] before my child passed away, but I believe that the experience of the loss of my child enhanced my ability to develop spiritually. This spiritual development occurred to a degree that seems beyond my ability to do in the next fifty years. However, much longer I'm gonna live on the earth . . . I've seen things and felt things around that whole episode of my child's

death that have given me a different light on where we go after we go beyond earth . . . I don't feel that my child is dead. I very seldom use that word. I believe my child's spirit lives on in another realm. I know the spirit lives on. And I've felt that since twelve hours after my child passed on. And it's that belief that allowed me to open my mind to seeing what is beyond.

After coming to know and believe in the transcendent existence of the human spirit and the eternal connection that exists beyond the physical plane through love and compassion, Jean began to explore the meaning of love and compassion as a positive force of energy, relating the states of love and compassion to healing and wholeness. She reflected, "I believe there is a spiritual presence. And I think that we still have a connection, and that connection is through our heart, through love and compassion. And I think we're all connected, through love and compassion, to people on earth, and to people on the other side." As she continued to develop through meditation, self-healing, and training in energy-field modalities, she came to a deeper awareness about the power of love and compassion, explaining, "to me, compassion is the bottom line of all the healing modalities. It doesn't matter which modality you are dealing with. It's your compassion in your heart that makes it work."

As Jean continued energy-field practices, her awareness of the potential of compassion developed to include the healing power of intent, thoughts, and touch, when consciously held in the human heart and extended to others. She already knew from previous healing courses and practice that her hands were "very sensitive." Now, she began to experience something more, the development of a sense of confirmation of her intuitive capacity, explaining, "when I'm saying something that's right, the energy comes through my hands."

Through the realization on thought, intent, and intuition, she developed a capacity for distant healing, describing the experience of learning how the holistic practitioner can do healing in a room [with the person present], or distantly [without the person being there]. In the practice of Therapeutic Touch, she realized that she had a gift for seeing things distantly, and this led to yet another realization:

When I started doing the distance stuff, from square one I could see ‘things’ [condition of the person’s energy field] on people. I could see where they were blocked. I could see when I would release the blocked energy, when I would send [healing-energy] distantly. When I first ‘saw’ that I could do that, I thought that I was doing something wrong and I called my teacher and said, ‘Is it all right for me to be doing this?’ And she said to me, ‘Yes, dear, girl, you have a gift.’

Encouraged by her teachers, she recently commenced study and practice as a medical intuitive. She continues on her journey towards “self-actualization” and “remembering ,” training with the “best teachers in Canada”:

I believe that they teach you more than just the skills. I think they pass something else onto you, energy-wise, that enhances whatever gift it is that you are meant to have. I’ve not seen that written anywhere but I believe that, because I just feel that my ability to do what I do has increased very quickly over three years. I believe it is because of what teachers I’ve had, plus my own intent to become good at it.

Holistic energy-field practice.

As her desire for progress increased, her conscious awareness developed through experiences, and her “ability to see the energy and see the results of how you can heal somebody without any medical intervention” developed. She “became more interested in enhancing that energy” coming through her. This was facilitated through training in energy-field modalities.

Jean began study and practice with reflexology, followed by Touch for Health,

and then Reiki. During the last five years, more intensely in the past three, Jean continued to progress, taking holistic healing courses in Brain Gym, a modality of Touch for Health; Brain Organization; One Brain; and Thought Field Therapy, based on the Touch for Health. In addition, she has deepened and developed her understanding and practice of prayer and meditation. Realizing the importance of using the healing energy in an ethical way, she guardedly developed her capacity over time, building up her ability to practice with this “very, very powerful tool.” Over a period of three years, she became a Reiki Master, and now teaches as well as practices this ancient healing art.

Although she has the ability to do distant healing, experience has indicated that her physical healing presence is also important. She finds that her capacity to be with others has resulted in people sharing spiritual stories with her:

I find people are attracted to the energy that I have when I am talking about this stuff, and people telling me personal stories about something spiritual that has happened to them that they’ve never shared with anyone else. They have never felt comfortable telling other people. . . . When somebody responds to me that way, I try to bring that out more in them, to move them along a little bit.

Transformative personal changes.

Perhaps the most significant aspect of this transformational process was facilitated by Jean’s capacity to still her mind. She developed a desire to explore the meaning of the human being’s oneness with God, inspired by another biblical quote read in Hands of Light: ‘Be still and know that I am God’. She explained, “I spent the next two or three years trying to figure out what ‘oneness with God’ meant. And now I know. Or what it means to me. And I wouldn’t have known that if I hadn’t started on this path.” She described coming to believe in the transcendent nature of the human soul, that “humans

come into this world as a soul and the soul goes with you when you leave this world.”

Believing the human soul is of God and is God, she perceived God as “with us always, intrinsic and extrinsic.” She suggested that the practice of stilling the mind enables one to feel and to understand that God is alive within, and is ever-present to be called upon in times of need:

‘Oneness with God’ to me means that God is everywhere. We are able to communicate with God from within ourselves through our meditation and spiritual practices. How much we become conscious of God’s presence within us, His oneness with us, depends on how much we want to develop and grow towards a deeper union with God. I use the analogy of an ocean. If God is the ocean, and each individual is each one drop, then each spirit within their one drop is connected to the same qualities of the big ocean (God), which makes each individual at one with God. To feel that oneness with God, we need to go within through our spiritual practices. As you grow and develop the spiritual aspect of yourself, you become aware of the importance of integrating and will within your daily life. You begin to realize the importance of setting your goals, first spiritually, and then you try to bring them down through to your mental and physical aspects of your being, to all aspects of your physical environment, for example, home, work, social, et cetera.

This understanding facilitated a deeper awareness of the human capacity to communicate on the spiritual level, where humanity is “all One,” each person is an aspect of God along with “the next person.” She came to believe that the ability to communicate with others, in the spiritual realms, is determined by one’s capacity to be open and to relate to God through spiritual practice of prayer and meditation, with sincere intent and desire to align oneself with the universal laws.

As her understanding of Oneness deepened, so too did her understanding of the importance of loving respect for all: “I now understand that God is within us, within all of us, and that we all have access to that same Source. Thus, how we treat each other,

personally, is very important. We should all treat each other in the way that God would will us to.” She strives to remember and to embody the qualities of “a good person” in living her life and in the practice of nursing.

It is not always easy doing God’s will and being patient, kind, loving, and compassionate to others, especially those who challenge us the most. I think our purpose in life is to try to achieve the highest good for ourselves and for others, treating one and other with compassion, kindness, patience, and love.

Jean found that, besides helping her to still her mind in order to know her Higher Self, meditation had an overall healing effect, expressing, “I became very peaceful.” In addition, self-directed study fostered her understanding of the history and meaning of universal symbols. Her inner experiences through meditation became more profound, enhancing her insight, intuition, and inner guidance. As a result, she found that she became better at being supportive of others:

I became more conscious of trying to meet people’s needs in a nursing-type situation. I’ve always tried to look at things from the perspective of others. I’ve always been like that, but got better over the years at looking at things and seeing things differently, trying not to enforce what I believe on people, but let them come to their own realization of what they want and then try to meet their needs.

Jean found that as her trust and belief developed, she became more trusting and accepting of her inner process of transformation:

At first, when I was developing, I used to look for those signs, but now I have more inner trust in knowing what the inner truth is now. I don’t always have to look to see it sanctioned from the outside, because I feel the energy flowing through me and I know when I am hitting on the truth. When I’m hitting on a truth there’s a feeling of ‘rightness’ about it.

She found there were confirming synchronous occurrences when she “needed to know something” or, upon having a “sense of inner knowing,” the ‘right’ book would

appear, or a person would “come along and say exactly what I was thinking,” thereby confirming and validating her inner knowing. In addition, she finds that there is a “ring of truth” to some things that she hears or reads, and this is confirmed by a feeling of “energy coming through” her hands. She believes this is “spirit’s way” of telling her that she is “on the right track.” Sometimes she experiences an ecstatic joy, explaining “to think that God is providing me with this information. To me it is very special to have this relationship.”

Jean believes that since becoming better at supporting others, she has become “more conscious” of meeting people’s self-identified needs. Rather than impose her beliefs on others, she supports the realization of individual beliefs and aspirations through the practice of “being with” and paying “conscious attention to them in the moment.” For her, this is an illuminating experience, and she described the effect of this approach saying, “you think you’re good until you start to learn, and you realize you know nothing. That’s where I feel I’m at with this. The more I try and the better I get, the less I think I know about being in the moment. But I really do try to practice that now. I’m not saying that I’m perfect at it, but I think I’m a lot better.” Reflecting on her ‘journey’, she observed that the ‘intent’ that emerged following her mother’s death, to do good, is unceasingly manifesting itself:

... I think I started to this intent when my mother died, but I don’t think I realized how powerful my intention was, and the thing I didn’t know-my intention was to develop spiritually- I didn’t know what spiritually meant or didn’t even know that I was a spiritual being then. But I mean I know that I am now. I’m thinking when I read Barbara Brennan’s book, and the term, ‘Be still and know that I am God.’ I think I know what that means now. And it’s only really been in the last two or three months that it’s come to me.

Jean related she has surpassed the limits of any expectations for the development of her personal and professional potential.

Perceived effects of paradigm shift on wellness promotion practice.

The exploration and practice of energy-field modalities in wellness promotion has had a profound effect, resulting in definite changes in Jean's overall nursing practice. She related one of the most significant aspects of this practice change was her increased awareness of human-universe wholeness, the discovery and experience of the effect of the flow of life-force energy on states of well-being. It seemed miraculous to her that long before a person manifested physical symptoms of illness, an energy block had occurred in their energy field, and that through the removal of that energetic block, the manifestation of illness on the physical plane might be prevented. She appreciated the opportunity to help others to consciously access that energy and actively enhance their own states of well-being. She described feeling astonished by the wellness promotion potential of the holistic healing approach.

Viewed from the holistic perspective, all illness begins on the spiritual level, so by the time symptoms appear on the physical level, the emotional, mental, and spiritual planes have already been influenced by some change in energy flow. In holistic practice, the deeper meaning of the illness is sought beyond the presenting physical symptoms through assessment of the energy-field, and depending on which plane the symptoms manifest most acutely, the level of development of each illness is discerned. At the same time, when practicing in the biomedical model environment, this focus change has resulted in paradigm conflict, since the biomedical and holistic healing world views are

fundamentally different ways of relating to illness.

Elaborating on the effect of the holistic paradigm perspective on her nursing practice, she described coming to believe that each person's life is a soul journey, an evolving and developing of understanding through life experiences. She explained that when a soul comes to earth, everything that particular "consciousness" needs to know exists within the individual, and their life is about "remembering it." She views life's purpose as a striving towards realization of the highest good for the self and for all concerned, perceiving a "reason for all things" exists. She explained, "if I saw somebody [for a complaint] on the physical field, and they had a physical problem, I'd be also thinking about how it would affect them the next year. So it makes me think twice about what my plan is going to be in helping."

Jean has come to believe that on some level, people choose illness. Based on this belief, she works within the context of the needs of the moment, as determined by the person seeking help. Thus, she believes intervention is very individual, with intent to "meet their needs at that moment, and it could be anywhere on a continuum, wherever they are on their path." Further, basing her practice in the belief that a fundamental reason exists for each illness, she is aware of the capacity and power to interfere in another individual's process, and she struggles with that knowledge at times, uncertain lest intervention become interference. She is cautious that intervention occur in such a way as to not interfere with the higher good, life-process, and life-path of the individual. This requires a delicate balance of the capacity for discernment, knowledge of holistic principles, energy-field consciousness, and intuitive awareness. In the past, she would

intervene according to biomedical model principles and theory, but now finds that she stands back:

I really think of it [the person's whole experience of the illness] on all levels.... Before I might just have thought of it on the physical level...now I think of it on the spiritual level as well. ...I think when I'm going to intervene, when I have an intention to help somebody, 'how is that going to be for them a year down the road? Is that going to make them better on the path that they have chosen?' I find that I'm trying to work through that now. It's a different way of looking at it.

Compared to past experiences of intervention from the biomedical model perspective, she finds she is now "less attached to the outcome" of interventions, perceiving the outcome belongs to persons, and that it is "their job to take themselves along, whatever direction they are going to go." As an example, she related a story where she was asked by a health professional to do Therapeutic Touch on young pregnant woman who was complaining of nausea and vomiting. The health care professional had a negative attitude towards the young woman. Jean was able to "see" and "speak" with the child in utero, discern a soul-connection between the mother and child, and related, "I actually saw a wall of energy between them, and I knew intuitively that the wall was there for protection, but I wasn't sure whether the infant had put it there or whether the mother had put it there." Before beginning the energy-field treatment, she recognized the need to be cautious with intervention, clearing her consciousness of any and all negative influence of others, and concentrating on the woman as a mother only. She treated the young woman and related, "I felt it helped her a great deal." In addition, she treated the unborn child "in a spiritual way, by speaking to the child on a soul level."

In practice, she has become more conscious of her thoughts and beliefs

about individuals and families in her care, perceiving thoughts are energy, whether positive or negative. This leads to inner conflict in the professional setting, due to her belief that negative thoughts and beliefs about others have the potential to negatively influence the outcome of well-intentioned health care interventions. She struggles about sharing this perspective with colleagues, expressing, “if I start talking thought-form with them, they would think I’m completely nuts. That’s where I feel conflict. But I feel, at the same time, I shouldn’t just sit back, and therefore, I’m sometimes just not sure how to handle problems of this nature.”

Jean approaches holistic practice with the belief that she must treat each person for what they ask, even though she may see a higher need in that moment. As an example, while working with the young pregnant woman, Jean was cautious that no negative interference occur through her own thoughts or beliefs, lest they interfere with the life-process occurring between mother and baby. Her belief that both mother and child were “on a path,” and that the mother’s symptoms happened for a reason, a result of “choices made” by the two of them before she went there, led her to conclude “this was something that they had to work out between them.” Jean maintains that when beginning efforts to help others, nurses need to be respectfully aware that every person has a unique and personal path towards wholeness, the nature of which others can not know:

I had to detach myself from the outside influences of what other professionals were saying to me. I had to detach myself from the way that people were treating her, and wanted to treat her. I had to detach myself from the outcome, and to concentrate on what she wanted, to receive that healing to relieve her nausea and vomiting.

Elaborating on treating people as they request, Jean spoke of the importance of a

compassionate heart in healing, describing compassion as “the bottom line of all the healing modalities,” and the development of “the self” towards compassion for others as an integral part of the preparation of energy-field healers. She observed that generally, “the nurses are rush, rush, rush, rush, rush, rush” in clinical practice, too busy to extend compassion to others as they might have done in the past. She suggests “nurses feel that loss of time to provide compassionate care.” In her own experience, energy-field practice is a deeper experience for the nurse than work or focus only on physical symptoms. She expressed, “ anytime I do the energy work, I just feel such an in-depth compassion and respect for the person-like it goes beyond anything that I have ever felt that I’ve done on a physical level.” She believes such development of the self is possible for all, and expressed feelings of sadness “to think that we are not all doing this; if we all had this feeling of compassion for one another, the world would be an awful lot better place, and there’d be a lot less sick people.”

In concluding her description of changes in practice, Jean spoke to her awareness and beliefs of the oneness and wholeness of all, humans, nature, and the universe, and the connection of Spirit [God] among all of humanity and the spiritual realms:

I believe that as you develop spiritually, and become more aligned with God’s will, you come to understand how to communicate spiritually through the different levels of consciousness. The more you evolve, the more spiritual you become, and the more aligned you have your energy in line with God’s will, I believe that you are advanced enough that you can communicate with people from both sides, here on earth, and people who are in heaven, or whatever you wish to call that realm. I think that we are meant to do that. We just have to learn how to do it more efficiently.

Among the many changes perceived in her nursing practice, she identifies as most

significant the shift in focus from “meeting disease needs,” treating a person’s disease to the exclusion of his or her other needs, resulting in a shift from assessing physical symptoms to discerning spiritual well-being. Perceiving the energy-field practitioner as a channel or conduit for healing energy that originates in the universal spirit of God, Jean expresses, “the outcome is between God and them [the person seeking healing]. I am only the facilitator of God’s healing energy that goes through me.” She uses prayer in healing, always requesting, “Thy will be done.” She expresses a belief that the person must be receptive in order to receive the full effect of treatment offered for their “own best interest, their highest good.”

She often experienced heightened intuition and inner guidance from God and “spirit guides” while working with individuals. She explained, “I have spirit connections. I am learning to trust what they send me more all of the time. It’s just a matter of practice.” As she advanced in knowledge and practice, she found that her “gift” just kept on growing, observing, “the more I use it, the more awestruck I am with what I can do with that [capacity to facilitate healing].” She credited her capacity for influencing the states of wellness in others to consistent self-application of learned and acquired holistic principles and techniques.

Colleague response.

Jean revealed that when she first learned about holism and experienced the healing effect of energy-field modalities, she was very excited, saying, “I couldn’t keep my mouth shut. But I have learned to be more subtle about it now.” She does not speak much about her beliefs and practices in the workplace, perceiving neither support nor

non-support, and relating, “I kind of like to keep it that way. If they want to know about it, they will ask.” With her colleagues, Jean perceives that her thinking has advanced beyond the biomedical model and the language and interests of her present nursing colleagues. There is a resultant distancing from others, simply because her perspective has changed and she can neither relate to, nor identify with, their concerns as she once did. At the same time, she realizes “each person is on their [own individual] path” and makes every attempt to “be respectful of that,” recognizing that everyone has a choice, even though, from her holistic perspective, it might not be the highest choice for all concerned. She finds that she “watches” what she says to colleagues who know neither the modalities she uses, nor the scope of her practice. She has learned to become detached, noting “I don’t get caught up on whether people believe or not, and I’ve learned to detach myself from that or I probably wouldn’t be in this.” She appreciates that nurses and physicians are now beginning to ask her to do Therapeutic Touch in hospital and in private homes, and recalls how one colleague commented, “you go beyond religion and you’re more than spiritual.”

Family response.

In describing her family’s response to her change in perspective, Jean shared that her husband is aware of her healing ability, but “it’s not integrated into his logical mind yet... he’s very black and white.” She appreciates that he expresses his spirituality in his own way, and “does subtle things” for her that support her on her spiritual journey. She shared that, at the beginning of her rapid spiritual development, she had concerns that they might grow apart. However, she experienced that although their spiritual belief

systems might differ, they have “grown closer on a spiritual level,” more caring and more respectful of each other. She openly teaches and shares the benefit of her healing ability with others in her family, and finds that her daughter is especially interested.

