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Experiencing the Whole

Newman, Margaret A. RN, PhD, FAAN

Author Information

Professor Emeritus; University of Minnesota; Minneapolis, Minnesota.

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Abstract

This personal essay describes the author's theoretical and methodological journey in her quest for understanding of wholeness as a basic concept of the discipline of nursing.She asserts that wholeness, seen as pattern and meaning of the life process, is not amenable to external measurement and control, but is learned from within by a hermeneutic dialectic process with clients. The emphasis on the evolution of undivided wholeness is consistent with a unitary-transformative paradigm of the discipline.

Key words: Newman theory, nursing paradigm, pattern, process, wholeness

Nursing claims to be a discipline dedicated to understanding and relating to the health of the whole person, not just to the pathology that often brings the person to the attention of health care professionals. The preponderance of nursing research, however, fails to focus on this commitment. In an effort to be scientific, we have allowed our vision to be blurred by the paradigmatic demands of objectivity and control. In an attempt to be predictive, we have divided the person into parts. My theoretical and research pursuits reflected these demands for a while, but gradually they became consistent with a paradigm of wholeness. I want to share the major turning points of this journey and where I think it leads us as a discipline.

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THE JOURNEY

My research interest has always stemmed from the experience of the person involved. I had observed the problems associated with restricted movement in relation to the time and space of one's life. I had experienced it personally in the

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care of my mother, who was paralyzed by amytrophic lateral sclerosis. I had worked with persons in rehabilitation settings where their movement was restricted by other forms of paralysis and trauma. I could envision it in the lives of new parents who find the movement-time-space of their lives restricted by their responsibilities to their newborn infants.

I turned to the literature and found a basic theory of time perception as a function of movement and from there designed an experimental study manipulating movement and measuring time. [1] The research design was the epitome of manipulation and control, so much so that the natural effects of movement were lost. The participants, however, described their response to the manipulation of their rate of movement and how they had consciously compensated for this factor. That experience was an important lesson in how the human being interacts with the research process. This way of approaching nursing knowledge did not fit the reality of the life situation and revealed little about how to practice nursing.

Bit by bit I relinquished some of the control I thought I had under experimental conditions and began to focus on the natural characteristics of movement and time in relation to age and other factors. The changing perception of time across the life span revealed a seemingly developmental phenomenon of expanding consciousness [2] and supported my proposed theory of health as expanding consciousness. [3] Still, this interactive, integrative approach was locked into the scientific expectations of objectivity and control. The findings were enlightening but too static and particulate to provide a comprehensive guide for nursing practice.

Finally, seeing that these ways were not working, I let go of the research expectations of objectivity and control and allowed the tenets of my theory to guide the methods of study. [4] These tenets included

- mutuality of interaction between nurse and client,
- uniqueness and wholeness of pattern in each client situation, and
- movement of the life process toward higher consciousness.

I began to see more clearly the core of pattern and process as the reality of nursing practice. I equated the evolving pattern with the meaning of the whole. This view required the letting go of the concept of observer-observing-the-observed and demanded an approach of mutual process.

The research that emerged from these beliefs focused on the unfolding pattern of a person's life. [5-11] To my surprise the pattern revealed evidence of expanding consciousness in the quality and connectedness of the relationships portrayed. It also pointed to the nurse-researcher's creative presence as important in revealing the participant's insight.

The theory of health as expanding consciousness became evident in the unfolding lives of the client participants as they found new, loving connections with the people in their lives and were able to see openings for action that brought about increasing alternatives and greater freedom of movement. The theory was alive! Not just theoretical propositions linking the concepts in fixed patterns, but meaningful, moving relationships. Bernstein, [12] citing Gadamer, emphasized that it is in the performance of a play or music that we encounter the work. And so it was in the experience of a theory that its power became a reality.

A theory must be judged in terms of its evolvement through various stages. [12] The stages of understanding of the theory of health as expanding consciousness unfolded through six stages:

1. identifying the underlying assumptions, key concepts, and axiomatic relationships among movement, space, time, and consciousness as relevant to patterning of health [3];

2. seeing these concepts emerge from the implicit grasp of the total pattern of the person [9,13];

3. moving from identifying the pattern of person-environment at a point in time, as was done in the early days of nursing diagnosis, to seeing the pattern as sequential configurations evolving over time, like waves of explicit-implicit phenomena, unfolding-enfolding [14-16];

4. seeing the insights that occurred in the process as choice points of action potential [4,9,11];

5. realizing that both the client and the nurse mutually participate in a process of expanding consciousness [4]; and

6. experiencing the pattern unfolding. [7,11]

The evolution of the theory moved from a linear explication and testing of general principles to an elaboration of interacting patterns as manifestations of expanding consciousness. Litchfield's [7] work shifted the emphasis to the evolving dialogue of the researcher and participant in the process of health patterning. The dynamic, holistic nature of the experience is consistent with a unitary, transformative view.

