# The Importance of a Nursing Theoretical Framework for Nursing Practice: Rogers' Science of Unitary Human Beings and Barrett's Theory of Knowing Participation in Change as Exemplars

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*Martha E. Rogers (1970, 1990, 1992) was one of the first to maintain that nursing is both a science and an art, a learned profession based on an organized body of nursing-specific knowledge. Indeed, as early as 1963, she wrote, "Instruction in the theoretical basis of nursing practice is the hard core of baccalaureate education in nursing…professional nursing services cannot be provided unless the theoretical base is present" (1963, p. 61). Rogers saw the unique focus of nursing as irreducible human beings and environment, both identified as energy fields, with the purpose of nursing as promoting well-being and health throughout the life process, including dying. Nurses help people participate knowingly in the life process, actualizing potentials deemed commensurate with personal wellbeing. Together, nurses and clients participate mutually and knowledgeably to optimize potentials. Building on these assumptions, Elizabeth E. A. M. Barrett (1988, 2010, 2015) derived her theory of power as knowing participation in change and a tool to measure it while working with Rogers as a student in the doctoral program at New York University. The author provides a brief overview of both Rogers' Science of Unitary Human Beings and Barrett's theory of power as knowing participation in change and discusses their relevance to practice.*

## The Science of Unitary Human Beings

The Science of Unitary Human Beings Starting in the 1960s Rogers began identifying her theoretical ideas, culminating in her seminal article published in 1992. Although her theory book was published in 1970, she agreed it was sadly outdated but never revised it, simply advising people not to use it as a basis for understanding her work. Therefore, the 1992 article will be used here in providing a summary of her science.

The postulates of energy fields, pattern, openness, and pandimensionality encompass reality as described in this nursing science (Rogers, 1992). Predictable, cause-effect change transforms to change that is unpredictable, diverse, and creative. The infinite, continuously flowing energy field is fundamental to all life, with humans and environment defined as irreducible, pandimensional energy fields distinct but not separate, where change is continuous and occurs for both simultaneously. In an open universe of energy fields, there are no boundaries or divisions; rather energy flows continuously through human and environmental fields in an unbroken wave that is characterized by patterning.

Rogers (1992) described pattern, the ever flowing motion of the energy field, as continuously changing while revealing itself through manifestations of the unitary human-environmental field mutual rocess. Pattern manifestations reveal increasing diversity in characteristics such as lesser and greater diversity; longer, shorter, and

seemingly continuous rhythms; slower, faster, and seemingly continuous motion; time experienced as slower, faster, and timelessness; pragmatic, imaginative, and visionary awareness; and longer sleeping, longer waking, and beyond waking experiences (Rogers, 1992).

Pandimensionality is "a nonlinear domain without spatial or temporal attributes" (Rogers, 1992, p. 29). It transcends time and space. Thus pandimensional awareness encompasses "as normal" phenomena commonly labeled paranormal.

Rogers' (1992) principles of homeodynamics together describe the process and nature of continuous change within the mutual humanenvironmental field process. Resonance is the "continuous change from lower to higher frequency wave patterns in human and environmental fields (Rogers, 1992, p. 31), the way change occurs, fluctuating throughout lower and higher frequencies. Helicy is the "continuous, innovative, unpredictable, increasing diversity of human and environmental field patterns" (Rogers, 1992, p. 31), the nature of change. Integrality is the "continuous mutual human and environmental field process" (Rogers, 1992, p. 31), a unitary whole that cannot be divided, where change occurs simultaneously for human and environment.

Rogers' vision of autonomous nursing practice encompassed individualized, community-based services, including modalities such as Therapeutic Touch, meditation, imagery, music, movement, humor, and laughter, with an appreciation for client decision-making and human rights. She advocated use of Rogerian nursing science for the betterment of humankind (Rogers, 1992), maintaining that the principles of homeodynamics, once understood, would guide practice. "I happen to believe that people need knowledgeable nursing, and this means a science of nursing…The science of unitary human beings provides the knowledge for imaginative and creative promotion of the well-being of all people (Rogers, 1994, p. 35).

One important area where Rogerian nursing science underwrites this creative, imaginative promotion of well-being is the dying-grieving process. Rogers noted that both both dying and birthing are creative transformations of energy patterning. Energy fields have no beginning, no ending, so patterning is always flowing. Flowing means changing, and with change comes transformation. "We are birthed into this life, dying to whatever came before, then dying to this life and birthing into whatever comes next" (Malinski, 2012, p. 240). Inherent in the principle of integrality is the knowledge that nothing is a solitary act, involving only one person; others are intimately involved with the dying one, whether family and friends or health care providers. Only one is physically dying, but all involved are changed forever; all grieve and die simultaneously. Grieving cycles through experiences of lower and higher frequency patterning, with awareness flowing in ways that may be experienced as constricted or expansive, with the rhythm continuously changing, "feeling alone-all one, feeling constrictedboundaryless" (Malinski, 2012, p. 243).