Difficult aspects of practice change.

Jean identified the struggles and challenges of her change in wellness promotion perspective, saying “the most difficult part is seeing how these [energy-based] healing modalities can heal people in such an easy manner, and people don’t know about it, don’t understand it, . . . don’t see that there’s even a use for it . . . are not aware of what is available to them.” She found that at times “even when you use it [energy-field modality] on people, and you know that you were a facilitator in causing something to be healed, they still don’t believe it.”

Jean describes feeling unsupported in her professional association, observing, “something that just boggles my mind is why we [nurses in PEI] are so far behind. I mean in Ontario, it [energy-based healing] is all practiced in hospital, clinics, and private practice.” She shared her knowledge of a friend, using Therapeutic Touch in a burn unit in another province, saying, “he is now in there practicing and doing miraculous things with it.” Finally, Jean described the difficulty in knowing what she knows about holistic healing practices, believing these modalities are effective, and yet, they are not being recognized by others who could make a difference in bringing them forward. She experienced frustration with limited awareness, acceptance, and promotion of energy-field modalities in the health care system, given its prevalent public acceptance, demand, and use.

Positive aspects of practice change.

For Jean, the positive aspects of her practice change were many. She described the benefit of being involved with facilitating healing in herself and others in a way that was previously completely foreign to her. She is aware of the wellness promotion value of teaching others self-care through awareness of caring for the body's energy system. She now fully believes that long before a person becomes physically ill, manifesting symptoms in the physical body, blockages have occurred in their energy field. She contended that through assessing the energy field and releasing and removing blocks in energy flow, people may be helped to heal themselves long before they develop physical symptoms of illness. She expressed, "if we could catch that [energy blockage], if we could be working with that energy [TherapeuticTouch] on people, we could prevent [illness from developing]. I mean the sky would be the limit, what [the illnesses and suffering] we could prevent!"

Perceived role of holistic healer in wellness promotion.

The basis of her practice perspective in holistic wellness promotion lies in the experiential understanding of illness as a progression of symptoms, with the origin being on the spiritual plane, then manifesting in the mental, then the emotional, and finally in the physical. Therefore, "there are times when, if you can catch it out there in the spiritual field, or anywhere along the other fields, and can correct it, before it gets to the physical field, the illness can be prevented." She reveals she has the ability to see the chakras, the body's energy centers, and can visually assess them and work over them.

Acknowledging the significance of modulation of any aspect of the energy field,

she noted, “You have to know what you are doing.” When she discerns a blockage, she assesses the energy centers on either side for shape. She might also see symbols, and that too provides information related to the person’s condition. Based on what she discerns from the knowledge revealed through her assessment, she might continue with intent to remove any blockage, “provided the person wants it.” The person may not release the entire blockage at once, but other times it is completely released. She emphasized that she does not remove energy blockages herself, but acts as channel or conduit of a positive energy force, God’s energy, to “bring that about.”

Jean maintained her healing work occurs in “partnership” with the person who comes for assistance, with the awareness that, depending on the person’s choice and any “higher reason” for the illness, “not all illnesses can be healed.” She approaches her energy-field practice with the commitment to fulfil healing requests by directing a healing intention according to the person’s specific requests, framing all healing intent with a prayer for God to send the healing energy for the person’s “best good.” She espoused a belief that the illness may be part of that particular person’s life purposes, submitting, “I also believe that prior to any spirit coming to earth for this soul’s experience, [they] may choose all ailments, diseases, and conflicts with the purpose to advance their spiritual path with this present life.” In spite of healing work being done, a person may “choose to keep that illness.” Perceiving there is a reason for illness, she is careful about intervention, and considers whether her intervention will meet the person’s higher need, realizing that “he might have ‘been given’ that heart attack for a reason, have lessons to learn from it . . . So if I go in there [intervention], and interfere with it [with his process],

it's going put his [or her] path off.”

As she progressed in ability and capacity to act as a channel for this life-force energy, she became increasingly convinced of the efficacy of use. Her healing capacity with energy-field modalities continued to develop:

It's even more exciting to me when I am working with it, because I can see the energy, especially when I am doing it [energy-based healing] distantly. I can see those [energy] blockages when I'm working with someone, and I can see [their energy] blockages going away. I just get so excited when I'm through removing the blockage for the people . . . I just get exuberant after I see something that's really miraculous! And that's the best part.

Vision for future of wellness promotion.

Jean recognized the increasing public interest and choice in using alternatives to biomedical modalities. She noted the wellness promotive value of public awareness of holistic healing practices and cited increasing public support of energy-field practitioners, contending that health care professionals “could all do this work if trained and given that option.” She envisions tremendous wellness promotion potential through the use of energy-field practices in collaborative partnership with bio-medicine, expressing, “I'm not saying that it takes the place of [bio] medical. I know that [bio] medicine has its place, but this definitely has a good partnership, could have a good partnership with [bio] medicine.”

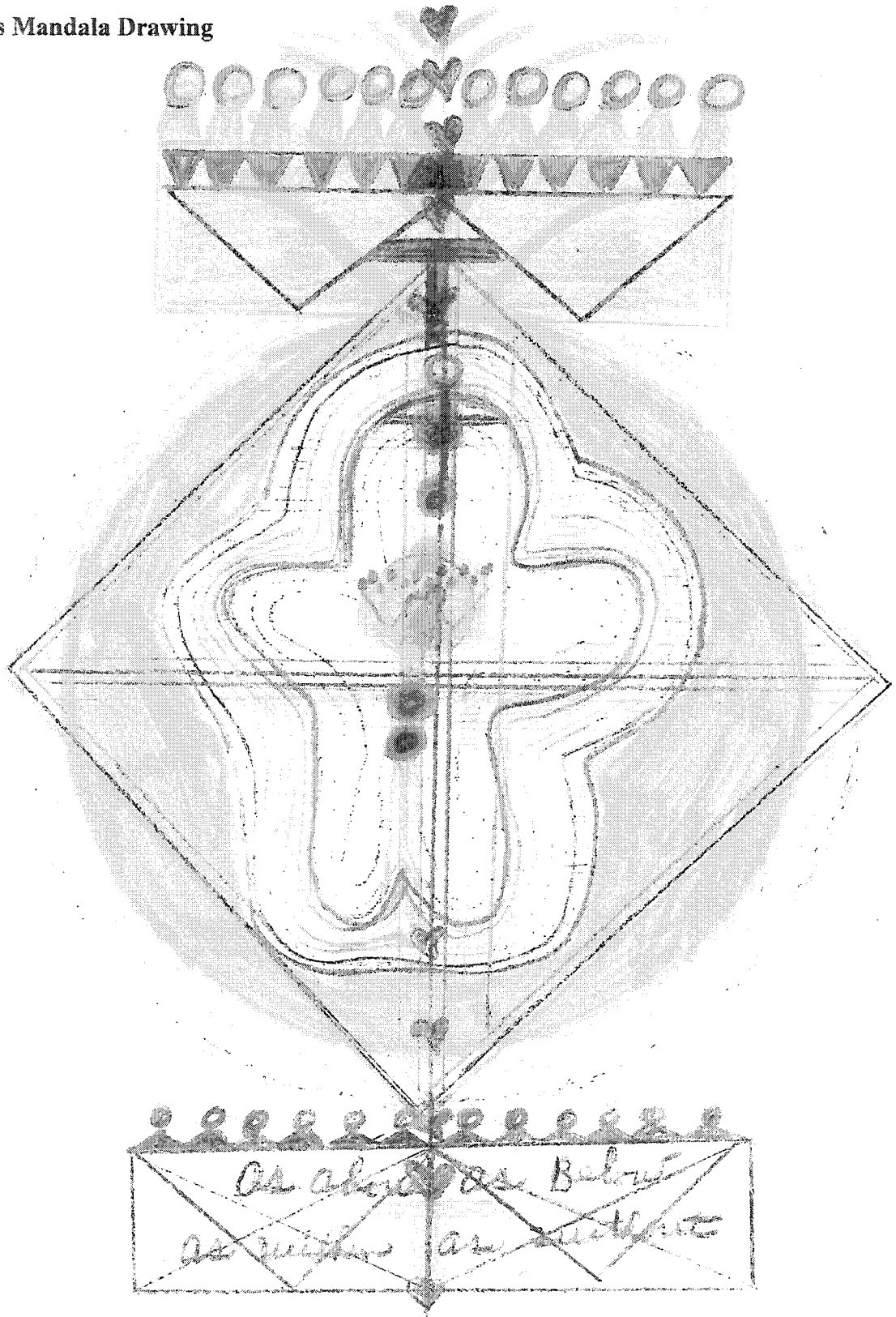
Based in her own experiences and acquired knowledge, Jean concluded that with society's acceptance and promotion of energy-based healing modalities, the potential exists for a vast decrease in the need for medical treatment.

I've always been kind of a leader in bringing something new forward, and I believe that I am supposed to bring this along the way. . . . I think the most

profound thing that I found in all of this working with this energy is how easy it is to help somebody in such a non-invasive way, such a patient, gentle, caring, loving, kind, compassionate way.

She concluded, "I just think that we could cut down a third of the costs of medicare, if we were using these practices." She has made it a personal and professional goal to facilitate the acceptance of such holistic practices in nursing on Prince Edward Island.

Jean's Mandala Drawing



As above as below
As within as without

Jean's Description of the Mandala

The person in the drawing represents the individual, family, or community. The gold circle in the center of the person, and the gold circle outside of the aura field represents the spirit of God, intrinsic and extrinsic to the person.

The seven different colors of the rainbow, red, orange, yellow, green, blue, purple, and violet represent the 7 chakras, or energy centers of the human. Chakras generate an electromagnetic field (aura) that covers [surrounds] our body. Each chakra has a physical, emotional, creative, and celestial component. The aura with those same colors radiating out from the body represents a personal energy field. When in balance and harmony within, one's health is good, and the energy colors are in harmony around the body.

The square around the person represents the 4 directions, North, South, East, and West, of significance in Native medicine when describing and identifying inner and outer states of well-being. The square is divided into 4 triangles, representative of physical duties, or physical ability to acquire health. The 4 quadrants meet in the center, meaning balance or well-being of an individual occurs when the energy of the upper and lower chakras are balanced.

The golden crown represents wisdom and truth, acquired in holistic development. The 12 triangles represent the 12 virtues required in order to acquire mastery and develop spiritual health. The pink hearts signify that coming from a place of love and compassion facilitates wholeness and balance for all.

In balance, there is a conscious awareness of the connection of all, 'we are all one', connected through the intrinsic and extrinsic energy of God. Balance manifests itself in compassion, kindness, patience, and love. 'As above, so below' means the quality of the 'spark of the Divine' within the human heart is as the quality of the 'Divine' above the body. 'As within, so without' means the more the inner capacity to love is achieved, the more positive the energetic influence becomes in our environment.

I believe our role, as a nurse, is to educate and inform people about the importance of keeping personal energy balanced around the body. If we're balanced perfectly, which takes many, many years and much preparation to keep our energy balanced, . . . If we're balanced perfectly, the 'God-within us' power becomes enhanced, and we are better people in a spiritual way, in that we will realize that we're all connected, that we're all one, and we treat each other with compassion, kindness, patience, and love.

Jean's Description of the Holistic Metaparadigm of Nursing

Person.

Person represents the individual, person, family, or community. Each individual is surrounded by an aura, energy field, that ranges in color, red, orange, yellow, green, blue, purple, and violet or white. The aura is controlled by the seven major chakras in the body, each having an anatomy and connecting to the endocrine system. Individuals have access to inner and outer environments. The inner environment and connection to God is reached through meditation, prayer, and contemplation. People are one, in relationship with God and with the universe. The energy-field connects the person with all of the five elements: earth, water, fire, air, or metal.

Health.

Health is a dynamic state of harmony and balance in all seven layers of the energy field. States of health and disease are influenced by thoughts. Health states originate in the spiritual field, then manifest in mental, emotional, and physical, influenced by attitude and behavioral choices. An individual's thoughts are creative, and positive or negative, have the capacity to influence outcomes in life. Optimum health is achieved by attuning to the inner states of the body, chakras, and auric functions. The positive state of faith in God has limitless power to influence body, mind, and spirit. The individual is one with God on a soul level, one with the universe, and connected through the energy-field to all in creation. The power of God manifests through love, compassion, and kindness when one consciously aligns oneself with God's will and universal law.

Environment.

Environment is multi-dimensional, inside and outside of the person. Individual understanding of the inner and outer environments is determined by mental and religious belief. The environment influences all aspects of being. People are born knowing about their life journey, and can access that knowing through faith and conscious connection to the inner power, the Divine aspect of God within. Through the Divine, access to other levels of consciousness occurs. Capacity to access other levels of consciousness is determined by the individual's capacity to act out of love for the highest good of the self and for others, and living in a way that is in keeping with inner and outer environmental states of love and harmony.

Nursing.

Nurses educate and empower individuals, families, and communities to achieve optimum health through appropriate use of power and choice. Nurses encourage, support, and promote recognition of the presence of God, inner individual power,

responsibility, and choice in manifesting optimum health Nurses provide a loving, compassionate, respectful, caring environment which promotes wellness. Nurses assist others to move forward, from the point at which that they enter the health care system, to a point of self-empowerment, positively influencing health outcomes.

Participant 4: Sophia

“Nursing is the process of facilitating optimal wellness, not treating illness.”

Sophia came to the holistic paradigm through her own illness and suffering. After years of treatment in biomedicine, she was in a state of near collapse. She began to search for ways to improve her own health and the health of her family. Her exploration drew her beyond the biomedical model, to healing modalities of the human-universe energy-field in the holistic paradigm. The recovery of her wellness was so dramatic that, in her own words, “I felt really compelled; I needed to offer that same sort of service to other people.” She became a holistic practitioner, facilitating wellness in others through her understanding of the energy-field, and within one year, her services were so in demand that she left the biomedical model to open a private practice.

Sophia is a no-nonsense young woman whose movements and speech are quick and decisive. She knows what she knows because she has lived it. There is a steely strength in her that glints through the calm exterior visage and quiet demeanor. She has been to the brink of hopelessness through illness and suffering, and facilitated her own redemption through faith, hope, and an affirmative action-oriented attitude. Arising from her beliefs in the actualization of healing and restoration of the whole self, she is a force to be reckoned with. My conception of the embodied presence of Sophia is well expressed in the words of Isabella Stewart (as cited in Young-Mason, 1995, p.5): “The caring component of nursing encompasses much more than a combination of the scientific and the technical. It encompasses and mandates a balance of the head, the heart,

and the hands, or the science, the skill, and the spirit. We have forged ahead in the areas of science and technology, but there is fear among us that this spirit becomes dimmer and dimmer with the passage of time.”

Sophia’s Story

Nursing education.

Ever since she was a small child, Sophia looked forward to hearing the stories her mother shared of nursing experiences. Lovingly and deeply committed to her work, her mother never hid the “downside” of nursing, the difficulties and challenges, when relating her experiences. Sophia was inspired, and dreamed from an early age of following in her mother’s footsteps. She always thought that meant being “the same kind of nurse” as her mother, and after completing a Baccalaureate in Nursing in 1995, she entered clinical nursing practice, just as her mother had done before her. However, Sophia remained in the clinical setting only six years.

Due to illness and suffering, she began to search for ways to improve her own health and the health of her family. Unanticipated by Sophia, her exploration drew her beyond the biomedical model, to holistic healing modalities of the human-universe energy-field. The recovery of her wellness was so dramatic that, in her own words, “I felt really compelled, I needed to offer that same sort of service to other people.” Thus, she began the study and practice of wellness promotion modalities in the holistic paradigm, irrevocably altering her faith and belief that the biomedical model held the only valid approach to healing and wellness promotion.

Precipitating factors in the exploration of the holistic paradigm.

Sophia experienced many years of pain and suffering from numerous medically diagnosed and documented illnesses, including depression, chronic headaches, insomnia, recurrent bouts of strep throat, and in later years, pneumonia, irritable bowel syndrome, significant menstrual issues, almost crippling pain due to arthritis in both knees, temporomandibular joint pain (TMJ), and increasing allergies to food and environmental factors. She had not recovered with the use of conventional biomedical treatment, rather, she felt progressively worse as each medication resulted in side effects, in turn necessitating another prescription to counteract the adverse symptomatic effects of the one before. She related how one medication prescribed for menstrual problems caused weight gain and depression, and then another medication was prescribed for the depression. Surgery was proposed for other ailments, while other physical symptoms disturbed her quality and quantity of sleep, resulting in fatigue. The fatigue compounded other health issues, and more medication was prescribed. Eventually, she developed irritable bowel symptoms, was investigated through endoscopy procedures, and treated with more medication. Feeling beyond herself with what was happening to her, she recalled the response of a care provider when asked for direction on diet or other means to improve her well being, “No, take the medication.” She followed that direction, but found it did not work for her.

As the general state of her health deteriorated, her professional life became affected, and she began to feel desperate. Formerly an active and outgoing person, Sophia related “my life and my health were just a mess.” Working 12-hour shifts, she would

sometimes take Gravol to facilitate sleep during the day so that she could work at night. Reverting back to working day shift after working night shift was difficult and added to the severity of her symptoms and suffering, to the extent that she was increasingly absent from work.

Her fears and concerns for her own well being were further influenced by the nature of her work, the nursing assessment of others who shared many of the symptoms she was experiencing, those admitted to hospital with cancer, chronic illnesses, and debilitating diseases. She often found herself wondering, “where do I have to go from here?” It was very frightening for her when she realized that if she remained on her present course, her own fate would almost certainly be similar to that of those now in her care, and she perceived her state as being on a “downward spiral.” She began to believe that conventional biomedical treatments were “band-aid treatments to help cover up the symptoms, but they did not get at the cause of the issues,” and had not contributed to improvement or healing of the conditions underlying her symptoms. She also knew that instead of feeling better, she felt progressively worse. Finally, in the autumn of 1999, feeling that she had tried everything, and done all that she could, Sophia reached a turning point. She listened as friends spoke of their plans for life-changing resolutions for the new millennium, and found herself saying, “This is enough! My resolution for the year 2000 is to get out of this hole.” She recounted that while she had not had a deeply spiritual relationship with God in several years, she found herself proclaiming, “God, I don’t really like where I am with these illnesses. I am open to Your will.”

