

# The Power of Wholeness, Consciousness, and Caring A Dialogue on Nursing Science, Art, and Healing

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Wholeness, consciousness, and caring are 3 critical concepts singled out and positioned in the disciplinary discourse of nursing to distinguish it from other disciplines. This article is an outgrowth of a dialogue among 4 scholars, 3 who have participated extensively in work aimed at synthesizing converging points in nursing theory development. It proposes a unified vision of nursing knowledge that builds on their work as a reference point for extending reflection and dialogue about the discipline of nursing. We seek for an awakening of a higher/deeper place of wholeness, consciousness, and caring that will synthesize new ethical and intellectual forms and norms of "ontological caring literacy" to arrive at a unitary caring science praxis. We encourage the evolution of a mature caring-healing-health discipline and profession, helping affirm and sustain humanity, caring, and wholeness in our daily work and in the world.

**Key words:** *caring, caring science, consciousness, healing, nursing discipline, nursing knowledge, unitary science, wholeness*

**W**HOLENESS, consciousness, and caring are 3 critical concepts that are evident throughout much of nursing's disciplinary discourse. Each has been singled out as having relevance for distinguishing nursing from

other disciplines. Three prominent nursing scholars have strategically positioned these concepts in their theoretical perspectives on nursing science and art.<sup>1-5</sup> They have also developed creative syntheses of nursing theories that incorporate these concepts. This article grew from a dialogue among these 3 scholars and a fourth scholar with the intention of extending previous theoretical discourse and reaching for an expansion of previous syntheses. The dialogue was aimed at creating deeper reflections on the significance of wholeness, consciousness, and caring to inform the discipline of nursing.

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## THEORETICAL PERSPECTIVES AND SYNTHESSES

Newman<sup>1-3</sup> has consistently called for a reexamination of nursing theory and knowledge development. In particular, she has

sought to reconcile the differences and explore the commonalities of nursing theories. In 2003, she set forth a detailed description of "the transcendent unity of the theories of nursing knowledge,"<sup>(p243)</sup> using quotes from several nursing scholars. Newman built a case for unity using literature supporting "the synthesis of caring and health with underlying concepts of wholeness, pattern, mutual process, consciousness, transcendence, and transformation."<sup>(p243)</sup>

Likewise, Smith and Watson have proposed perspectives that encompass the commonalities of unitary and caring theoretical frameworks.<sup>4,5</sup> In 2002, they presented a "case for the integration, convergence, and creative synthesis"<sup>(p452)</sup> of caring science and the science of unitary human beings. In their "trans-theoretical discourse in theory and knowledge development in nursing science,"<sup>(p459)</sup> Watson and Smith pointed to philosophical and theoretical convergence and proposed integration and extensions around 7 specific commonalities.

The purpose of this article is to expand the discourse on the nature of nursing science, art, and healing through exploration of these perspectives. Our aim is to suggest a disciplinary vision of nursing knowledge grounded in a view of human life and healing—a vision that integrates wholeness, consciousness, and caring. The points of convergence between various perspectives are synthesized to create a picture of nursing knowledge expressed in 8 emerging and evolving elements.

The article also responds to the call for what the scholars refer to as a nursing "mandate" and "imperative" to arrive at a more distinctive and clearer focus of the discipline of nursing. A model of caring from a unitary perspective is offered to guide the praxis of nursing, and essential competencies are delineated that are fundamental to the nature of caring-healing praxis.

## Wholeness

The ontological view presented in the writings of Newman and Watson and Smith char-

acterizes a universe of human existence that is essentially and inherently whole. This is expressed in a variety of ways. Newman<sup>3</sup> proposes a world of no boundaries and wholeness as the starting point for nursing, arguing that this perspective should guide nursing as well as a conceptualization of health that incorporates the facets of illness, wellness, well-being, and disease into a larger whole. She proposes that healing is realizing inherent wholeness in the form of patterning.