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REALITY AND HOW WE KNOW IT

Sime, Corcoran-Perry, and I sought to eliminate some of the confusion regarding the nature of the discipline of nursing by identifying the focus of the discipline and the prevailing paradigms of science. [17] In declaring "caring in the human health experience" the focus of the discipline, we considered it to be at the metaparadigm level, a level beyond the disparate paradigms. We thought the focus should be paradigm-free. Since we saw ourselves as each coming from different paradigms, we proceeded to try to illustrate how the focus could be addressed from each of the prevailing paradigms of the day. Trying to be inclusive, we stated that knowledge emanating from the particulate-deterministic and interactive-integrative paradigms is relevant to nursing, but asserted that knowledge from the unitary-transformative paradigm is essential to our discipline. In retrospect, if this type of knowledge is essential to the discipline, then is it not the knowledge of the discipline?

Since airing that all-inclusive view, I have had doubts about trying to establish the focus of the discipline as paradigm-free. The act of doing so may be merely academic: When one attends to the focus from a particular view, it takes on the characteristics of that view. A paradigm consists of the coming together of the focus, philosophy, and theory of the discipline. These elements must be consistent with each other. Otherwise, as a discipline with a professional commitment, we are offering an incoherent message to society.

The paradigm of the discipline is becoming clear. We are moving from attention on the other as object to attention to the we in relationship, from fixing things to attending to the meaning of the whole, from hierarchical one-way intervention to mutual process partnering. It is time to break with a paradigm of health that focuses on power, manipulation, and control and move to one of reflective, compassionate consciousness. The paradigm of nursing embraces wholeness and pattern. It reveals a world that is moving, evolving, transforming-a process.

If one can accept that the reality of our world of nursing practice is process, it is incumbent that our emphasis is in the present, not holding on to the past, and not looking to prediction of the future. Attachment to the past, such as in searching for causal explanations, hinders movement. Focusing on the future, as in predictive relationships, channels our vision, possibly occluding important elements of the present complexity. Only as we immerse ourselves fully in the present can we follow the direction of the process. That means relaxing into the uncertainty and unpredictability of this process.

We are at a choice point. We can no longer equivocate with "everything goes." Bernstein, [12] harking back to Thomas Kuhn and others, raised the question of whether there are incommensurable paradigms. In our efforts to try to create unity within the discipline, we have overlooked the incommensurable paradigms existing under the rubric of nursing. Our history of alignment with medical science, and later social science, has made it difficult for us to grasp and embrace the reality of our own science. Nursing scholars should be able to articulate the focus, philosophy, and theory of the discipline. Nursing scholarship should have a ring of coherence about it.

The nature of nursing is a dynamic, relational process, and to understand it we must engage in the experience of it. We must study the process of our relationships with clients from within, as part of the process. We are embedded in what we want to study. We cannot step outside the process. The nature of reality is not outside ourselves.

Unbroken wholeness is what is real-not the fragments we devise with our way of describing things. And the wholeness is in continual movement. Bohm [18] referred to this phenomenon as the "holomovement": the flowing movement of an undivided whole. We do not stop the movement when we take a picture of it in an observer-observed mode; we simply miss the continuity of the flow, the evolving pattern. We must be fully present in the moment as it unfolds. Individual consciousness cannot be separated from the web of things and events. We are manifestations of an infinite whole. We need to study the meaning of the whole.

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STUDY CONSISTENT WITH REALITY

The nature of wholeness is such that it cannot be addressed by the scientific method as currently conceived. It cannot be observed, named, or manipulated. The whole cannot be found in summation or integration of the parts. But the parts are manifestations of the whole. The whole is always present everywhere and, as in a hologram, is experienced by going into the parts. Bortoft, in explicating a science of wholeness, had this to say: "We understand meaning in the moment of coalescence when the whole is reflected in the parts so that together they disclose the whole." [19] (p9) "Thus the whole emerges simultaneously with the accumulation of the parts, not because it is the sum of the parts, but because it is immanent within them." [19] (p12) He compares the whole to the essence of a play: Actors "enter into a part in such a way that they enter into the play. . . . But actors do not encounter the play as an object of knowledge over which they can stand like the lines they learn. They encounter the play in their part as an active absence which can begin to move them. . . . An actor starts to be acted by the play . . . ." [19] (p15) In addition, he observed, "their awareness being occupied with the lines to be spoken, they encounter the whole which is the play-

not as an object but as an active absence." [19] (p15)

So, too, as a nurse by necessity attends to the parts, the meaning of the whole will emerge. We come to the meaning of the whole not by viewing the pattern from the outside, but by entering into the evolving pattern as it unfolds.

It has been difficult to switch from ways of conducting research in which objectivity and control prevail to a participatory, openended unfolding that is innovative and unpredictable and brings about changes in the lives of those participating. Even Rogers, [20,21] in the beginning, advocated empirical approaches based on probability and predictability but later rejected those concepts as inconsistent with her vision of homeodynamics and the innovative nature of human becoming.