Within a matter of days, a co-worker called and told her of an energy-field therapy

being offered in another province. Sophia recounted, “a feeling came over me, and I knew the minute she said it that I should go.” She began reading *Free To Fly*, a book by Judit Radjathy, who also suffered from the effects of food and environmental sensitivities, and recovered through the use of complementary and alternative healing modalities. Sophia recalled the tremendous impact of reading Judit’s story, when she found herself saying, time and time again, “That’s me!’ I can relate!” It was the first time she ever read the of experiences similar to her own. The person depicted in the story had fully recovered. Sophia was impressed, hopeful she might recover, and even more, she felt validated. In her experience, like Judit expressed, many times when she complained of her pain and suffering, she felt she had not truly been heard:

My own stories about how I felt and what I knew about my body were not validated by my healthcare providers during that time, and that dismissive attitude by others left me feeling dis-empowered as a person. . . . I live in my body for 24 hours a day. I know my body best. And when I sought out help through conventional medicine, I was asking somebody else to tell me what was wrong with me, and that took my power away.

Sophia began to receive an energy-field treatment, and noticed a significant difference in her level of wellness within two sessions. The improvement increased her hope for recovery. Inspired by her steadily enhanced states of wellness with weekly treatments, she became increasingly convinced of the efficacy of the modality, ever more hopeful, and amazed by her feeling of well-being:

With the conventional treatments I had received, I just thought, ‘Well I take this medication for this issue’. Then the next issue comes up, ‘I have to take another medication.’ Whereas with this treatment, the immediate results were giving me hope that I was going to be able to be healthier without chemical treatments.

She began to sleep better, became more energetic, her symptoms of irritable bowel

disease diminished, her TMJ symptoms left, painful menstruation and heavy bleeding diminished, the depression lifted, and the headaches ceased, along with all symptoms of allergic sensitivity.

The change in her state of wellness happened fairly quickly, within five weeks, and Sophia perceived the dramatic changes experienced were a combined effect of energy-field healing modalities:

I didn't know when I stepped onto the path, going into holistic medicine, how completely it would change me, that it would change my body, mind and spirit. I thought 'Ok . If I get rid of my headaches, if I sleep a little bit better, that in itself would be enough'. It just changed my whole outlook on my life! Completely!

As the experience of recovery increased her faith and belief, she began saying "OK, I need to learn how to do this!" Since the early weeks of treatment, she no longer required antibiotics, analgesics, or sleeping medication, and recalled, "I was really excited about it, and wanted to be able to provide the same feeling that it gave me to other people . . . I have to let everybody know about this, that you don't have to suffer that way."

Holistic energy-field practice.

Sophia has studied and trained in several energy-field healing modalities. Her training began with the holistic practitioner who first treated her in 1999, facilitating her own recovery. During training, she continued to receive treatments for her emerging states of wellness. When able, she completed all requirements of formal training in Nambudripad's Allergy Elimination Technique and acupuncture training. Her formal study is ongoing, as the exploration of other energy-field healing modalities enhances her ability to know what to treat in different people and what to adapt according to their

needs.

She described Nambudripad's Allergy Elimination Technique as a process of removing sensitivities or allergies to food and / or environmental factors through releasing blockages that interrupt energy flow on energy channels. Like other energy-field modalities, the premise is that the human body is energized by a life-force energy, and that blockages in the flow of that energy causes disturbances in normal processes, manifesting in symptoms of illness. Nambudripad's Allergy Elimination Technique involves acupressure, applied to points along the spinal column and points on the back and front of the body that correspond to the different energy channels, to unblock the channels and restore the flow of life-energy, while simultaneously exposing the person to the allergen that would have caused the blockages in the first place. The process is said to allow the body to have a different response to the allergen, restoring or facilitating the energy flow to the areas that were previously blocked.

Additionally, Sophia has trained in and practices Therapeutic Touch, Reiki, and Electro- Magnetic Field Balancing. She also practices in New Decision Therapy, which is based in the premise that different emotions interfere with the energy flow on different meridians. The premise with New Decision Therapy is that different techniques, affirmations, and muscle response testing help release blockages on meridians affected by emotions. She has found that her personal experience, acquired knowledge, and practice experience are all significant in building an ever-expanding knowledge base.

Transformative personal changes.

Besides the relief of all symptoms of disease, her recovery further influenced her

spiritual perspective, thinking process, and sense of personal empowerment. Sophia described continuous, positive improvement. Upon learning that “recurrent negative thought patterns and emotional states can manifest in ill health” by influencing the energy flow the human body, she began a conscious practice to carefully examine her thoughts and emotions, with intent to heal. She made a conscious effort to change her thought patterns from negative and fearful to positive and hopeful, and discovered that she possessed that capability. Sophia found fewer blockages occurred in her energy flow, and experienced freeing herself on every level, saying, “I experienced a sense of balanced wholeness, spiritually, mentally, emotionally, and physically. I was able to live and function in a way that maximized my human potential as a whole person.” Her stress level felt manageable, she felt calmer and more able to “go with the flow,” and these states further enhanced her progress of recovery.

She discovered that the study and application of holistic energy-field healing modalities validated her intuitive beliefs about her illnesses. For her, the principles and philosophy of holistic healing modalities clarified the cycle of cause and effect. She benefitted by seeing the positive results of positive and affirming thoughts and actions, explaining, “what changed was getting my power back, being able to listen to my body and coming to know that listening to my body was a way of gaining my health back.” With herself as a living example of healing potential, within one year of beginning treatment, Sophia began a wellness promotion practice.

Perceived effects of paradigm shift on wellness promotion practice.

In the practice of energy-field modality wellness promotion therapy, Sophia

embraces the beliefs and philosophy of the holistic nursing paradigm, as described by Canadian Holistic Nurses philosophy, while appreciating the significant contribution of her biomedical nursing background. She practices within holistic principles, incorporating acquired skills, and theory and knowledge of Primary Health Care congruent with the holistic perspective. She clarified that she does specific and individualized treatments, designed to restore energy balance, with a goal to help others to heal themselves. Although she does not draw from a particular nursing model, she integrates nursing knowledge, and follows the nursing process in assessment, planning, intervention, and evaluation, but added, “at this time, my energy-based holistic healing practice hours are not being counted towards my professional nursing registration.”

For Sophia, a nurse is one who facilitates wellness in partnership with others, and regarding her holistic energy-field practice, she expressed, “I consider myself to be a nurse.” While acknowledging that others may have different ideas about what a nurse is and does, she added, “I could probably incorporate what I know now about holism, if I were to go back into traditional nursing.” When speaking publicly about her practice or when offering information sessions, she introduces herself as having attained a Baccalaureate in Nursing, in addition to her studies and achievements in holistic healing modalities.

Sophia’s vision of holistic wellness practice is to create the possibility for healing in others. In her past nursing role, healing generally meant recovering from a wound or physical symptoms and regaining enough strength to leave the hospital. She found the focus and means of treatment were focused on amelioration of physical symptoms, and

less on illness prevention and wellness promotion. Reflecting on her clinical nursing practice, she recalls the focus of attention on technology, IV pumps, catheters, bandages needing attention, and medication. In her present practice, she has a goal that focuses on “the person learning where they’ve come from throughout their life, and how that plays on where they are today.” She helps people to identify their environmental influences, inner and outer, and to discover for themselves the relationship between the environment and their illnesses. She believes when someone listens to their body, they can “figure out some things for themselves, take care of themselves, and get their power back.”

Sophia professed the deeply therapeutic value of the practice of touch and presence in wellness promotion. In her previous practice, she described the feeling of frustration, “wanting to do things for people, like hold their hand or talk to them about what was going on in their home,” but felt there was never time to do that. Rather than sitting beside somebody and reorienting them to time, place and person, it was usual practice to administer [medication]. Now, she uses her hands and presence, and encourages others to do likewise:

I feel that right from the time when we’re born, we need human touch in order to thrive. An important part of what I do, is to touch people in a caring way . . . Even the minimal amount that I do with the acupressure down the back and the front during the treatment. I teach that appropriate touch is OK, and pass it onto others. I encourage others, my colleagues and my staff and clients, to do Therapeutic Touch or learn Reiki, and to do it for themselves and their family.

Sophia maintains an open and receptive presence wherein those who come to her for assistance can express their feelings and beliefs about why and how symptoms of illness may have manifested themselves in their lives. With the views that humans are

more than a physical body, greater than the sum of their parts, she acknowledges that people can have “deficits” and be healthy. Her treatment goals include helping others to see their patterns, to reflect on where they are, and question themselves about the kinds of things that influence their states of health. She found it validating for clients when these perceptions were verified through the techniques of her practice. She offers to others “the same things that she wants for herself,” through encouraging individuals to define their own health potential. Once identified, she assists people to achieve their goals and visions, while valuing the importance of self-direction and self-awareness, rather than imposing improvement in areas not considered by the other to be a need or a priority. She has come to believe in the healing effect of personal empowerment, and its influence in helping people to contribute to their own well-being, perceiving it is not her place to define someone else’s health.

Sophia discovered that her capacity to empower others was enhanced through sharing her own story, her lived experience of illness and recovery. She described that she had been positively influenced through the shared healing experiences of others. Sophia expressed a belief in a mutual process of healing in the sharing of healing experience stories, and that the process of sharing both influences and validates personal and professional development, while benefitting others who hear and relate to such stories. She revealed that confirming experiences happen every day in her practice, strengthening her belief that she can be a teacher and a student with those who come to her for assistance, learning from them as well as offering her wisdom. She holds respectfully to the development of skill and knowledge in her teaching role in wellness promotion,

saying, “I don’t believe any teacher is a good teacher unless they’re also a learner. You have to take both roles.” The experience of holistic energy-field practice, being with people, helping them to go within themselves and find the cause of their illnesses and symptoms, also proved to be a growing experience for Sophia. She journeys with those for whom she provides care.

Sophia identified her life experience as having been her best teacher, noting “having been able to go through the journey of having illnesses and not having those illnesses now, actually being free on the physical body, mind, and spirit levels, that experience in itself is education.” She feels she learns from the experiences related by every client, and at the end of the day, reflects on the meaning of the shared experience for her own development, expressing “I think as long as you’re alive you need to grow and change, and I don’t think anyone can say they’re 100% perfectly healthy. As I learn through experience and practice, I heal.” She espoused a belief that any healing work undertaken on oneself has a positive impact on their environment, both internal and external.

Sophia expressed belief in her work within the holistic paradigm, and felt supported in that effort through divine guidance and divine timing. As a result, she did not let walls and challenges discourage her when setting up her practice, but maintained the belief, “if this is meant to be, it will happen.” She related that everything fell into place, “the right place came along, at the right time, the right amount of space, the right price; everything just came into place.”

Colleague response.

Sophia experienced varying responses from colleagues. The most difficult aspect of her former work environment was related to the struggle of going “against the grain.” Sophia learned very early in her nursing career that new ideas or suggestions to do “something different” were “not received very well.” She developed the impression of an existing nursing credo, “be silent and keep doing things the way they have always been done, even if they do not work well.” She observed that people tend to become defensive of their ways, and sometimes react negatively to new suggestions or change, seemingly because they are fearful of losing power. She perceived a false sense of power occurs when sticking to routine out of fear of change, and that people like the illusion of safety and security in doing things the same way they have always been done.

After becoming convinced of the efficacy of the energy-field modalities, she proceeded to practice these modalities with a clear conscience. Still, she found she needed to boost her self-confidence in order to go against the established practice and feel strong enough to say, “Let’s try something different. The way it’s being done now could be improved upon.”

Sophia experienced the effect of paradigm conflict as difficult to endure, as she began work in holistic energy-field practice, while still working in the field of biomedical model nursing, under the conditions of that paradigm. She had begun to see health and wellness from a different perspective, and the attitudes of her colleagues towards her suggestions for change were not always positive, rather, there was a feeling that they believed “something was wrong” with her. She went through a period of feeling isolated,

and some nursing colleagues made fun of her new perspective. Throughout, because of her deep conviction and belief in the benefits, she felt no need to convince her colleagues by her words, and kept the attitude, “If people want to talk about it, great, and if they don’t want to talk about it, I don’t push it.”

Many former nursing colleagues are very supportive. She now has a large number of nurse colleagues who come for treatments, and she believes many have come to share the view that her presence in offering energy-field healing modalities is changing receptivity to emerging wellness promotion practices within the nursing profession in this region. Her nursing background and personal relationship with colleagues enhance their acceptance of the validity of her work, together with seeing her present state of wellness compared with her former state of being, before receiving energy-field healing treatments. She believes those who knew her while in clinical nursing practice trust her, and that she has earned their trust and proven herself once more as a holistic energy-field practitioner. She finds the nursing perspective of colleagues has changed in a broadening sense, as a result of her healing experience, and similar healing experiences of other nurses.

Sophia acknowledged that her own healing experience and her perception of what can be accomplished by others is extraordinary, in terms of biomedical model practice. She appreciates the value of healthy skepticism in circumstances where something appears ‘too good to be true.’ Her hope is to be “listened to” for what she can share from her own personal experience about the positive benefits of energy-field modalities.

Family response.

In her family and practice environment, Sophia receives sincere and

ample support. It was not always so:

I think parents or people that love you don't want to see you fall. I think when they saw me making a change, and it was so very vague to them, that it frightened them, and the fear led them to be more hesitant with accepting what I was going to do. Now they are proud and very supportive when they hear the stories from people who say I have helped them, and my family is beginning to pass on what they have come to believe to friends.

Difficult aspects of practice change.

She clearly identified the greatest challenge in her transformative experience in saying, "I don't feel any of those difficult parts were as difficult as suffering from ill health." She described feeling challenged on every level of her being. She had all but lost her trust and faith that recovery, and a 'normal life' was possible for her. Even after reading *Free to Fly* and feeling hopeful for recovery, the experience of going to a clinic in another province and watching the practitioners at work did not help her believe that energy-field modalities would work for her. She was schooled in the scientific approach, and she required concrete proof. She heard of others who were there in treatment, but only upon hearing their stories directly and undergoing treatment herself did belief in the efficacy of energy-field therapy develop. Thus, while pain and suffering was the most difficult aspect of the journey towards the holistic healing paradigm, it was also the strongest precipitating factor in her tremendous transformation.

Positive aspects of practice change.

In reflecting on her journey towards wellness in the holistic paradigm, Sophia expressed, "I think now when I look back at the illness that I did have, I'm grateful." She believes that the experience, as a whole, has expanded her conception of "what a person

is,” describing feelings of appreciation for her developing ability and capacity to look at a person as a whole, body, mind, and spirit, affecting and being affected by his or her environment and interpersonal energies. Having developed a sincere belief in the benefit of energy-field modalities and established a practice wherein she offers those modalities to others, she expressed, “I just knew in my heart that something as genuine and good as what Nambudripad’s Allergy Elimination Technique did for me wasn’t going to fail.”

Perceived role of holistic healer in wellness promotion.

Sophia considers herself a holistic wellness promotion practitioner, but avoids the use of the word ‘healer’, which to her implies doing something “to the person” rather than acting as an assistant to healing. She elaborated her partnership role in wellness promotion as an assistant to the process of self-healing for those who come to her, as a process of creating the potential for healing:

The point in [energy-field modalities] is to eliminate the energy blockages, so that their bodies can use their natural given health to be able to carry them on through.

...

I help their body to eliminate the energy blockages so that the body itself can do what it’s supposed to do. People will not have to depend on [energy-field practices] for the rest of their lives, because that in itself would not be any better than conventional treatment with medication.

Sophia related that the illness experience provided an opportunity for her to know what it is like to recover, and appreciated her own ability to “spread the word to others” that recovery is possible, and that “it doesn’t have to be difficult to do it.” She approaches her energy-field practice, embodying her full educational experiences, with a vision to foster the potential for healing in others through enhancing the human body’s natural capacity. She believes that she is following in her mother’s footsteps, within an expanded

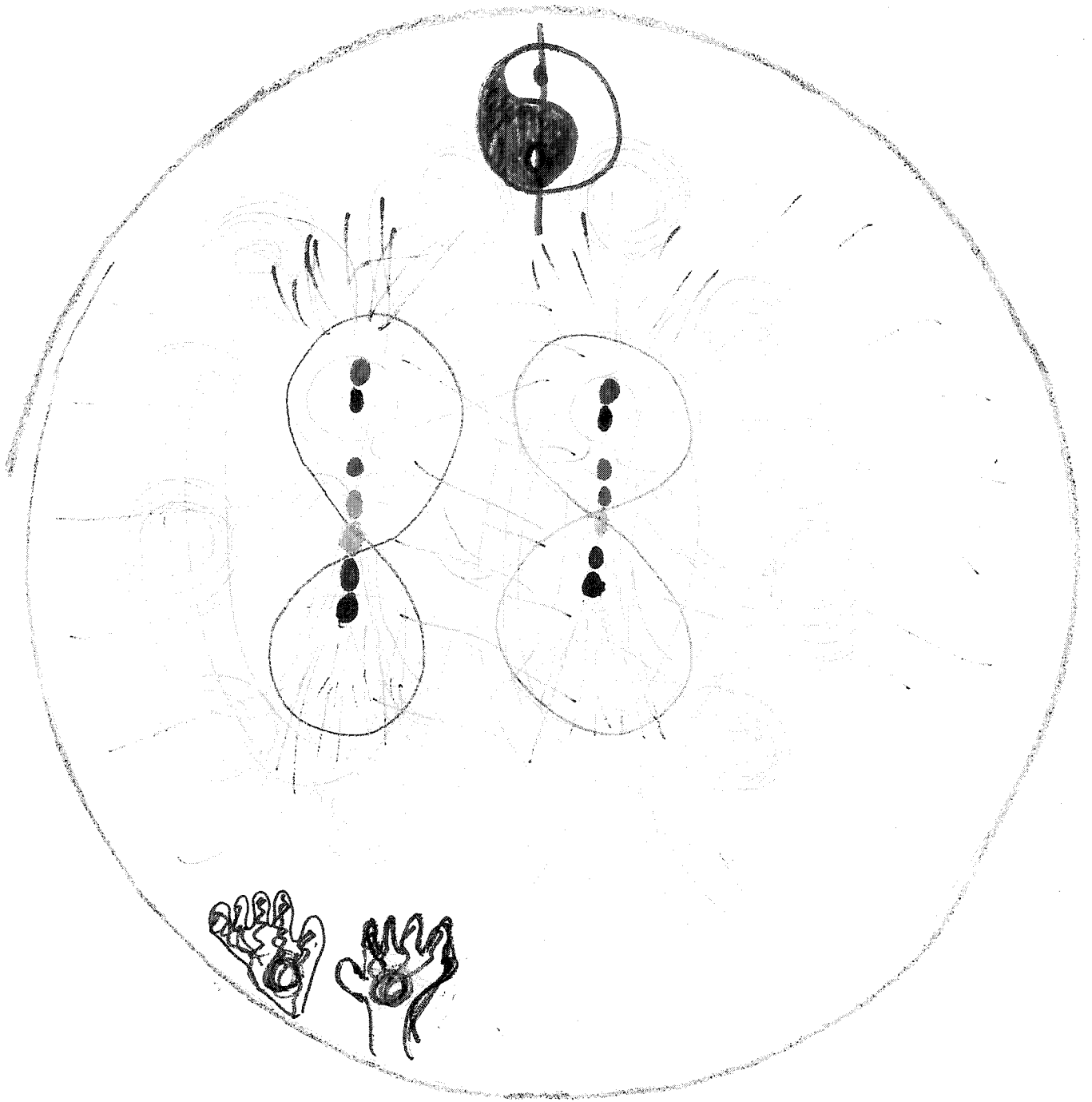
role of nursing, reflecting, "I always knew I wanted to care for people, and I always thought that meant being the same kind of nurse that she was."