Watson and Smith<sup>5</sup> place the frameworks of both transpersonal caring science and the science of unitary human beings under the umbrella of a unitary-transformative paradigm reflecting the "universal oneness and connectedness of all."<sup>(p459)</sup> Although they do not refer to wholeness in their explication of a synthesized view, they refer to the unitary nature of the universe, which is congruent, if not synonymous, with wholeness. They acknowledge "the unitary, transpersonal, evolving nature of humankind, both immanent and transcendent with the evolving universe."<sup>(p459)</sup> They speak of a unitary caring science that is deeply relational, transcending duality and invoking the infinite. In addition, they refer to a type of consciousness—transcending time, space, and physicality—that is "open and continuous with the evolving unitary consciousness of the universe."<sup>(p459)</sup>

## Consciousness

Consciousness is a central concept in both Newman's and Watson and Smith's views of nursing knowledge. Newman<sup>3</sup> refers to the enduring concept of expanded consciousness in her synthesized view, and Watson and Smith<sup>5</sup> refer to caring consciousness. Newman<sup>2</sup> sees consciousness as information in the form of pattern and meaning and refers to meaning and consciousness as constitutive of person-environment integration. Specifically, Newman<sup>2</sup> subscribes to the notion of nursing as a dialogue that involves interpenetrating consciousness and uniqueness of meaning in nurse-patient experiences.<sup>6</sup> Watson and Smith<sup>5</sup> discuss consciousness and

energy as integrated features of a unitary caring science. This integration “affirms a deep relational ethic and spirit, which transcend all duality, thus invoking the infinite, which in turn invites the sacred to return to our profession and our practices.”<sup>(p459)</sup> Furthermore, they speak of “the universal field of cosmic consciousness energy.”<sup>(p459)</sup>

Newman<sup>3</sup> sees caring and health as dialectic and merging with an expanding consciousness characterized by deepening meaning, insight, and new ways of relating to self and others<sup>7</sup>; she also refers to self-transcendence and personal transformation.<sup>8</sup> Watson and Smith<sup>5</sup> make 2 references to caring consciousness. One is a form of consciousness in which the nurse expresses a higher frequency human-environmental wave pattern than someone who is in an ordinary state of consciousness. The potential for caring consciousness is explained by integration of the principles of energy and resonance. Furthermore, caring consciousness is characterized by a transcendence of “time, space, and physicality and is open and continuous with the evolving unitary consciousness of the universe.”<sup>(p459)</sup>

### **Caring**

Newman<sup>3</sup> proposes that caring is the process through which the wholeness of human beings should be addressed—starting with wholeness in caring as a moral imperative. While historically caring has been seen as a means to a curing end, Watson and others have noted that caring is not just a means to an end, but an end in itself, thus being the highest ethical commitment one can make to self and society.

As noted earlier, caring is considered dialectically related to health and merging with expanded consciousness. For Watson and Smith,<sup>5</sup> the mutuality of human process is the core of caring that “potentiates the emergence of a new human-environmental energy field pattern.”<sup>(p459)</sup> They emphasize the potential for a human-environment field pattern that is “co-created with the one-caring and the one cared-for.”<sup>(p459)</sup> Just as caring is

related to expanding consciousness, Watson and Smith<sup>5</sup> suggest that there is a consciousness associated with caring that transcends the perceived limits of time, space, and physical reality, and reveals a universe that is open and evolving in a unitary way. Consciousness and energy are integrated in what Watson and Smith refer to as a unitary caring science that is relational, unified, infinite, and sacred.

Newman<sup>3</sup> and Watson and Smith<sup>5</sup> also share common perspectives that include the concepts of pattern, transcendence, and transformation. They all refer to some process of relationship in describing their views, using terms such as dialogue, dialectic, relational, and mutual process or mutuality. Newman<sup>3</sup> places particular emphasis on meaning, although that is not evident in the synthesis suggested by Watson and Smith.<sup>5</sup>

### **Pattern**

Newman<sup>3</sup> accepts the notion that pattern is central to nursing and congruent with the concept of wholeness. She has developed a nursing praxis that integrates theory and action in a process of pattern recognition, facilitating transformation. Pattern and meaning are the forms in which the information of consciousness expresses itself. Watson and Smith<sup>5</sup> refer primarily to the human-environmental energy field or wave pattern potentials for transformation, transcendence, and innovation associated with caring and caring consciousness. Pattern is viewed as a cocreation of the caring enterprise.

### **Transformation and transcendence**

Both Newman<sup>3</sup> and Watson and Smith<sup>5</sup> use the concepts of transformation and transcendence to describe their synthesized perspectives. They are not, however, seen as synonymous. Pattern recognition spurs transformation through the dialectics of theory and action. Newman has clearly differentiated transformation and transcendence in her writings. Transformation implies a changing of form in a literal sense, as in seeing things from a different angle. Transcendence goes

above and beyond this, involving a shift to another dimension. Newman<sup>3</sup> subscribes to the idea that nursing has “the capacity to shift experience into a different realm,”<sup>9(p83)</sup> “to step into another reality”<sup>(p85)</sup> as in aesthetic knowing. Her writings suggest a potential relationship between personal transformation and self-transcendence occurring in expanded consciousness but they are distinct as phenomena.