Helicy and resonancy suggest that energy patterning persists beyond the physical

body, so it persists beyond physical death. "Patterning beyond the physical body can be described as characterized by rhythms and motion so rapid they seem continuous, visionary, timeless, beyond waking, and increasingly diverse, to highlight Rogers' (1992) suggested manifestations of patterning" (Malinski, 2012, p. 240). This necessitates a different way of dealing with both the one dying and the one grieving. Truly listening, genuinely hearing what is being said on both sides, and respectfully accepting rather than denying the validity of experiences are paramount. This is illustrated in a qualitative study on the experience of relating to a loved one who has died. Often participants commented on how careful they are about sharing such experiences with others, including health care professionals. Pseudonyms are used in the following examples.

Rose shared her experience with her husband of 30 years who had passed on six months earlier. "In the beginning I couldn't see him at first, not see his image. And then, one day, he came back to me and he's been here ever since…I love my house because my husband's in every corner of this house…I can just sit in a chair and just feel him…He's always with me, always keeps me safe…I don't know how to describe it. He's my backbone, he keeps me strong…" (Malinski, 2017, p. ). She said she knew where to find him when she passed on. "I know exactly where Tom is sitting waiting for me, and the day I die he will be there" (Malinski, 2017, p. ).

As Michael sees it, "people never die, they're never lost, they just change so methods of communicating need to change…there's nothing out of the ordinary except others might not buy into it…For me, meditation and dreams work all the time…Being at the sink and seeing things on the windowsill and smelling the smell of (the old) house…My dad passes through like a kiss" (Malinski, 2017, p. ).

Ellen, whose husband had died, was looking out the window, crying. "I was wishing that I just knew with 100% that he was OK…It was a quarter of 9 at night, and it was just before dark in summertime, and just as I looked up this brilliant rainbow appeared, it was the most brilliant rainbow I had ever seen, and I realized that this was not a coincidence, not at that time of day, and later on I realized that it was 8:45 on a Friday night, and that was when he passed, at 8:45 on a Friday night…" (Malinski, 2017, p. ).

These individuals did not need therapy or medication to help them out of "dysfunctional grieving." Rather such experiences reflect pandimensional awareness. In Todaro-Franceschi's (2006) qualitative study with grieving widows who described ongoing experiences with their dead husbands, she identified such experiences as synchronicities or meaningful coincidences that constitute a healing modality. Using Rogerian nursing science, she defined synchronicity "as a meaningful, purposeful, though unpredictable, manifestation of the humanenvironmental field pattern arising from universal communal process" (p. 154). As noted earlier, given the principle of integrality, the dying-grieving experience is one such communal process.

Todaro-Franceschi noted that a typical focus in bereavement groups is the importance of helping participants move on in lives now lacking the loved one's

presence. But is it really lacking? Not according to Rogerian nursing science. The energy persists, in higher frequency, increasingly diverse patterning. Thus she suggested that group bereavement sessions focusing on synchronicity as a healing modality can help those who are grieving recognize what might be seen as simple coincidences rather as manifestations of meaning and purpose in the universe, helping to "turn sorrow and despair into joy and hope" (TodaroFranceschi, 2006, p. 159).

Other health patterning modalities that can be used include meditation, imagery, dreaming, journalling, music, and movement, among others. For example, Joan Halifax (2008), whose views resonate with Rogerian nursing science here, offered the following meditation for those who are grieving (2008, p. 195):

- *May I be open to the pain of grief.*
- *May I find the inner resources to be present for my sorrow.*
- *May I accept my sadness, knowing I am not my sadness.*
- *May I accept my anger, fear, anxiety, and sorrow.*
- *May I accept my grief, knowing that it does not make me bad or wrong.*
- *May I forgive myself for not meeting my loved one's needs.*
- *May I forgive myself for mistakes made and things left undone.*
- *May I be open with myself and others about my experience of suffering and loss.*
- *May I find peace and strength that I may use my resources to help others.*
- *May all those who grieve be released from their sorrow.*

Grief can be overwhelming. However, it also contains the potential for heightening awareness of integrality, facilitating the experience of oneness with all living beings. For Halifax (2008), this translates into connecting with a universal community through the shared experience of compassion, wherein one's personal loss can be transformed into compassion and loving-kindness for all who have ever grieved a loss, as reflected in the last lines of her meditation.