She has come to believe in the potential for change in others, for the achievement of wholeness through becoming more balanced on all levels, spiritually, mentally, emotionally, and physically, and she perceives this is an ongoing lifelong process. In her own life, she strives to practice what she teaches, while constantly learning from those she assists. She perceives that in the short period of two years, her capability as an energy-field healing practitioner has improved one hundred percent.

Vision for future of wellness promotion.

Sophia finds nurses within the publicly-funded health care system feel limited in promoting energy-field practices, and looks forward to changes through increased acceptance and awareness within the health care system. Empowered and committed to the vision she holds of her work, Sophia believes that she is guided to empower others, and is developing a vision for the acceptance and emergence of the holistic paradigm in wellness promotion.

Sophia's Mandala Drawing



Sophia's Description of the Mandala

The mandala depicts two people, nurse and person within the environment. Two arms are interacting and the two hands are coming together, symbolizing that nursing is the action of helping the person to be all that they can be, body, mind, and spirit.

The lines on the body indicate that a person is more than just his or her physical body. There are internal and external converging energies, creating the environment of the person. The lines within the person represents the energy meridians, and how they flow both ways, from below upwards and from upwards down. Health, from the perspective of holistic healing, is enhanced when the energies flow freely, both ways, both the yin and the yang energies. The symbol above is the ancient Chinese yin/yang circle representing wholeness and balance. The line through the symbol is the acupuncture needle, connecting the two energies, yin and yang, positive and negative, active and receptive, within the body.

The line of specifically colored dots represents the chakra system, or energy centers. The chakras are part of the spiritual energy, and are equal in size when balanced. If the inner energies are balanced, the interaction with the outside energies is more in balance, because inner environment influences outer environment as much as outer environment influences inner environment. The body, mind, and spirit connection together make up the human whole being. It is difficult to depict in a drawing how it all interplays, one aspect with the other.

The figure 8 around each person represents the Electro-Magnetic Field practitioner perspective of the way the energies flow around the person with the meeting point being in the belly-button, where the person's whole existence in the physical form began, that area attaching the baby to mother.

The separate areas forming the circular periphery of the mandala are spirals, indicating 'what goes around comes around', meaning everything goes in a cycle, an open circle form. There are many processes occurring simultaneously. The thoughts can manifest physically, and the physical being can manifest or influence thoughts; the same applies to the mental, emotional, and spiritual aspects of the whole person. The spiral dynamic depicts the evolving, dynamic movement of interaction with the intrinsic and extrinsic environment in the process of achieving and maintaining balance. The spiral form also indicates the dynamic, influential effect in the surrounding environment of the person.

The hands with chakras in the middle of the palms at the edge of the drawing represent the practitioner hands. I use my hands a lot with doing my treatments. I feel that right from the time when we're born, we need human touch in order to thrive. An important part of what I do, is to touch people in a caring way.

Sophia's Description of the Holistic Metaparadigm of Nursing

Person.

Person is more than just the physical body. Person is a whole being composed of body, mind, and spirit. The spirit, or energy flow occurs as inner energy, influenced by a person's internal and external environment. The person changes positively by becoming more energy balanced on all levels. A person's health can improve through becoming balanced physically, which would manifest itself on the mental and spiritual levels; efforts initiated to improve spiritual balance will eventually manifest on the physical level.

Health.

Health is having balance, a proper balance between the two energies, throughout the whole energy system of internal and external environmental energies. Balance occurs through maintenance of an unobstructed flow of yin and yang energies within the chakras and energy system. People can have deficits and be healthy. I don't believe in defining someone else's health. I encourage individuals to define their own health.

Environment.

Environment is the negative and positive (yin and yang) energy field and flow within and outside the human body; each influences the other. The state of the energy influences all levels of being, physical, mental, emotional and spiritual. By example, improving the outside environment, by organizing your house, could influence your inner environment in that you become more serene. If you meditate to become more serene, then the influence of meditation on your inner environment may help you to better tolerate aspects of your outside environment that you can't control as much. If you work on yourself, you also have an impact on the entire environment around you.

Nursing.

Nurses use skills attained through the experiences of life and conventional education. Nursing practice is about learning to use knowledge, wisdom, and skills to help another person to achieve balance. Nurses help others to be all they can be through presence and through actions to assist in balancing energy on the emotional, mental, physical and spiritual levels. Nursing is not about assigning areas for improvement in others, to do what they choose to do to become healthier. Nurses help others to understand personal needs; not doing something 'to them', rather, leading by example. Nursing is also helping someone to die peacefully. Nursing is the practice of facilitating optimal wellness as the client perceives that to be, not treating illness.

Participant 5: Joy

"We are all part of the universal energy that keeps us alive."

Joy came to the holistic paradigm through her attempt to actualize her ideals and ethics of care. For her, there was something missing in nursing, a discrepancy between theory and practice. She realized very early that in practice, true care was not possible without the care giver being truly present to the one seeking care, and that it was in the spirit of each person that the experience of 'presence', or communion occurred. Joy accepted an invitation to attend an energy-field healing modality training session where she first experienced the human-universe energy field. From there, she entered deeper study in holism and human spirituality.

Joy is a seasoned nurse, empowered from within, exploring and enjoying the fruits of her labor and the gifts she is presently enjoying, at this time in her lifespan. She is reveling in an awakening spirituality and an endless appreciation for Nature's power and beauty in her surrounding environment. She has discovered the meaning of presence and holism, and she embodies both. She brings a presence to communion that compels the listener to sit up just a little taller, in order to meet her unfaltering gaze. There is an aura about her, of one who has fully experienced life and is here to relate her story, unfettered. In coming to know Joy, my impression of her embodied presence is well expressed in the words of Confucius (as cited in Young-Mason, 1995, p. 1), "...there is a wonder that only time can bestow. Age gives to all things, objects, institutions and

individual lives, their value, their dignity, and their worth. As a consequence, esteem should always turn upward to those who have gone ahead and stand before us” (p. 500).

Joy’s Story

Nursing education.

Throughout her childhood and into adolescence, Joy knew she would become a nurse. She began with a three year diploma program, and after seventeen years in supervisory clinical practice, completed a baccalaureate degree in nursing. She shared that early in nursing practice, she developed the perception there was something more to health and healing than she had learned, saying,

... I felt that there was something missing with it [nursing education], ... I just knew that in anything I would see, be it a magazine, a book, the newspaper, if there was a writing of other means of healing, that is what I would find first and read first.

Joy has now been in biomedical nursing practicing for more than thirty years.

Describing her early interest in the holistic paradigm began, she related, “I don’t know if it had a beginning. I just know it is changing all the time.” She thoughtfully added, “I do believe that things that happen in your life, happen for a reason... I may not know the reason now, but at some point in time I will, if I am open to understanding.” Her story describes a quest to discover and identify that “missing” aspect in nursing. Remaining true to her values and ideals, she has continued her interests in the healing qualities of nature and holistic healing modalities, continuing nursing-related education, serving family and community through ministry and parish nursing, heightening awareness of her Higher Self, and finally integrating biomedical and holistic nursing paradigms, with a vision for achieving wholeness in practice.

Precipitating factors in the exploration of the holistic paradigm.

Joy shared that some nursing perspective changes occurred dramatically, while other aspects dawned on her over time. Besides her keen and abiding interest in holistic healing, she identified other influential factors as age, spiritual development, and years of nursing experience. Additionally, although she had hoped her daughter might follow in her footsteps in nursing, she was surprised to discover that her daughter's true interest lay in holistic healing modalities. This shared interest between them expanded her own, and she found herself drawn to more in-depth study in the holistic energy-field modalities. Reflecting on the gentleness and drama of her gradual unfoldment, she provided a lived-experience metaphor, sharing how each day for thirty years she has driven over the same bridge on her way to work and is "just now seeing the water."

Her move to discover what was "missing" in nursing care began very early in Joy's practice, precipitated by a perception that a discrepancy existed between nursing theory and practice. In nursing education, she accepted that instructor-supervised clinical nursing practice supported the assessment and care of the whole person, based in the holistic ideal of nursing the four domains of the human, physical, mental, emotional, and spiritual. As a new graduate in clinical practice, she noticed a gradual relinquishing of holistic nursing ideals among peers and colleagues, with little evidence that the spiritual, emotional, and psycho-social aspects of care were being addressed at all. She observed that new graduates, taking on the task-oriented behaviors of more experienced nurses, soon lost the art of being present to the whole person. Because these perceptions arose

early in her practice, she lacked the experience and knowledge to identify causative factors.

As she became more experienced in practice, Joy discerned that personal contact between nurse and patient was diminishing because of the increasing focus on biomedical technology, resulting in “task-busy nursing” practice. She observed that changes in nursing responsibilities and growing staff shortages resulted in nurse-patient interactions becoming impersonal interventions of “doing for” and “doing to,” thus meeting only the basic needs, and adversely affecting the nurse’s capacity to administer holistic care. She sensed that the art of nursing was being lost.

Joy related “busy” behavior to the science aspects of nursing, which she described as the “doing” of nursing, the performance of task-orientated duties related to medical diagnosis and physical symptoms. She described the art of nursing as the “being” of nursing, dwelling in true presence with those in need of care, and noted it is the art of nursing that is neglected when the spiritual, mental, emotional, and psycho-social needs of patients are not adequately addressed.

She expressed the belief that nurses experience a sense of loss when the art of nursing is diminished, and that nurses enter the profession with a desire to give of themselves, but become disheartened when they discover that this is not plausible in most practice settings.

Somehow I think that’s a real shortfall, and [the reason] why we have shortage of nursing staff too. Because the people who wanted to be nurses wanted to be nurses [wished to practice] with the ‘art of nursing.’ They cared. And they’ve lost it somewhere in that busyness. So they became disgruntled. It wasn’t what they went there for.

Placing strong emphasis on the need to facilitate the expression of thoughts and feelings, thereby revealing deeper issues, concerns, and problems on all levels, Joy determined that when nursing presence is not practiced, perceptive awareness of spiritual, mental, and emotional needs is not possible. She expressed belief that above all, the spiritual and emotional needs are not ministered to in existing biomedical model nursing practice, where “busy, busy, busy,” task-oriented nursing makes being truly presence a rare occurrence. She contended that in such environmental conditions, “whole person care” and “total nursing care” were not thinkable. She insisted that the nurse must “stop in order to be present,” not be there in body with the mind and thoughts elsewhere:

. . . the buzzer rings, you go in to the room, and you’ve got one foot turned toward the door, and one foot turned to the bed. And even though you’re looking at the bed, what does that stance tell the person? ‘Fix this immediate need right now, cause I gotta run.’

Elaborating on the practice of presence, Joy contended that the act of “being present” creates a space in which the nurse becomes aware of what needs to be known, and what the person or family requires for healing. She expressed her belief the science of nursing does not hold all of the answers, and that the true picture of the person cannot be obtained solely from the nursing report, chart, and test results. Therefore, nurses can miss “a lot of information by not being present,” adversely affecting the quality of care. She suggests that taking time and making the effort to be present to the person “opens the door” to a different sort of communication, placing the nurse “in tune” with the person being cared for, and facilitating a deeper capacity for listening to verbal and non-verbal expressions. The act of being present allows the nurse to see beyond the physical:

Can they [dying patient] tell you [their needs] when they're looking through the bars [side rails]? If you sit on a bed and hold them, they can tell you. It is quite different. They're crying with it all over their face, but you can't see it. But they are projecting it in physical needs.

Reflecting on nursing practice from the perspective of her own experience, she observed that not much has changed in over thirty years. She noted that seasoned nurses talk about the 'busyness of' their careers, not about 'being present to' their work with others. Even though the holistic approach to care is still being taught in nursing programs, perhaps on an even deeper level, new graduates rapidly lose the "art of being present to the whole person" adopting the "busy, busy, busy, busy frame of mind," reminding Joy of "little mice running around on those wheels." When she sees 'busy' behavior, she often questions nurses. She related observing the new graduates in her practice setting beginning to relinquish artful communication, caring behaviors, empathy, and respect for patients in their busyness, and shared, "When I say to them, 'Who told you that you have to do it?' They'll say, 'Well, they....'" And I'll ask. 'Well who are 'they?' What's 'their' names?' They'll laugh. And they don't have a name. They have created 'they.'"

Joy believes nurses who are able to be present to patients, embodying positive states of care, empathy, compassion, and respect, create a healing environment, and that the development of the capacity to be present to others requires "not only nursing [knowledge and skills], but being a true person in the true sense of the person." She suggested the qualities of a "true person," as being one who wants to give of themselves, one who possesses the capacity to be present to the person and their needs, one who is able to listen with true ears, an open mind, an open heart, and with the Higher Self. She noted that volunteers in palliative care often possess these qualities, choosing to simply be

present, with no other concerns but to minister to the needs of the person. She recalled the affirmation of one patient who said, “I didn’t have to tell Vince what I wanted. He knew. How would he know that when the girls [nurses] would not know that?” She expressed a belief that when one achieves this capacity for true presence, much can be instinctively and intuitively known.

As a result of her desire to promote nursing presence in patient care, Joy began to look more deeply at how unfulfilled spiritual and emotional needs might more effectively be met in the clinical care setting. She came to discover energy-field modalities, which, by their very nature require the practice of true presence.

Holistic energy-field practice.

As a nurse manager, it was usual for Joy to speak of her nursing concerns with others, and it was through such communication that she entered into the study and practice of the energy-field healing modalities of the holistic paradigm:

. . . I was asked [by] a lady I knew . . . through health care actually . . . I knew that there was that bonding I guess you might say. She was the one doing Therapeutic Touch) therapy, and had been educated [as an instructor] and was now trying to spread it to other areas. She just called me one day and said, ‘Would you be interested? Would you come to a workshop?’ And I thought, ‘Oh well, I’m always reading about other modalities, so I’ll give it a try.’

Joy experienced there were always a few other nurses with whom she could share her interests in “other” ways of healing. Being of a community-spirited nature, she thought to include them when the opportunity arose to enhance nursing skills and practice development, saying, “I spread the word to a couple of other nurses that I had . . . sensed that when we talked about things, they were on the same wavelength, [and that] they had the same interests.”

Through Therapeutic Touch training and self-directed holistic modality study, Joy learned of the human-universe energy field, which she defined as “a life-sustaining energy network of which all human beings are connected and a part.” She explained that when the energy flow is blocked, or when there are areas of voids of energy in the person’s energy system, illness occurs, and when positive energy is received to move out voids or release blocks, healing is possible. As a Therapeutic Touch practitioner, Joy was trained to assess the human energy-field through the sensitivity of her hands, locate areas of blocked energy or lack of energy in the energy field, determine potential causes of any unusual findings, move the flow of energy along, and then fill any vacancy with positive energy. She learned to begin healing sessions by preparing a state of ‘presence,’ achieved through energetically centering herself, while holding a conscious loving intent to do good for the other person. She explained that holding a positive intent in the heart creates a loving environment of positive energy, opening and connecting with the Higher Self. Then, the energy flows through the Higher Self to the person receiving the healing.

Joy described her healing practice as differing from the original Therapeutic Touch training in that she uses prayer and speaks of a connection to the energy of Love through a Higher Power. She noted, “If there wasn’t a name, I’m not sure I would know what name I would give goodness and love, if it didn’t have a point to start from.” She expressed her belief that her Higher Self is one with her Higher Power, Jesus Christ, who she believes is one with the power of Love for all of mankind, coming from God, the Creator of all. In clarifying the process of her energy-field practice, Joy explained:

When I talk about the Higher Power, that’s very personal. If you look at any of the writings on Therapeutic Touch, most of them will tell you that it’s not a religious-

based thing. But for me it is. I have gone beyond what our teachers, Krieger and Kuntz have said in their writings, because they don't identify a spiritual being in any way. That is my own personal way. . . . His [Jesus Christ] love was so great that it is now available, if we open ourselves to receive it. Then the [healing] work he did is continued through us.

Joy begins each healing session by centering herself, and then says a prayer to request the presence of the healing power of Love. She holds in her heart a conscious loving intent for wellness and the intent to do good for the other person, and explains to the person with whom she is practicing that the positive force of energy moves through her Higher Power to them through her hands. Embodying great faith and belief in the healing power of Love, she informs the other person that their Higher Power loves them and desires healing for them. Further, she related that healing may not happen immediately, and expressed her belief that there is a time and a reason for all things in creation. She related that she does not know what the outcome will be, and added, "I wouldn't have come in contact with them [the person with whom she is practicing] if that Higher Power's love had not directed me to them."

When a person knows she is willing to help, Joy has found that they express their needs to her, and oftentimes, choose their own healing modality. She has come to believe that holistic healing modalities are effective, that everything can be healed, but referring again to her belief in there being a reason and a time for all things, not everybody can be healed.

Joy has found that holistic practice is second-nature to her, and with an intent to always do the best possible for healing, she might choose to consciously direct the healing and calming blue light of Therapeutic Touch to a patient while working with

them, knowing that it will help. She does not always use her hands in healing, nor speak to those in her care about energy-field healing modalities. Using conscious intent and energy-field practices, she found she was also able to affect healing in herself, and related that she was able to avert surgery and avoid the use of steroid medication for an injury.