Watson and Smith<sup>5</sup> refer to a unitary caring science that evolves from frameworks fitting within the unitary-transformative paradigm. They also differentiate between transformation and transcendence in their description of a caring moment as potentiating a new human-environmental field pattern arising from a mutual process. They depict humankind as transformative in nature and a unitary caring science that transcends all duality.

### Relationship

Both Newman's<sup>3</sup> synthesis and Watson and Smith's<sup>5</sup> synthesis place emphasis on a relational ontology. For instance, Newman describes transformation as occurring with pattern recognition through the dialectics of theory and action. She refers to nursing as a mutual process manifested as dialogue. Dialogue has to do with the relationship of consciousness and meaning, which are inseparable as evidenced in encounters between nurses and patients.<sup>6</sup> Similarly, Watson and Smith<sup>5</sup> explicate a unitary caring science that “affirms a deep relational ethic and spirit.”<sup>(p459)</sup>

### Meaning

Newman<sup>3</sup> views meaning and consciousness as aspects of person-environment integration and considers life as essentially transcendent meaning. Nursing meanings are portrayed as unique expressions of nurse-patient encounters that interpenetrate with consciousness. Nursing connects with meaning, which is a form of informational consciousness; deepening meaning is a feature of expanded consciousness.

### EXPANDING THE DISCOURSE

From these 2 syntheses, converging points and expanding points may be integrated into a new perspective. The picture of nursing knowledge draws on the following emerging and evolving elements:

- Nursing knowledge is grounded in the wholeness of human life, with a focus on patterning.
- Attention to consciousness in its many forms and varieties as a source of information and knowledge is requisite to recognizing and appreciating patterning.
- Caring is the process through which wholeness is addressed and which potentiates the emergence of innovative patterning and possibilities.
- Nursing science that accounts for wholeness, consciousness, and caring supports creative nursing practice centered on infinite human potentials.
- The primary goal of nursing is healing—the facilitation of transformative and transcendent life patterning consistent with wholeness and human flourishing.
- Transformation and transcendence reflect relational, dialogical, and dialectical processes congruent with a unitary, participatory world.
- The science, art, and politics of nursing call for a unitary, participatory consciousness that appreciates the wholeness of life, the reconciliation of boundaries, and the power of purpose and meaning.
- Integration of the science, art, and politics of nursing is characterized by affirmation of unitary, participatory knowing, transcendence of duality, evocation of the infinite, and the worthiness of human aspiration.

### CONSCIOUSNESS, WHOLENESS, AND CARING: COMMON GROUND

We invite dialogue about the nexus of concepts emerging across nursing theories to provide a sharper, more defined focus to the

discipline of nursing. Though a groundbreaking delineation of disciplinary boundaries for its time, the metaparadigm concepts of person, environment, health, and nursing require greater clarity and specificity for a new era in knowledge development in nursing. We are among others who have dwelled with the shared ideas expressed in both unitary and caring science. Newman and her colleagues<sup>1</sup> seminal article on the *Focus of the Discipline* was instrumental in situating caring within the definition of the discipline. Other articles by Newman,<sup>2,3</sup> Watson and Smith,<sup>5</sup> Cowling,<sup>10,11</sup> and Smith<sup>4</sup> have noted that caring theories and unitary theories are rooted in a common ground of knowledge. In this article, we continue to dedicate ourselves to exploring and building on this common ground as the praxis of nursing. By dedicating ourselves to this nexus, we are saying that this is the evolving work of the discipline. By exploring it, we are trying to extend the connections already made . . . to find deeper meaning. As we build upon it, we are creating structures and growing gardens that will support and nourish the full expression of human health. But as we dedicate, explore, and build we are not erecting fences; there will be no passports required to enter. Newman<sup>3</sup> has reminded us that dissolving the boundaries is a mandate that comes from living on this ground. Other nursing scholars such as Anne Boykin and Savina Schoenhofer (authors of *Nursing as Caring*),<sup>12</sup> Alice Davidson and Dee Ray (complexity science and caring),<sup>13</sup> Mary Jane Smith and Patricia Liehr (middle range theory of embracing story),<sup>14</sup> Chris Johns and Dawn Freshwater (reflective practice),<sup>15</sup> and Richard Cowling, Peggy Chinn, and Sue Hagedorn (*Nursing Manifesto*)<sup>16</sup> live comfortably here. Many of our colleagues in other disciplines are approaching this ground. Together in a spirit of collaboration we can join, work in concert, and have greater power for transforming health and life. This is the ultimate goal of this work.