Research in a paradigm characterized by pattern and process is participatory research. If the way we know this reality is by experiencing it, then to study it we must engage in the process of practice. We are seeking knowledge that illuminates transformation from one point to another. Morgan equated the quest for knowledge with transformation: "When we engage in research action, thought, and interpretation, we are . . . involved in . . . processes through which we actually make and remake ourselves as human beings." [22] (p373)

The researcher participates in the research to help the participants understand the meaning of their situations, with its potential for action. I have found Wheeler and Chinn's definition of praxis meaningful: "thoughtful reflection and action that occurs in synchrony, in the direction of transforming the world." [23] (p2) The content of nursing practice is process wisdom, evolving insight, occurring in the midst of chaos. The specifics are not predictable. The process of the nurse's interacting with participants (clients) involves interpretation of each's perspective in a hermeneutic dialectic mode.

In this type of research the researcher becomes practitioner. In like manner the reciprocal is also true: The practitioner can be researcher. The research is reality based. It involves questioning the nature of nursing, enhancing the meaning of the experience, and enriching the theory. The insight gained by adopting this method applies equally to practice. Brink [24] once proposed that a discipline and its method are one and the same. As I contemplate the praxis nature of nursing research, I tend to agree. The knowledge of nursing is an immanent, transforming process of unfolding pattern.

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REFERENCES

1. Newman MA. Time estimation in relation to gait tempo. Percept Motor Skills. 1972;34:359-366. [Context Link]

2. Newman MA. Time as an index of expanding consciousness with age. Nurs Res. 1982;33:290-293. [Context Link]

3. Newman MA. Theory Development in Nursing. Philadelphia, Pa: F.A. Davis; 1979. [Context Link]

4. Newman MA. Newman's theory of health as praxis. Nurs Sci Q. 1990;3:37-41. [Context Link]

5. Moch SD. Health within the experience of breast cancer. J Adv Nurs.

1990;15S:1426-1435. [Context Link]

6. Newman MA, Moch SD. Life patterns of persons with coronary heart disease. Nurs Sci Q. 1991;4:161-167. **Full Text** | **Bibliographic Links** | [Context Link]

7. Litchfield MC. The Process of Health Patterning in Families with Young Children Who Have Been Repeatedly Hospitalized. Minneapolis, Minn: University of Minnesota; 1993. Thesis. [Context Link]

8. Lamendola F, Newman MA. The paradox of HIV/AIDS as expanding consciousness. ANS. 1994;16:13-21. **Ovid Full Text** | **Request Permissions** | **Bibliographic Links** | [Context Link]

9. Newman MA. Health as Expanding Consciousness. 2nd ed. New York, NY: National League of Nursing; 1994. [Context Link]

10. Jonsdottir H. Life Patterns of People with Chronic Obstructive Pulmonary Disease: Isolation and Being Closed In. Minneapolis, Minn: University of Minnesota; 1995. Dissertation. [Context Link]

11. Endo E. Pattern Recognition as a Nursing Intervention with Adults with Cancer. Minneapolis, Minn: University of Minnesota; 1996. Dissertation. [Context Link]

12. Bernstein RJ. Beyond Objectivism and Relativism. Philadelphia, Pa: University of Pennsylvania; 1983. [Context Link]

13. Newman MA. Health as Expanding Consciousness. St. Louis, Mo: Mosby; 1986. [Context Link]

14. Newman MA. Nursing diagnosis: looking at the whole. Am J Nurs. 1984;84:1496-1499. **Ovid Full Text** | **Request Permissions** | **Full Text** | **Bibliographic Links** | [Context Link]

15. Newman MA. Nursing's emerging paradigm: the diagnosis of pattern. In: McLane AM, ed. Classification of Nursing Diagnoses: Proceedings of the Seventh Conference of the North American Nursing Diagnosis. St. Louis, Mo: Mosby; 1986. [Context Link]

16. Newman MA. Patterning. In: Duffy M, Pender NJ, eds. Conceptual Issues in Health Promotion: A Report of Proceedings of a Wingspread Conference. Indianapolis, Ind: Sigma Theta Tau; 1987. [Context Link]

17. Newman MA, Sime AM, Corcoran-Perry SA. The focus of the discipline of nursing. ANS. 1991;14:1-6. **Ovid Full Text** | **Request Permissions** | **Bibliographic Links** | [Context Link]

18. Bohm D. Wholeness and the Implicate Order. London, England: Routledge & Kegan Paul; 1980. [Context Link]

19. Bortoft H. The Wholeness of Nature. Hudson, NY: Lindisfarme; 1996. [Context Link]

20. Rogers ME. An Introduction to the Theoretical Basis of Nursing. Philadelphia,

Pa: F.A. Davis; 1970. [Context Link]

21. Rogers ME. Nursing: science of unitary, irreducible, human beings: update 1990. In: Barrett EAM, ed. Visions of Rogers' Science-Based Nursing. New York, NY: National League for Nursing; 1990. [Context Link]

22. Morgan G. Toward a more reflective social science. In: G. Morgan, ed. Beyond Method: Strategies for Social Research. Beverly Hills, Calif: Sage; 1983. [Context Link]

23. Wheeler CE, Chinn PL. Peace and Power: A Handbook of Feminist Process. Buffalo, NY: Margaret-Daughters; 1984. [Context Link]

24. Brink PJ. Editorial. West J Nurs Res. 1990;12:279-281. [Context Link]

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