In as much as Joy values ‘presence’, she contends the energy-field practitioner does not have to be physically present for all healing work. She explained that distant healing is accomplished through the power of conscious, loving intent, and that she believes love can heal all levels of being. In her own experience, after developing a therapeutic relationship based on trust in which she will not harm them, she is able to tune in to that connection, “sense” the person’s need, and from a distance, send the positive energy of loving, healing intention to the person who has come into her consciousness. She expressed a belief in the inner guidance of her Higher Power, saying “I believe it’s that Higher Power wanting me to think of [the person].”

She related several anecdotal stories of distant healing, and in particular, the healing of her daughter who was in hospital with a kidney stone. Joy practiced distant healing while traveling several hours by car to be with her child. At a certain point in time, she became intuitively aware that the stone had passed. The time was confirmed by both daughter and physician when Joy arrived at the hospital. More recently, after further training in Therapeutic Touch, she experienced an enhanced “distant” awareness and perception while engaged in distant healing with a patient for whom she has been providing pain relief and had established a trusting therapeutic relationship.

Transformative personal changes.

When considering inner changes that have come about since her change in perspective, Joy noted, “Spirituality is probably the strongest. Therapeutic Touch has definitely helped me to change, being able to move energy, to understanding that we are a part of a bigger universal picture has caused me to feel that I can do more.” On a personal level, she credited the basic development of her spiritual beliefs, morals, and ethics to her religious upbringing, saying these aspects are all a part of her. She described experiencing a change in her awareness of the meaning of spirituality within religion, expressing faith and belief that the energy of love embodied by Jesus Christ, while physically present, is still present and affects healing through those who love and believe in Him, saying “His spirit is human, active, and alive within each one of us.” For her, there has been a growing conscious realization of the presence of, and access to her Higher Power and the healing energy of love, care, and compassion.

She has also become more aware of the beauty of nature, and the role of the human as a part of nature. Additionally, she described an enhanced awareness of how love and energy are interconnected in the whole universe. This has fostered more openness to other energy-field modalities.

Perceived effects of paradigm shift on wellness promotion practice.

Joy’s study and practice of holism-based principles and philosophy facilitated both personal and professional transformation. Her appreciation for the potential benefit of energy-field practices in wellness promotion began with her first Therapeutic Touch training session. Continuing to value her biomedical model nursing expertise, she also

developed an enhanced conscious awareness of human spirituality, whole person healing, and the profound healing significance of the practice of “true presence” in healing environments.

Joy related her broadened vision of spiritual interconnectedness to a developed sense of enhanced spiritual awareness. Perceiving the integral relationship of human beings with the Oneness of the whole universe, she was amazed with the awareness that the energy of wellness and nature not only flows through humans, but influences “everything we do.” She related experiencing heightened conscious awareness of her role and purpose in the “big picture,” feeling that she can do more than she previously believed:

No man is an island. . . . the energy of the whole universe keeps us in our place in the universe, and we help one another, by being there for one another, even though we might not recognize it. But there is a divine plan.

Joy maintained a view of humans as being greater than the sum of their parts, whole when in energy-balanced states and able to fulfil their highest potential. When ill or diseased, an individual is not open to his or her role in the universe. She explained that since states of disease or illness limit human potential, blockages or voids in an individual’s energy field negatively affects the universe on some level, while facilitation of positive energy flow to restore wholeness to an individual positively affects the whole universe.

Joy’s expanding consciousness of the Oneness of all and her developing awareness of human existence as part of that Oneness of the whole universe has

influenced her perception of the relationship between an individual's internal and external environment and, therefore, states of illness and wellness. She explained the significance of loss of connection to others, loss of community, and loss of a personal sense of wholeness. She observed that when an illness is medically diagnosed, the name of the illness identifies a specific area in the body and most people do not connect that "if one part of them is ill, the other parts are also ill [affected]." Joy expressed that in biomedical nursing, "we only treat that [ill] part, while in holistic nursing, the whole person is treated."

Joy imparted the belief that limitations are imposed on human potential through lack of inclusiveness in community and loss of connection to one's self and to others. She compared this contracted and isolated state to that of a knight in armor:

. . . We get in that little suit of armor and we are our own little being, and we don't even have the slits to see out of . . . to receive through . . . don't allow ourselves to recognize that there is an illness. We don't see through that, or have an awareness of who we are, or where we fit in that universe. Then again, I think it's another symptom of illness.

Joy described her view of humanity as being intrinsic to nature, saying "I think we are another part of nature. In my thinking, we need all of the earth, the ground, the trees. If they are not there, there is something lacking. But that part of nature needs us too." Since embracing holistic philosophy, she experiences feeling a heightened awareness of the beauty of nature together with a greater sense of interconnectedness to her environment.

Joy maintained that prayer and spiritual reflection are important in maintaining

states of wholeness. Speaking of her heightened awareness to her surrounding natural environment, experienced as she drives to work each day, she related:

There've been times I came to my work area, having to cross a river. But, now I see it. Now it is almost my spiritual connection in the morning. Many times I do not have time for reflection in the morning when I get up. That occurred at night for me, more than in the morning. But it is in nature that my connectiveness occurs. And although I didn't see it before, it was there. I passed it for years. And nothing changed in the natural, nature part. I have changed. And sometimes even that is my prayer of the morning.

Joy expressed that transformative personal change has profoundly influenced her professional practice and holistic wellness promotion vision for nursing. Understanding the interconnectedness of the spiritual, mental, emotional, and physical levels of being and the healing influence of a loving and compassionate true presence has altered her approach to the provision of care. She found her ability to help others evolving, enhanced by the healing influence of heightened states of calmness and a developing capacity for positive thoughts, intentions, and actions. In addition, she found that by coming to know and accept the practice of Therapeutic Touch, she became open and increasingly more prepared to discuss such healing options with others and, in her own practice, to “put other modalities in health care besides the [biomedical-based] art and science of nursing.”

Joy views Therapeutic Touch as a valid part of nursing practice and employs a Therapeutic Touch technique, ‘Heart to Hand,’ in teaching nurses and care givers the therapeutic value of relating while being truly present. In using ‘Heart to Hand,’ the practitioner sits with the patient for fifteen to twenty minutes, firmly holding their hand and speaking with them. The physical presence, while consciously embodying loving intention, compassion, empathy, and human touch brings emotional support, and effects

all levels of being. Acknowledging the healing power created in a loving environment, she expressed, “if you didn’t love the person, you wouldn’t even start.”

Joy related that nursing staff are seeing the healing benefit of Therapeutic Touch and ‘Heart to Hand’ in helping people to open up and express themselves. This process serves to create a calming effect, alleviating pain, anxiety, and stress. People do not have to accept, understand, or even believe in energy-field modalities to receive healing, as long as they give their permission and trust that the practitioner will not cause harm.

Colleague response.

In the performance of her role in development of wellness promotion and patient-care programs, she has found staff unwilling to accept a more holistic approach to health care. She suffered a loss of personal and professional credibility in the eyes of some colleagues and staff as their image of her changed. Some colleagues openly expressed their skepticism, calling energy-based holistic healing modalities “witchcraft”, “hocus pocus,” and “foolishness.” She also heard such expressions as, “I don’t think a manager should ever act that way”, and “I don’t expect a manager to be using those other types of modalities. That’s all crazy.” On occasion, she has heard it negatively stated by her staff, “She’s at it again! Never thought she’d be into that kind of foolishness!”

Acknowledging a general lack of awareness by healthcare providers and a perceived stigma attached to such terms, she explained that she does not describe herself to others as a “holistic healer.” A patient with whom she practices Therapeutic Touch for tissue healing and pain management, good-humoredly calls her “the witch,” but at the same time, never says “no” when she offers energy-field healing. In another experience,

she used Therapeutic Touch on herself while visiting the ancient ruins of the Druid's Circle in Ireland, and was told by her traveling companions that she "belonged there in the witches circle." Further, in a recently published book on healing, she noted that one biomedical physician had blatantly labeled Therapeutic Touch and other such energy-based modalities "satanic." By keeping her explanations of her work very simple, she attempts to foster conscious awareness of holistic principles within the biomedical model, without actually calling her work a "holistic modality."

On both personal and the professional levels, enough time has passed since her beginning involvement with holistic modalities that she has learned to rise above the lack of acceptance in others. She noted, "I guess I just had to trust that what I was doing was right, and it was up to them ...to decide whether they would accept me or not."

Family response.

The response of family and friends to her expressed change in world view varied. Her daughter is most interested, having developed a great appreciation for Therapeutic Touch and other energy-field practices. Male members of her family tend to range from completely open and accepting to somewhat skeptical.

Difficult aspects of practice change.

The most difficult aspect of embracing the holistic paradigm in wellness promotion was the lack of acceptance among colleagues and staff. While she does not use any particular nursing model, Joy is aware of emerging holistic nursing models and theories. She acknowledged the science of energy principles used in holistic energy-field modalities, and that not much is known in biomedical practice about the energy science of

holistic modalities. She described feelings of frustration when, as a nurse manager, she could not get the people she worked with to “buy in” to what she perceived as valid and beneficial wellness promotion practice. She expressed she had not seen “anyone who openly accepts it, except a couple that have taken some education in it.” She added, “I never had any problems as far as my management ever saying anything about it, and they knew, they were very aware of what I was doing. I don’t believe in doing things that they are not aware of.”

Positive aspects of practice change.

Joy described her personal and professional transformation as the best part of embracing holistic healing philosophy, citing her emerging spiritual awareness as the greatest change. She appreciated the inner changes, her broader perspective on her role in the universe, her ability to realize how love can heal and help others, and her ability to affect healing in herself.

Perceived role of holistic healer in wellness promotion.

Joy views her present nursing role as a facilitator of optimal states of wellness, integrating the biomedical and holistic paradigms in an ever-expanding scope of practice. She contended that energy field modalities combine the science and art of nursing, through inclusion of biomedical and holistic knowledge, thereby constituting holistic nursing, the “being” of nursing in “true presence” with the other. Approaching nursing practice with the belief that spiritual well-being is paramount to one’s total or whole well-being, she advocates being truly present to patients is a fundamental requirement of nursing.

In keeping with her spiritual devotion and professional commitment, she recently completed studies in Ministry and Parish Nursing. Reflecting on the deeper meaning of her awakening consciousness to the ancient healing arts, she noted that historically, women have ministered, through serving others in mothering, nurturing, cleansing, and provision of care to the ill. She recalled the place of women in the early churches, expressing a belief the early ministers in the church were women. For her, parish nursing is reminiscent of the 'wise women' in Britain, who were healers, spiritual counselors and guides. Her combined studies in biomedical, holistic, parish nursing and ministry preparation enable her to facilitate the realization of true spirituality in others, fostering connection to community and to the Higher Self. She expressed, "I'm very active in my parish. I see gaps and gaps and gaps. I think this is one way to help", adding that every aspect of the human experience is spiritual, "not just the religious part."

As a result of her own experiences, Joy reached the conclusion that very few people recognize the "whole being of the universe, our connections with energy, and how it does affect us, physically, [mentally], emotionally, spiritually." Through education and practice in energy-field healing, she developed an enhanced understanding of the significance of presence to spiritual well-being, and related, "I am convinced that if the spiritual is well, it has the greatest impact on how the person feels. Mental, emotional and physical come after that." It is her hope to make others aware of the principles and philosophy of the holistic perspective.

Vision for future of wellness promotion.

Joy observed a need for continuous support in communities, and maintained

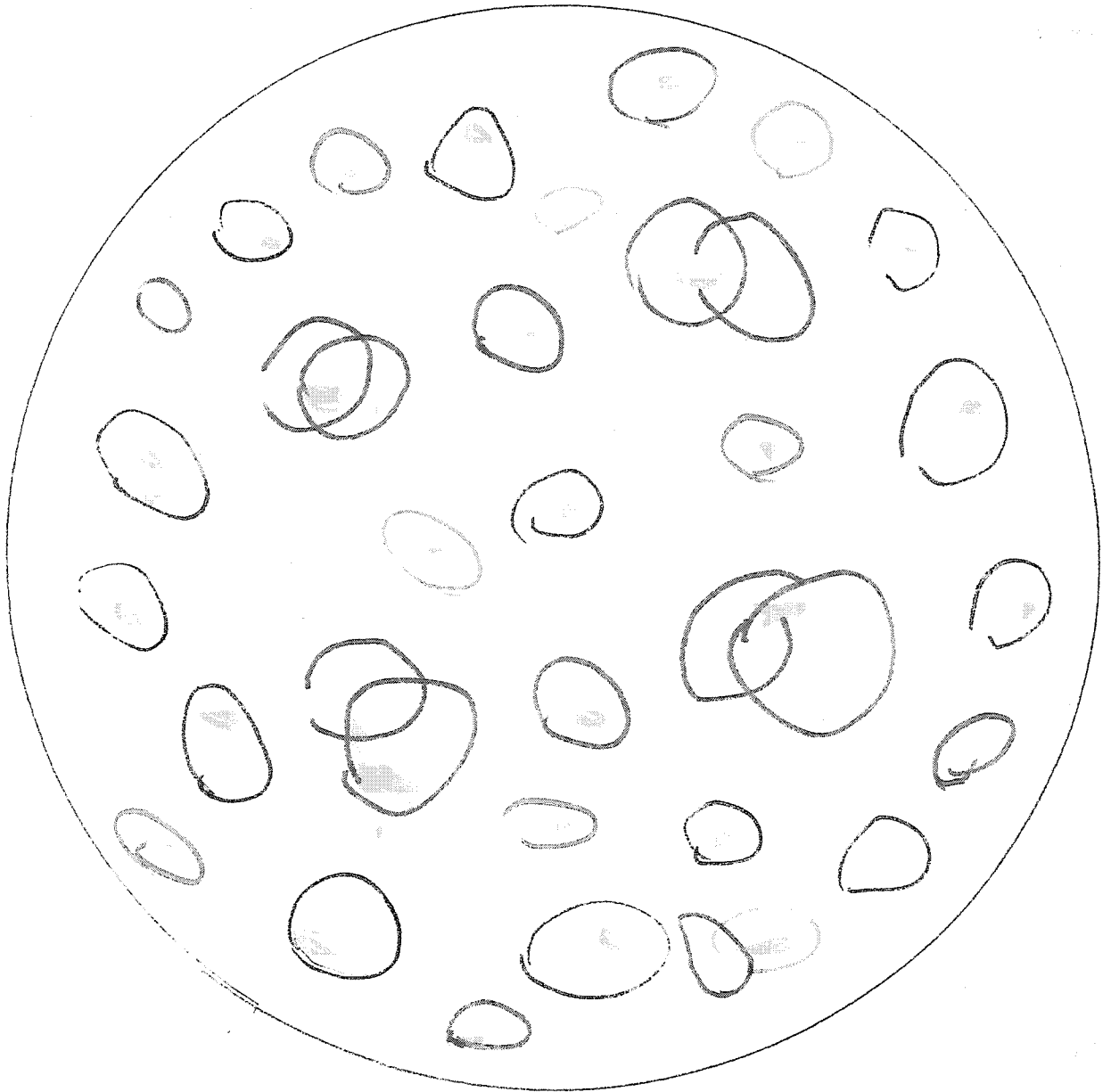
support is not necessarily there in structured programs. She envisioned parish nursing, the presence and availability of a known contact person, knowledgeable about wellness issues and family health, as an effective means of discerning community needs and providing support to those who might otherwise not seek help. She anticipated that parish nursing might fulfil needs without medical model involvement, and that rather than a clinical structure, an informal meeting place might be more conducive to the expression of individual and collective needs. Oftentimes, health care professionals' approach to care provision is to "tell them, give them," or say, "Oh, I'm a nurse, so I can do this for you." She insisted that people know more than given credit by health care professionals, and observed, "sometimes they just need to know that you're willing to help, and they'll tell you what they need." She believes that when needs have been identified, an informal community-oriented approach to wellness promotion might better facilitate helpful community relationships, and serve in developing both self-efficacy and community connection.

Joy's vision of community-based wellness promotion through parish nursing includes holistic energy-field practices. From her perspective, care of the human spirit is at the basis of nursing, deeply influencing states of wellness. She noted that from early times, women have historically ministered to that need in community life.

One of my friends who is a priest agrees whole-heartedly with me. The other tells me I have biases. So I say, 'Do I have a mirror and you're looking at yourself in it?'

She has recently been granted acceptance for the use of energy-field healing modalities in her own parish community. For her, this is a beginning.

Joy's Mandala Drawing



Joy's Description of the Mandala

The circle is the universe. The color yellow is the Higher Power that looks after the whole functioning of the universe, the creation right through to how it works every day.

The red circles are the human part of it, and the ones that are inter-connected are what I perceive as nursing, people helping people. As you can see, there is the yellow color of the Higher Power in all of us, and the other colors in there are all other parts of the environment, from vegetation, to animal life, to whatever else there is. We work in all areas and we intermingle altogether; sometimes we are quite separated, sometimes we are together. Although it doesn't show disruption in harmony, it does happen, but the whole goal is to work in harmony. The broken red circles represent people whose energy is not where it should be, so that person is open to receive from health care providers or nursing, whatever therapy he or she chooses. The mandala shows the unity and connecting. We're not just all drifting off in our own little isolated world.

Joy's Description of the Holistic Metaparadigm of Nursing

Person.

Nursing and person are linked together. And as you can see, yellow is intertwined in most of them. That is the energy of helping, the caring, that is intertwined in that circle. The yellows are not separated, one for here, one for here, one for here, meaning each person has the Spirit of God in them.

Health.

Health is different from wellness. It's that linking with another person to bring the energy together. The energy is personal and environmental. The stability of the 'whole', connecting and linking inner and outer environment, all working in harmony, facilitates achievement of harmony and balance.

Environment.

The environment is the whole universe. Our immediate environment is where we are in the moment. Environment is intrinsic and extrinsic. The inner environment comes from a Higher Power, which is in everything. It is energy. Even the space in between the circle is part of the energy connection.

Nursing.

The nurse is 'healer' and also 'person', but the difference is one helping the other with healing energy, caring, love, and the intent to assist the person to be as whole as possible.

Summary

The stories have provided five richly detailed narratives on the process of developing as a holistic nurse practitioner. The richness and depth of the revelations of these five participants heightens and enhances understanding of the experiential process of embracing the holistic paradigm. The developmental process suggests an open-ended spiral. It has its beginning in a desire to care for others; proceeds to entering nursing practice from a 'holistic' perspective that includes the spiritual, mental, emotional and physical in the whole person; opens to entering biomedical practice settings and losing the capacity to practice that 'holistic nursing' theory; expands with increasing the scope of skills and practice through continued learning and education in both biomedical and holistic energy-field practices; continues to open and strengthen through weathering difficulties and barriers encountered in going 'against the grain'; expands in transforming personal and professional aspects of being amid family, colleagues, and clients; fosters development of a vision for 'whole practice'; and finally, facilitates developing a vision for the future of integrative wellness promotion.