Almost 20 years ago, Sarter<sup>17</sup> examined the commonalities across 4 nursing theories: Science of Unitary Human Beings,<sup>18</sup>

Health as Expanding Consciousness, Man-Living-Health,<sup>20</sup> now Human Becoming,<sup>21</sup> and Transpersonal Caring.<sup>22</sup> At the conclusion of her analysis, she identified 5 themes that constitute the development of a distinctive world view<sup>17(p58)</sup>: evolutionary process that portends constant change and transcendence; health as evolution or transcendence; open systems; nonlinear space-time; and pattern. Sarter noted that "These themes together form a potentially powerful . . . metaphysical and epistemological foundation for the further development of nursing theories."<sup>17(p58)</sup> She concluded that this emergent paradigm has the potential to provide a coherent worldview from which other theories might emerge. Similarly, Newman<sup>23</sup> has described the unitary-transformative paradigm as "essential for full explication of the discipline."<sup>(p5)</sup>

In the first section of our article, Cowling took the lead in bringing together the concepts of consciousness, wholeness, and caring as a new synthesis for the discipline—providing a starting point for our dialogue. Nursing is the study of healing through caring. Healing might be described as remembering wholeness, awakening to the essential nature of human being-becoming, or finding our way home. It is grasping our interconnectedness with all there is. This happens through a shift in consciousness, which can be evolutionary or revolutionary. It happens as we discover and cocreate meaning (recognizing pattern) and care and are cared for. Caring is both a way to expand consciousness (gain more information) and a reflection of expanding consciousness and the appreciation of our wholeness. These 3 concepts, consciousness, wholeness, and caring, are interrelated in a circle or triangle.

We are essentially whole beings, but our human perceptions get in the way of experiencing and realizing this. Blake said, "If the doors of perception were cleansed, everything would appear . . . as it is, infinite."<sup>24</sup> Caring cleanses the doors of perception so that we can see ourselves and others as they are—whole. As we become more aware of this

unity, and more aware of and awake to this universal oneness, we grow in caring and love for ourselves, others, and our environment. When we see ourselves as separate from others, we focus more on our differences, and it is easier to judge, label, objectify, fix, advise, intervene, and order. We may be more easily called to intolerance, conflict, apathy, and disrespect. When we see others as whole, we can marvel, appreciate, journey with, partner with, accompany, support, and facilitate. Seeing others as whole is a different ontology and a different ethical starting point. To acknowledge Levinas, we can comprehend that an "ethic of Belonging" is first principle and comes before an ontology of separation.<sup>25</sup> When we see self as integral with all that is, we are more likely to live life with reverence, harmony, and peace.

Caring potentiates the apprehension of wholeness. We develop sensitized ways of knowing that can more readily take in the pattern of the whole and appreciate it.<sup>10</sup> We have no desire to change the other because we respect the other as whole in the moment. Through caring, others can heal or come to recognize their integral nature, who they really are. REMEMBER WHO YOU ARE!!! This is the message of caring for others . . . remember who you are. I see you are whole . . . remember who you are!

There is a synergistic relationship between consciousness and caring. Caring deepens with expanding consciousness, and growth in caring reflects expanding consciousness. Watson and Smith<sup>5</sup> spoke of a unique energy pattern that characterizes the expression of caring as a higher frequency pattern. The vibrational quality is different and perceptible. It has a coherent quality and can entrain other fields. Caring consciousness is characterized by nonjudgment, focus, presence in the now, and wisdom. It can also be noted that as we evolve in our consciousness, we can acknowledge that the highest level of consciousness is love and joy, allowing for a convergence between caring consciousness and love to return to our work and our world.

In 1998, Smith<sup>4</sup> described unitary caring. The concept was developed on the basis of reviewing the philosophical and theoretical literature on caring in nursing, identifying meanings from this body of literature, and classifying and naming them within a unitary perspective. A decade later, it is important to reflect on this anew and begin to develop theory-practice connections for unitary caring. If we embrace a model of caring from a unitary perspective, we need to delineate the essential ontological competencies<sup>19</sup> that emerge from it. The term *ontological competencies* has been used by Watson,<sup>26</sup> who refers to ontological artistry as the creative work in nursing that reflects the sacred acts of caring and healing. Ontological caring competencies are foundational to the expression of the artistry. They are ontological in that they emerge from the fundamental nature of caring-healing praxis. These are authentic nursing competencies.<sup>26(p231)</sup>

Analysis of the concept of unitary caring reveals 5 constituent meanings: manifesting intentions, attuning to dynamic flow, appreciating pattern,<sup>10</sup> experiencing the infinite, and inviting creative emergence. These are discussed below, with the ontological competencies related to them.