A personal meditation following the passing of my husband comes from a journal entry dated May 18, 1998. "Temple on a hill where people bring their dead to lie. They gather outside, sitting quietly, reminiscing. Beautiful angel, female in aspect, greets each spirit as he/she rises above temple, enfolding each in her arms, bearing them up a shaft of light, reuniting with loved ones who passed on before then returning for the next one. Physical bodies burned on a pyre, one by one, with prayers to water, fire, and air…Walked among the people, asking what death meant to them…a transmutation of life force—a change the energy pattern—a new beginning, like caterpillar to butterfly, only this butterfly will never die—soaring free now that their earthly roots have been released…" (Malinski, 2012, p. 240).

A common dream was of the house with unknown rooms where my husband waited, eager to show me around so we could explore together. I was never surprised to see him, for where else would he be but with me, waiting just beyond the door (Malinski, 2012, p. 240). Such healing dreams helped to create a new manifestation of what home could mean. Meditation often helped to clarify such experiences. Journalling experiences not only preserved them but helped to discern patterns

occurring among the range of experiences.

Accepting pandimensionality means recognizing that consensual, waking reality is not the only reality or even, sometimes, the preferred reality. Imagery, meditation, and dreaming are health patterning modalities that facilitate pandimensional awareness. They are instrumental to facilitating well-being or the more dynamic "well-becoming" identified and described by Phillips (20 ) as more reflective of meaning in Rogerian nursing science. This is as instrumental for clients as for nurses themselves. The more comfortable nurses are with these modalities, the more comfortable they will be with the health patterning process.

Of paramount importance is the one dying. Rogerian nursing science tells us that labels such as "unresponsive," "comatose," etc., have no meaning in a pandimensional universe of open energy fields. Knowing participation in change can still be occurring. This is exemplified in familiar reports of patients who repeat conversations they heard while under anesthesia and of those who awaken from a coma and can identify individuals they had not seen before the coma. Therapeutic Touch, in particular, is extremely beneficial, as it works with the energy field. Guided meditation and co-meditation, where the nurse or family member matches her/his breathing to that of the patient, are other useful health patterning modalities. Music can be used to help with environmental patterning, as can color, especially through provision of favorite objects such as blankets or pillows. Talking with, listening, sharing photos of loved ones and special events, bringing a beloved pet companion to the bedside, all are ways of patterning the field. The focus is not curing, where cure is not possible, but healing toward a peaceful dying process.

## Barrett's Theory of Power as Knowing Participation in Change

Whenever asked about practice applications of her science, Rogers always maintained that if one understood her principles then applications to practice would flow from them. However, a theory has been derived that guides and gives specificity to Rogerian nursing practice. Working with Rogers in the doctoral program at New York University through the late 1070s into the early 1980s, Barrett developed both a theory of power as knowing participation in change and a tool to measure it. Following Rogers' (1970) assumption that change is continuous and people can knowingly participate in that ongoing process but not start or stop it, Barrett realized that this participation is actually power, redefining power within Rogerian nursing science. She carefully developed a theory that was consistent with the postulates and principles of that nursing science. The following discussion is based on Barrett's website (www.drelizabethbarrett.com) and her latest publication about her theory (Barrett, 2015).

Barrett recognized that there are two types of power that manifest in the world, the old, traditional, material worldview of power-as-control and the newer Rogerian worldview of power-as-freedom. Four inseparable (i.e., unitary) dimensions characterize power-as-freedom, encapsulated in her statement that "Power is being ***aware*** of of what one is ***choosing*** to do, ***feeling free*** to do it and ***doing it intentionally***" (emphasis

in the original) (Barrett, 2009a, 2010, 2015). The four observable dimensions of power are inseparable and continuously fluctuating. They are measured with the Power as Knowing Participation in Change tool, also known as the Power Meter, consisting of 52 items in a semantic differential format. Taken together, they provide the power profile of an individual or group, identifying areas of greater and lesser power, or power strengths and weaknesses (Barrett, 2015). Power profiles are not static; they change as the human-environmental mutual process changes.