The nurses in this study are leaders, embodying three essentials: commitment to a vision, willingness to risk, and reverence for others (Parse, 1997). Additionally, they embody examples of what I term 'philosophy in action.' In their language and expression, coming from a biomedical positivist approach has affected the way in which these nurses speak about what they are doing in the holistic paradigm. In my opinion, they have not simply taken holistic modalities off the shelf and adopted them in some fashion, but have established integrative wellness promotion approaches, merging positivist and relativist

paradigm perspectives. I think these nurses are blazing a trail, paving the way, sharing the wisdom of their experiences so that others who begin this transformation in world view and nursing practice paradigm might benefit.

In relating their experiences, the participants have identified and described several important concepts for other nurses. In brief, they have: (a) identified barriers to practice, (b) described ways of including spirituality in the scope of nurse practice, (c) identified prevailing attitudes towards use of energy field practices, (d) described personal changes in actions, attitudes, and behaviors influenced by awakened spirituality, (e) delineated hopes and dreams for the future of holistic wellness promotion, and (f) identified and described a holistic perspective on the experience of suffering.

The participants have spiritual connections that are soul-based and deeply significant to them. The experience of wholeness and connectedness to the spiritual, as described by each participant, provides a rounded picture of the transformative process of wellness promotion from the holistic perspective. They were ready and willing to share their experiences, the pain and pleasure, the difficulties and empowering aspects of development, and the joys and sorrows of the journey. Their adaptation of new modalities is reflected in the language they use to talk about what they are doing. Additionally, they have indicated what other nurses and health care workers might consider in supporting this transformative change in others.

The interview questions gave rise to identifying the major themes and patterns, delineating identifying aspects of the experience of holistic wellness promotion practice. I was not anticipating the in-depth data that emerged on perceptions of mainstream nursing

within the health care system. It is significant that so many of the issues identified in the literature surfaced in the participants' stories. This indicates that these participants are typical of the holistic nurse cohort. Some of the themes that emerged from the stories reinforced previous research findings and literature.

The significance of spirit to whole wellness was strongly identified by participants, confirming and strengthening the literature findings. The mandala drawings clearly revealed the nurses' beliefs about the significance of the spiritual aspect of person. Additionally, the mandala drawings clearly related the concepts of 'spirit' and 'energy' to nursing, environment, person, and health, identifying acknowledgment of the human-universe energy field as basic to holistic wellness promotion. In my opinion, the mandala process served to illustrate deeper meaning and heightened the expression of the holistic wellness promotion practice experience.

Each of the five participants spoke clearly of the experience of restoring and enhancing their personal states of wellness through holistic wellness promotion practices, adding to existing literature on the subject. The participants also identified wellness promotion limitations in conventional practice, similar to those discovered in the literature. These areas include: (a) lack of holistic wellness promotion, (b) diminished nursing capacity to address the person as a unique being with unique needs, (c) diminished nursing presence, (d) lack of acknowledgment of the intuitive side of nursing, (e) enhancement of science and diminishment of the art of nursing, and

(f) exclusion of the spiritual aspect of being in the provision of care. The participants identified and described these issues as influential and precipitating factors in their choice to seek wellness promotion modalities beyond the biomedical model.

Participants in this research shared common practice experiences, educational experiences, beliefs, values, and perceptions of the present health care system. These five women, all from biomedical nursing backgrounds, have been able to realize an enhanced therapeutic difference in practicing in the holistic model, both personally and professionally. They have clearly described the therapeutic effect of nursing presence and holistic wellness promotion in practice. They have defined their perceptions of nursing practice within the framework of the four-fold metaparadigm concepts of nursing. Several of them practice an integrative approach to care, drawing from both biomedical and holistic theory and knowledge. The findings of this research indicate that this is the ideal and that they are joining together the best of both worlds.

CHAPTER V: DISCUSSION & CONCLUSIONS

At the outset of this research, I identified a crisis in the health care system and a gap in the delivery of health care services. Both the public and nurses are involved in complementary and alternative healing modalities that are not supported by the publicly funded health care system in which most nurses practice. In considering the health care crisis, I asked the question, 'Is it possible that solutions exist that we have not adequately examined?' In this research, I studied the experiences of five nurses who practice complementary and alternative energy-field modalities in wellness promotion. My purpose in conducting this research was to discover what contribution these nurses and the alternative healing strategies they use might offer to the health care system.

Based upon the interviews conducted, with the interview questions serving as major categories, I reconstructed the data to tell the story of each participant's journey into the holistic paradigm. What I discovered was a pattern of unfoldment in each story that was unique, yet similar to the others. The participants in this study are on a beliefs-centered mission of service, transforming themselves and facilitating transformation in others through their holistic practices. Further, these five women were inspired by their spiritual faith and enabled by their responsibility to others and their capacity to accommodate to the needs of others. All five participants have personally experienced enhanced positive states of wellness through the use of holistic healing modalities. As well, all five women have utilized healing modalities to support other's movement toward

wellness. The research question, then, 'Is it possible that solutions exist that we have not adequately examined?', can be answered affirmatively.

In describing their own experiences, beliefs, and perceptions about holistic wellness promotion, the participants offered possibilities for positive change in the health care system. Four major themes emerged from the data and offered solutions to challenges and limitations in the existing health care system, regarding and effecting wellness promotion environments. These four themes include: (a) human- universe energy field, (b) sharing experience in "true presence," (c) significance of general and particular knowledge, and (d) transformative practice. Each of the participants repeatedly identified the significance of the human-universe energy field in states of wellness and illness, and its significance to wellness promotion efforts. Although I have separated out this theme, it is highly intertwined with the other three major themes.

Human-Universe Energy Field

Participants illuminated several areas of focus on the human-universe energy field. These include: (a) belief development, (b) change in assessment focus to include energy / spiritual, (c) power of thought consciousness, (d) creating healing environments, and (e) care of the human spirit. I will briefly touch on each area of focus.

Through their own personal healing experiences, all five participants came to believe in the influence of human-universe energy flow on states of wellness and disease. Their personal experiences of healing were significant in fostering their beliefs about the positive influence of energy-field patterns on quality of life (Newman, 1994; Parse,

1981,1998; Rogers, 1970, 1980). Participants described their own healing histories and shared many anecdotal stories of the healing experiences of others. Based in their personal and professional experiences with energy-field modalities, all five women expressed anticipation and enthusiasm for potential illness prevention and wellness promotion through the use of energy-based modalities. Participants' assumptions about the positive potential of the influential relationship between energy and physical symptoms is supported in the literature. The human-universe energy system is well described. Such energy-field healing practices pre-date modern medicine, and modern science has shown that matter and energy are different manifestations of the same thing (Beale, 2000; Brennan, 1897; Chang, 2001; Krieger, 1993; Raheem, 1991; Rogers, 1980). It was her direct personal experience with one or more energy-field modalities that resulted in each participant's unquestionable belief in the appropriateness of choosing to professionally embrace the holistic healing paradigm. However, each participant experienced distress when her professional choice was questioned by others.

All participants experienced negative perceptions and responses among health care professionals. They attributed these to a general lack of awareness about energy-field modalities. This represented a barrier to energy-field modality promotion and practice. The collective concern expressed by participants was that although many people seek out and reportedly benefit from these non-invasive practices, the general lack of acceptance of such modes of healing prevails within the health care system. Similar concerns were described by Thorne (2001), who noted that although some physicians are supportive, the

prevalence of antagonistic, even hostile attitudes, toward complementary and alternative practices is a serious problem for many Canadians. This negative response results in a tri-fold effect. Firstly, the lack of sanctioning by professional bodies results in a general lack of acceptance within the health care system. As a result, support to those seeking these modalities and any potential benefit is undermined. Secondly, because alternative and complementary energy-field modalities are generally not sanctioned within the health care system, promotion of these practices by those who practice and believe in their efficacy is thwarted and their professional credibility is negatively affected. Thirdly, those who use such modalities, and have benefitted by them, may not share this information with their health care providers. Thorne noted, “patients frequently withhold information about their practices from their conventional physicians to avoid being discounted as credible adults, to retain the goodwill of the clinician and thereby to reserve their options should they need the support of the physician to gain access in the future to conventional services or resources ” (p. 29).

The strongest resistance experienced in participants’ personal and professional relationships with others occurred in the initial period of transition to the holistic paradigm, however, their established professional reputations sustained them. Increased receptivity and acceptance among colleagues occurred, based in pre-existing trust and word-of mouth. Colleagues and family members explored the holistic energy-field modalities for themselves and achieved positive outcomes.

Participants came to believe illness begins on the spiritual level, with altered energy flow resulting in manifestation of symptoms in the energy-field anatomy. This belief precipitated a shift in their wellness promotion focus, from the physical to the energy-spiritual aspect of the person's being, since energy-field practitioners work on the energy system to remove blocks or voids in energy.

Participants described the influence of the environment on wellness states from the holistic perspective, identifying negative energy states, such as thoughts and beliefs, as major causative factors in the creation of energy-field blocks. Participants spoke of healing intention and energy-field modalities as positive energy flow, love and compassion-based, and bearing the potential to open blockages and restore balance in the energy-field. Based in their personal healing experiences, all participants described positive thoughts and affirmations as very significant to healing. Each described a turning point in their own lives, where they changed their own thoughts, stating affirming visions and goals for themselves, after which their lives and states of wellness changed for the better.

Through the use of energy-field practices, all participants described enhanced feelings of wholeness within themselves and the development of heightened states of connectedness to others and to the environment. Their deepened experience of spirituality fostered more open and receptive ways of relating with others and life, enhancing creativity and creating feelings of peace, joy, and contentment. Their personal experiences

of this transformative change further confirmed their beliefs about the efficacy of energy-field modalities in wellness promotion.

All participants described practicing energy-field modalities with a conscious awareness of the effect of their own energy-field on others. Believing in the positive restorative effects of healing intent, love, and compassion, participants inculcated states of positive energy in themselves through self-healing practices in order to maintain a positive personal energy-field. Participants described the role of nursing as creating a space for the healing of others by creating healing, positive environments (Joy, Sundancer, Jean, and Sophia), and described a positive “ripple effect” on others who share that environment (Shirley).

All five participants described their roles as “conduits”, “transformers”, or “channels” for healing energy. Practitioners’ employed conscious intent to work for the highest good of others, using focused intent and prayer in healing sessions, while directing energy to the person seeking healing. Participants also described “distant healing,” facilitated by higher sensory perception and caring connections to others. They assumed that the energy finds its effective healing place within the person’s energy system. Participants acknowledged that healing results were not predictable, and in some cases, healing does not occur or occurs partially. They assumed this occurred because the individual was not ready to be healed, or because the illness represented a part of the individual’s soul journey experience.

Nurses in this research spoke to the need to address spiritual distress, another area of wellness promotion elaborated in the literature (Kreidler,1995; Newman, 1994; and Roach, 1992). According to Kreidler, soul, spirit, and human universe energy field involves human life, and disturbances in inner soul give rise to illness. She noted that a spiritually distressed person does not see him or herself as whole and is unable to give love or trust to self or others. Participants related experiences of positive effects on wellness through caring presence and use of modalities that touch the distressed human spirit. They assume balance and harmony is thus facilitated, positively affecting health and healing. They described healing that touches the spiritual aspect of the human as spiritual healing, work on the unseen essence of the human. Echoing Kreidler (1995), participants indicated a belief that the care of the human soul is a moral imperative of nursing.

Sharing the Experience (Bearing Witness) in "True Presence"

A basic tenet of holistic nursing practice is the act of being truly present. In their experience descriptions, participants echoed Parse (1992, p. 36), who defined "true presence" as the primary mode of practice in nursing and noted that bearing witness to the known and unknown reality in which people live is significant to nursing (Parse, 1998). Participants consistently related the significance of the quality and quantity of time in "true presence" with others in acquiring deeper awareness of the illness processes and enhancing states of healing. Participants described the positive healing effect of human touch, relating presence to nurturing and sustaining spiritual well-being, thereby

positively influencing the will to recover (Joy, Sundancer, Sophia, and Shirley). As described by Paterson and Zderad (1996), the act of being available and open with a wholeness of one's unique and individual being fosters a positive healing environment.

Participants described the negative effects of diminished quality and quantity of time in harried practice environments and the positive effects of nursing presence, influencing the spirit of the person and facilitating healing. Some participants became disillusioned, frustrated, and angry with the conditions of care and the state of nursing itself. Participants spoke of lack of time available for listening and attending in "rushing," "busy," "run-ragged," "task-oriented" nursing environments. The resulting lack of time for the "art" of nursing, being truly present to the person, was a strong factor in one nurse choosing to leave nursing. Similar to Cody (2001), participants believed this practice environment undermines ethical considerations. Harried nursing conditions do not permit true presence, small kindnesses, comfort measures, and the capacity to identify and respond to spiritual, mental, or emotional states in the person.

Participants expressed the assumption that each opportunity in "true presence" has the potential to be life-changing (Shirley, Joy, Sophia, and Sundancer), repeatedly describing illness as a meaning-intensive experience. Similar to Cody (2001), participants in this research believed the meaning of experiences and of life itself are unique to the person and that nurses in "true presence" stand humbly before the mystery of life, respecting that meaning. Further, participants suggested that nursing presence fosters patient's understanding of his or her own spirituality.

Use of General and Particular Knowledge

The collection of general and particular knowledge is foundational to nursing practice and directs care planning and interventions. All participants valued the wellness promotion significance of in-depth particular knowledge available through use of energy-field assessment and intuitive knowing. Participants agreed that lack of receptivity to energy-field practices by health care professionals results in diminished wellness promotion potential for patients. Similar to Cooper (2001), the participants in this research agreed that the sharing and gathering of particular knowledge is hampered by technology-focused task-oriented practice environments. Participants spoke of the wellness promotive benefit in maintaining balance in the art and science aspects of nursing and described personal and professional experiences where missing particular knowledge resulted in care deficits and increased pain and suffering.

Transformative Practice

Each participant described her personal healing process and her professional practice experience with energy-field modalities as transformative. Changes included: (a) spiritual development, (b) enhanced conscious awareness of the spiritual self, and (c) deeper feelings of connection to nature, Higher Self, and God. In each case, the study and practice of holistic modalities enhanced participants' feelings of interconnectedness to the environment, the universe, and others. Each participant came to deeper understanding and belief about her part in the whole, and became more loving, compassionate, and respectful of the life-paths of others. Participants spoke of feeling

whole, with an increased capacity to be present to others. As identified by Cumbi (2001), development of the authentic self is an essential element of therapeutic participation, and each participant in this research spoke of this phenomena from her personal experience. Several nursing theorists also described practicing in true presence as transformative for the nurse and the patient (Bishop & Schudder, 1997; Bunkers, 2001; Leuning, 2001; Parse, 1998).

Four participants spoke of their feelings of disillusionment with nursing practice within the confines of the present health care system as a precipitating factor in their choice to look beyond biomedical model practice (Shirley, Joy, Sundancer, and Sophia) From the Education perspective, parallel difficulties and challenges are faced by teachers in the public school system as in conventional nursing practice. Palmer (1993) described students served poorly in classrooms, growth of teachers not supported by the educational system, and teachers weary in their professions. Palmer noted, “educators of all sorts are in pain, and that pain has compelled them to explore unconventional resources” (p. ix). He suggested that when the heart goes out of things, sense of community is lost, with little left to sustain those who remain.

Similar to nurses, teachers also look toward spiritual traditions for hope that is hard to find elsewhere, as such traditions are generally concerned with getting people “reconnected” (Palmer, p. x). As described by Palmer (1993), teachers who seek a sense of wholeness and connectedness also look to spiritual traditions for guidance, beyond prescribed technique. Participants in this research, looked beyond the biomedical model

and found themselves discovering and embracing their own spirituality. This strengthens the belief expressed by the participants, gained through personal experience, that there is a significant role in nursing toward caring for the spiritual aspect of the person, being attentive to the spiritual meaning in illness.

Nurses in this research described their own suffering as a transformative force for change in their own lives, both personally and professionally, and all participants expressed beliefs about the deeper meaning, higher purpose, and reason for suffering. Participants embody those beliefs when intervening in the illness process of others, and their stories give credence to their expressed beliefs that all illnesses can be healed, but not all people can be healed. As described by Raheem (1991), illness may be part of one's life path, inextricably interwoven in the blueprint of the individual's life for the purpose of soul evolution. Participants' beliefs about the potential for inner development and awakening to deeper inner realities is congruent with Wilbur (1985), who spoke of suffering as "the time when intelligent insight emerges" (p. 85). Wilbur noted that suffering can lead to a spiritual quest to find the reason for pain and suffering, which may lead to insight and healing or to fear and isolation. This theme emerged powerfully in the stories of all participants, whose personal suffering was most significant to their spiritual development and transformation, and to the development of compassion for the life-journey of others whose fears and isolation were revealed in true presence.

Participants related the significance of their own transformative process as having enhanced their capacity to be increasingly present to others. They agreed on the

significance of the power of love, caring support of others, true presence, and compassionate care in fostering healing capacity in those suffering or recovering from crisis events.

Two participants spoke of finding people with a bond of being (Joy, Sundancer) and the importance of finding wellness facilitators who have the capacity to understand where the other is coming from (Sundancer). Wounded healers, as described by Nouwen (1972), recognize the significance of the experience of suffering in ministering to the care of the spirit of others. Nouwen suggested wounded healers are called upon to recognize the sufferings of their own heart and to make that recognition the starting point of service. Further, he suggested that healers need to create a space in their own hearts in which someone else can enter freely without feeling himself "an unlawful intruder" (p. 92). Participants in this research consistently described the value of their personal experience of suffering in developing the capacity for heart-focused intent, to do the highest good for the other. Two participants spoke of having a knowing in their "heart of hearts" about the value of their wellness promotion work, in true presence with others (Sophia and Sundancer).

Achieving and maintaining faith through the experience of suffering while lovingly supported was experienced by each participant. The importance of a supportive, loving presence was also described by Jennings (2002), a Maritime physician who, when stricken with a brainstem stroke resulting in 'locked in syndrome', experienced three months of "living hell" (p. 114). Jennings reported that overriding every frustration of this

totally dependent state was love: "Love does conquer all. Love of God, love from family and friends, and the love Jill and I share" (p. 114). He related that although love did not prevent him from suffering, from feeling despair, love empowered him to overcome any obstacles, acting as a buoy and preventing him from sinking in despair. Similar to Jennings, all participants in this research related, based in their own experiences, their beliefs in the power of faith in God's will, prayer, trust, and loving support.