*Manifesting intention* has been defined as creating, holding, and expressing thoughts, images, feelings, beliefs, desires, will, and actions that affirm the possibilities for human betterment or well-being. Intentions reflect our consciousness; they are meaningful energetic blueprints for transformation.<sup>4</sup> What I hold in my heart matters and makes a difference. My thoughts, feelings, and imaginings are shared in a mutual field. From this point of view, the nurse is the healing environment and creator of sacred space.<sup>27</sup> The ontological caring competencies, revealed as "caring literacy," associated with manifesting intention are self-reflection, cultivating stillness, receptivity, imagination and reverie, focusing attention, energetically creating space, recalling the sense of compassion or agape, centering, and expressing intention through touch or energy work. How do we nurture

these ontological competencies in education and practice? We invite nurses into and engage them with centering exercises, spiritual practices such as meditation, mantram repetition, wilderness/nature experiences, and artistic forms that are inspirational and evocative. Rituals can embody these intentions so they are structured in the daily work of nursing praxis. For example, Watson<sup>28</sup> describes *handwashing* as a ritual of centering in which the nurse pauses to cleanse herself of anything she is bringing to the room that may interfere with her presence with the person. It is a time to breathe and focus, perhaps using a chosen mantram to focus attention.<sup>29</sup> Nurses might develop rituals for giving report or handing off patient responsibilities that signify the sacred duty to care. Every nurse needs to learn how to connect more deeply to a source of wisdom, love, and compassion that becomes the fountain from which all nursing actions flow.

*Appreciating pattern* comes from Cowling<sup>10</sup> and Krieger's<sup>30</sup> work. Cowling describes this as discovery in the service of knowing wholeness and essence. It involves valuing the other, being in awe of our infinite diversity and unity, confirming the worth of the person, and seeing the other as perfect in the moment.<sup>10</sup> Cowling describes the process of approaching knowing of the other with gratitude and enjoyment. This contrasts with the clinical, objective approach of searching for problems and pathology for the purpose of labeling and classifying. Appreciating pattern involves knowing the other, using our entire being, our sensory and extrasensory awareness, as instruments to grasp the whole. It is hearing the life story of the other.<sup>14</sup> Pattern is reflected in meaning, so finding out what is meaningful to the other becomes primary in knowing the other's pattern. Perhaps the first question that we ask our patients should be, "What is important to you right now? What matters to you right now?"<sup>31</sup> Rather than beginning and ending with the traditional history, the nurse practitioner might seek to understand the life story of the patient. This is part of the praxis

developed by both Cowling<sup>11</sup> and Newman.<sup>2</sup> The ontological literacy competencies for appreciating pattern are pattern seeing, listening, grasping the essence, learning to appreciate the arts, hermeneutic-dialectical interpretation, and valuing diversity. Nurses might be asked to create a patient profile that reflects the wholeness of the person, different from and complementary to the patient history. As advocate for the client, the nurse may be the one responsible for presenting the patient to others as whole. The nurse might request photographs that capture the essence of the person, or brief descriptions of the person from the person or family members; these could be displayed on a bulletin board in the patient's room or in the patient record. Seeing and hearing about patients' unique patterns, hobbies, family, work, etc, make it less likely that they will be objectified or dehumanized and increase the possibility that they will be engaged as partners in care.

*Attuning to dynamic flow* is dancing to the rhythms within a continuous mutual process. It is the vibrational sensing of where to place focus and attention and involves attuning to the subtleties that present themselves in the moment, being sensitive to self and other. It is following the lead of the other, going where that person is leading. An example of this is presented in the poem by Marilyn Krysl *Sunshine Acres Living Center* [see sidebar]. In this poem, the nurse meets the stubborn, cantankerous Mr Polansky by finding a point of common interest. She is open to the flow, accepting Mr Polansky for who he is and cocreating who they can be together. Attuning is searching for the points of connection to facilitate relationship. Liz Lerman is a choreographer, who does amazing work with a lay dance company in New York that interprets community experiences and stories in dance. When her uncle was dying, Liz was visiting him and her aunt, who was with him in the hospital room.<sup>32</sup> Close to death, he was moving his arms in the air around him in what seemed to be a disorganized, random pattern. Conventional wisdom might have led some to