Barrett (1988) identified the practice format for Rogerian nursing science as health patterning. Revised since the original presentation to incorporate Butcher's (2006) synthesis of Barrett's practice method and Cowling's (1997) unitary pattern appreciation method, it now consists of ***pattern manifestation knowing and appreciation*** and ***voluntary mutual patterning.*** In the first process the nurse or other health care provider works with the person/group/community to discover what is going on and what is wanted. Her first question is, "What do you want?" (pattern manifestation knowing and appreciation) (Barrett, 2015, p. 500). In the second process, the nurse assists the person to "freely choose with awareness ways to participate to make happen the changes they want to happen and to enhance their well-being by focusing on intention, aim, and direction with no attachment to outcome" (Barrett, 2009a). Indeed, the importance of not attaching to a desired outcome is often one of the most difficult to achieve for all health care professionals. This highlights the importance of acknowledging that there are two types of power and choosing to live power-as-freedom versus power-as-control for oneself as well as for others.

Another early question to pose in this process is, "Where do you see yourself in your life right now?" (voluntary mutual patterning) (Barrett, 2015, p. 500). As the session continues, the focus is the mutual exploration of "the nature of change (helicy) as well as the mutual process through which the change occurs (integrality) and how that change evolves (resonancy) as we focus our intention on creating change without attachment to outcomes or results" (Barrett, 2015, p. 500). Barrett (2010) also poses questions for people to ask themselves, such as "What am I aware of?," "What choices am I making?," "Do the changes I intend to create interfere with anyone else's freedom?," and "Do the changes I intend to create attempt to control, dominate, manipulate or bring harm to anyone?" (p. 52).

The two processes of pattern manifestation appraisal and appreciation and voluntary mutual patterning are not linear but occur simultaneously, with both nurse and client actively participating. Again, changes occur in the power profile, arying as the human-environmental patterning changes and evolves, conveying yet more information about the nature of awareness, the types of choices being made, the extent to which a person feels free to act intentionally, and the manner in which a person is involved in creating change. It is important to recognize that the focus is not just to engage the client in dialogue but specifically in a dialogue of meaning where the focus is on mutually illuminating the person's awareness, intentions, and involvement in knowingly participating in change versus participating unknowingly

(Barrett, 2015). As mentioned earlier, this flows from Rogers' assertion that people participate in rather than cause change; however, that participation can be knowing or unknowing.

After asking clients to identify three things they want to accomplish in working with her, Barrett has them complete the PKPCT, without telling them what it is about. She then talks with them about the major elements of the power theory, including examples of how the different forms of power manifest in the world. In the second session, after she has scored the tool, she discusses the Power Profile strengths and weaknesses that emerged in light of ways that working together "may enhance their Power Profile and facilitate accomplishment of what they are seeking through health patterning" (Barrett, 2015, p. 501). Power enhancement occurs as weaker areas are reversed toward stronger ones through participation in Power Prescriptions and health patterning modalities. She uses the acronym POWER for power enhancement, where P = possibilities, O = openness, W = will, E = energy, and R = reversing. "Power is openness to possibilities using the energy of the will to change through the principle of reversing" (Barrett, 2009b).

Health patterning modalities, including Therapeutic Touch, power-imagery process, meditation, music, movement, dream reading, centering, and prayer, provide a framework for individualized Power Prescriptions, ways to facilitate knowing participation in change. These are the specific, individualized ways the health patterning modalities are used to enhance power-as-freedom and "guide people toward making more powerful choices, feeling free to act on their intentions, and becoming involved in creating specific changes in their lives" (Barrett, 2015, p. 503). The nurse uses the power profile in designing these power prescriptions, the plan the client can follow to enhance awareness, choices, freedom, and involvement. When living power-as-freedom people make and act on choices that promote health in whatever ways people define health for themselves (Barrett, 2010).

The Power-Imagery process (PIP) was developed by Barrett and her colleague, Dr. Gerald Epstein. In addition to its use as a health patterning modality in the practice method, it is also available for online participation to anyone interested at www.powerimagery.com. A person completes the PKPCT in order for Drs. Barrett and Epstein to design a Power Profile to use in designing an individualized, three-step, 21-day program to enhance power through imagery for the individual. PIP has been used with individuals and groups in a wide variety of settings.

In conclusion, in order to provide professional nursing services it is crucial for nurses to follow a nursing theoretical framework rather than be guided solely by the medical model. Only in this way can nurses function as equal partners in the health care team, contributing a unique nursing perspective to facilitate health and well-being for patients/clients, families, and communities. Martha Rogers provided an overall conceptual model with principles that nurses can use in practice. Elizabeth Barrett derived a middle-range theory from Rogerian nursing science to guide both practice and research. Both have made and continue to make

significant contributions to the world of professional nursing.

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