The meaning of suffering and the relationship to the human spirit was affirmed by all participants, similar to Wilbur (1985), who described the importance of fully entering into suffering, in order to finally live beyond it. Otherwise, there is a danger of becoming stuck in suffering, where "we wallow in it, not knowing what else to do" (Wilbur, p. 85). Jennings (2002), while suffering effects of the stroke, said he was not worried about anything, that "curious music was playing" in his head, and he felt peaceful. He prayed nightly, and, as similar to the participant story related about prayer (Sundancer), Jennings expressed, "I asked Him for strength; I resisted the temptation to ask for a cure"(p.196). Analogously, participants spoke of simply being a healing presence, a "conduit" (Shirley) for healing energy, rather than a "doer," while, in prayer or healing intent, remaining unattached to the outcome (Jean, Sundancer, and Joy).

In summary, all five participants experienced transformative changes in their personal and professional lives. These changes resulted in deeper appreciation for the challenges faced by others, changes in their perspective on the meaning of illness events, and changes in their approach to wellness promotion practice.

Contributions to the Literature

This research is organized by an inquiry process using storytelling, presence, and creative mandala drawing and provides an example of a research approach that serves the purpose of fuller expression of each participant's experience. This three part approach, storytelling, presence, and creative mandala drawing, involved the spiritual, psychological, emotional, intellectual, and creative aspects of the participants, producing a well-rounded depiction of holistic wellness promotion, giving support to the use of this methodology. The wealth of data collected strengthens and supports existing research on this subject, and depicts views of wellness promotion practitioners from the holistic perspective. This study may encourage others to discuss their holistic practice experiences and make recommendations for nursing education and practice change.

Participants clearly demonstrated a transformative process, similar to the 7-step process to becoming a holistic nurse, as described by Slater et al. (1999). The process described by Slater et al. included separation from mainstream nursing, gathering information, application of gathered information to others, refocus to self, self-care, application to self, self-knowledge, and reintegration as a whole nurse. Another similarity to Slater et al. was the emphasis participants placed on learning to be present to all aspects of another person through developing the capacity to be present to all aspects of one's self. This similarity indicates that the participants in the current research are representative of the holistic nursing cohort in other localities. Like the aforementioned

study, the current study lends credence to an identifiable process and strengthens the previous findings.

Participants in the current study described a process of mutuality with others, self-development through interactions with others, a bond of being with others, and experiences of expanded spirituality. All participants spoke of learning and growing through their practices with others, as well as experiences of expanded spirituality. Slater et al. (1999) also described the process of becoming holistic in philosophy and practice, offering insight significant to nursing in the areas of self-care and spiritual development. Slater et al. suggested this process may give rise to similarities in experiences among holistic nurses who relate experiencing a sense of longing to increase the balance of body, emotions, mind, and spirit in themselves. Further, based in the experiences described in my study, this facilitative process with others may enhance the nurse's own longing, influencing spiritual growth and development. Individually, nurses might use the stories of others as road maps or frames of reference for spiritual development.

Participants in this research described undergoing a transformative process, including many changes in their personal and professional lives and resulting in more expansive ways of defining nursing, confirming and strengthening the findings of Stiles (1998) and Slater et al. (1999). Stiles studied the meaning of becoming a holistic nurse and the effects of the lived experience on a nurse's personal and professional life, while Slater et al. explored the process of professional development. Both Stiles and Slater et al. found most nurses described the process of becoming a holistic nurse as a deeply

meaningful experience, affecting all aspects and all beings in the nurses' lives. Stiles revealed 16 themes of the phenomena. Similar themes emerged in the current research. One limiting factor of Stiles' study was that the participants all completed their holistic nursing training at the same college. In the current study, participants' holistic educational experiences were all different. However, the similarities between the themes emerging from Slater et al. and Stiles, and themes emerging in the current research, strengthen the findings in the current study in identifying the developmental process of becoming a holistic practitioner.

Estby and Freel (1994) identified basic holistic health principles for the guidance of holistic nursing healing practices. The principles related to unity, interdependence, evolution, and energy, re-affirming the spiritual dimension of the client and nurse practitioner. While Estby and Freel defined the professional perspective, as did Slater et al. (1999), the current research describes an interwoven personal and professional development process. The current findings were difficult to compare with Estby and Freel, because, as noted by Slater et al., the former was a quantitative study organized around the steps of conventional nursing practice. Similar to the findings in the current research, Estby and Freel found nurses described the holistic nursing process as a mutual process in which a non-judgmental partnership attitude and the act of non-attachment to outcome were considered important to nursing practice.

Importance of Mandala Drawings

The opportunity to complete the mandala drawings, to depict their perception of the four-fold metaparadigm concepts of nursing from their unique holistic perspectives, provided a creative interlude. This aspect of the data gathering served to bring additional depth to the data and a deeper sense of self-awareness to participants.

The mandala drawing occurred at the end of interviews with Sophia, Sundancer, and Joy. Due to available time, Shirley and Jean completed their mandala drawings within one week. The purpose of inclusion at the end of the interview was to amplify the interview data by eliciting new material that otherwise might not have been put into words. The natural wholeness of the circle outline served a creative purpose, as described by Jung (1964), in providing a space for expression of something new and unique in form. This imaging and expression was clearly demonstrated by all five participants. The mandalas varied from simple abstracts to highly detailed depictions. The mandala descriptions by participants indicated congruence with the four-fold aspects of nursing as described by others (Newman, 1994; Parse, 1998; Rogers, 1980).

Some participants expressed surprise at their creations. Two of the participants approached this segment saying, "I can't draw at all. I don't think I'll be of much help here!" and "I'm not very good at putting things down on paper." After centering themselves and intentionally focusing on the request, both participants proceeded to draw, quickly completing their mandalas. Both expressed surprise at their own creation,

one saying "I'm not sure where it came from!" At the conclusion of her description of her mandala drawing, another participant (Shirley) said:

I was pleased to be able to draw and describe the mandala for this research because it's really confirmed everything I believe. When I was creating the mandala and putting the description together, it was really amazing to me that what I really believed and really felt came out. This process drew it out of me without my really thinking about it, and has set it down for me. I looked at it after and thought, 'that's really what I believe'.

I observed that those who were at first hesitant regarding their ability to depict their perceptions in mandala form were clear and precise in both the drawing and description, once finished. The two participants who completed the drawings later at home were far more lengthy and elaborate in drawing and description. Given the detailed descriptions elicited, I wondered if having more time might have engaged the mind, memory, and knowledge more than in those three participants who simply went within, and then immediately recorded their impressions.

There were similarities among the descriptions of the four-fold concepts of nursing, consistent with the philosophy of holism and akin to Primary Health Care philosophy. These descriptions expanded on the biomedical perspective by including the presence and assessment of the person's energy-field as essential to whole care.

I have not found the mandala process used in any other nursing or education research. This study suggests it is a valuable tool for the participants to create a gestalt

view of their perspective of holistic healing practice. More than any other individual theme, each participant revealed much about her own spirituality in relation to her healing work with others. A synthesis of common themes of the four metaparadigm concepts follows, based on what I discovered in the data and the participant mandala descriptions.

Person

Person represents the individual person, family, or community. All persons are connected to all others of the earth through the life-giving Divine energy. Each person is surrounded by an electromagnetic seven-layer personal energy field, connected to seven major energy centers in the body. Each of the seven energy centers of the body's energy system has physical, emotional, creative, and celestial components and also connects with the five elements, earth, water, fire, air, and metal. When the state of health is positive, the auric system is balanced and harmonized. The person receives the flow of energy directly from the universe and in an intentional way from others who are helpers or facilitators in healing. The spiritual aspect of the person knows wholeness. Through longing for wholeness, people are drawn back to the spiritual center of their being where choices may be made, as required in the moment, to facilitate fulfilling the longing for harmony and wholeness. Thoughts are energy and carry the energy-potential for manifestation. People create personal and collective reality through thoughts and choices. The energy of love, compassion, and caring is the connection between nursing and person. The meaning of states of fear and isolation become known in true presence.

Health

Health is a dynamic, ongoing process of healing, balance, and harmony, co-created by a person relating to others and to the universe. Optimal health potential is realized through free-flowing life-force energy within the energy system of the person who is consciously and freely choosing situations that create life circumstances. Optimal health is a dynamic state of ebb and flow of the universal energies of the person, the cosmos, and the Divine, facilitated by the positive power of love. The negative power of fear facilitates blockages or voids in energy flow, resulting in negative states of health and giving rise to illness. Health is determined through the quality of the flow of energy through seven major energy centers. These centers ground the person to earth and extend to the universal energy of the cosmos. The dynamic connecting together of the inner and outer environments of the person facilitates and maintains whole harmony and balance, in turn extending to others through the presence of the whole person's positive influence.

Environment

Environment is the relational component of lived experience, including the energy-field and the space in between all matter. Energy forms the connection between all in creation. Environment is the wholeness of the earth and nature, within the whole universe, including the all pervasive universal life-force energy, the energy of the Divine Creator, God. The person's intrinsic and extrinsic environment are connected. The energy system is in constant dynamic flow, receiving universal life force through the personal 7-layer, 7-major center energy system, and influencing all aspects of being. The inner

environment is influenced and influences the self and others through the divine human capacity for love and compassion, or through anger and fear. Each person, in a positive state, positively influences his or her surrounding environment; in a negative state, the surrounding environment is negatively influenced.

Nursing

Nursing embodies the healing of the person, not the treatment of illness. Nurses act to facilitate wholeness in the person, as defined by each person. Nurses are educators, helpers, healers, and healees, giving and receiving in mutual process with the person and the environment. Nursing is interconnected with environment and health by working in partnership with the person to empower individuals, families, and communities. Nurses foster understanding of the healing qualities in the environment and in the person. Nurses help others to achieve wholeness through teaching and/or facilitating conscious spiritual connection to God and to Higher Self. Nurses embody presence, light, energy, and healing, offered through healing energy, love, compassion, and support.

Limitations of the Research

This study addresses the broad issue of the experiences of nurses using holistic energy-field practices in wellness promotion. Therefore, the study is limited in its scope to the issue of complementary and alternative energy-field practices. The participants were all female, four in mid-life. A male perspective is not represented in this study. Additionally, the participants' stories may not be wholly representative of other nurses of similar age and experience in holistic wellness promotion practices using energy-field

healing modalities. The study may also be limited by the participants' potential reluctance to identify specific experiences, challenges, or difficulties faced because of concerns of personal nature, owing to the small geographic area of practice and their acknowledgment of the possibilities of being identified personally in this small cohort sample.

Twelve broad and open ended questions were asked. While more in-depth information may have been gathered from specific questions, or more individualized responses may have been forthcoming through less specific prompting, the questions did provide a framework for responses. It is difficult to ascertain whether similar themes may have emerged from less specific questions, whether non-holistic wellness facilitator participants might have perceived similar perspectives, or whether a researcher who was not knowledgeable about holistic practices might have perceived similar or different themes and patterns.

Implications for Practice

This research adds to the literature and informs those interested in holistic healing practices of the process of development in the holistic paradigm. The participants' assumptions of the efficacy and positive influences of energy-field modalities have significance in wellness promotion efforts, the sole purpose of which is to enhance the quality of life.

Two key aspects of Primary Health Care are partnership and wellness promotion. The findings of this research indicate affirming and empowering experiences in wellness promotion through use of holistic energy-field practices. Further, this research and the

literature suggest holistic nurses need to define their place of partnership and begin to develop collaborative approaches within the health care system. This initiative calls for professional support in education, research, and practice.

A major role in nursing is wellness promotion. Participants in this research identified the need for affirmative and empowering wellness promotion practices by nursing, in partnership with clients, and in collaboration with other health care professionals. Nurses, in partnership with those seeking energy-field modalities, identify needs in situations, and then assess, plan, implement, and evaluate wellness promotive efforts. This research suggests inclusion of complementary and alternative modalities, specifically energy-field practices, as appropriate technology in holistic nurse-client partnership. Referring to illustrations, Figure 1 “The Present Day Health Care System” and Figure 2 “A Health System Model for the Future” (Schulman, 2001), inclusion of complementary and alternative modalities in collaboration with other health care professionals has potential to foster a positive difference, from both practical and financial perspectives.

Rogers (1980) advocated that nurses should become the experts and providers of non-invasive modalities that promote health. This research indicates nurses are responding to the opportunity to provide holistic care, using energy-field modalities. Some of the participants have developed integrative practice, strengthening the idea that nurses who use both the biomedical and holistic paradigms can better provide patient care.

The environment is recognized as significant in determining states of wellness and illness in persons within a Primary Health Care philosophy and is emerging in the biomedical view. Holistic nursing modalities include both of these concepts, but take them a step further by including the human-universe energy environment, intrinsic and extrinsic to person, as significant to states of wellness and disease. Operating from both paradigms, nurses might adapt to whatever paradigm or modality fit the situation. There is room in Primary Health Care for this expansion. However, without full acceptance of the Primary Health Care principles of collaborative practice and wellness promotion, the existing health care system can not foster self-efficacy in the public nor in nurses who wish to engage in holistic nursing practices. Flexibility to draw from both paradigms in wellness promotion practice would be helpful in working with patients who practice health and healing-related activities from different paradigms. Thus, along with working in partnership with clients, nurses using energy-field practice interventions might positively influence states of health before pathology develops.

Future Research

The findings in this study suggest the need for further research in several key areas. In the interest of meeting public demand, nursing needs to sanction energy-field modalities as nursing practice and begin to incorporate the theory and principles of (w)holism into nursing education and practice. Based in the findings of this study, research in several areas is appropriate.

Firstly, in view of the potential value of wellness promotion in energy-field

practices, further research on the efficacy of energy-field healing modalities in integrative nursing practice settings is required.

Secondly, the Holistic Nurses Association delineates the energy-field relationship between person and environment, two metaparadigm concepts of nursing. The relationship between *person* and *environment* applies to wellness promotion practices and outcomes. Further nursing research is required to link Primary Health Care and holistic nursing philosophies, and to explore this important relationship.

Thirdly, two key aspects of the Primary Health Care principles, wellness promotion and partnership, are inherent in holistic nursing practice. Holistic nurses in partnership with clients assess and identify needs, assist in the teaching and implementing of energy-field wellness promotion practices, and assess and evaluate client outcomes. The Circle of Health: Prince Edward Island's Health Promotion Framework (Prince Edward Island Health and Community Services System, 1996) is a tool that would facilitate both this and the previous research suggestion. Further nursing research in integrative practice and wellness outcomes is indicated.

Fourthly, the University of Prince Edward Island has the distinction of having developed a nursing curriculum around the Primary Health Care principles, established by the World Health Organization. This research indicates philosophical connections between the holistic world view and the Primary Health Care principles. A formative program evaluation of holistic nursing practice, linking the modalities of energy-field

practices to Primary Health Care principles and philosophy is appropriate in preparing the way for inclusion in nursing curriculum.

Conclusions

I felt privileged to have heard the stories of these five women and found the research to be a deeply meaningful experience, both personally and professionally. It was evident to me that each participant was searching for more than the biomedical model of practice was providing. The choices to enter into the holistic paradigm were congruent, the common denominator being their desire to alleviate suffering, either their own suffering or that of loved ones. Their crisis became an opportunity for transformative development and change. Their own discoveries compelled them to go further, to increase their skills and knowledge, and then to offer to others what they had come to believe.

All nurses in this research have practiced, or continue to practice, within the biomedical model setting, collectively for 128 years. They are intimately familiar with the strengths and weaknesses of biomedical model nursing practice and the resulting impact on nursing and health care. Nurses in this study recognized that biomedical practice is an illness-oriented model, and as such, looks to restore and repair health. While this approach is vital to full-spectrum care, this research supports the literature, indicating the public is increasingly looking to maintain and promote wellness. This research supports the literature in indicating this may be better accomplished through a Primary Health Care approach that includes holistic energy-field healing modalities.

This research revealed nurses' attitudes and beliefs that biomedical and holistic practices are each significant to nursing, as both arise from legitimate world views and are valid options. Nurses who are engaged in wellness promotion through holistic energy-field practices have much to offer towards resolving the health care crisis. Further, given the increasing public use of complementary and alternative modalities, an integrative embrace is essential to true holistic client-centered wellness promotion efforts. Given that nurses are taking the lead in the holistic approach to wellness promotion, moving this way while continuing to function in the biomedical paradigm, they need more support by way of education and research.

The major themes outlined in this chapter provide new and appropriate information to nursing literature, and each participant's story represents a case study in and of itself. Each story is unique, and offers relevant information to the development and adoption of holistic nursing philosophy. Additionally, the findings provide credence to the inclusion of holistic energy-field practices in wellness promotion.

In reflexive inquiry, the researcher's voice appears in the writing of the report. From a critical perspective, as a nurse and educator, knowing why and how other nurses have gone through this paradigm shift, I am now more aware of what would be affirming and meaningful to others who consider the option of holistic healing modalities. From my perspective, the participants benefitted from having the opportunity to share their stories, particularly since energy-field healing modalities are not openly supported in mainstream nursing. I believe their reflection on interwoven personal and professional

transformational journeys helped them to appreciate who they were, by virtue of their experiences. By creating a space in which experiences, perceptions, values, and beliefs about holistic wellness promotion practice could be expressed, they were reaffirmed and saw for themselves, in the telling and in reading their own data transcripts, what they had accomplished was tremendous and their work is of significant value.

Akin to Shirley, Jean, and Sophia, my appreciation, respect, love and reverence for my mother, together with a sense of duty, was the catalyst and the inspiration for great change in my life. I returned 'home' to care for my mother. Home, as defined by Merriam-Webster (1995), has many meanings: one's residence; house; the social unit formed by a family living together; a congenial environment; habitat, a place of origin, and the objective in various games. In returning to my own place of origin, nursing, and studies in Education at UPEI, I have experienced great personal and professional crisis and change, becoming more aware of the changing political influences in health care, locally and on a global level. In addition, I have been wholly affected by every phase of this research project, which precipitated a process of inner healing, and personal and professional growth, and change. The experience has left me feeling that I have come 'home' in a way that involves my whole being. I began by describing a health care crisis in Canada, and then assumed a local focus, closer to the 'home' where I live, teach, and practice wellness promotion. My belief in the power of thinking globally while acting locally has been further strengthened. My inspiration for global healing and my passion for nursing is the voice inextricably woven throughout this work.