sedate him for agitation. Liz saw the dance and held her uncle's hands, moving her hands with his, following his lead in this dance of transition. She left to go home and later heard of her uncle's death. Her aunt shared with Liz that she had taken over when Liz left, and she danced with her husband through his journey to death.<sup>27</sup> The ontological competencies for this attuning to dynamic flow are sensing, hearing and moving with rhythms, presencing, and focusing. These competencies might be developed through drumming, dancing, singing, listening to and writing poetry, and listening to and reading stories. They involve listening for shifts or pauses, and all forms of language that suggest meaning.

*Experiencing the infinite* is the pandimensional awareness of coextensiveness with the universe occurring in the context of human relating.<sup>4</sup> It is a transcendence of time, space, and self, and has been described as similar to a mystical experience or a spiritual union. Watson has called it the actual caring occasion when past and future merge in the present moment.<sup>22</sup> Time stands still and the present is experienced as all there is. There is a sense of unity, a lack of separateness of self and environment. The ontological competencies for this are cultivating a spiritual practice or a practice that fosters deep reflection. This could be meditation, prayer, centering, being in nature, walking a labyrinth, or developing rituals that honor the sacredness of nursing practice. At times, we fail to recognize the extraordinary in the ordinary day-to-day practice of nursing. Telling our stories to each other, the mysteries and miracles of a compassionate practice, can help us appreciate and bear witness to their presence.

*Inviting creative emergence* reflects the transformative potential of caring and faith in expanding consciousness.<sup>4</sup> All exists as possibility, and this way of being illuminates the landscape of possibilities. The nurse becomes a midwife, birthing the emergence of new patterns. The nurse illuminates choices, options, and other ways of being that might never have been considered, or engages the person, family, community in examining options

in light of their values. The ontological competencies associated with this include coaching, listening, sharing interpretations, and affirming new growth. These might be nurtured through activities such as gardening, playing, coaching, and making art.

## SUMMARY

In summary, this article seeks to bring convergence and coherence to nursing knowledge and praxis. By positing unity of wholeness, consciousness, and caring as both higher order and deeper order concepts, it moves nursing closer to its ethical and ontological foundations. Embedded within these unitary concepts are new horizons for unitary caring practices, informed by the 5 constituent meanings of caring that Smith<sup>4</sup> gleaned from a unitary lens, that is, manifesting intentions, attuning to dynamic flow, appreciating pattern, experiencing the infinite, and inviting creative emergence.

Within this view of nursing and unitary caring, we invite wisdom and love back into our work and our world. We are reminded again that "what we hold in our heart matters" and informs our intentions and our consciousness.

Thus, we have a new lens or "theoria" "to see differently" through a unitary caring science view of nursing (theoria—Latin for theory; meaning "to see"). Through this new "theoria" lens of unitary caring science, we find ways to cultivate "ontological competencies" or caring consciousness literacy. This new praxis model invites new visions of hope and informed actions.

Ideals and ideas for "ontological literacy" can lead in time to "ontological design practices." These practices see differently—they see and honor the whole person in a way that affirms the possibilities for individuals and humanity; they offer new energetic heart-felt blueprints for transformation and new fields of mutuality, whereby the nurse becomes the healing environment, the creator of sacred space, holding self and other in their



wholeness. As noted above, other ontological practices evoke self-reflection, stillness, receptivity, imagination, inner harmony, peace, and even reverie—energetically focusing our consciousness toward caring, compassion, intentional touch, and, yes, an openness to the infinity of love.

Finally, as nursing awakens to this higher/deeper place of wholeness, consciousness, and caring, as it seeks to synthesize new ethical and intellectual forms and norms of “ontological caring literacy,” we arrive at a unitary caring science praxis. We evolve as a mature caring-healing-health discipline and profession, helping affirm and sustain humanity, caring, and wholeness in our daily work and in the world.

#### **A POSTREVIEW CONSIDERATION**

Often reviewers direct authors to substantial concerns in the grounding of scholarship that are not given attention in manuscripts. In our case, 2 substantive concerns worthy of consideration were raised in the review process. We appreciate the willingness of the editor of the *ANS* to give us an opportunity to address these concerns in a rather unconventional way.

First, the reviewer pointed out accurately that the current state of the discipline of nursing is one in which major issues of institutionalized racism, classism, ethnocentricity, and extremes of poverty exist. The review challenges what may be considered patronizing and conservative language in our article and posits that clients may be uncomfortable with phrases like nurses being their “healing space,” “healing environment,” and “creator of sacred space” as well as “higher,” “deeper,” and “blueprints for transformation.” These are valid concerns worthy of thoughtful attention. The reviewer suggests that these choices of language may be inadvertent. We do not feel that we can excuse them in this way. Intentions cannot substitute for action; however, we consider this a serious call for deeper reflection, not a call for automatic change of language to accommodate publica-

tion. At the same time, it must be said that much of the pain and suffering from social injustices comes from a lack of consideration of the deeply human connections that unite, rather than separate and divide us: a lack of caring. The convergence of these ideas of “deeper”/“higher” and so forth invites us to honor the human to human-human cosmos connection in which we all dwell for shared existence. As Palmer<sup>33</sup> noted in his description of epistemology as ethic, in our language and worldview we can insert a form of superiority of public domain over the human private, and intimate, inner lifeworld, creating a violence associated with violating the human dignity, the integrity of the other, whether the other is the earth, another human being, another culture, another race, another gender, another lifestyle, living situation, and so on. In our work here we seek to honor our shared humanity, not to turn our face away from others just because they are different, but rather to face these human realities. These concerns require us to take on the issues raised by the reviewer as major points for dialogue to advance our work in line with a more critical and emancipatory position. More will come from this.

A related concern was “what if a client’s wholeness does not appear whole as a nurse expects whole to appear.” This concern warrants a direct response since a central thesis of our position is that human wholeness is a given—regardless of the form in which it expresses itself. We submit that a lack of acknowledgment of human wholeness as inherent is responsible for many of the injustices made to individuals and groups in the name of “healing as to make whole.” We posit that healing is appreciating the wholeness of human life—a position that disrupts the tendency of nurses to limit the possibilities of human choices and expressions of health.

#### **Sunshine Acres Living Center**

The first thing you see up ahead is Mr. Polanski, wedged in the arched doorway, like he means absolutely to stay there, he who shouldn’t

be here in the first place, put in here  
by mistake, courtesy of that grandson  
who thinks himself a hotshot, and too busy  
raking in the dough to find time for an old  
man. If Polanski had anyplace  
to go, he'd be out  
instantly, if he had any  
money. Which he doesn't, but he does have  
a sharp eye, and intends to stay in that  
doorway, not missing  
a thing, and waiting  
for trouble. Which of course  
will come. And could be  
you—you're handy, you look  
likely, you have  
the authority. And  
you're new here, another young  
whippersnapper, doesn't know  
ass from elbow, but has been given  
the keys. Well he's  
ready, Polanski. *Mr. Polanski, good  
morning*—you say it in Polish,  
which you learned a little of  
when you were little, and your grandmother  
taught you a little song about lambs, frisking  
in a pen, and you danced a silly little dance  
with your grandmother, while the two of you  
sang. So you sing it  
for him, here in the dim, institutional  
light of the hallway, light which even you

find insupportable, because even those who  
just  
work here, and can leave when their  
shift ends, deserve light to  
see by, and because it reminds you  
of the light in the hallway  
outside the room  
where, when your grandmother  
died, you were three thousand miles  
away. So that you're singing the little song  
and remembering the silly little dance  
to console yourself, and to pay your  
grandmother  
tribute, and to try to charm Polanski,  
which you do: you sing, and Mr. Polanski,  
he who had set himself against the doorjamb  
to resist you, he who made of himself  
a fist, Mr. Polanski,  
contentious, often  
combative and always  
and finally  
inconsolable  
hears that you know  
the song. And he steps out  
from the battlement  
of the doorway, and begins to  
shuffle  
and sing along.