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Appendix A: Letter of Information

Dear Potential Nurse Participant,

I am conducting a research project in partial fulfillment of the requirements for the program Leadership in Learning Master of Education at the University of Prince Edward Island. In this research, you as a participant will explore with me your own experiences of engaging in the practice of holistic, alternative and complementary modalities in wellness promotion. Such research will increase general public awareness of nursing's involvement in holistic alternative and complementary practices, increase nursing knowledge and awareness of other nurses on the study and practice of such healing practices, and will, hopefully, generate more informed discussion on the role of nursing in holistic wellness promotion.

I am looking for participants and co-researchers who meet the following criteria:

- will have completed basic nursing education and have qualified to register for nursing practice;
- will have engaged in professional practice as a registered nurse for more than two years;
- will currently be actively engaged in wellness promotion using holistic healing modalities in addition to, or instead of, conventional nursing practice; and
- will indicate a willingness to participate when asked.

As a participant and co-researcher, you will be asked to sign a written informed consent before data collection commences. Anonymity will be assured as much as possible through using a pseudonym for your name and through careful use of any direct

quotes that might identify you personally. There is a risk that people may be able to identify you because of the small sample size.

As the primary researcher for this study, I will meet with you on at least three occasions in order to collect data. Two methods of data collection will occur:

1. face-to-face in-depth interviews, and
2. participant description of their perception of the four-fold aspects of nursing (nursing, person, health, environment) through mandala drawing

To heighten the accuracy of the data, you will be encouraged to telephone or e-mail me for a period of two weeks after data collection in the event something comes to mind that you believe will add to the data. Your verbal additions will be audio-recorded and added to the data.

In addition, you will be given two opportunities to review your transcript and make whatever changes and additions are appropriate to most explicitly represent the reality of your experiences, perceptions, and perspectives:

1. After the initial interview has been transcribed
2. Following my preliminary analysis for themes and patterns.

The first interview process will be 90 to 120 minutes, including the time to do the mandala drawing. Photo-copies of the interview transcripts will be hand delivered to you within one week of the interview. You will have one week to read and make corrections and modifications. A separate appointment will be made and I will return and conduct a second audio-taped interview of 30 -45 minutes as changes to the transcript content will

be discussed so that the clarity and meaning is captured and understood. I will return a final time, by pre-arranged appointment, with transcribed copies of those changes along with my early analysis to confirm with you that my initial data analysis findings accurately reflect your experiences and viewpoints. It is anticipated this interview will not exceed 30 minutes.

Your involvement is voluntary, and you may choose to withdraw at any time. In the event any further information is required, or you have any questions or concerns pertaining to this research project, you may contact Enid Muirhead, Primary Researcher by telephone at (902) 569 -5675 or by e-mail at towards.home@pei.sympatico.ca. My Thesis Supervisor is Dr. Daniel Vokey, who may be contacted at (902) 566-0365 or dvokey@upei.ca. You may contact the UPEI Research Ethics Board at 566-0637, or by e-mail at lmacphee@upei.ca if you have any concerns about the ethical conduct of this study.

Appendix B: Consent Form

I have been invited to participate in a research project about the experiences of nurses who use holistic healing modalities in wellness promotion. My participation will include being interviewed three times: first interview 60 -120 minutes, second interview 30 -45 minutes, and third interview 15 -30 minutes. As part of the first interview, I will also be asked to do a mandala drawing and describe my perception of the four-fold aspects of nursing. The interviews will be audio-taped with my permission. After the interview tapes have been transcribed, I will be given a copy to read and make any comments and additions in order that the data be as complete and accurate as possible. A meeting place where we will not be disturbed during the interview process is required. This might be at my home, at UPEI, or in the researcher's home. All meeting dates, times, and places will be convenient for me. I agree that I will hold confidential the interview process, mandala drawing, and questions until the data gathering process has been completed. I will be given a hard copy of the transcripts of each of my interviews. I have the right to withdraw from the study anytime.

I understand there is some risk that people may be able to identify me because of the small sample size. There is also potential for psychological or emotional distress through self-disclosure and potential loss of privacy. Further, I understand that there is both time and effort involved in participating in this research. I understand that the researcher will protect my anonymity to the best of her ability by using a pseudonym for my name and by the avoidance of direct quotes that might identify me personally.

The benefits in participating in this research are that I will be adding to the body of nursing knowledge on holistic healing modalities and that I may increase knowledge about myself through the opportunity for introspection and self-reflection. In addition, I may experience feelings of gratification and satisfaction in being able to discuss my experience, and that the information learned through this study may be of value to others. I understand the study data will be stored in a locked cabinet in the home of the researcher and kept for a period of four years after the research is completed, and will then be destroyed. The data will at all times be held as confidential, and will only be accessed by the researcher, and through her, the transcriber, members of the Research Advisory Committee as determined by the University of Prince Edward Island. The thesis that results will be published in hard copy and will be housed at Robertson Library on campus. I understand that I may contact Enid Muirhead, primary researcher at 569-5675, or e-mail towards.home@pei.sympatico.ca, and/or her research advisor Professor Daniel Vokey at 566-0365, e-mail dvokey@upei.ca should I have any questions or concerns. I may also contact the UPEI Research Ethics Board at 566-0637, or by e-mail at Imacphee@upei.ca if I have any concerns about the ethical conduct of this study. I understand that I will be given a copy of this consent form. My signature indicates that I have read and understood the written document, and that I am willing to participate at this time.

(signed) _____ Print
name _____ Date _____

Appendix C

A: Interview Format Guide and B: Mandala Drawing Instruction

Participant Code _____ Cassette Number _____

Starting Time _____ Ending Time _____

Introduction: Briefly describe my nursing background and inform of my own studies in holism and holistic healing modalities. Explain the purpose of the research.

Each research question will be pre-written on a card that I will hand to the participant as I ask the question.

Research Question:

What is the experience of nurses using holistic healing modalities in their practice of wellness promotion?

A: Interview Format Guide

Interview Questions

1. Tell me about your nursing education and experience in nursing.
2. Tell me about your beginning involvement in holistic healing modalities.
3. Tell me about the holistic modalities that you use and the education you received.
4. Do you think the study and practice of holistic modalities has changed you as a person?
5. If yes, can you tell me how that came about?

A) Describe (who, what, when, where, why) that happened?

B) Did it begin before you knew about it (realized it in hindsight, reflection)?

6. Tell me about any effects you think this change has had on your nursing practice?

7. Were there difficult parts to this change? Was there a most difficult part?

8. For you, what was the best part of this practice change?

9. Do you practice in or draw from any particular nursing theory or model? If so, please describe.

10. Tell me how your peers, colleagues, families responded to this change. (Positive / negative?)

11. Tell me how you see your role/ yourself as a holistic healer / wellness promotion nurse.

12. Please feel free to add anything now that you feel is important to your story, and may not have been asked.

B: Mandala Drawing Instruction

- Introduction and explanation of process

Creation of circle mandala

The circular mandala form is a symbol of a natural wholeness and has been used since ancient times by various cultures and traditions and serves the creative purpose of giving expression and form to something that does not yet exist, something new and unique. The use of such imagery permits release of the reliance of verbal expression and instead moves the mind into the body, permitting a wider range of potential expression that otherwise may have been unknown or inexpressible

The second aspect of this interview involves the drawing of a mandala, using the crayons, pencils, paints, and art paper provided. The choice of medium and design is yours. The use of mandala drawing is an additional expression of your perceptions and experiences. Because the human mind functions by thinking in images, the creation of the mandala image by each participant, may serve to amplify the verbal interview data by eliciting new material that otherwise may not have been put into words.

Nursing theory is developed around the dynamic interplay of four concepts: person, environment, health, and nursing. In the drawing, you will create an image of the meaning of those concepts, to you, and their relationships as you experience them in your own worldview.

Before you begin, take a few moments to relax, breathe deeply in and out several times until you feel yourself in the center of your being, then 'go within' and think about and envision what those concepts mean to you.

Then, when you are ready, create the circle drawing to include these concepts in whatever way seems most real and natural to you. When you are finished, please take a few more moments and write a description of each of the components as you have conceptualized them. During this process you may wish to add more to the drawing. Finally, your description will be audio taped as you verbally describe your drawing to me. Your drawing and written description will form part of the data.

Appendix D: Debriefing Guide

The purpose of debriefing is acknowledged as the requirement to divulge information that was withheld before the study or to clarify issues that arose during the study. As primary researcher, I will sincerely strive to conduct this research in an open, co-creative, and ethical manner.

One of the most fundamental ethical principles in research is that of beneficence, meaning "doing good", which encompasses the maxim: *Above all, do no harm*. To that end, I will:

- terminate the research if there is reason to suspect that continuation would result in injury, in this case, through undue distress of participants;
- think carefully about the nature of the intrusion on people's psyches as the psychological consequences of a study may be subtle; pay close attention and act with sensitivity in asking questions about views, weaknesses, or fears; use open-ended questions rather than deep probing questions during interviews, recognizing that in-depth probing might actually expose deep-seated fears and anxieties; and plan for debriefing sessions which will permit participants to ask questions about their participation and by providing information on how they may contact the researcher.

The second ethical principle that I will sincerely uphold is that of respect for human dignity, including the *right to self-determination*, and the *right to full disclosure*.

Therefore:

- Participants will be treated as autonomous agents, capable of controlling their own activities and destinies;
- Participants will be fully informed of the right to decide at any point to terminate participation, to refuse to give information, and to ask for further clarification about study and specific procedures;
- I will strive to maintain freedom from coercion of any type;
- I will obtain informed consent only following full disclosure of the nature of the study, participant's right to refuse, participant's responsibilities, and likely risks and benefits;
- I may seek further disclosure as the data analysis progresses, for example, in the event issues arise during the course of data collection that need to be clarified or the participant has a need to have any aspect of the study explained again.

Participants in phenomenological inquiry are considered co-researchers. As the *Letter of Introduction* and *Informed Consent* depict, participants in this research will be informed and involved throughout the inquiry process. They will also have read the transcripts and added their comments and other additional information they believe to be relevant to the questions and issues.

Debriefing will occur at the final interview, and once the analysis is complete, each will be given the opportunity to read the report.

Debriefing Script

Thank you for participating in this research project. It has been an illuminating experience to be with you in this endeavor, and your voluntary participation is greatly appreciated.

As described in the *Letter of Introduction* and *Informed Consent*, as a participant in this research, you were fully informed of the nature of the inquiry, of participant responsibilities and potential risks and benefits, and of my intent in doing this project. Throughout the data-gathering process and into the early stages of analysis, you have remained involved and informed, having been provided the opportunity to read the transcripts and to add your comments and other additional information you believed to be relevant to the questions and issues. You were fully informed of your right to decide at any point to terminate participation, to refuse to give information, and to ask for further clarification about study and specific procedures. As the analysis continues, I may seek further information from you in the event issues arise during the course of data analysis that need to be clarified.

After completing the analysis and preparing a final report, I will contact you again and you will be given the opportunity to read the report. Once the thesis has been approved, I will present you with a copy. Is there anything you would like to share about your feelings, reactions, or afterthoughts? Do you have any questions at this time?

Once again, my sincere and heartfelt thanks for your participation in this research project.

Appendix E: Transcriber Confidentiality Agreement

Thesis research project participation:

Experience of nurses using holistic healing modalities in wellness promotion

Confidentiality agreement

I _____ hereby agree that any information I transcribe or read will be kept in the strictest confidence and I will not use this information in any form, now or in the future.

Signature _____

Date _____

Researcher _____

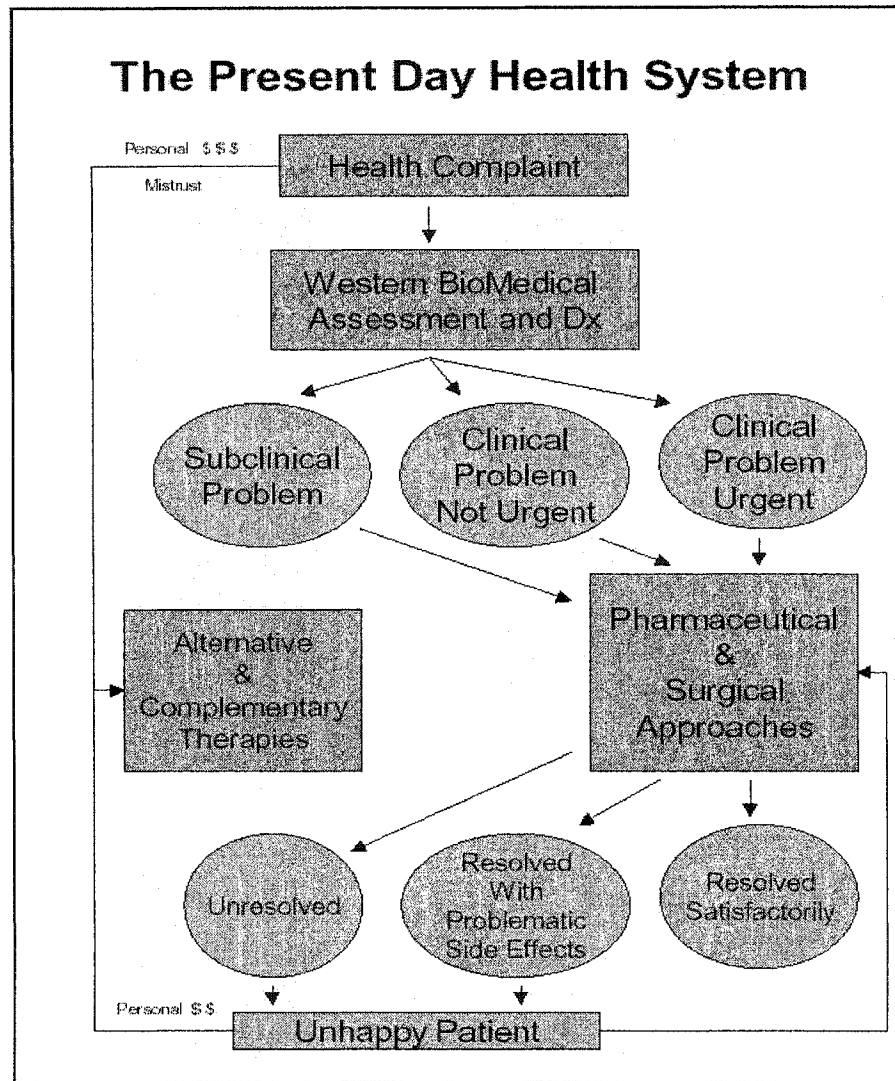
Date _____

Appendix F: Codes

Being & becoming
Reason for entering nursing
Precipitating factors to explore holism
Factors influencing paradigm shift
Re-valuing of Nursing
Self-healing / self-care
Inner guidance
Heightened sensory perception
Synchronous events
Discovery of authentic self
Emotional effect
Psychological effect
Spiritual effect
Enhanced spirituality
Changes in colleague relationship
Changes in family relationship
Validation
Community
Expressiveness
Paradigm conflict
Professional opportunities
Perception of biomedical nursing
Perception of health care system
Influence of mothers
Influence of other nurses
Energy field practices
Power of mind / thoughts / intent
Miscellaneous

ILLUSTRATIONS

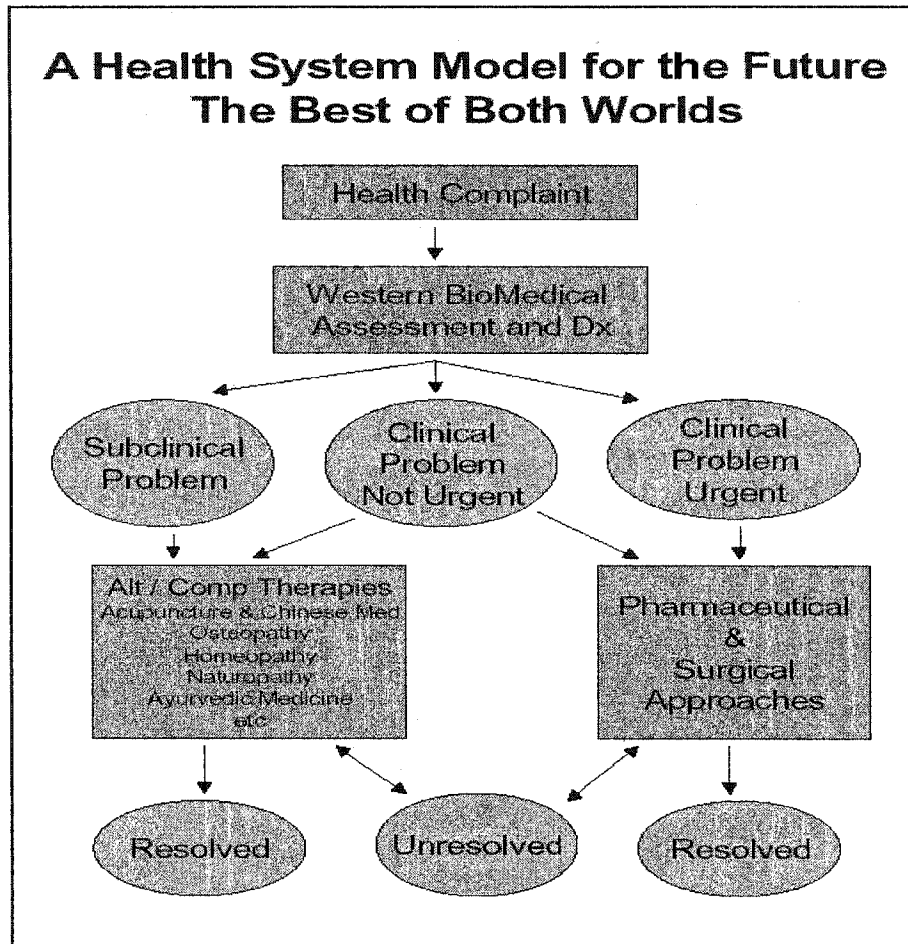
Figure 1. The Present Day Health Care System



From *The best of all worlds: Towards an integrated health care system model* by D. Schulman, 2002, Submission to Commission on the Future of Health Care in Canada Association of Integrative Medicine of Prince Edward Island. Reprinted with permission of the author.

ILLUSTRATIONS

Figure 2. A Health System Model for the Future



From *The best of all worlds: Towards an integrated health care system model* by D. Schulman, 2002, Submission to Commission on the Future of Health Care in Canada Association of Integrative Medicine of Prince Edward Island. Reprinted with permission of the author.