—M. Krysl<sup>34</sup>

## REFERENCES

1. Newman MA. Experiencing the whole. *Adv Nurs Sci*. 1997;20(1):34-39.
2. Newman MA. The pattern that connects. *Adv Nurs Sci*. 2002;24(3):1-7.
3. Newman MA. A world of no boundaries. *Adv Nurs Sci*. 2003;26(4):240-245.
4. Smith MC. Caring and the science of unitary human beings. *Adv Nurs Sci*. 1999;21(4):14-28.
5. Watson J, Smith MC. Caring science and the science of unitary human beings. *J Adv Nurs*. 2002;37(5):452-461.
6. Bowers R, Moore KN. Bakhtin, nursing narratives, and dialogical consciousness. *Adv Nurs Sci*. 1997;19(3):70-77.
7. Pharris MD. Coming to know ourselves as community through a nursing partnership with adolescents convicted of murder. *Adv Nurs Sci*. 2002;24(3):21-42.
8. Neill J. Transcendence and transformation in the life patterns of women living with rheumatoid arthritis. *Adv Nurs Sci*. 2002;24(4):27-47.
9. Chinn PL, Maeve MK, Bostick C. Aesthetic inquiry and the art of nursing . . . including commentary by Johnson JL. *Sch Inq Nurs Pract*. 1997;11(2):83-100.
10. Cowling WR III. A template for unitary pattern-based practice. In: Barrett EAM, ed. *Visions of Rogers' Science-Based Nursing*. New York, NY: NLN Publishing; 1990: 45-65.
11. Cowling WR III. A unitary-participatory vision of nursing knowledge. *Adv Nurs Sci*. 2007;30(1):61-70.
12. Boykin A, Schoenhofer S. *Nursing as Caring: A Model for Transforming Practice*. Sudbury, MA: Jones & Bartlett Publishers; 2001.
13. Davidson AW, Ray MA. Studying the human-environment phenomenon using the science

- of complexity. *Adv Nurs Sci.* 1991;14(2):73-87.
14. Smith MJ, Liehr P. Attentively embracing story: a middle-range theory with practice and research implications . . . including commentary by Reed PG. *Sch Inq Nurs Pract.* 1999;13(3):187-210.
15. Johns C, Freshwater D. *Transforming Nursing Through Reflective Practice.* London: Blackwell; 2005.
16. Cowling WR III, Chinn PL, Hagedorn S. The nurse manifesto. <http://nursemanifest.com>. Published 2000. Accessed July 7, 2007.
17. Sarter B. Philosophical sources of nursing theory. *Nurs Sci Q.* 1988;1(2):52-59.
18. Rogers ME. *An Introduction to the Theoretical Basis of Nursing.* Philadelphia, PA: Davis; 1970.
19. Newman MA. *Health as Expanding Consciousness.* Sudbury, MA: Jones and Bartlet (NLN Press); 1994.
20. Parse RR. *Man-Living-Health: A Theory of Nursing.* New York, NY: John Wiley & Sons; 1981.
21. Parse RR. *The Human Becoming School of Thought.* Thousand Oaks, CA: Sage; 1988.
22. Watson J. *Nursing: Human Science and Human Care.* Norwalk, CT: Appleton-Century-Crofts; 1985.
23. Newman MA, Sime AM, Corcoran-Perry SA. The focus of the discipline of nursing. *Adv Nurs Sci.* 1991;14(1):1-6.
24. Blake W. *The Marriage of Heaven and Hell.* London: Trianon Press; 1960.
25. Levinas E. *Totally and Infinitely.* Pittsburgh, PA: Duquesne University; 1969.
26. Watson J. *Postmodern Nursing and Beyond.* Edinburgh, Scotland: Churchill Livingstone; 1999.
27. Quinn JE. Holding sacred space: the nurse as healing environment. *Holist Nurs Pract.* 1992;6(4):26-36.
28. Watson J. *Caring Science as Sacred Science.* Philadelphia, PA: FA Davis; 2004.
29. Bormann JE, Smith TL, Becker S, et al. Efficacy of frequent mantram repetition on stress, quality of life, and spiritual well-being in veterans: a pilot study. *J Holist Nurs.* 2005;23(4):395-414.
30. Krieger D. *The Therapeutic Touch: How to Use the Hands to Help or Heal.* Englewood Cliffs, NJ: Prentice Hall; 1979.
31. Boykin A, Schoenhofer S. Anne Boykin and Savina O. Schoenhofer's nursing as caring theory. In: Parker M, ed. *Nursing Theories and Nursing Practice.* Philadelphia, PA: FA Davis; 2006:334-348.
32. Lerman L. Are miracles enough? Conflict, healing, and the challenge of colliding truths. Paper presented at: Florida Atlantic University; April 18, 2007; Boca Raton, FL.
33. Palmer PJ. The violence of our knowledge: toward a spirituality of higher education. In: *21st Century Learning Initiatives.* Kalamazoo, MI: Fetzer Institute; 2004. [http://www.21learn.org/arch/articles/palmer\\_spirituality.html](http://www.21learn.org/arch/articles/palmer_spirituality.html).
34. Krysl M. Sunshine acres living center. In: *Midwife and Other Poems on Caring.* New York: National League for Nursing; 1989:35-36.